

# **A SURVEY OF BARRIERS TO THE USE OF LONG ACTING CONTRACEPTIVE METHODS AMONG MARRIED WOMEN OF 18-49 AGE GROUP IN KICUKIRO DISTRICT**

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## **ABSTRACT**

Rwanda's high population growth constitutes a major challenge to its economic development. Identifying the barriers that slow down the use of long acting contraceptive methods problem may provide a clue to a possible effective intervention. The main objective of this study was to identify the barriers to the use of LACM among married women of reproductive age attending health centers of Kicukiro District for family planning service. Specific objectives of this study were to measure the prevailing rate of use of long acting contraceptive methods, to find out the characteristics and reproductive history of clients currently visit health centers for FP and practicing long acting contraceptive method, to find out current knowledge and attitude regarding long acting contraceptive methods, to identify problems to the use of LACM and to assess FP providers' attitude and practice towards LACMs. To assess all those objectives, a cross sectional study was conducted. The study subjects were comprised of 96 women from health centers of Kicukiro district that provide FP service. Among those health centers proportionate sampling method was used. Among women who participated in the study the use of LACM was 10.4% and among them 95.8% know LACM. However to know LACM did not increase its use  $P=0.639$ . Findings from Multiple Logistic Regression Analysis showed using LACM increased significantly by advanced age (OR=4.733,  $P=0.025$ ), having higher education (OR= 6.500,  $p=0.012$ ), four and above pregnancies (OR=9.250  $P=0.002$ ), higher number of living children of 4 and above (OR=14.625, $p<0.001$ ), size of family (OR=8.591, $P=0.046$ ),joint discussion (OR=7.700, $P=0.006$ ).Using LACM in the past(OR=10.227, $P=0.001$ ),knowledge of LACM before consultation (OR=8.591, $P=0.046$ ).However LACM decreased significantly by negative attitude and myths and misconception LACM can cause cancer (OR=0.166,  $P= 0.014$ ), enhance marital unfaithfulness (OR=0.230,  $P= 0.043$ ), Increase promiscuity (OR=0.198,  $P= 0.048$ ), decrease sexual pleasure (OR=0.111, $P=0.041$ ) desire to have another child( OR=0.389,  $P= 0.040$ ), congenital malformation (OR=0.016,  $P= 0.037$ ), hearing myths and believes have a reduction in the odds of using LACM. LACM Causes weakness (OR=0.150,  $P=0.021$ ),cause loss of interest in sex (OR=0.027,  $P=0.0470$  ,might lead to permanent sterility (OR=0.027,  $P=0.003$ ), cause vaginal dryness ( OR=0.036 ,  $P=0.004$  ) , social stigma related to infertility (OR=0.084,  $P=0.006$  ) , might travel through woman's body(OR=0.111,  $P=0.040$ ), can prevent pregnancies by causing abortion (OR=0.114 , $P=0.011$ ) , may rust inside the woman's body (OR=0.038,  $P=<0.001$ ).There should be a great need to increase reproductive health education and include men in participation in family planning activities designed to improve family planning practices in Rwanda. Campaigns against myths and misbelieves that negatively affect the use of LACM should be intensified.