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Factors influencing the use of Long-Acting Reversible Contraceptives among adolescents at first level hospitals in Lusaka, Zambia.

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Background: Unintended adolescent pregnancies remain a public health challenge in Zambia, where LARC use is low despite their effectiveness. Barriers such as stigma, misconceptions, and limited access persist. This study examined factors influencing adolescent knowledge, willingness, and uptake of LARCs in public health facilities in Lusaka.

Methods: A mixed-methods approach was used, combining a cross-sectional study for quantitative data and case study for qualitative data among adolescent girls aged 15–19 years from five first-level hospitals in Lusaka, Zambia. Quantitative data was collected via structured questionnaires while qualitative data was collected in-depth interviews and focus groups with purposively sampled adolescents and healthcare providers, analyzed thematically to align with study objectives. Use of LARCs was measured by using binary outcomes. Multiple regression was used to assess factors associated with use of LARCs while thematic analysis was used to analyze qualitative data.

Results: There was a total of 400 participants of which 51.99% were using LARCs. In the adjusted model, older adolescents had significantly higher odds of using LARCs (OR: 1.853, 95% CI: 1.384–2.479). Education at secondary level was significantly associated with increased LARC use (OR: 4.179, 95% CI: 1.042–16.767). Adolescents who had ever had sexual contact had lower odds of using LARCs (OR: 0.755, 95% CI: 0.617–0.925), as did those who reported a desire to delay pregnancy (OR: 0.160, 95% CI: 0.348–0.739). Knowledge of LARCs was a strong independent predictor of its use (OR: 3.424, 95% CI: 1.657–7.077). Residence also played a significant role, with adolescents from Kanyama (OR: 0.0046, 95% CI: 0.0005–0.4078), Chawama (OR: 0.0075, 95% CI: 0.0008–0.6583), Chilenje (OR: 0.0095, 95% CI: 0.0010–0.8122), and Matero (OR: 0.0035, 95% CI: 0.0004–0.0321) being significantly less likely to use LARCs compared to those from Chipata.

Qualitative findings revealed varied understanding of LARCs among adolescents, with common misconceptions (e.g., IUDs harming unborn babies) and fears (e.g., injection for local anesthesia). Peer and parental stigma often pushed adolescents toward short-term methods. Adolescents who had used LARCs expressed satisfaction, citing convenience and effectiveness for educational and family planning goals. However, side effects such as prolonged bleeding and preference for menstruation led to discontinuation for some. Providers highlighted challenges such as supply stock-outs, lack of youth-friendly services, and the need for intensive counselling to address adolescent resistance.

Conclusions: This study highlights a complex interplay of socio-demographic, perceptual, and structural factors influencing LARC use among adolescents. While some adolescents appreciate the benefits of LARCs, myths, stigma, provider bias, and systemic barriers continue to impede broader acceptance and continuation. Addressing these barriers through targeted, multi-sectoral interventions such as enhanced school-based education, community sensitization, consistent provider training, and the development of adolescent-friendly health services is essential to support informed and autonomous reproductive decision-making among adolescents in Zambia.

Keywords: Adolescent girls, Contraceptive use, LARCs, Uptake, Continuation, Zambia, Reproductive health, Barriers, Mixed-methods, Youth-friendly services.

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