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Barriers and facilitators to access to contraception among young people: a systematic review

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ABSTRACT: Background: In Low-and Middle-Income Countries, access to contraception remains a challenge, particularly among young people, as millions encounter difficulties in acquiring and utilizing modern contraceptive methods. This systematic review synthesizes existing evidence relating to barriers and facilitators to access to contraception among young people aged 10 to 24 years in Low-and Middle-Income Countries (LMICs).

Methods: We conducted a search of various databases for peer-reviewed studies published in English from January 1, 2015, to December 31, 2025, and we focused on research that explored the factors affecting access to contraception among young people in LMICs. We identified twenty-four studies that met the inclusion criteria, which were then thematically analyzed.

Results: Individual factors, such as fear of side effects and insufficient knowledge, were identified as barriers to access to contraception. Family dynamics, including lack of support from family members and peers, were also noted as obstacles

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to contraceptive use. Additional barriers include health systems factors such as extended waiting times, negative attitudes from service providers, and lack of confidentiality. Social factors, such as fear of stigma, adherence to religious teachings, and cultural beliefs, presented further challenges. On the other hand, family support, approval from peers, easy access to options of contraceptive methods, and the assurance of confidentiality were recognized as facilitators promoting access to contraception.

Conclusion: Young people in LMICs encounter numerous challenges in accessing contraception. To overcome these impediments, it is necessary to implement wide-ranging interventions that are aimed at addressing individual, health systems, social, familial, and economic factors.

Keywords: *Contraception, access, young people, barriers, and facilitators*

Plain English Summary

The findings of the review showed that young people continue to face various barriers in their attempt to acquire and utilize contraception. However, with appropriate support, education, and services, they are more likely to access contraception and make well-informed decisions about their reproductive health.

The identified barriers vary based on cultural, social, health systems, and economic viewpoints. Understanding these barriers can help in developing strategies that can address these problems and improve access to contraception among young people.

The review generated adequate understanding of the factors that constrain and facilitate access to contraception among young people in LMICs. The review also highlighted the need to tackle the barriers and exploit the facilitators to achieve increased access to contraception among young people.

Introduction

Access to dependable and effective contraception is vital for young people to make well-versed choices about their reproductive health (Masonbrink *et al*., 2023, Munakampe *et al*., 2018). Availability of contraception helps to reduce pregnancy-related illnesses and deaths, improves health outcomes, and minimizes the social and economic impacts associated with

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unintended pregnancies (Masonbrink *et al*., 2023, Munakampe *et al*., 2018). In spite of that, many young people continue to face difficulties in both obtaining and utilization of contraception (Dioubate *et al*., 2021). Identifying these obstacles and understanding their implication is key to improving access to contraception, lowering the high rates of unintended pregnancies, and tackling the high levels of unsafe abortions among young people (Henry *et al*., 2021). The purpose of this systematic review is to reinforce the existing evidence on barriers and facilitators to contraception and provide valuable insights for policy makers, service providers, and program implementers to create targeted interventions that will improve access to contraception among young people.

In 2019, a total of 270 million women of reproductive age reported an unmet need for contraception worldwide (Kantorova' *et al*., 2020). The unmet need was predominantly higher among unmarried (39.5%) and married (25.9%) young people aged 10-24 years than that among older women (24%) (Hailu *et al*., 2022). High unmet need for contraception can increase the risk of unintended pregnancies, unsafe abortions, and high morbidity and deaths among young people (Alidou *et al*., 2023).

Unintended pregnancies remain a global public health challenge, especially with high rates witnessed in many LMICs (Masonbrink *et al*., 2023). In 2019, 71 million unintended pregnancies were recorded globally and most of these were reported among adolescents and young women aged 10-24 years (Sully *et al*., 2019)). Unintended pregnancies can expose adolescent girls and young women to several pregnancy and child birth related complications including eclampsia, obstetric fistula, pre-term labour, low birth weight in infants, anxiety, depression, and maternal death (WHO,2023; Alidou *et al*., 2023). In addition, they can also disrupt progress in education, reduce earning potential, limit job opportunities, delay entry into the labor force, and can increase the risk of poverty among young people (Cohen *et al*., 2020). Therefore, it is important to address the high rates of unintended pregnancies among young people so that they are given chance to complete their education, pursue careers of their own choice, attain economic stability, and reduce poverty levels within their families (Cohen *et al*., 2020).

Unsafe abortions on the other hand are also a public health concern and are directly connected to contraceptive use (WHO,2023). Inadequate or incorrect use of contraceptives can lead to unintended pregnancies which may consequently result in unsafe abortions

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(WHO, 2023). Unsafe abortions can result in undesirable outcomes such as bleeding due to injury to the birth canal, infection in the birth canal, uterine rupture, and maternal mortality (Harris and Grossman, 2020). Addressing unsafe abortions requires adopting an all-inclusive approach which include health education, the promotion of contraceptive use, and increased access to safe and legal abortion services(Harris and Grossman,2020).

Although the benefits of contraception are well documented, its use among sexually active young people remain low (Gbagbo and Nkrumah,2019). Evidence shows that only 25% of young people have ever accessed and utilized contraception in Nigeria while in Uganda, only 9% of young people reported utilization of contraception (Gbagbo and Nkrumah,2019). While reviews have focused on other aspects such as contraception and abortion knowledge, attitudes, and practices among young people, reviews on facilitators and barriers in this area lack especially in LMICs (Munakampe *et al*., 2018). Carrying out a systematic review was necessary to identify and generate a more comprehensive understanding of the various barriers and facilitators to access to contraception among young people (Chandra-Mouli and Akwara,2020). A systematic review was also necessary to improve the design and implementation of interventions, and provide service providers with evidence -based guidance on how to address barriers and harnessing facilitators (Chandra-Mouli and Akwara,2020; Makwinja *et al*., 2021)

Methods

Search strategy

A wide-ranging literature search was conducted across various databases, including PubMed, Scopus, and Web of science. The search strategy combined relevant keywords, MeSH terms, and Boolean operators to capture studies related to barriers and facilitators of contraceptive use among young people in Low- and Middle- Income Countries. The search was limited to English language and only focused on peer-reviewed articles which were published between 1st January 2015 and 31st December 2025. For data extraction, we used a standard extraction form to collect appropriate data from included studies. We analyzed data using narrative summary and we reported the results using PRISMA.

Inclusion criteria

Studies that focused on young people aged 10-24 years in LMICs and explored barriers and facilitators to access to contraception were included in the review. Only studies

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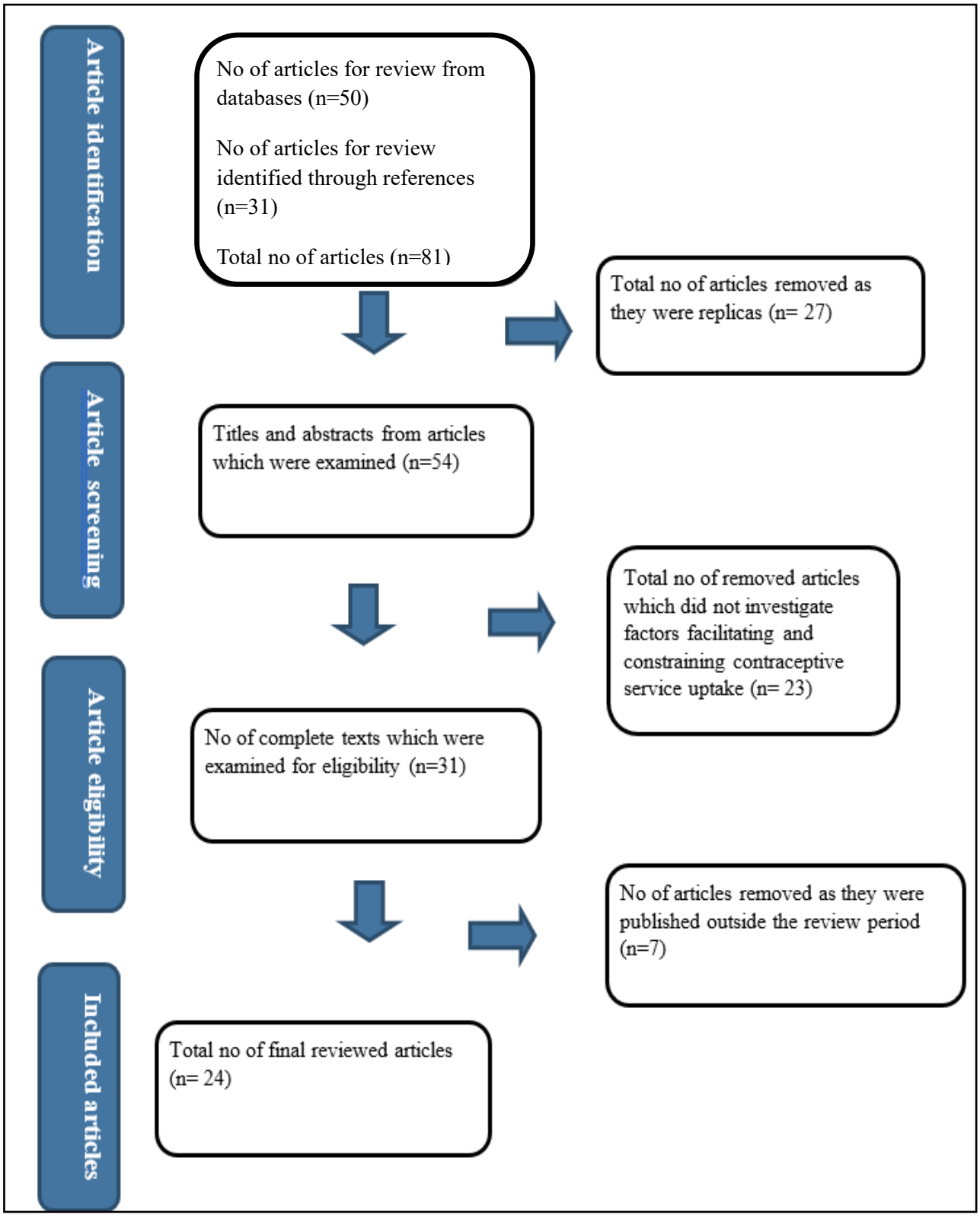
published in English were included in the review and studies published within the last 10 years were prioritized to ensure relevance and timeliness.

Fig 1: PRISMA flow diagram



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Data analysis and synthesis

The data from the selected articles was analyzed using the thematic analysis technique. Thematic analysis aided us to find themes and relationships from the data which was coded.

Main results

Twenty-four studies which explored barriers and facilitators to access to contraception among young people in Low -and Middle -Income Countries were reviewed (Arije *et al*., 2024,Amoah *et al*., 2023,Bhatt *et al*., 2021,Burke *et al*., 2017, Chola *et al*., 2023,Cohen *et al*., 2020, Dioubate *et al*., 2021, Dombola *et al*., 2021,Gbagbo &Nkrumah,2019, Hailu *et al*., 2022, Henry *et al*., 2021, Islam *et al*., 2021, Jonas *et al*., 2022, Kisongo *et al*., 224, Masonbrink *et al*., 2023,Mazibuko *et al*., 2023,Mulubwa *et al*., 2021,Namukonda *et al*., 2020, Namukwambi *et al*., 2020, Ofogba *et al*., 2022, Tucho *et al*., 2022, Wachamo *et al*., 2020, Wondimagegne *et al*., 2023 and Zulu *et al*., 2023). All the studies explored barriers and facilitators to contraception among young people (n=24).

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Table 1. Characteristics of included studies.

Author/country Period	Study type	Sample characteristics/ Setting and University/College where study was conducted	Study objectives	Study findings	Outcomes
Arije *et al*., 2024, Nigeria, August, 2020	Experimental design	859 self-administered DEC questionnaires and interviews with young people in Ogun State	To elicit and derive relative variations for, attributes of SRH services that adolescents and young people value, and their willingness to pay for the services in public health facilities	Physical environment of the health facility, confidentiality, non-judgmental attitude of service providers, and friendly and open-minded health workers were identified as facilitators while long waiting time and cost of service were barriers.	Low service acceptability and utilization

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Amoah *et al*., 2023, Ghana, Jun-July,2020	Cross-Sectional analytical study	277 structured questionnaires administered by Research Assistants	To assess the prevalence and factors influencing contraceptive use among sexually active young women in the Berekum Municipality, Ghana.	Availability and affordability of contraceptives, awareness and knowledge, and improved access to information were identified as facilitators while fear of side effects and partner refusal were identified as barriers.	Contraceptive use was high
Bhatt *et al*., 2021, Morang, Eastern Nepal, Nov 2017-Oct 2018	Qualitative exploratory study	6 FGDs with 48 participants and 25 In-depth interviews with young people in Hattimuda Village in Morang District	To identify perceptions of and barriers to the use of family planning among youths in Nepal.	Lack of knowledge, fear of side effects, family and religious beliefs, myths and misconceptions were identified as barriers.	Low contraceptive uptake

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Burke et al., 2017, Senegal, June-july,2015	Qualitative peer-to-peer approach	128 FDGs comprising 6-8 participants, and 50 interviews with young people living with disabilities, Dakar, Thies, and Kaolack	To understand what barriers and enablers young people with disabilities experience when accessing SRH services.	Protection of identity was recognized as an enabler to contraceptive use while provider attitude and lack of finances were identified as barriers	Low contraceptive use
Chola *et al*., 2023, Zambia	Qualitative exploratory design	7 FGDs comprising 8-12 participants, and 3 In-Deth Interviews with young people in Chongwe, Lusaka, Kasama, and Luwingu	To understand Zambian adolescent girls' experiences using contraceptives	Health facility staff attitude, lack of confidentiality and privacy, unavailability of contraceptives, lack of information, fear of side effects, and misconceptions about contraceptives were identified as barriers	Several factors contribute to adolescent's experience with contraceptives

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Cohen *et al*., 2020, Tambaconda and Kedougou, Senegal, Oct-November,2017	Grounded theory qualitative study	5 FDGs with 6-9 young people and 48 in-depth interviews with young people and parents in in Tambaconda and Kedougou	To gain an insight into the behavioral barriers that prevent unmarried young people in eastern Senegal from using modern methods of contraception	Fear of being stigmatized, belief in traditional methods of contraception, fear of unspecified risks of taking contraceptives were barriers	Low access to contraception

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Dioubate *et al*., 2021, Guinea, June-December, 2019	Qualitative exploratory design	56 in-depth interviews and 10 Focused Group Discussions, Conakry, Guinea	To understand the barriers to use of modern contraceptive methods among urban adolescents and youths (15-24 years) in Conakry, Guinea.	Fear of side effects, misinformation, lack of partner support, stigma related to early sex debut, religious and cultural beliefs, were identified as barriers. Shortage of family planning commodities, perception of quality-of-service delivery, provider attitudes, short visiting hours, geographical proximity to services, and quality of service provider training were additional barriers.	Contraceptive use was low

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Dombola *et al*., 2021, Lilongwe, Malawi, Nov, 2018-Janu,2019.	Cross-Sectional study	18 interviews with in and out of school adolescents, 8 interviews with key informants, and 2 FGDS in urban Lilongwe	To assess factors that influence contraceptive decision-making and use among young adolescents aged 10-14 years	Fear of side effects and cultural beliefs were identified as barriers while family and partner support, increased awareness and information sharing were identified as facilitators	Increase in contraceptive uptake require male involvement
Gbagbo and Nkrumah, 2019, Ghana,2017	Descriptive Cross-Sectional study	134 structured self-administered questionnaires to undergraduate students from University of Education, Winneba	To examine family planning among undergraduate university students focusing on their knowledge, attitude and use of contraception	Availability of family planning commodities, accessibility, and preference of choice were identified as facilitators.	Awareness levels did not match usage hence family planning use was low.

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Hailu *et al*., 2022, Ethiopia, February-March,2020	Cross-Sectional study	550 semi structured questionnaires to young married women in Haramaya	To identify factors associated with unmet need for contraception among young married women in eastern Ethiopia.	Social support, partner and family support were identified as facilitators while lack of knowledge, lack of awareness, fear of side effects, and myths were identified as barriers.	Prevalence of unmet need for contraception was high.

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Henry *et al*., 2021, Botswana, June 2019-June,2020	Cross-sectional Mixed method	Semi-structured interviews with 20 sexually active AGYW and 20 health systems stakeholders	To assess barriers to Long Acting and Reversible Contraceptives implementation among AGYW in Botswana	Fear of side effects, lack of skills among service providers, service provider attitude, cultural beliefs, prohibitive reproductive health laws and policies for minor adolescents were barriers Availability of youth friendly services and availability of free or low cost LARCs were facilitators.	Implementation and access to Long Acting and Reversible Contraceptives was low

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Islam et al., 2021, Bangladesh, Novembre, 2019	Cross - Sectional study	96 Self-administered questionnaires with 18 interviews with young people in Kutupalong Registered Rohingya Refugee Settlements	To examine the factors affecting child marriage and contraceptive use among Rohingya girls who have experienced child marriages	The desire for children, religious beliefs, misapprehension about contraception, long waiting periods in facility-based health services, and current service provision were identified as barriers to contraceptive use	Contraceptive use was rare
Jonas et al., 2022, South Africa, August 2018-March,2019.	Qualitative descriptive study	19 FDGs, 4 in-depth interviews, and 53 serial in-depth interviews with 185 Adolescent Girls and Young Women in 5 of the 10 provinces of South Africa	To explore whether rumors, myths, and misperceptions about contraceptives remain barriers to modern contraceptive use among AGYW	Rumors, myths, misperceptions, peer disapproval, fear of side effects, and lack of parental support were identified as barriers.	Contraceptive use was affected by rumours, myths, and misperceptions.

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Kisongo *et al*.,2024, Uganda March-April, 2023	Explanatory-Sequential Mixed Methods Study	577 interviewer administered questionnaire to young people in Lira City	To explore access to family planning services and associated factors among young people in Lira City, Northern Uganda.	Lack of privacy, fear of mistreatment, lack of knowledge, and unfriendly service provider attitudes were identified as barriers while availability of method mix of contraceptives, high awareness levels, and ease physical access to services were identified as facilitators.	Low access to contraceptive services

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Masonbrink et al., 2023, Haiti, August 2021 to March,2022	Cross-sectional survey	25 in-depth interviews to Adolescents and Young Adults in rural Communities in Haiti	To describe barriers and facilitators to contraceptive use among Adolescents and Young Adults (AYAs) in Haiti	Medication misconception, lack of parental and community support, service provider judgmental attitudes, lack of information, and lack of privacy were identified as barriers.	Contraceptive use was low
Mazibuko *et al*., 2023, South Africa, July-September, 2021	Qualitative Descriptive Research Design	20 In-depth interviews with young people at Mangosuthu University	To explore factors influencing non-use of Sexual and Reproductive Health services by students	Quality of condoms, and perceived benefits of contraceptives were identified as facilitators while lack of open communication was a barrier	Low contraceptive use

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Mulubwa *et al*., 2021, Uganda, October,2019	Qualitative study	8 FGDS comprising 10-12 young people in Kira Municipality, Wakaso District	To explore the motivations of adolescents and young people to use or not to use modern contraceptives	Desire for unprotected sex, easy access to contraceptives were identified as facilitators while fear of side effects, and lack of knowledge and information were identified as barriers	Low uptake of contraceptive methods
Namukonda *et al*., 2020, Zambia, August-Nov,2017	Mixed-Method Study Design	Surveys and 8 FGDs with 122 young people in Mufumbwe and Solwezi	To characterize adolescent SRH knowledge, attitudes, and service utilization	Limited perceived benefits, unsupportive households and community environment, and negative interaction with health providers were identified as barriers	Low SRH service uptake

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Namukwambi *et al*., 2020, Namibia, October 2019	Quantitative, non-expérimental, descriptive Cross-Sectional study	85 structured self-administered questionnaires to young people, Keetmanshoop Urban Constituency	To establish the barriers that prevent adolescents to access contraceptives in the Keetmanshoop Urban Constituency	Parental control, cultural norms, peer pressure, and service provider attitude were identified as barriers while long operating hours at clinics was identified as a facilitator	Low contraceptive use
Ofogba *et al*.,2022, Nigeria, August,2020	Descriptive Cross-Sectional study	305 semi-structured questionnaires with female students at University of Benin in Egor local Government area	To explore the perceived barriers influencing uptake of contraceptives among students	High knowledge levels, fear of side effects, long waiting time, length of time taken to secure appointment, partner disapproval of use of contraceptives and stigma by nurses.	High contraceptive use

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Tucho *et al*., 2022, Ethiopia, June, 2022	Quantitative Cross-Sectional design	374 semi-structured questionnaires self-administered questionnaires were administered to students at Jiren High School, Rift Valley University, and Jimma Teachers Training College	To assess adolescents and youth's sexual practice and contraceptive use, and behavioral patterns towards safe sexual exercise	Fear of getting pregnant, and perceived benefits of contraceptive use were identified as facilitators	Low contraceptive use
Wachamo *et al*.,2020,Ethiopia, January- April, 2019	Institutional based Cross-Sectional study	519 self-administered pretested questionnaires to students at Paradise Valley College, Rift Valley College, Pharma College, and Africa Beza College.	To assess the Sexual and Reproductive Health service utilization and associated factors among college students.	Long distance to health facility, preference for specific sex of service provider, lack of separate rooms for services, and inconsistent working hours at the health facility	Low utilization of SRH services

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Wondimagegne *et al*., 2023, Ethiopia, December 2020-April,2021	Grounded Theory approach	24 in-depths interviews with adolescents, and 28 Key informants in Gedeo Zone	To assess barriers to contraceptive use among secondary school adolescents in Gedeo Zone, South Ethiopia.	Lack of knowledge, fear of rumours, family pressure, social and cultural norms, economic vulnerability, religious beliefs, lack of adolescent-responsive health services, and health workers behaviors were identified as barriers.	Contraceptive use was affected by various factors
Zulu *et al*., 2023, South Africa, 2023	Qualitative explanatory design	10 semi-structured interviews with white female students were conducted at University of KwaZulu Natal	To explore the use of contraceptives among white students	Partner support was identified as a facilitator while poor service provider attitude was identified as a barrier.	Use of contraceptives was steadily rising

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Barriers and facilitators to contraception

Barriers

1. 0 Individual factors

1.1 Lack of knowledge about contraception

Lack of knowledge was identified as a barrier to contraception among young people (Wondimagegne *et al*., 2023). Lack of knowledge can limit choices and lead to non-use of contraception (Kisongo *et al*., 2024). It can also lead to myths and misconceptions which can in turn force young people to avoid using contraceptives (Kisongo *et al*., 2024).

1.2 Fear of side effects

Unsupported apprehensions about the safety of using contraceptives was recognized as another barrier and affected contraceptive use and method selection among young people (Zulu *et al*.,2023). Fear of side effects such as weight gain, excessive bleeding, irregular menstrual cycle, headaches, and high blood pressure were the reasons for low contraceptive use (Henry *et al*., 2021, & Mulubwa *et al*., 2021, Jonas *et al*, 2022).

2.0 Health systems factors

2.1 Stock out of family planning commodities.

Frequent stock out of family planning commodities was found to negatively affect access and utilization of contraception among young people (Chola *et al*., 2023). Non-availability of contraceptives may act as an access barrier and can lead to anxiety and uncertainty among service seekers (Amoah *et al*., 2023).

2.2 Poor Service Provider Attitudes

Judgmental attitudes and biases among service providers were identified as hindrances to contraceptive use among young people (Massobrink *et al*., 2023). Service provider bias can affect the choice of contraceptive method to offer to a client while unfriendly attitude can discourage young people from seeking sexual health services (Dioubate *et al*., 2021).

2.3 Lack of infrastructure

Lack of appropriate physical space for youth friendly services was identified as another barrier to contraceptive use because sexual and reproductive health services cannot be provided without

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the availability of basic infrastructure (Wachamo *et al*., 2020). The lack of physical space makes it difficult to maintain privacy and confidentiality for those seeking services (Wachamo *et al*., 2020).

2.4 Long waiting time

Time taken before receiving contraceptive services was identified as another hurdle to access and use of contraception (Islam *et al*., 2021). Long waiting time can be frustrating for service users, lead to low satisfaction levels, and has the potential to create a perception of inefficiency, reduce trust, and can lessen overall trust for the service being offered (Ofogba *et al*., 2022).

2.5 Lack of privacy and confidentiality

Lack of confidentiality was found to be a barrier to contraceptive use among young people (Kisongo *et al*., 2024). Young people are particular about confidentiality as they seek healthcare services and the fear that the consultation on contraceptive services may be made known to parents and friends may discourage some young people from seeking these services (Chola *et al*.,2023).

3.0 Family related factors

3.1 Unsupportive partner attitude

Partner opposition was identified as another barrier to access and use of contraception (Amoah *et al*., 2023). Many young women still rely on their sexual partners to make decisions on various healthcare issues including contraceptive use and as such, partner refusal has the potential to force a young person to avoid accessing and using contraceptives (Dioubate *et al*., 2021).

4.0 Social and religious factors

4.1 Religious beliefs

Religious beliefs were also identified as an obstacle to contraceptive use among young people (Islam *et al*., 2021). Various religious groups promote sexual abstinence before marriage and this is because premarital sex is seen as being immoral and sinful (Wondimagegne *et al*., 2023). Therefore, this religious prejudice may generate fear among young people seeking sexual health

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services because of worries of being labelled as being sexually immoral (Wondimagegne *et al*., 2023).

4.2 Myths and misconceptions

Unfounded concerns about the dangers of using contraception were identified as a hindrance to contraceptive use (Hailu *et al*., 2022). Misconceptions that contraceptives lead to health problems such as cancer, reduced sexual desire or that contraception promotes sexual immorality prevent young people from using contraceptives (Bhatt *et al*., 2021, Chola *et al*., 2022).

4.3 Fear of stigma

Fear to be recognized by members of society was also barrier to contraceptive use among young people (Gbagbo &Nkrumah,2019). Lack of tolerance and approval by members of society towards contraception can result in fear of being recognized, fear of humiliation, and fear to be discriminated which in turn affect the demand for contraception (Cohen *et al*., 2020).

Facilitators

1.0 Social Factors

1.1 Social support

Social support was recognized as a facilitator to contraceptive use among young people (Zulu *et al*.,2023). Social backing from friends, partners, relatives, and service providers not only acts as a form of encouragement for young people to access and use contraceptives but also dispels fears surrounding contraceptive use (Dombola *et al*., 2021, &Hailu *et al*., 2022).

2.0 Drug related factors

2.1 Effectiveness of contraceptives

The conviction that contraceptives are effective in averting unintended pregnancies was established as the driver for contraceptive use by young people (Mazibuko *et al*., 2023). The certainty in the effectiveness of contraceptives make young people feel more secure and lifts their confidence in the ability of contraceptives to prevent unintended pregnancies and this increases the motivation to use contraceptives (Tucho *et al*., 2022).

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3.0 Health systems factors

3.1 Confidential consultations

Confidentiality was identified as an enabler to the use of contraceptives by young people (Burke *et al*, 2017). Confidential contraceptive services provision lessens fear of judgement and builds trust between young people and service providers, thereby leading to improved use and better health outcomes (Arije *et al*., 2024).

3.2 non-judgmental attitude

Nonjudgmental attitude by service providers allows young people to disclose personal information with service providers without fear of being criticized, and fosters a sense of respect and empathy, thereby encouraging young people to return for follow up care (Arije *et al*., 2024). It also aids a more open and honest discussion about contraception thereby promoting continued use of contraception (Arije *et al*., 2024).

3.3 Availability of method-mix of contraceptives

Availability of family planning commodities was recognized as a facilitator to access and use of contraception (Mulubwa *et al*., 2021). The certainty that family planning methods are available not only reduces the doubts about accessing them but also improves the chance of finding a method that fits the needs of an individual, thereby increasing the chance of young people using them (Burke *et al.*, 2017).

3.4 Provision of information on contraceptives

The provision of complete, clear, accurate, and timely information was reported to be a facilitator to contraceptive use (Amoah *et al*., 2023). Well packaged information helps to dispel myths and misconceptions about contraception, increases knowledge on contraception use, and empowers young people to make informed choices and take control of their own reproductive health matters (Dombola *et al*., 2021).

Discussion

The studies that were reviewed investigated barriers and facilitators to access to contraception among young people in LMICs. The studies revealed that lack of knowledge about where to

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access contraceptives, stock out of family planning commodities, unfriendly service provider attitude, lack of appropriate infrastructure, and lack of confidentiality were barriers to contraceptive use. Unsupportive partner behaviors, religious beliefs, myths and misconceptions, fear of side effects, and fear to be stigmatized were additional barriers. Social support, effectiveness of contraceptives, confidential consultations, and availability of contraceptives were identified as facilitators to contraceptive service use.

Lack of information was identified as a barrier to access and use of contraception (Bhatt *et al*., 2021). Inadequate information on contraception reduces awareness of the available choices of contraceptives and can also lead to incorrect understanding of the effectiveness of contraceptives, thereby affecting its use.

Long waiting time at health facilities was also recognized as a barrier to contraception among young people (Ofogba *et al*., 2022). The length of waiting time is one of the parameters which service seekers use to measure the level of care they receive. This is because service seekers consider waiting time as part of the service package rather than a pre-service activity. Therefore, the longer a service user waits before being attended to, the worse is the view of the service they receive. Long waiting time not only impacts how service seekers view the level of care they receive but also paints a picture of how well or poorly planned and managed healthcare services are.

Fear of stigma was another barrier to contraception among young people (Zulu *et al.*, 2023). Young people, especially those who are unmarried, are branded and stigmatized as being sexually immoral by peers and members of society when they are seen obtaining contraception. Stigma has the potential to ruin a young person's character and weaken their ability to interact with their peers freely. Stigma can also result in rejection, self-isolation, and it has the potential to weaken the capacity of young people to make informed decisions or express their opinion on matters of sexual health.

Inadequate physical space was also identified as a hindrance to access and use of contraception among young people (Wachamo *et al*., 2020). Physical space is important because service providers operate from these rooms. In addition, it is in these rooms where counselling, information sharing, examination and collection of family planning commodities takes place.

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Therefore, availability of physical space helps to enhance privacy and improve service provider-patient communication.

Religious beliefs were reported to be a barrier to contraception (Bhatt *et al*., 2021). Religion inculcates belief systems which can influence the attitudes, norms, values, acceptance, and utilization of contraception among followers. For instance, some religious teachings advocate for natural methods of contraception as opposed to the use of modern methods of contraception. Therefore, young people who believe in such religious teachings, may decline the opportunity to access modern contraceptive methods.

Protection of identity was identified as a facilitator to contraceptive use among young people (Arije *et al*., 2024; Burke *et al*., 2017). Protection of identity reduces fear of judgement from peers and family members and also allays fears of consequences related to contraceptive use. In addition, it reduces stigma that is associated with contraception, thereby making young people free to access and use contraception.

Limitations of the review

The limitations of this review are that even though a wide search and screening process was carried out, we may not have identified all suitable studies. Another limitation may stem from methodological limitations or biases in individual studies which may have affected the findings of the review.

Conclusions

The result of this systematic review has highlighted a number of barriers and facilitators to contraception among young people in LMICs. Limited knowledge and awareness, access limitations, service provider attitudes, commodity stock out, cultural and religious, and lack of confidentiality were identified as obstacles to contraceptive use. Supportive relationships, protection of identity, availability of contraceptives, and the belief in the effectiveness of contraceptives were recognized as facilitators to contraceptive use. By addressing these barriers while leveraging the facilitators, access and use of contraception can improve among young people and unintended pregnancies can reduce.

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List of abbreviations

LARC	Long-Acting Reversible Contraceptives
FP	Family Planning
LMICs	Low-and-Middle Income Countries

Declarations

Ethics approval and consent to participate.

All the twenty-two studies included in this systematic review received ethical clearance with consent to participate sought from participants.

Consent for publication

This is a review, and it did not contain any individual person's data in any form. Consent for publication was therefore not required.

Availability of data and materials

Data sharing is not applicable to this article as no datasets were generated during the current review.

Competing interests

The authors declare that they have no competing interests.

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Author's contribution

LN was the major contributor in the conception, design, analysis, and interpretation of the data on factors which motivate and constrain access and use of contraception among young people in LMICs. LN was also the writer of this review article.

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Author's information

LN is a sexual and reproductive health expert and studied Public Health from the University of Zambia.

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