

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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## **Men's Influence on Women's Utilization of Long Acting Reversible Care (LARC) in Mazabuka District, Southern Province, Zambia.**

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### **INTRODUCTION**

Long-acting reversible contraceptives (LARCs) significantly enhance maternal health by reducing maternal mortality through delayed childbirth, optimal birth spacing, and prevention of unplanned pregnancies and unsafe abortions. Despite their proven benefits, LARC adoption remains critically low in many Sub-Saharan African countries. In Zambia, 0.5% of women use intrauterine devices (IUDs), and 6.1% opt for implants, underscoring systemic gaps in equitable access to and uptake of family planning services. A key barrier lies in entrenched gender dynamics: male partner opposition, often rooted in socio-cultural norms that prioritize men's dominance over reproductive decisions, frequently restricts women's autonomy in contraceptive choice. Addressing this disparity requires a deeper understanding of how men's attitudes and societal expectations shape women's agency in adopting LARCs. This study explores the socio-cultural dynamics shaping men's influence on women's decision-making around LARC use.

### **METHODOLOGY**

The study adopted a qualitative case study design in Nakalamba Town of Mazabuka district, Southern Province. Data collection involved Four (4) Focus group discussions; One with older married men, one with younger married men, one with older married women and one with younger married women. Eight (8) Key Informant Interviews (KII) with health care providers including Nurses and Community Health Workers (CHWs). Four (4) In-Depth Interviews (IDI) were conducted with 2 males and 2 females coming to a total of 16 interviews. Deductive thematic analysis was employed using the Consolidated Framework for Implementation Research (CFIR). Initial codes were generated and organized under the specific CFIR Constructs and Domains. The codes were reviewed, discussed and refined through three iterative rounds- collapsing, redefining and revising where necessary until the themes adequately captured the data.

### **RESULTS**

Women's access to LARC frequently depended on their husband's approval, with many men either objecting to contraceptive use or pressuring their wives to discontinue use. This opposition was rooted in community-level misinformation, such as beliefs that LARC causes infertility, disability in children, long-term illness, or the suspicions that contraceptives promote infidelity. These misconceptions raised mistrust and led men to restrict or discourage their partners from using LARC. While some women reported having supportive partners who provided financial assistance for family planning, the majority navigated the use of LARC secretly, by sometimes lying about discontinuing a method or timing clinic visits to coincide with their husband's absence. Although women demonstrated resilience and agency in safeguarding their reproductive autonomy, they made these choices within a broader context of restrictive gender norms and prevailing male dominance in decision-making.

### **CONCLUSION**

The findings indicate that male partners play an important role in shaping women's uptake of LARC, often acting as primary decision-makers. Male partners play a critical yet often obstructive role in the uptake of LARC by their spouses. In most cases, men are final decision makers, with women either secretly initiating

contraceptive use or abandoning it altogether due to fear of conflict, accusation of infidelity or domestic instability. These findings underscore a pressing need for targeted male engagement strategies, culturally sensitive education, and community level advocacy to address misconceptions and promote uptake of LARC.

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