

**Conclusions:** The present study demonstrated no association between the fertility status and the prevalence female sexual dysfunction. Subfertility type was not associated with sexual dysfunction. Education level and hormonal contraception use were associated with female sexual dysfunction in the subfertile and fertility control groups respectively while alcohol use and higher maternal age appeared to be protective of sexual dysfunction in the combined study population.

### **FCS496 | BARRIERS TO IMMEDIATE POST-PARTUM INTRAUTERINE CONTRACEPTIVE DEVICE (PPIUD) UPTAKE AMONG POST-NATALS**

**THEME: AB 06 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING**

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**Objectives:** This study aims to assess factors associated with low uptake of immediate PPIUD. More specifically focusing on social demographic characteristics, reproductive characteristics, lack of knowledge on contraception, influence from husband, relatives, in-laws, alternative family planning methods, cultural norms, myths and misconceptions, and provider related factors such as delayed or non provision of services and attitude.

**Methods:** The Study design was a descriptive cross-sectional approach and was carried out in postnatal ward, maternity department of Meru Teaching and Referral hospital for a period of three weeks. The target Population was mothers admitted in post-natal ward during the period of study. Inclusion criteria was mothers who had delivered but did not get the insertion and willing to participate in the study, whereas the exclusion criteria was those with an insertion, and those not willing to participate in the study. Simple random sampling procedure was used to get a representative sample size using 20% coefficient of variation where sixty six mothers out of target population of 194 were interviewed. Data collection was carried out using pretested structured questionnaires and interviews.

**Results:** Using the chi square test, there was a significant relationship ( $p=0.001$ ) between young age of the mothers and low uptake of PPIUD, with 53% of those not using PPIUD being aged 18–25 years, and 37.9% were aged 26–35 years. 53% of non users were unemployed. Parity also i.e. the majority of primi parous (56%) did not have adequate information on various methods of contraception to include immediate PPIUD. The majority of non users claimed that the service was not offered to them (42.4%), while 25.8% preferred alternative methods of contraception. 26–35 years age group opted for hormonal contraception (injection). 18–25 years were undecided on which method to use and some of them opting for long term methods such as delayed IUD and implants. Provider related barriers

had the highest impact to low uptake due to untimely counseling. 57% of none users were counseled after delivery in postnatal ward during BCG immunization of their newborns. 33.3% of the none users were not counseled at all on contraception. None provision of PPIUD services where 42.4% of none users claimed that PPIUD insertion services were not offered to them.

**Conclusion:** This research has identified the major barriers to PPIUD uptake as provider related such as untimely counseling, delayed and none provision of services. Seconded by alternative methods due to lack of information on the modern immediate PPIUD. The third barrier to PPIUD uptake was being young and primi-parous aged 18–25 years who lacked knowledge on all methods of contraception. These research findings will help the hospital administration in collaboration with FIGO (international federation of gynaecology and obstetric society) and KOGs to review the program.

### **FCS497 | BARRIERS TO USING FAMILY PLANNING METHODS IN RURAL HEALTH ZONES OF SOUTH KIVU**

**THEME: AB 06 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/SUB-THEME: AB 6.1 CONTRACEPTION AND FAMILY PLANNING**

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**Objectives:** Family planning mass campaigns offer immediate services, all with the aim of increasing the number of new accepting.

**Method:** The data collection was retrospective of 2015 two typical zones realized in Kabare and Kalehe and with as source the cards as well as the family planning records.

**Results:** From January to December 2016, the monthly average of accepting news in Kabare and Kalehe health zone was 318, of which 51% for long-acting and permanent methods. While during the May and June campaign in Kabare and Kalehe, the case average was 508 and 611 new acceptors respectively, with a respective proportion of 37.8 and 51% of long-acting and permanent methods. In November, the results in the two health zones were respectively 1103 new acceptants in Kalehe and 1132 in Kabare with respectively 69% and 60% accepting new ones.

**Conclusions:** From these results, it emerged that:

- There is a great unmet need for lack of information on family planning and the availability of services.
- Using multiple communication channels at a time can reach many of the targets.
- The campaign coupled with the availability of services makes it possible to offer the service to a large number of applicants; hence the need for a large stock of inputs because demand easily increases and exceeds the availability of contraceptives.