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The Influence of Social Networks on Contraceptive Use Among Adolescent Girls and Young Women in Chawama Township in Zambia

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Background: Adolescent girls and young women (AGYW) in Zambia face significant challenges in accessing and using contraception, resulting in high rates of unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV. While social networks, particularly peers, play a decisive role in shaping AGYW's attitudes and decisions about contraceptive use, they can perpetuate misconceptions and stigma, further hindering effective contraception uptake. Despite the critical role these social influences play, most existing research has focused primarily on service access with limited attention to how social networks impact AGYW's contraceptive use. To address this gap, the study explored how social networks influence contraceptive use among AGYW in Zambia's Chawama township.

Methods: As part of a sequential mixed methods study, 12 HIV-positive and 12 HIV-negative AGYW who completed a quantitative Audio Computer-Assisted Self-Interviewing (ACASI) interview were invited for a qualitative interview. A semi-structured interview guide explored the context and meaning of life decisions and protective behaviours that shape contraceptive use. Data was analyzed using a thematic approach guided by the social network theory as a lens of analysis.

Results: The study found that social networks play a significant role in shaping contraception use among AGYW. Peers emerged as the primary and most influential source of information about pregnancy prevention and contraceptive use. Unfortunately, these social networks often perpetuate misinformation, with some AGYW consuming energy drinks and mixing Piriton with sugary beverages to prevent pregnancy, reflecting misconceptions about pregnancy prevention. Social networks played an important role in shaping behaviours, particularly by normalizing early sexual initiation and discouraging contraceptive use. Beliefs such as urinating after sexual intercourse and perceived risks associated with contraceptive methods were linked to lower contraceptive uptake among AGYW. Prevailing norms existed within these social networks, including gendered beliefs that restrict women's autonomy over reproductive decisions. Further, the study found that complex social dynamics within these networks, such as dependency, limited support, coercion, gender-based violence, and unequal power relations, all undermine AGYW's ability to make independent and informed choices about contraception. These challenges in social networks influence both social and structural barriers and contribute to high rates of unintended pregnancies, unsafe abortions and related health complications among AGYW.

Conclusion: AGYW are significantly influenced by their social networks, including friends and partners, in shaping their attitudes and behaviours around sexual activity and contraceptive use. These networks, while providing some level of support, often perpetuate misinformation, reinforce coercive relations and limit AGYW's autonomy in decision-making about using contraceptives. This role of social networks in perpetuating misinformation is a significant issue that needs to be addressed. The lack of independent decision-making highlights the urgent need for targeted interventions that leverage existing social networks to correct information and empower AGYW with accurate sexual and reproductive health information. Providing gender-sensitive, supportive peer environments is a vital step toward improving contraceptive use among AGYW. The need for these interventions is pressing, given the current situation.

Author: Mr MATENGA, Tulani Francis L. (University of Zambia)

Co-authors: Dr KUMWENDA, Andrew (University of Zambia); Mr MUMBULA, Inyambo; Mr MABANTI, Kumbulani (University of Zambia); Dr MASUMO, Maureen (University of Zambia); Mr MULAWA, Mulanda Joseph (University of Zambia); Ms MUGODE, Mwitwa (University of Zambia); Mrs NANKAMBA, Namayipo (University of Zambia); Ms CHILALA, Sandra B. (University of Zambia); Prof. ZULU, Joseph Mumba (University of Zambia); Dr HAZEMBA, Alice (University of Zambia)

Presenter: Mr MATENGA, Tulani Francis L. (University of Zambia)

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