

**DETERMINANTS OF UPTAKE OF LONG-ACTING REVERSIBLE
CONTRACEPTIVES AMONG WOMEN OF REPRODUCTIVE AGE
ATTENDING MERU TEACHING AND REFERRAL HOSPITAL, MERU
COUNTY IN KENYA**

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Requirements for the Award of the Degree of Master of Science Degree in
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DECLARATION AND RECOMMENDATIONS

Declaration

This thesis is my original work and has not been presented for an award of a diploma or conferment degree in any institution.

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Recommendation

This thesis has been examined, passed and submitted with our approval as University supervisor

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DEDICATION

I would like to dedicate this work to my beloved husband Allan Shikoli, our daughter Marion Gathoni, our son Ethan Munyiri, my father Richard Munyiri and my late mother Margaret Wachuka for their continued moral, spiritual and material support

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ABSTRACT

The most efficient and reasonably priced forms of birth control are long-acting reversible contraceptives (LARC). In spite of their effectiveness, less than 15% of women globally who are of reproductive age use LARC. In Kenya, just 18% of women who are of reproductive age are using LARC procedures. The frequency in Meru County (11.2%) is much lower than it is nationwide. This study set out to evaluate the variables affecting the uptake of LARC among women who were receiving care at the Meru Teaching and Referral Hospital and were of reproductive age. Analytical cross-sectional survey research design was used in the study. Women of reproductive age (WRA) requesting family planning services at Meru Teaching and Referral Hospital in Meru County were the study's target population. Ten key informants were chosen through purposive sampling, and 117 women who were of reproductive age were chosen by systematic random sampling. In order to get quantitative data for this study, the researcher utilized a semi-structured questionnaire that she had created, and to gather qualitative data, she employed a key informant guide. The Embu Teaching and Referral Hospital served as the pretesting site for the research tools. The presentation of qualitative data involved the thematic organization and narrator. The mean, mode, and standard deviation of descriptive statistics were used to assess quantitative data. Chi-square tests were utilized to examine the relationship, at a 95% confidence interval, between the uptake of LARC and variables linked to social culture, health facility-related characteristics, and knowledge level. The strength and connection of the factors that were discovered to be significant were tested using regression analysis. According to the study, the uptake rate for LARC among women who were of reproductive age was 11.2%. The factors that affected this rate were as follows: a good level of knowledge, which influenced LARC uptake at $\chi^2(N=170)$, 5.16, $p=.018$, the timeliness of service provision at $\chi^2(N=170)$, 15.62, $p<.001$, and distance to the health facility at $\chi^2(N=170)$, 10.84, $p<.001$. The spacing of children at $\chi^2(N=170)$, 20.51, $p<.001$, and who decides to seek family planning services at $\chi^2(N=170)$, 6.32, $p=.012$, were the main social and cultural determinants that affected LARC uptake. The study also generated three themes which are, high cost of LARC services, inadequate staff who have been trained on insertion and removal of LARC and inadequate supplies required for service provision. The study came to the conclusion that LARC uptake among women of reproductive age was impacted by both individual and health facility characteristics. The study makes several recommendations, the ministry of health to launch widespread campaigns to raise awareness and knowledge about LARC among women of reproductive age, that health facilities should enhance the promptness with which they provide services, particularly family planning services, and that they should support women's autonomy in choosing when to seek family planning services. Further research should be carried out to explore on health care provider characteristics that influence uptake of LARC.