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**CONTRACEPTIVE PROGRAM DELIVERY FOR
UNIVERSITY STUDENTS IN ZAMBIA: LESSONS
LEARNT FROM COPPER ROSE ZAMBIA
EVIDENCE BRIEF:**



Country: ZAMBIA

Focus: LUSAKA DISTRICT



1. Introduction

This brief summarizes a contraceptive program delivery for university students in Zambia conducted by Copper Rose (CRZ) from March 2020 – June 2021 under the ZUPPI (Zambia Universities Pregnancy Prevention Initiative) project. It has highlighted interventions that were put in place towards achieving the goal of addressing unplanned pregnancies through increasing access to contraception among young women aged 18-25 years in institutions of higher learning in Lusaka district of Zambia. It also has shown evidence on how certain interventions work better for a particular group of people and possible ways to address challenges, and implementation considerations.

2. Problem Statement

The Zambia Demographic Health Survey (ZDHS 2018)¹ indicated that the total fertility rate (TFR) has declined from 5.9 children per woman in 2002 to 4.7 in 2018. Zambia’s adolescent fertility rate is also one of the highest in sub-Saharan Africa: 27% of teenage girls between 15-19 years of age have begun child bearing, two out of five girls are married before their 18th birthday, and 73.6% are married by the time they are 20 years old. The contraceptive prevalence rate (CPR) among currently married women has increased from 2002 to 2018, from 34% to 50%. The use of modern contraceptive methods ranges from 43% among sexually active unmarried women to 48% among married women. However, the unmet need for contraception in Zambia remains highest among women aged 15-19, at 25% (ZDHS, 2018). In terms of the use of FP among 15-19-year-old females, the overall use of any FP method was 10.6% and was higher among women who were currently married (37.5%) than those who were unmarried and sexually active (18.6%). Overall condom use as a family planning method was very low at only 4.4% among married adolescents and at only 8.7% among unmarried sexually active females.

It was within this context that we implemented the Zambia Universities Pregnancy Prevention Project Initiative (ZUPPI) to address unplanned pregnancies through increasing access to contraception among young women aged 18-25 years in institutions of higher learning in Lusaka district of Zambia. The objective of increasing awareness, demand and uptake of SRH and distribution of 20,000 condoms to adolescents and youth (15-24) in Lusaka District by 2020.

3. What Was Done

a. Peer Educators’ Training

The project initially enrolled and trained **30** peer educators. The peer educators’ recruitment was done via advertisements, which were placed physically on campus as well as through social media platforms. Using a recruitment questionnaire grading system, 30 peer educators were selected, most of which were

¹ Zambia Demographic Health Survey, 2018



University students in years 1- 3 of study. The peer educators underwent 5-day training using the standard Ministry of Health (MOH) curriculum and trainers. The peer educators also had an additional 3-day training on the use of digital tools and social media for youth engagement on sexual and reproductive health and rights (SRHR). At the end of the exercise, they all showed competence in provision of SRHR information, services and other demand creation activities.



FIGURE 1 PEER EDUCATORS EXPLAINING THE DIFFERENT CONTRACEPTIVES TO THEIR PEERS IN THE COMMUNITY

FIGURE 2. CONDOM DISTRIBUTION ON CAMPUS

For the project roll out, various demand creation and sensitization activities were conducted. Radio programs were hosted weekly on University of Zambia (UNZA) radio, the official university radio station. Door-to-door sensitizations were also carried out with emphasis on the modern methods of contraception. Condoms were distributed at the university campus and surrounding communities' and outreach activities for condom distribution activities were conducted weekly in order to provide opportunities for linkages to care for SRHR services and utilization of the available youth-friendly spaces in the institutions. Peer educators referred their fellow students for Long-Acting Reversible Contraception (LARCs) to the nearest health facilities, which were UNZA Clinic, Kalinga-linga Clinic and Levy Mwanawasa Teaching Hospital.

b. Community Based Distributors' training

During the same period of project implementation, 20 Community Based Distributors (CBDs) from Mtendere and Chanda Clinics were enrolled and trained in community distribution of contraceptive methods. The CBDs' recruitment process was based on the baseline surveys that were conducted in five Clinics in Sub-district one of Lusaka that included; Mtendere, Chanda, Kaunda Square, Chelstone and Kalinga-linga Clinics with the aim to assess the availability of trained and active peer educators in these facilities who would be trained in not only disseminating information on SRHR but also to deliver



contraceptives as community-based distributors, licensed by the Ministry of Health. Using the baseline data collected, Chainda and Mtendere were selected as they had more active and trained peer educators of 10 per facility. The topics covered in the training included provision of short, long acting, as well as permanent contraceptive methods, counselling of clients and referral systems.

On the final day of the training, all trained CBDs exhibited competence and were awarded with certificates. Furthermore, for the CBDs to gain more practical knowledge, all of them were attached to their facilities for a period of one month to gain experience before they began delivering contraceptives in the communities.



FIGURE 3. YOUNG PEOPLE LEARNING THE INJECTING TECHNIQUE USING TOMATOES



FIGURE 4. CBDs LEARNING HOW TO LOCATE THE POSITION FOR INJECTION IN THE ARM

4. What We Found Out

Method of Data Capture and Analysis

Monitoring tools such as attendance registers, client registers and commodity uptake registers were used to measure the uptake of the services provided to the students in terms of absolute numbers. Additionally, focussed group discussions, questionnaires and key informant interviews were used to obtain information from the focal point persons, the facility officers' in-charge, peer educators, beneficiaries and community-based distributors.

Findings

To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and



empowered to protect themselves from sexually transmitted infections. Therefore, according to the findings from the students (200) sampled for interviews, it was discovered that most (60%) of them had heard about the SRHR and contraceptive delivery program through Peer Educators and Community Based Distributors (CBDs) who were responsible for the distribution of contraceptives within the Universities and Communities whereas the other 40% of the students knew through social media platforms and radio programs that were conducted at University of Zambia radio station.

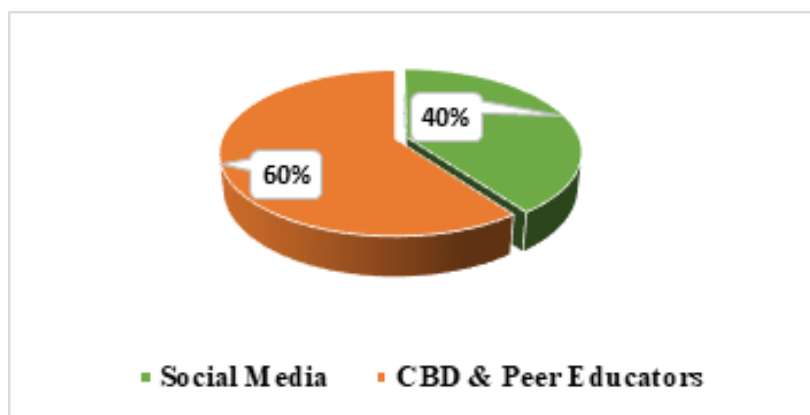


FIGURE 5. SOURCE OF INFORMATION ON SRHR AND CONTRACEPTIVE DELIVERY FOR UNIVERSITY STUDENTS

The pyramid below shows the family planning methods accessed by the youths and adolescent:

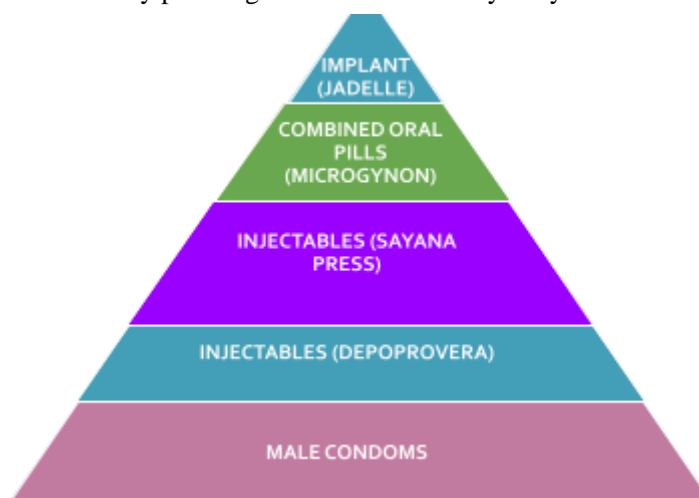


FIGURE 6. CONTRACEPTIVE METHOD PREFERENCES BY STUDENTS

The method that was used to determine the most accessed contraceptive method was based on the recorded number of contraceptives distributed from March 2020 – June 2021. It was revealed that male condoms (30,189 condoms) were the most widely used method by students because of its double protection benefit, giving coverage from both sexually transmitted diseases (STDs) and pregnancy. Among the 10,119 contraceptive methods accessed, Depoprovera (58% n=5,746) was mostly accessed



by adolescents and young people, followed by Sayana Press (26%, n=2,627), Microgynon (14%, n=1,464) and Jadelle (3%, n=282) respectively. Delving into the in-depth interview results, they preferred more of Depoprovera than other injectables because it is easy and convenient for them.



“Once you have Depoprovera, it's super convenient. If you use it correctly, you only have to think about birth control 4 times each year . It's great for people who don't want to deal with taking a pill every day, or who don't want to use birth control that interrupts sex”.
(Melody, Third year student)

Overall Reach

- 30,189 condoms distributed
- 10,119 accessed other contraceptive methods (pills, SARC and LARC)
- 4,300 Adolescents and young people were direct project beneficiaries
- 66,178 indirect beneficiaries (social media and radio platforms)

5. Discussion

Providing effective family planning services which addresses the needs of the youths and adolescents in the community is essential. Overall, the project had both direct and indirect beneficiaries as it included the students from the selected Universities and other youths from the communities around respectively.

The Peer educators and CBDs were fully trained and became informed on SRHR advocacy work and also in the delivery of family planning commodities. For this reason they were welcomed in both the Universities and Communities to help fellow youths in accessing the family planning commodities. After COVID-19 became too severe in the Country, universities were closed and students were sent back home, it was at this point when most of the students started residing in communities around schools. Despite



these closures of universities, the program did not end there as the intervention of the door-to-door service in delivering family planning commodities continued during that period. The door to door approach of reaching out to the youths and adolescents through peer educators and CBDs proved to be a success as majority of the youths and adolescents who were feeling shy of visiting the nearby facilities for family planning services had an opportunity to access the family planning services, SRHR messages (IEC materials) and those that needed referrals to the facilities were helped.

The project utilized social media and radio platforms to increase reach to indirect beneficiaries. The radio programs discussed SRHR and directed listeners to where they could access services. While it may be difficult to quantify the radio listenership and correlate it with the project impact, it was noted that there was an increase in the demand of family planning commodities among the youths and adolescents primarily leading to stock out of some commodities in the facilities around the Universities such Mtendere, Kalingalinga, Chainda, Chelstone clinic, UNZA Clinic, Kaunda Square clinics among others.

Impact

- 30,189 condoms distributed
- 10,119 accessed other contraceptive methods (pills, SARC and LARC)
- 4,300 Adolescents and young people were direct project beneficiaries
- 66,178 indirect beneficiaries (social media and radio platforms)

"I got pregnant when I was a first-year student at the University of Zambia, after I delivered, I wanted to go back to school and at the same time I never wanted to be on family planning because at our church we are not allowed to use family planning. It was on a blessed day when I met a group of young people who introduced themselves as Peer educators trained by Copper Rose Zambia who were conducting some community sensitizations on the SRHR. I was educated on the use of modern family planning methods and with that knowledge, it really helped me to gain courage and access a 5years contraceptive methods that helped me to continue with my education. I would like to thank the peer educators together with CRZ for their work in SRHR advocacy."

~Mercy, Third Year Student~

Finally, the students felt motivated to access and use the contraceptives of their choice in order to protect themselves from sexually transmitted diseases and to prevent unwanted pregnancies. However, female students focused on the consequences of unplanned pregnancies and believed that family planning services were primarily targeted on them, while males thought family planning services targeted males and females equally. It was discovered that the barriers to students or youths accessing contraception included misconceptions, the costs of contraceptive services, and negative attitudes towards use for young people.



Limitations

- The lack of adequate baseline data from the facilities as well as record keeping practices affected our data accuracy. In order to deal with this, we also engaged the facilities on data management and ensured that the peer educators and CBD training included information management
- Closure of schools due to Covid-19 pandemic affected the program as some students left Lusaka where the project was being implemented.
- Due to students' high demand on contraceptives commodities, some facilities had stock-out of commodities.
- High turnover of peer educators due to school commitment. The project ensured that a large number of peer educators was recruited so that even if some were lost along the way, the programming was not affected.

6. Conclusion and Recommendations

6.a Conclusion

In general, the contraceptive delivery program was successfully implemented in Lusaka district as it benefited both the University students and those youths and adolescents within the communities through the Peer Educators, CBDs and social media platforms as well as radio programs.

6. b Recommendations

The following recommendations were based on the lessons learnt during the project:

- There is a need to roll-out the project to other institutions outside Lusaka for wider impact.
- There is a need for the provision of enough contraceptives in the facilities.
- Data capturing methods to be enhanced to act as baseline for future programming.
- Sensitisation to the community on SRHR to avoid harassment of service providers (Peer educators/ CBDs).
- Grant size: in order to see substantial improvement in these indicators, more funding is needed.