

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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## Facilitators and Barriers of Female Condom Utilization among Female Adolescents in Namwala District of Southern Province, Zambia (qualitative Study)

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### Abstract

#### Background:

Female condoms are globally recognized as a vital tool for dual protection against unintended pregnancies and sexually transmitted infections (STIs), particularly HIV. Despite global advocacy and investments, their uptake remains alarmingly low, accounting for less than 2% of global condom use, with the majority concentrated in high-resource settings. Adolescents in Sub-Saharan Africa, including Zambia, face disproportionate risks of early pregnancies STIs and HIV, yet the adoption of female condoms is minimal due to multifaceted barriers. In Zambia, policy frameworks support sexual and reproductive health rights (SRHR), but in rural settings like Namwala District, actual utilization among female adolescents remains limited. Barriers such as cultural taboos, limited awareness, poor access, negative gender norms, and misconceptions about female condom usability persist. However, facilitators such as peer-led education, youth-friendly services, and school-based SRHR interventions present opportunities for enhanced uptake. This study explored the facilitators and barriers to female condom use among female adolescents in Namwala District of Southern Province.

#### Methods:

A qualitative exploratory approach was employed to gain in-depth insights into the experiences and perspectives of female adolescents aged 15–24 years. Purposive sampling was used to recruit participants from both urban and rural settings within the district. Data were collected through in-depth interviews and focus group discussions. Thematic analysis was conducted, supported by NVivo software for systematic coding and theme development.

#### Results:

We identified Four major themes: (1) Knowledge, Awareness and Perceptions; (2) Socio-cultural Influences; (3) Access and Availability; and (4) Usability and Acceptability. While some participants demonstrated basic awareness of the female condom, knowledge about its correct use and benefits was generally limited. Cultural norms, gender dynamics, and stigma surrounding adolescent sexuality were major barriers to utilization. Access was also hindered by limited availability of female condoms in health facilities and community outlets, especially in rural areas. Furthermore, participants cited challenges related to the physical design of the female condom, including perceived discomfort and difficulty in use, which affected overall acceptability. Nonetheless, facilitators included positive peer influence, supportive healthcare workers, and targeted youth-friendly education initiatives.

#### Conclusion:

Female condom utilization among female adolescents in Namwala District remains low due to a combination of knowledge gaps, cultural barriers, limited access, and usability concerns. Integrating global insights with local realities, this study underscores the need for comprehensive sexuality education, community sensitization, enhanced availability, and culturally sensitive programming to improve uptake and support adolescent sexual and reproductive health rights.

**Keywords:** Female condom, adolescent health, barriers, facilitators, sexual and reproductive health

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