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HIV self-testing and nondisclosure to male partners among young women living with HIV in semi-rural northern Uganda: a cross-sectional study.

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Background

The burden of HIV remains disproportionately high among young women. This is often coupled with nondisclosure of HIV status partly due to the delayed knowledge of self HIV status which affects entry into HIV prevention, care and treatment. HIV self-testing which provides instant knowledge of HIV status is being promoted to enable early disclosure. However, previous studies about the association between HIV self-testing (HIVST) and nondisclosure are scarce. We, therefore, set out to determine the prevalence of HIVST, nondisclosure of HIV status to male partners, and the predictors among the young women living with HIV (YWLHIV) in Uganda.

Methods

In a cross-sectional study design, a consecutive sample of YWLHIV were recruited from the ART clinics in semi-rural northern Uganda between November 2022 and April 2023. The participants received an interviewer-administered questionnaire. HIV self-testing was defined as the use of the HIVST method often a kit by the YWLHIV to discover their HIV status. Furthermore, HIV nondisclosure was defined as the YWLHIV's failure to disclose her initial HIV status to her current male partner before their first sexual intercourse regardless of the use of condoms. Prevalence of HIVST and HIV nondisclosure were calculated using percentages and 95% confidence interval (CI). Chi-square statistics were performed to determine the association between HIVST, other factors and nondisclosure. The multivariate modified Poisson regression was used to identify the independent predictors of one-way nondisclosure. Statistical significance at $p < 0.05$ and 95% CI were considered.

Results

A total of 423 participants with a mean age of 21.6 ± 2.5 years participated in the study. Only 3.8% of the YWLHIV reported to have discovered their HIV status through HIVST. Furthermore, 26.7% of the YWLHIV did not disclose their status to their current male partners, 35.5% experienced non-disclosure from their current male partners, and 16.5% experienced bidirectional non-disclosure. The predictors for non-disclosure of initial HIV status were found to include the YWLHIV's knowledge of their initial negative HIV status [APR 0.3 (0.2–0.5), p 0.001], the YWLHIV's knowledge of their initial positive HIV status [APR 0.5 (0.3–0.7), p 0.002], the YWLHIV's prior knowledge of the positive initial HIV status of the male partner [APR 0.4 (0.2–0.8), p 0.010] and the male partner's nondisclosure of their initial HIV status to the YWLHIV [APR 2.0 (1.2–3.5), p 0.008].

Conclusions

The prevalence of HIVST and nondisclosure to male partners among the YWLHIV in semi-rural Uganda stood at 38 in 1000 and 267 in 1000 respectively. The HIVST wasn't associated with nondisclosure. The women's initial negative or positive HIV status, the male partner's initial positive HIV status and the male partners' nondisclosure of their initial HIV status to the YWLHIV were found to be the independent predictors. These findings point to the need for health workers to target HIVST at the YWLHIV attending ART to distribute to men in their sexual and social networks to expand access to HIV testing, improve two-way HIV disclosure and entry into the HIV prevention, care and treatment programs.

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