

Facility readiness and service provider competence in the provision of Long-Acting and Reversible Contraceptive (LARCs): The case of early LARCs removal in selected Provinces of Zimbabwe

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1 Introduction

Long-acting reversible contraceptives (LARCs) such as IUCDs, Jadelle, and Implanon offer highly effective, long-term, and reversible family planning options. In Zimbabwe, 69% of married women use modern contraception, 41% use pills, while 12%¹ use implants. However, despite their effectiveness, LARCs are increasingly being removed early for reasons unrelated to pregnancy intentions.

3 Methodology

- A cross-sectional mixed-methods study was conducted using surveys, desk reviews, and key informant interviews with service providers.
- The study targeted women aged 18–49 who had discontinued LARCs between 2022 and 2023 for reasons other than pregnancy or product expiry.
- Three provinces were purposively selected, with two districts per province and selected health facilities and outreach sites included.
- A total, 426 clients and 12 service providers participated in the study.

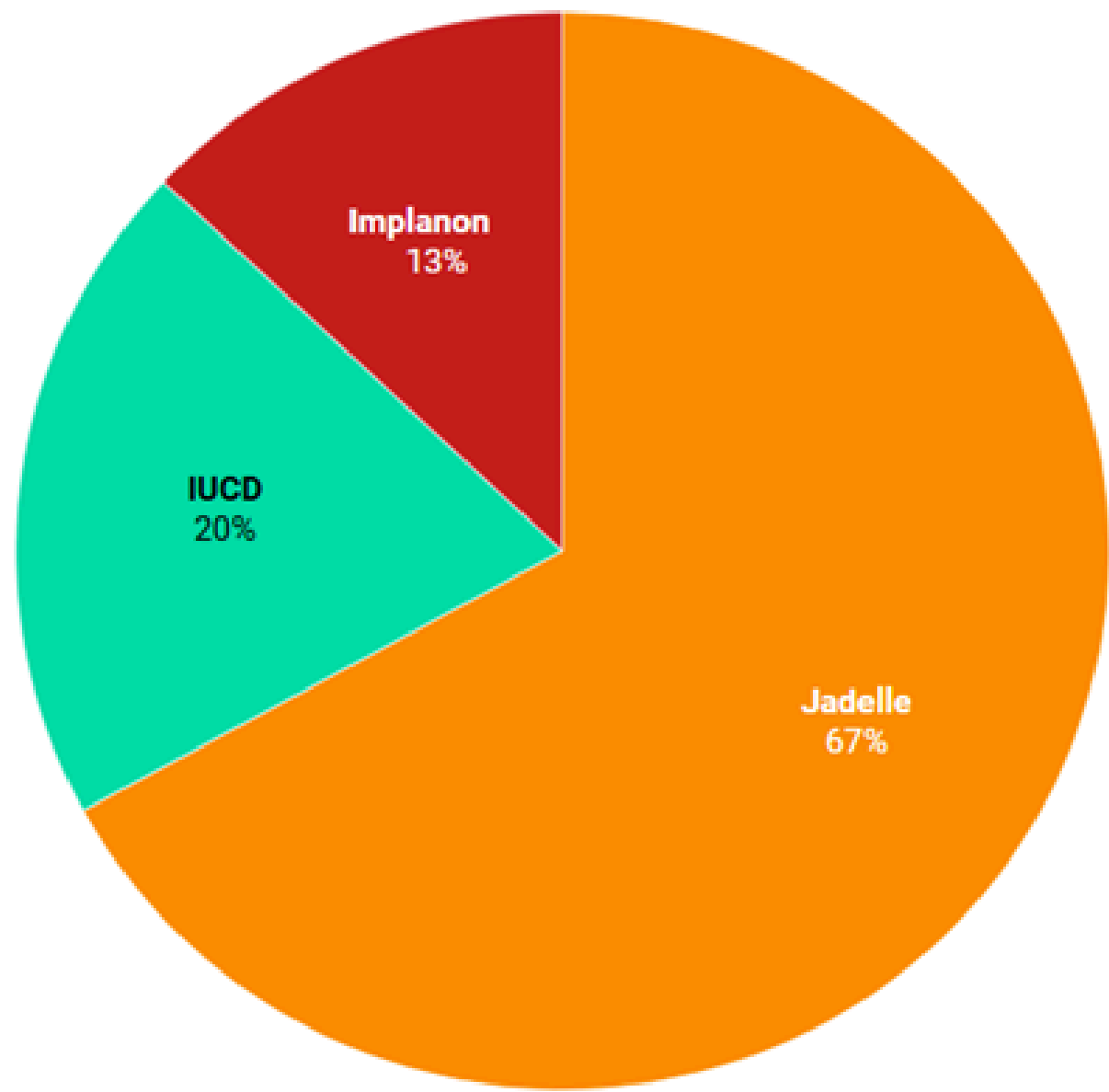
2 Objective

The study assessed facility readiness and provider competence in offering LARCs in selected provinces, Midlands, Mashonaland West, and Manicaland, to identify gaps, challenges, and opportunities linked to early

4 Results

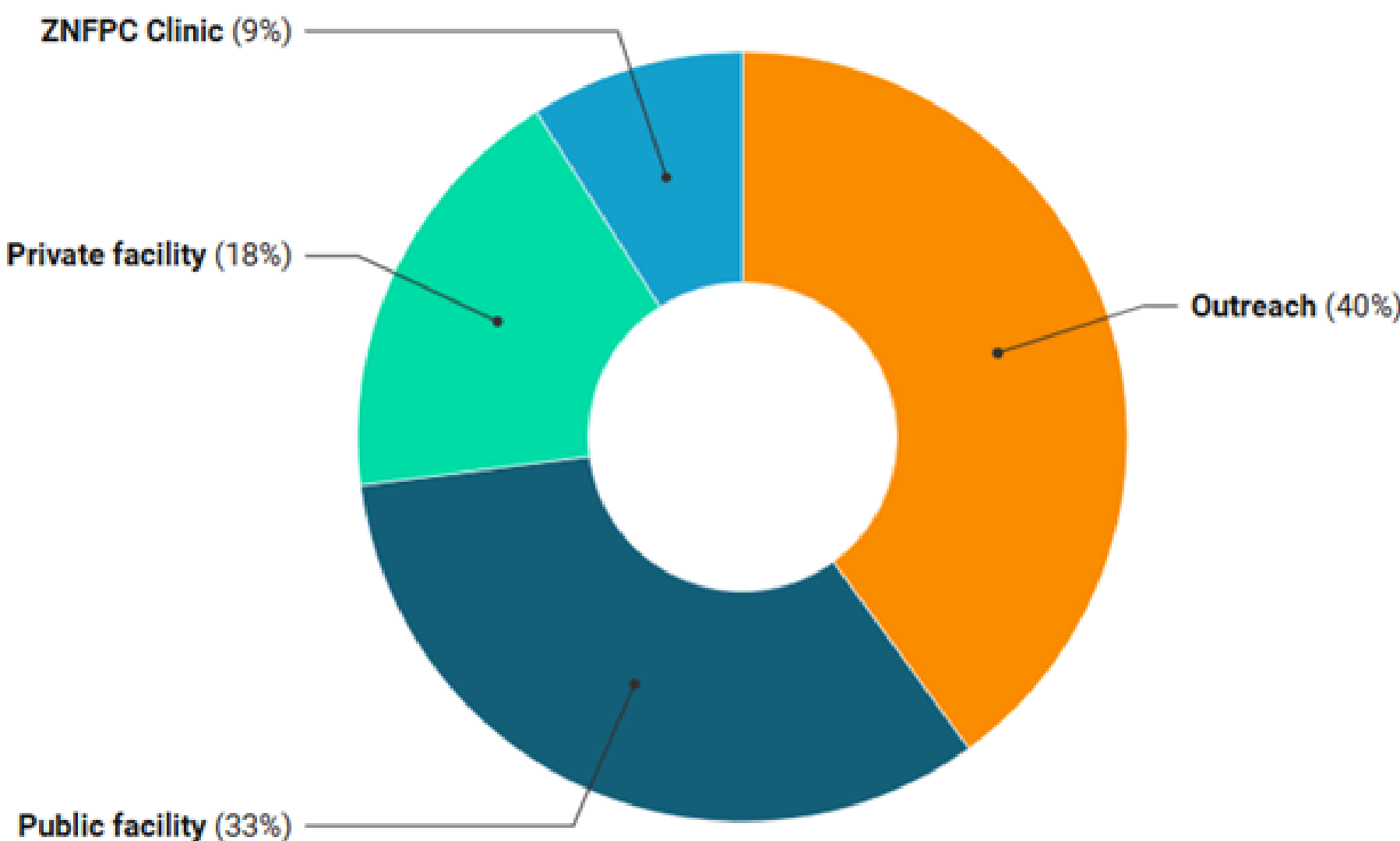
Eight three (83%) percent of the participants were married and 84.4% were 25 years and above with 15.6% in the age group 15-24

Method removed



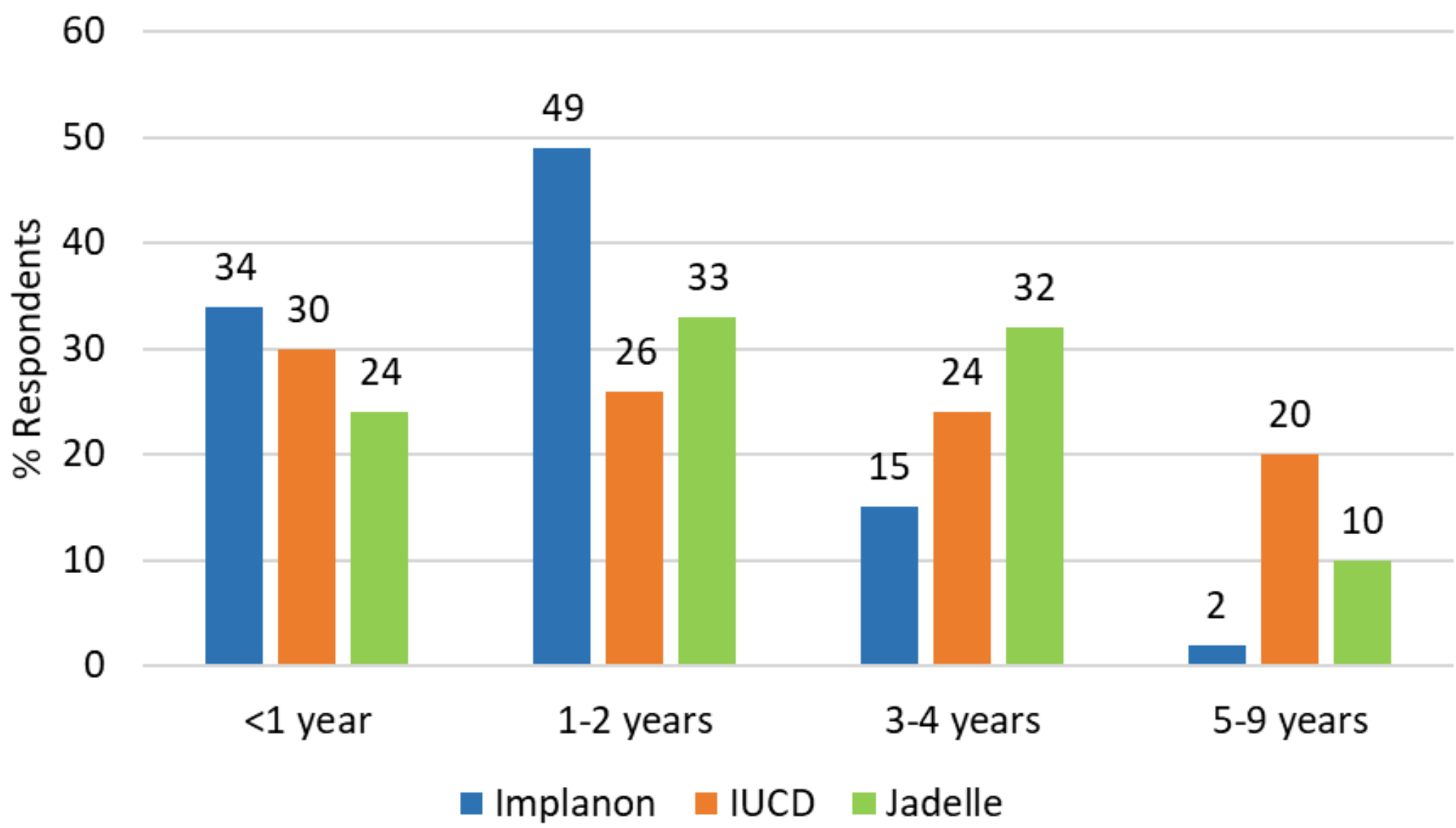
The majority of respondents (66.9%) had a Jadelle removed, 19.9% had an IUCD removed and 13.2% had Implanon removed

Place of LARC insertion



The majority of clients had been inserted the LARC at an outreach site (40%) followed by the public facility (33%)

Time taken before method removal



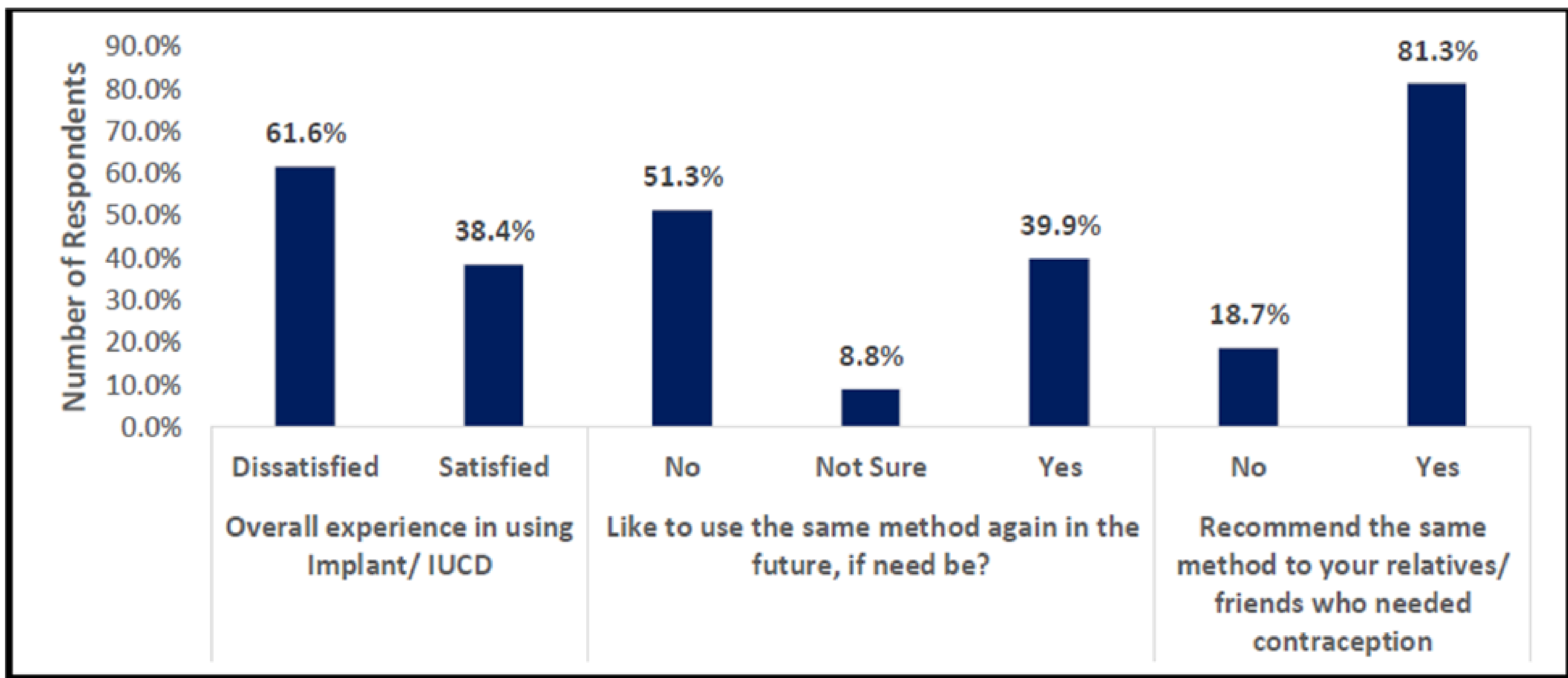
Most respondents (49.2%) who had an Implanon removed it between 1-2 years of insertion, while 34.4% of respondents took less than one (1) after insertion. For IUCD, most respondents (30.4%) removed the method within a year of insertion, whereas 26.1% removed the method within 1-2 years of insertion.

Reasons for LARC removal

Reason	Implanon	IUCD	Jadelle
Partner opposition	0%	5.70%	3.20%
Other relative opposition	0%	0%	1.00%
Method failure	1.60%	4.60%	3.00%
Planning to get pregnant	4.90%	19.30%	6.30%
Product expiry	9.80%	2.30%	11.30%
Side effects	83.60%	68.20%	75.70%

Side effects experienced

Side Effect	Implanon	IUCD	Jadelle
Irregular Bleeding	27.20%	65.60%	60.20%
Pain	42.40%	6.60%	12.90%
Weight changes	4.40%	13.10%	10.40%
Headache	1.10%	4.90%	9.10%
Dizziness	0%	1.60%	3.20%
Loss of libido	0%	3.30%	3.60%
Mood changes	2.20%	3.30%	0.70%
Other	2.20%	1.60%	0.30%



An adjusted logistic regression model was used to determine the predictors of early removal of LARCs. The analyses show statistical difference across provinces, religion and the duration one takes with the method before removal. The odds of reporting side effects among clients having a LARC for 3-4 years is 0.19 times less likely to get a removal due to side effects relative to women who have the LARC for less than one year ($p = <0.001$).

6 Service Provider Perception

- Service providers trained in LARC provision noted that the methods are cost-effective and convenient, as clients require fewer facility visits.
- They observed that most women prefer LARCs when properly informed about their use and side effects.
- However, myths, misconceptions, and inadequate counselling were identified as key drivers of early removals.
- Overall, most major facilities reported more LARC removals than insertions each quarter.

7 Recommendations

- Service providers to give detailed information on possible side effects of LARCs
- Scale up capacity building of service providers.
- Ensure that LARCs sundries and equipment are always available.
- Strengthened supply chain system to reduce stock outs of commodities.
- There is need to dispel myths and misconceptions surrounding the use of LARCs.

References

ZDHS (2023/24). Zimbabwe Demographic and Health Survey

Contact:

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