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Contraceptive use among female survivors of Intimate Partner Violence presenting for abortion care in Lusaka District: A mixed methods study

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Background: Intimate Partner Violence (IPV) have been shown to affect women's access to reproductive health services including contraceptives. According to the Zambia Demographic Health Survey 2018, the Contraceptive Prevalence Rate for modern methods stands at 50% while IPV affects 47% of women in the reproductive age in Zambia. Studies have shown that IPV affects women's contraceptive choices. In Zambia, information on how different forms of IPV affect contraceptive use among women of reproductive age is lacking. Understanding this association will allow for development of policies and strategies aimed at increasing contraceptive use among women who experience IPV. This study therefore aimed at studying the association between contraceptive use among women presenting for abortion care who experienced IPV and the different forms of IPV, as well as barriers and facilitators to contraceptive use among these women.

Methods: A Mixed methods study was conducted at four hospitals within Lusaka District. Participants presenting for abortion care who admitted having experienced any form of IPV were included in the study. For the quantitative component, participants were selected using convenience sampling and they completed cross-sectional data using a pre-tested interviewer administered questionnaire. For the qualitative component, participants were purposively selected and they provided In-depth qualitative interview data using a pre-tested interview guide. Data were collected from 1st November to 31st December 2024. The dependent variable was contraceptive use within the last 6 months, while independent variables were the forms of IPV experienced and Socio-demographic characteristics of the respondents. Quantitative data was analysed using descriptive statistics and multiple logistic regression. Qualitative data analysis was done using the inductive approach and thematic analysis.

Results

A total of 367 respondents participated in the quantitative part of this study, with a median age of 25 years (IQR 22-30). The commonest form of IPV experienced was emotional violence (n=290, 79%). Sixty-four percent of women who experienced IPV had used contraceptives within six months. Women who experienced emotional IPV were three times more likely not to use contraception (COR=2.8; 95% CI 1.52 –5.15, p=0.001). Women who had attained secondary school education were 56% more likely to use contraception (COR=0.44; 95% CI 0.25 –0.77, p=0.004). For the qualitative part, 13 respondents participated in the study. Fear of violence from the partner emerged as the major theme among women who stopped or were not using contraceptives. The barriers to contraceptive use were: use of contraceptive methods that were manly visible like contraceptive pills and male dominated ones like condoms. The main facilitator to contraceptive use was use of "hidden" contraceptive methods like injectables and implants.

Conclusion

Emotional violence was the commonest form of IPV experienced by women attending abortion care services in Lusaka and women who experienced it were less likely to use contraception compared to women who experienced other forms of IPV. Fear of violence from partners was the main reason for stopping or not using contraceptives. Promoting long-acting reversible contraceptives such as injectables, implants and intrauterine devices that are hidden can increase use by women facing intimate partner violence.

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