Female Utilization of Family Planning services at Yala IV SDH

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Executive Summary

Background:
- on family planning, history and prevalence statistics

Study Rationale

Method
- Sample of survey questionnaire

Results

Conclusions/Discussion

Suggested Future Studies
A questionnaire based study to assess the knowledge, attitudes and practices of women seeking Family Planning services at Yala sub-district hospital.

Information elicited included demographics, thoughts on FP, FP practices and method of choice as well as what types of FP information women desired.

Survey results suggests enhancing FP education in women already using contraceptive as a means of reducing high discontinuation rates.
Family planning is a method a couple or a woman can use to delay or avoid pregnancy. Contraceptives are useful in reducing unintended pregnancy.

**Benefits:**
- Attain their desired family size
- Better time pregnancies
- Prevent maternal deaths or morbidities associated with pregnancy
- Improve child health/infant mortality mostly due to increased spacing

Money spent on contraceptive services has greater or net positive benefits for women, families and society at large.
- Increased education for women, better child health and lower rates of population growth leads to a stronger national economy.
Kenya: highest fertility rate in the world

- Average number of children per woman
- First sub-Saharan African country to adopt a national Family Planning policy
- Significant fertility decline due to increased use of contraceptive methods (75% attributed)
- Stagnant rate since late 1990s
  - Low quality of FP services
  - Problems with supply
  - Reduction in Policy Priority esp with emergence of HIV/AIDS epidemic

*The first four surveys excluded North Eastern province and several northern districts in Eastern and Rift Valley provinces, while the data for 2000-02 and 2006-08 include the entire country.*
Background: Utilization of FP in Kenya

- 46% national FP usage prevalence rate
  - 39% modern vs 6% traditional methods
  - Greater than average rate in other sub-Saharan
  - 37% prevalence rate in Nyanza province

- High unmet need
  - % sexually active women who do not want additional children but are not using any FP method

- 34 % of reproductive-aged married women not using any contraceptive method
36% of women discontinue contraceptives within 12 months of initiation
  ▪ Pills - 43%
  ▪ Depot - 29%
  ▪ Abstinence - 33%
  ▪ Condom - 59%

Side Effects—most likely reason for discontinuation

The main purpose of this study was to gather the general attitudes of women who are seeking contraceptive services towards family planning and to obtain information about the quality of family planning services in an understaffed low-resource setting.
The specific aims of the study are

- to elucidate why and how women choose a contraceptive method and if such choice is based on informed decision from family planning professionals about side effects
- to understand what types of information clients felt they wanted on family planning.

We hope that such information from this survey will be incorporated in enhancing family planning services at Yala sub-district hospital.
Method

- Voluntary survey
- All women seeking family planning services at Yala (April 12-18th)
- Survey administered in Kiswahili, Luo, Duluo and English
- Interpreter Assistance: Community Health Worker Leader of the Yala SDH
Sample survey -- questionnaire

Kupanga Uzazi

FEMALE utilization of Contraceptives

in Yala SDH

(March - April 2013)

Moner: Pro-fessore William Okoro
Student Researcher: Elkan Ahbro

INTRODUCTION AND CONSENT

Hello. My name is and I am working with you at Yala Hospital. We are conducting a survey that asks women about contraceptive use. We would very much appreciate your participation in this survey.

This information will help meet the needs of women coming to the clinic for contraception. The survey usually takes between 10 to 20 minutes to complete. Whatever information you provide will be kept confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if you should come to any question you don’t want to answer, you may stop the interview any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to talk about anything else?

May I begin the interview now?

Signature of interviewer: Date:

RESPONDENT AGREES TO BE INTERVIEWED

RESPONDENT DO NOT AGREE TO BE INTERVIEWED

1. Age: Age

Number in Years: X
Don’t Know/Refuse: X

2. Marital status: What is your marital status?

Single/Not Married: X
Currently Married: X
Separated: X
Divorced: X
Don’t Know/Refuse: X

3. School Highest level of education completed?

Primary School: X
Secondary School: X
Intermediate School: X
University: X
Don’t Know/Refuse: X

4. Occupation: What do you do for a living?

Famer: X
Teacher: X
Doctor: X
Civil Public Servant: X
Student: X
Retired: X
Unemployed: X
Other: X

5. Household size: How many children do you have?

None: X
1: X
2: X
3: X
4: X
5: X

6. What are your thoughts on Contraceptives?

7. Why might you be using contraceptives?

8. What kind of contraceptive method(s) have you ever used or heard of? (Check all that apply, allow for spontaneous response)

IUD: X
Pill: X
Male Condom: X
Female Condom: X
Levoderm: X
BMI: X
Rhythm: X
Emergency contraceptive pill: X
Other ( Specify): X

9. Where did you get information about contraceptives?

Government Information: X
Private Clinic/Hospital: X
Pharmacy: X
Nursing/Nurse: X
Other: X

10. Have you EVER used contraceptives in the past?

Yes: X
No: X
Don’t Know/Refuse: X

11. What type of contraceptive have you used in the past?

Pill: X
IUD: X
Injection: X
Implants: X
Male Condom: X
Female Condom: X
Lamot: X
Rhythm: X
Emergency contraceptive pill: X
Other: X

12. Why was method(s) discontinued?

13. What type of contraceptive are you currently using OR interested in?

None: X
Pill: X
IUD: X
Injection: X
Implants: X
Male Condom: X
Female Condom: X
Levoderm: X
BMI: X
Rhythm: X
Emergency contraceptive pill: X
Other: X

14. How long have you been using this current method?

Less than 1 month: X
1-3 months: X
4-6 months: X
7-12 months: X
1 year: X
2 years: X

15. Have you experienced any side effects problems?

Yes: X
No: X

16. Would you recommend any side effects problems with its use?

Yes: X
No: X

17. What side effects problems have you experienced with current use?

18. Were you ever told by a Health Family Planning worker about side effects problems with current method?

Yes: X
No: X

19. Were you told of any other methods of FP that you could use?

Yes: X
No: X

20. What would you do if you experienced any side effects problems?

21. Would you like more information on contraceptives?

Yes: X
No: X

ASANTE SANA!!! Thank you for your patience and participation :)
Results

- 50 Total responses in 5 days!
- 2 refused interview
- Yala SDH-Maternal Child Health clinic
  - 2013 Statistics
    - Jan: 365 visits (213N/140R)
    - Feb: 200 visits (55N/119R)
    - Mar: 172 visits (37N/104 R)
RESULTS

- 80% with Primary school education
- 16% Secondary, 2 persons with mid-level college
What are your thoughts on FP? Why might you be using FP?

- Avoid any more children (n=8)
- Life is difficult; less resources for many children (n=3)
- Improve maternal health (n=4)
- Better spacing (n=20)
- Allow current children to grow better (n=9)
- Family planning allows parents to have more time for other interests (n=3).
Awareness of Family Planning Methods

Contraceptive methods

Number of Participants

- Injectables
- Pills
- IUD
- Implants
- Condom (M)
- Condom (F)
- SterilizationM
- SterilizationF
- Rhythm
- Withdrawal
- Abstinence
- ECP

Spontaneous
Prompt
Where do you get info about contraceptives?

Source of FP Information

Number of Participants

- Hospital/Clinics
- Radio/TV
- Print Media
- Friend/Relative
- Other eg Internet
Consistent with national trends, Depot is most common modern contraceptive used.
Length of Current Method Use

- 48% > 2 years
- 16% 1-6 months
- 14% 6-12 months
- 10% < 1 month
- 12% > 12 months
Ever used other FP methods?

- 16/50 (33%) ever used other methods in the past
- High d/c rate for pills
Why discontinue past method?

- Desire of pregnancy
- High cost of previous method (esp implant)
- Decreased libido
- Most people due to SE:
  - increased bleeding, amenorrhea, dizziness, nausea, vomiting, decreased appetite, acne.
- One person did mention she discontinued using male condoms due to frequent breakage with male condom
Why are you using your current method?

Costly?

- 1 Yes
- 49 No

Total=50

Effective?

- 1 No
- 49 Yes

Total=50

Acceptable by Partner/Husband?

- 41 Yes
- 8 No
- 1 Not Applicable

Total=50

Convenient?

- 43 Yes
- 7 No

Total=50
Any Problems or Side Effects with Current Method?

- Increased menstrual bleeding (n=6)
- Dizziness (n=3)
- Irregular bleeding
- Decreased libido
- Pain (n=6)
  - includes headache, backache, and abdominal pain
- Not included are new users (<1 month)
Ever told of SE/Problems by FP?

- 23 of 50 ever told
  - About half of clients are likely to be informed on SE of current method
  - 20% of new users
- 19/23 informed on what to do
- “Return to clinic for possible method switch”
Want more info on FP?

- **Education on methods:**
  - “More info on IUD; She's afraid of it but has no info”
  - “Need more education on implants; told has many SE from friends who are current users”
  - “To know more about other options”

- **Side Effects:**
  - “How can I prevent side effects with current method?”
  - “Explanation on why increased bleeding closer to next injection date”

- **Menstrual cycle:**
  - info on possibility of pregnancy while on a FP method
  - Timing of contraceptives; when to give birth
  - “What will happen if I delay depo appt by a few days? like by one week?”
Want more info on FP?

- **Cost of FP?**
  - What FP options exist when these donations from MVP cease? Gov't?
  - wanted permanent method but only long-term option was implants.

- **Men in FP?!**
  - how can we involve men in FP?

- **Libido**
  - Why decrease in libido? How can she cope with this?

- **Myths**
  - Heard myth of increased cancer risk with long term DEPO use.
Conclusions

- Users are acknowledge benefits of using FP
- >95% clients aware of at least 3 FP methods
  - Depot, Pills, Male condoms
- Greater preference for Depot injections
  - Low/No Cost & Perceived as convenient
- High discontinuation rate for pills
- Based on what FP info clients desired:
  - FP education enhanced in women already using contraceptive as a means of reducing high discontinuation rates.
Limitations

- Language barrier/Lost in translation? Especially with open-ended questions.
  - What do you want to know about FP? Ans: “how to continue with method”
- Alternative/ non-conventional FP methods (e.g., herbs)
- 1 week sample
  - representative of most female patients? versus community?
- Cannot capture all the nuances/specifics of Why clients prefer one method over others.
  - open-ended questions better?
Future Studies

- Survey gaps in knowledge about specific FP methods
  - What specific SE information are clients aware of?
- Elucidate some health myths about FP methods
- Should new users be required to go through counseling session prior to administration of services?
- How do you provide comprehensive FP information in an understaffed facility?
  - Leaflets? Dedicated FP booklets with SE info?
  - Are these strategies effective?
Asante sana!!!

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