

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



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Use of Female-Controlled Dual Protection Methods Among Young Women Living with HIV in Northern Uganda: A Convergent Mixed-Methods Study.

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Background:

Adolescent girls and young women living with HIV (AGYWHLIV) in Uganda face the dual challenge of preventing HIV transmission to male partners and unintended pregnancies. Male condom use requires male partner's cooperation which is often difficult for the AGYWHLIV to negotiate. Female-controlled dual protection methods (FCDPM) which involves combining the female condoms with another modern contraceptive method such as oral contraceptive pills, emergency contraceptive pills, implants, injectable or intrauterine devices offer a potential solution by enabling AGYWHLIV to independently manage their sexual and reproductive health. This study assessed the prevalence of use of dual protection methods (DPMs), identified factors influencing their use, and explored reasons for non-use among the AGYWHLIV in northern Uganda.

Methods:

A convergent mixed-methods study was conducted among consecutively sampled AGYWHLIV attending the antiretroviral therapy clinics at six public health facilities in Lira City and Lira District between November 2022 and April 2023. Using an interviewer-administered questionnaire, participants were asked about the methods they were using to simultaneously prevent unintended pregnancy and HIV transmission to their current male sexual partners and if not using any dual protection method, why not? Quantitative data on the use of DPM and the associated factors were analyzed using descriptive statistics and chi-square tests with statistical significance set at $p < 0.05$. The Statistical Package for Social Sciences version 26 was the software used. The qualitative data on the reasons for non-use were manually analyzed into themes, and presented in narratives plus direct quotes.

Results:

Among the 423 participants of median age 22 years (interquartile range of 20-24 years), no one reported using any of the FCDPM, while only 1.2% used any form of DPM typically combining the use of male condoms with another modern contraceptive method. The use of the male condom alone as a DPM was reported by 29.3% of the participants. The few participants who reported using the DPM combined the use of male condoms with oral contraceptive pills, emergency contraceptive pills, or implants. Factors positively influencing the use of DPM included marital status, prior condom use, and knowledge about safer conception methods. Predictors for neither FCDPM nor DPM use could be explored due to their null or extremely very low uptake levels. From the qualitative data, barriers to the use of DPM included personal or partner disapproval of the modern contraceptive methods, lack of knowledge, myths or misconceptions about modern contraceptive methods, fear of the side effects or stigma from modern contraceptive use, desire to conceive, and the sole reliance on the male condoms.

Conclusions:

The findings highlight a critical gap in the uptake of FCDPM and low use of DPM among the AGYWHLIV. Strengthening health education on safer conception methods, and on modern contraceptive methods including the male condoms, addressing myths and misconceptions, and reducing fears about modern contraceptive side effects or stigma could improve FCDPM and DPM acceptance and uptake in this population of AGYWHLIV. Male partners of the married AGYWHLIV should be particularly targeted to leverage partner's support on the use of DPM including male condom experiences and fertility matters.

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