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## Acceptability of Intrauterine Contraceptive Devices (IUCDs) Use Immediately Post-abortion among Young Women aged 15-24 at a Referral Hospital in a Rural Province in Zambia.

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**Introduction:** Utilisation of long-term family planning methods among women in the reproductive age group in Zambia is low (1%), compared to the use of contraceptives in general, which stands at 48%. There is limited information on the use of IUCDs among young women aged 15 –24 years in Zambia, even though they stand to benefit more from the use of IUCDs as they offer convenience and long-term contraception without the need for frequent health facility visits. This study investigated the acceptability of IUCD use among young women.

**Methodology:** The study used a qualitative case study design at Lewanika General Hospital, the only referral hospital in the Mongu District of the Western Province of Zambia. In-depth interviews were conducted among young women aged 15 –24 who were purposively sampled immediately post-abortion, ensuring maximum variability for age and education; further, service providers were interviewed as key informants. The sample size was determined by thematic saturation. The data was analysed in N-vivo using thematic analysis using a deductive approach following the WHO Theoretical Framework of Acceptability. The study protocol was ethically approved by the University of Zambia Bio-Medical Ethics Committee (Approval No. 5466-2024).

**Results:** A total of 19 young women aged 15 –24 years were interviewed; the median age was 18 years, and the majority were single and unemployed. Additionally, eight nurse midwife practitioners were interviewed; a majority of them had diplomas in registered nursing and certificates in midwifery. The young women were primarily familiar with contraceptive pills and injectables, with fewer knowing about implants and very few aware of IUCDs. The acceptability of IUCDs was low, mainly due to a lack of knowledge about the devices and their benefits, coupled with fears of uterine injury or discomfort to their male partners during sexual intercourse. While personal fears and misconceptions stemming from this lack of knowledge were the primary reasons for avoiding IUCDs, religious or cultural influences were not significant factors. Although a few young women recognised the convenience and long-term advantages of IUCDs over frequent visits for injections or pill refills, their confidence and self-efficacy in using them was generally low. Healthcare providers confirmed that their facilities were well-stocked with IUCDs, and they themselves were knowledgeable and trained in IUCD insertion. However, they also emphasised that the low acceptance of IUCDs among young women was largely due to individual fears arising from a lack of knowledge. No health provider raised moral conflict on the ethicality of providing IUCDs to young women.

**Conclusion:** The study found that the hospital was well supplied with IUCDs and trained health care providers, but the acceptability of IUCDs among women aged 15 –24 years was low, mainly due to misconceptions and lack of knowledge on this contraceptive method. The study recommends heightened sensitisation of the communities on IUCDs and their benefits of convenience and longevity, especially among young women who may not be compliant with short-term contraceptives such as pills and injectables.

**Key Words:** Intrauterine Contraceptive Devices, Young Women, Adolescents, Acceptability.

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