A study of service provider's perception on factors influencing utilization of PPIUCD services in Gwalior division, Madhya Pradesh

By

Aman Ullah Khan

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Aman Ullah Khan student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Ipas Development Foundation from 5th March 2018 to 30th June 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

for (Col (Dr) Pramod Kumar). 16.7.18.
Dean, Academics and Student Affairs
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This certificate is awarded to

Dr. Aman Ullah Khan

In recognition of having successfully completed his Project on

Service Provider's perception study on factors influencing utilization of PPIUCD services in Gwalior division, Madhya Pradesh.

Under Guidance of

Mohammed Saeed Khan

(Assistant Program Manager)

Ipas Development Foundation

Project Duration: -5th March 2018- 30th June 2018.

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish him all the best for future endeavours.

Mohammed Saeed Khan

(Assistant program Manager)

Ipas Development Foundation

Dated

13/7/2018

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A study of service provider's perception on factors influencing utilization of PPIUCD services in Gwalior division, Madhya Pradesh." has been submitted by Dr. Aman Ullah Khan Enrollment No 0379 under the supervision of Dr. Tanjul Saxena for award of MBA in Hospital and Health management of the University carried out during the period from 5th March 2018 to 30th June 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

DR. AMAN ULLAH KHAN
16/7/18

ACKNOWLEDGEMENT

It is a genuine pleasure to express my deep sense of thanks and gratitude to IIHMR University, for giving me the opportunity and platform to gain knowledge and develop skills in the field of Health Management.

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I would like to thank my Family for giving me the constant encouragement to move ahead with positivity and bearing with me in my hard times.

Dr. Aman Ullah Khan

PREFACE

Any knowledge is incomplete without first-hand experience about it. In the health sector especially getting in to rub of the things is extremely essential as its problems are complex and deep rooted. To manage the problems in the health sector 'MBA student of health and hospital management 'need to know the functioning of the different organizations be it private or public, for this purpose Dissertation of 3 months is scheduled enclosed to 2nd year.

For Dissertation, I am thankful that I got opportunity to work under Ipas Development Foundation as I thought I would get to know the functioning of Complete contraception care project in state of Madhya Pradesh.

In IDF, complete discretion was given to me for opting of research project of my choice to study upon and I opted for the Study on factors hindering PPIUCD insertion from Service provider's point of view.

LIST OF ABBREVIATIONS

ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
CBR	Crude Birth Rate
CHC	Community Health Centre
FGD	Focus Group Discussion
FP	Family Planning
GOI	Government of INDIA
GOMP	Government of Madhya Pradesh
HSP	Health service Provider
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUCD	Intra-Uterine Contraceptive Device
LARC	Long Acting Reversible Contraception
LHV	Lady Health Visitor
MP	Madhya Pradesh
MPA	Medroxy Progesterone Acetate
NPP	National Population Policy
PHC	Primary Health Centre
PPFP	Post-Partum Family Planning
PPIUCD	Postpartum IUCD
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
SPSS	Statistical Package for Social Science
TFR	Total Fertility Rate

CONTENTS

PROJECT TITLE:

Stake holder perception study on factors influencing utilization of PPIUCD services.

INTRODUCTION:

India was the first country in the world to have launched a National Programme for Family Planning in 1952. With its historic initiation in 1952, over the years Family Planning Programme has undergone transformation in terms of policy and actual programme implementation. ICPD Cairo in 1994 led to remarkable shift from target based to target free approach followed by shift in clinical approach to the holistic reproductive child health approach. Family planning is a key priority area under the RMNCH+A approach of the country. Availability of contraceptives has reached to every village and slum in the country through the engagement of ASHAs and equivalent cadre in urban area. Effective quality motoring and emphasis by government of India to ensure quality service delivery has not only lead to improvement the clinical service quality but has also led to improved uptake by community.

With recent additions of newer contraceptives in the public health system the basket of choice has increased for the community. Technological advances, improved quality and coverage for healthcare have resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and growth rate (2011 Census showed the steepest decline in the decadal growth rate.)

It is well established that long acting reversible contraception (LARC) is an effective measure for reducing unintended pregnancies and IUCD is one of the most popular LARC method. India in 2009-10 introduced PPIUCD to avert unintended pregnancies during the post-partum period.

Focus of this study will be to understand the service providers perception and the factors that are influencing their ability to provide PPIUCD services.

PROBLEM STATEMENT:

Most women do not desire a pregnancy immediately after a delivery but are unclear about contraceptive usage in postpartum period. This results in unplanned and undesired pregnancies, which results in maternal morbidity and mortality and increases unsafe abortion rates. Continuation of these pregnancies is also associated with greater maternal complications and adverse perinatal outcomes.
Postpartum family planning can be initiated as soon as delivery, depending on type of contraception chosen by woman. Early resumption of sexual activity coupled with early and unpredictable return of fertility which can be as early as 4 weeks leads to many unwanted pregnancies in the first year postpartum. Thus, immediate postpartum family planning services need to be emphasized wherein the woman leaves the hospital with an effective contraception as per her desire.

Despite of all this advantage, we found that we are still standing at a mere 1.5% when we talk about the prevalence of PPIUCD in our country with total unmet needs for family planning as high as 12.9%. As per USAID ACCESS 2009 study unmet needs of family planning is as high as 65% in post-partum period. As per NFHS 4, total unmet need of family planning in MP is 12.1 and of spacing is 5.7. MP`s TFR of 2.3 is marginally higher than country`s average of 2.2.

Considering the high un-met need of Family Planning during Post-Partum period, GOI introduced PPIUCD in the National Family Planning Program in 2009-10. 2015-2016 NFHS (NFHS 4) indicates that overall 1.5% contraceptive users in country use IUCD/PPIUCD as method of contraception and in MP this is 0.5%.

LITERATURE REVIEW:

1. "There were widespread myths regarding the effects of modern family planning methods especially with regards to its side effects. Some of the mythical effects included changes in body size, reduction in libido and fertility, abnormal births and that FP causes disease such as vaginal prolapse, fibroids, high blood pressure and cancer.
   In agreement with nurse respondent, others also feared that using modern family planning methods leads to TWIN births.
   According to an interview, there were some community members which fear that a child born after using family planning methods will have some congenital deformities"

   FACTORS HINDERING WOMEN'S ACCESS TO AND UTILIZATION OF FAMILY PLANNING SERVICES IN FUNYULA IN BUSIA COUNTRY, WESTERN KENYA.
   BY LILIAN AGESA Erepository.uonbi.ac.ke

2. "More than half of the respondents have negative attitude towards LARC's. Women were asked to reflect their opinions on certain attitude questions. 69% of them agreed that using implants needs proper diet, while a quarter of them believed insertion and removal of implants is highly painful. More than one-fifth felt insertion of IUCD interfere with privacy. About 69% of women admitted that using IUCD restricts normal daily activities. Similarly, nearly one-quarter agreed that female sterilization is dangerous.
   Two hundred seventy-six (67.2%)of women had myths and misconceptions on LARC's. one hundred ninety-one (46.5%)of women perceived that implant would cause hypertension. One hundred eighty-seven (45.5%)and 116 (28.2%)of women believed that implant and IUCD cause illness respectively. In addition, 147(35.8%) and 97(23.6%) perceived that implant and IUCD leads to anaemia, respectively.

   FACTORS AFFECTING WOMEN'S INTENTION TO USE LONG ACTING AND PERMANENT CONTRACEPTIVE METHODSIN WOLAITA ZONE, SOUTHERN ETHIOPIA: CROSS-SECTIONAL STUDY
   BY MENGISTU MESKELE, WUBEGZIER MEKONNEN
   BMC WOMEN'S HEALTH 14(1), 109,2014

3. "Women who receive PPIUCD show a high level of satisfaction with this choice of contraception, and the rates of expulsion were low enough such that the benefits of contraceptive protection outweigh the potential inconvenience of needing to return for care for that subset of women"

   WOMEN'S EXPERIENCE WITH POSTPARTUM INTRAUTERINE CONTRACEPTIVE DEVICE USE IN INDIA
   BY SOMESH KUMAR ET AL, REPRODUCTIVE HEALTH 2014,11:32

RATIONALE:

India is the second most populous country in the world and in the next few decades it will cross china if it keeps on increasing by this exponential growth. India was the first country in the world to launch the family planning program in 1952. Despite this fact India still lag behind in practicing contraception and limiting their family size. Even though various measures for encouraging the usage of contraception have been taken up, the achievement in this field was not up to the expectation due to various social and cultural factors.

Since it's a known fact that there are multiple factors that influence acceptance of contraception specially during the post-partum period, it's very important to understand these factors from a service provider point of view as they are the ones who are in contact with the clients and understand their problems.

RESEARCH QUESTION:

1)What is the service providers opinion on the key factors which influences PPIUCD service provision in Government Health Facilities of Gwalior division?

OBJECTIVE:

1)To study the factors influencing the utilization of PPIUCD in Government Health Facilities of Gwalior Division.

RESEARCH METHODOLOGY:

1)STUDY AREA: Gwalior Division
Gwalior division includes 8 districts which are Gwalior, Bhind, Morena, Datia, Sheopur, Shivpuri, Guna, Ashoknagar

2)STUDY DESIGN: Cross sectional Analytical.
Analytical study to analyse various factors influencing the PPIUCD insertion according to Health service providers.

3)STUDY POPULATION: All Health service Providers providing services of PPIUCD insertion in government facilities of Gwalior division.

4)SAMPLING METHOD:
Simple random sampling is done to randomly select facilities out of total government facilities those are providing PPIUCD services.
After selection of facilities all the PPIUCD service providers of that facility were included in the study.
Inclusion Criteria: All the facilities providing PPIUCD services and are trained providers.
Exclusion Criteria: Facilities not providing PPIUCD services or providers in the facility who are not trained

5) DATA COLLECTION METHODS
1)Focus group discussion with ANM's, ASHA's, trained service providers and relevant team members of the agency providing support to Government of MP in implementing family planning program.
To identify multiple factors which affect PPIUCD utilization in their area.
2) In person interview with service providers using pre-developed questionnaire

6) DATA COLLECTION TOOLS
Key topics were discussed in Focus group discussions and structured questionnaire was developed for one to one interview.

7)STUDY DURATION: 3 months

8)DATA ANALYSIS: Using SPSS and Microsoft Excel software.
Multinomial and Binomial Analysis.
Frequency table and cross tab

9) VARIABLES: DEPENDENT-Factors affecting Utilization of PPIUCD
INDEPENDENT-

1) Experience of the service provider in maternal care.
2) Designation of providers.

10) NATURE OF DATA:
Quantitative data for analysis of factors influencing PPIUCD service utilization.

11) ETHICAL CONSIDERATION: Written Informed consent will be taken prior to administration of any data collection securing their confidentiality and confirming that this study is not for official purpose but only for academic purpose.

RESULTS

GoI and GoMP in collaboration with development partner is implementing a comprehensive contraception care program with focus on IUCD service in 53 facilities of Gwalior Division. Of these 53 facilities, 18 sites were randomly selected for data collection. In these facilities all the service providers who were trained for PPIUCD insertion were requested to participate in this study.

Total of 123 participants took part in this study from all cadres. Total of 20 medical officers, 58 staff nurses, 29 ANM's and 18 LHV's were the respondents for the study.

To get an overview of all the factors that influence utilization of PPIUCD, multiple Focus group discussions with ANM's, ASHA's, Staff nurses, doctors and members of development partners were conducted.

It was found that there are many reasons ranging from myths and misconceptions to fear of complications, impacting service uptake. Few respondents said that the clients are more inclined towards natural methods and some had view that cultural beliefs is also a key factor that impacts service provision. Very interestingly some of the service providers also suggested that women are not accepting PPFP in-spite of counselling by ASHA's. It also indicated that possibly reorientation of ASHAs is required so that they are better equipped to answer queries of women and clarify community myths and misconceptions.

After getting multiple replies in FGD's, 5 main groups were made in which multiple responses were present. To get one most common reason a questionnaire was developed, and one on one interview was held in different facilities of Gwalior division (districts of Morena, Bhind, Gwalior, Shivpuri, Sheopur, Guna, Ashoknagar and Datia). Only those respondents irrespective of cadre who are trained for IUCD insertion were included

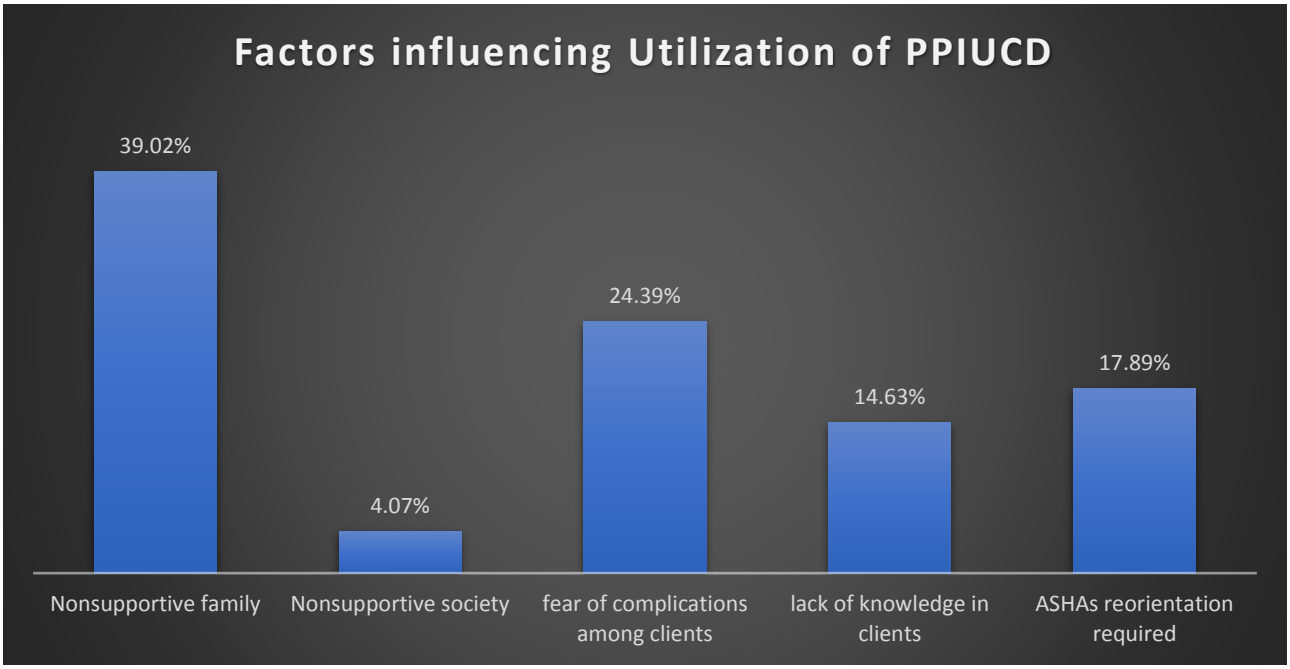

Fig.1-Factors causing non-utilization of IUCD

After conducting analysis of the data, (Fig-1) it was found that 39%(n=48) of all respondents said that it's the family pressure that makes a woman refuse for IUCD insertion, with approximately 25%(24.39%, n=30) said fear of complications among client as their primary cause for non-acceptance of PPIUCD. ASHAs orientation and lack of knowledge in clients was on approximately 18%(n=22) and 15%(n=18) respectively. While only 4% of service providers believe that it's the society which hampers women right to use IUCD.

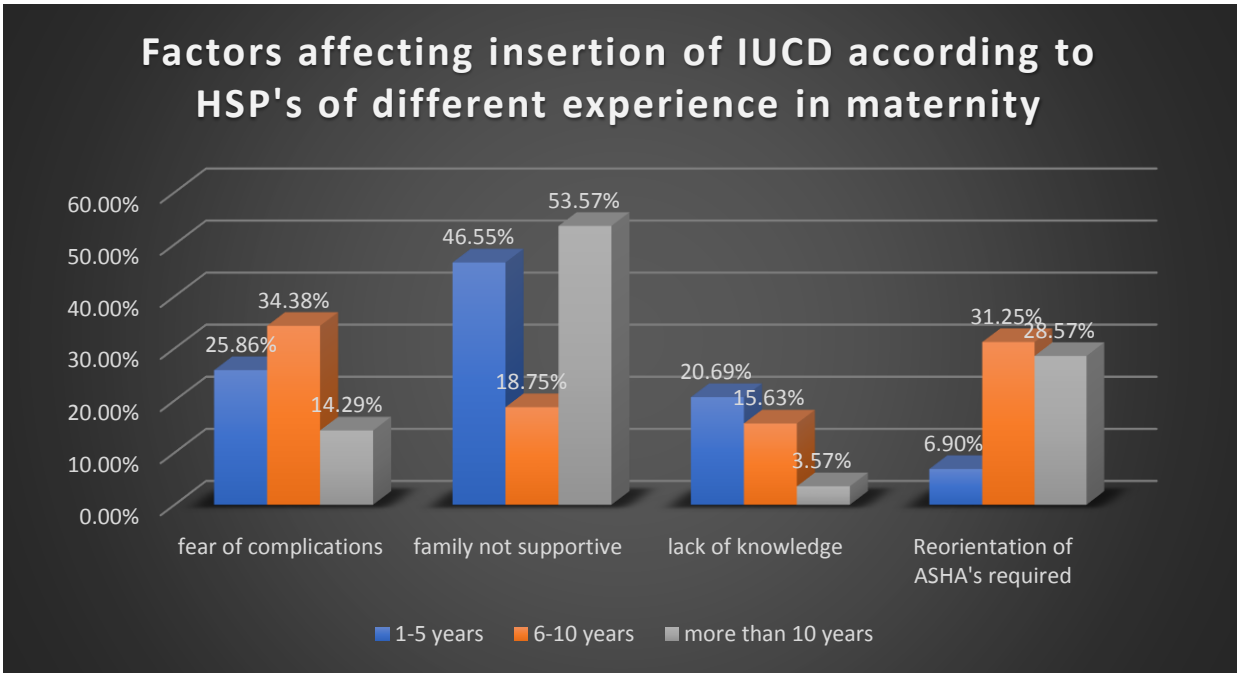

Fig-1.1: factors affecting insertion of IUCD according to HSP's of different experience in maternity.

When all the HSP's were grouped according to the experience in years they have been working for maternity wing, difference in opinion was clearly visible as Service providers who were working for more than 10 years, almost more than half of them 54%(n=15) believed that PPIUCD non acceptance is due to non-supportive family, same with 47%(n=27)HSP's with 1-5 year of experience while only 19%(n=6) of HSP's with 6-10 years' experience have the same view which is least in there group.
For HSP's in 6-10year experience group most of them which is almost 35%(n=11) are going with fear of complications, which is also 2nd highest vote getter in 1 to 5year experience group.
The fact that work is needed to be done for better knowledge of ASHAs was supported by the fact that 2 groups that is most experienced group and the group with 6 to 10year of experience found it to be 2nd highest vote getter with 29%(n=8) and 31%(n=10) respectively.

Total HSP's in 1 to 5year experience group=58
Total HSP's in 6 to 10year experience group=32
Total HSP's more than 10 years of experience=28

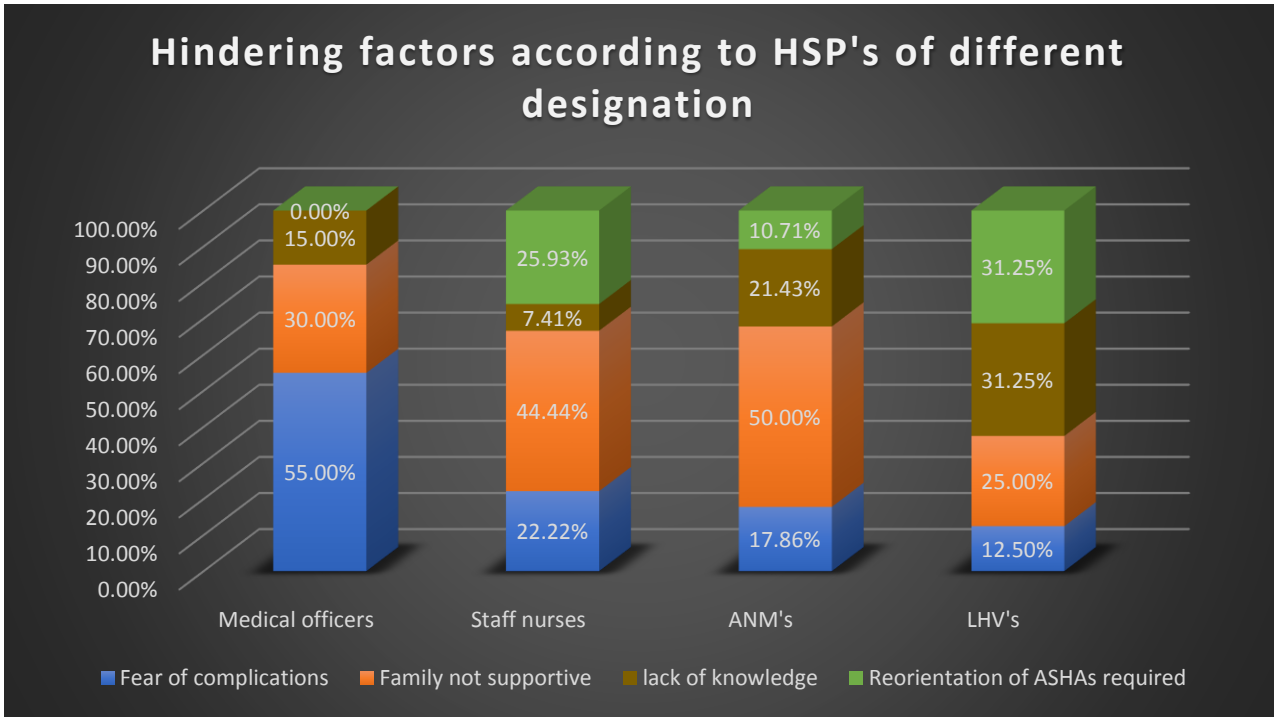

Fig-1.2: Hindering factors according to HSP's of different designation.

When the data was analysed according to different designation of respondents, it was found that medical officers have the majority in opinion for the fear of complications among client with 55%(n=11), while only 22%(n=12) of staff nurses believed that fear of complications among clients was the primary cause for non-insertion of IUCD. Similarly, very small group of ANM's and LHV's had the same opinion with 18%(n=5) and 12%(n=2) respectively.

Both Staff nurses and ANM's had the view of Family's non-support is the main cause for denial in PPIUCD insertion with 44%(n=24) and 50%(n=14) respectively. Unsupportive nature of the family comes in second place for medical officers as they stand on 30%(n=6).

Basically, there was not much difference for LHV's in other factors with unsupportive family, lack of knowledge and reorientation of ASHA's getting 25%(n=4), 31%(n=5) and 31%(n=5) respectively.

Among Staff nurses, MO's and ANM's; Staff nurses were the one who most strongly believed that reorientation of ASHAs can improve service provision of PPIUCD with almost 26%(n=14), followed by ANM's with 11%(n=3) and none of the doctors saying that factor exists.

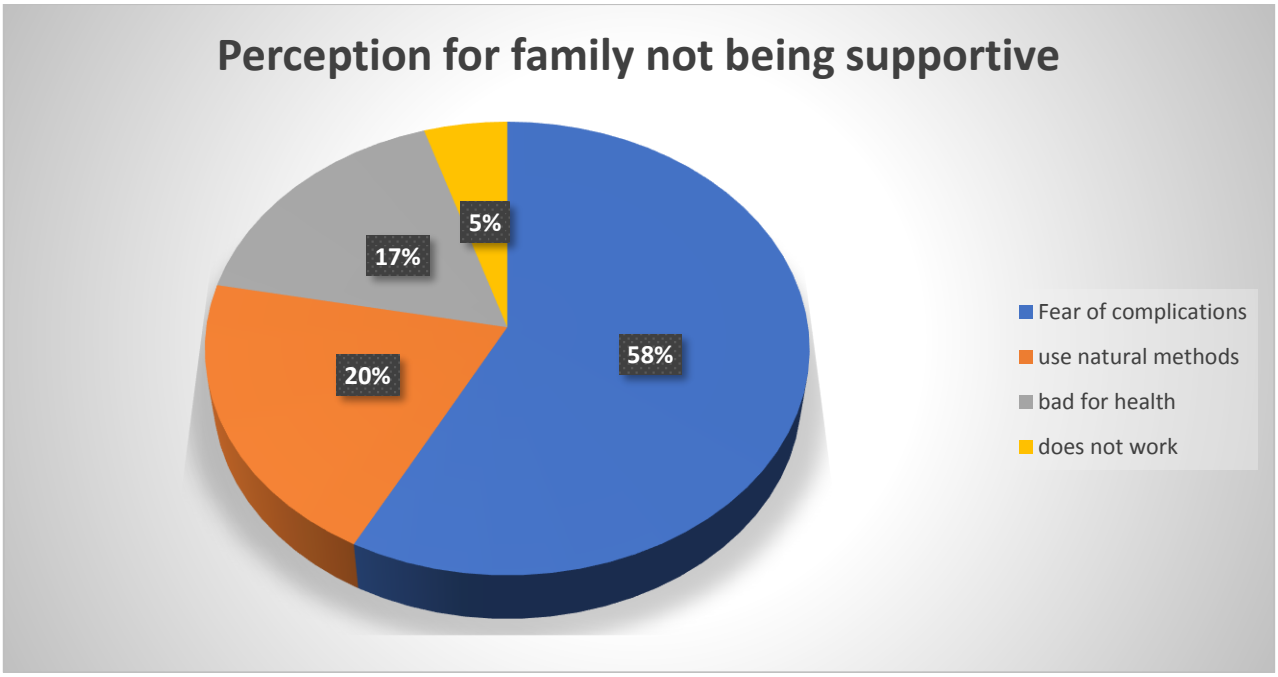

Fig-2: Perception for family not being supportive

While exploring cause for why the family is not supportive of IUCD, we found that more than half 58%(n=71) of the HSP's have come across such families who are afraid of complications post IUCD insertion, while 21%(n=25) of the families believe that they are better of using natural methods and don't want to use any contraception. Seventeen percent of the HSP's(n=21) have said that families have such misconceptions that IUCD is bad for health and leads to obesity, non-fertility, cancer etc and 5%(n=6) said that IUCD does not work.
(fig-2)

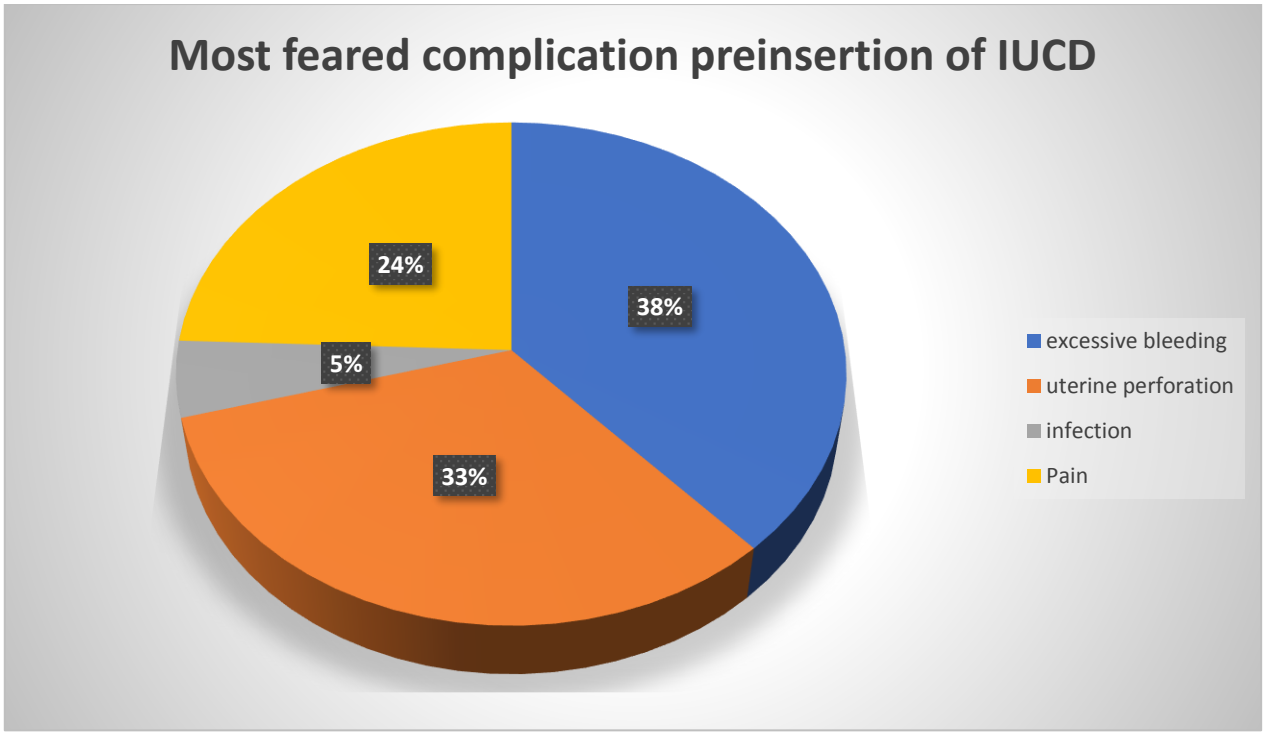

Fig-3: Most feared complication.

As we have seen that more than half of the HSP's believe that the complication post PPIUCD insertion are the most common cause why families are not supportive of IUCD, it is very important to know what are the basic complications which affect the women post insertion. In our FGD's we found multiple complications such as excessive bleeding, Infection, Pain and uterine perforation are mostly feared by the women, So we asked our HSP's what are the complications that are most feared prior to insertion of IUCD and which make client to not take up IUCD as her contraceptive choice.

More than 1/3rd of HSP's (38%, n=47) believed that excessive bleeding post IUCD insertion is the main complication that is feared by the women, while 33%(n=40) of HSP's perceived uterine perforation is the main cause of women's denial when it comes to IUCD insertion. Twenty four percent of total HSP's said the women fears about the Pain post insertion while only 5%(n=6) are worried about post IUCD infection.

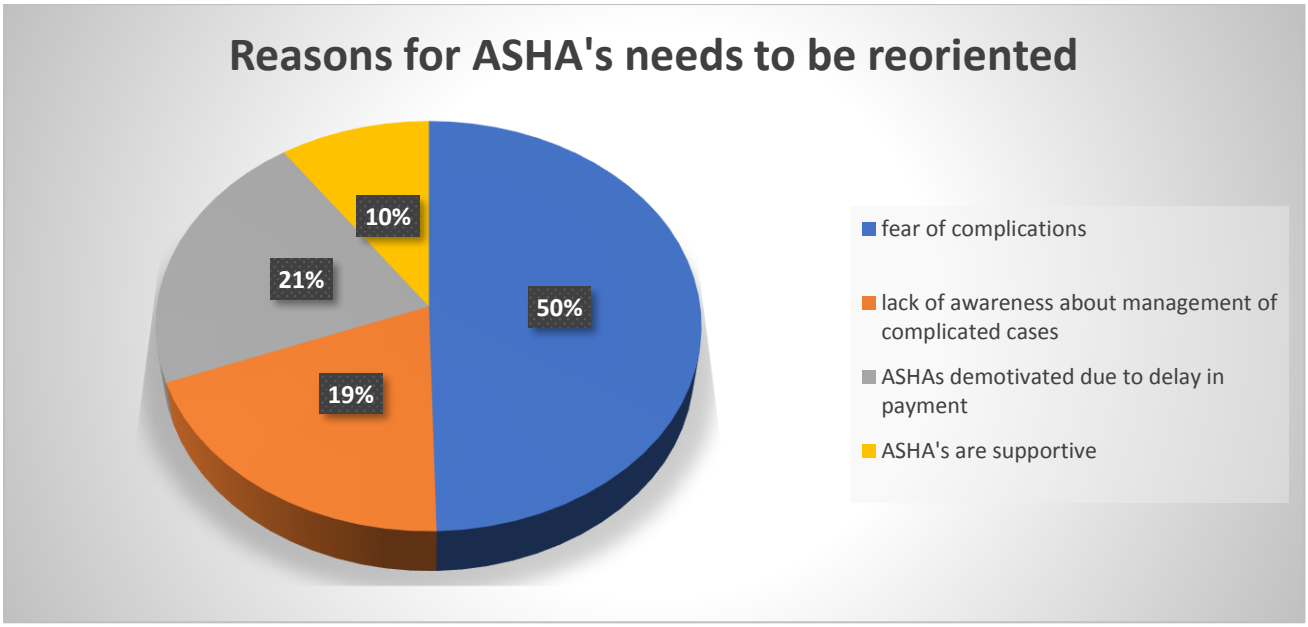

Fig-4: Reason for ASHA's needs to be reoriented

As we have seen the fact that ASHA's needs reorientation on FP counselling specifically for IUCD to dispel myths and misconceptions in community. We found 4 basic reasons for it, while doing FGD's with ASHA's and other service providers, in which we found half of total service providers believing that is due to lack of awareness among ASHA's which is detaining them to provide proper information to clients.

Nineteen percent of total service providers(n=24) believed that ASHA's think that all complications management services is to be provided by gynaecologists which are not available in lower level facilities, hence they are unable to handle the cases and in turn not able to counsel clients properly.

Out of total service providers, 21%(n=26) of them said that since ASHA's are incentive-based cadre and due to delay in payment of incentives to them they feel demotivated, they also expressed their appreciation that despite delays they are continuing to provide support to community and 10%(n=12) of service providers said that ASHA's are counselling clients properly.

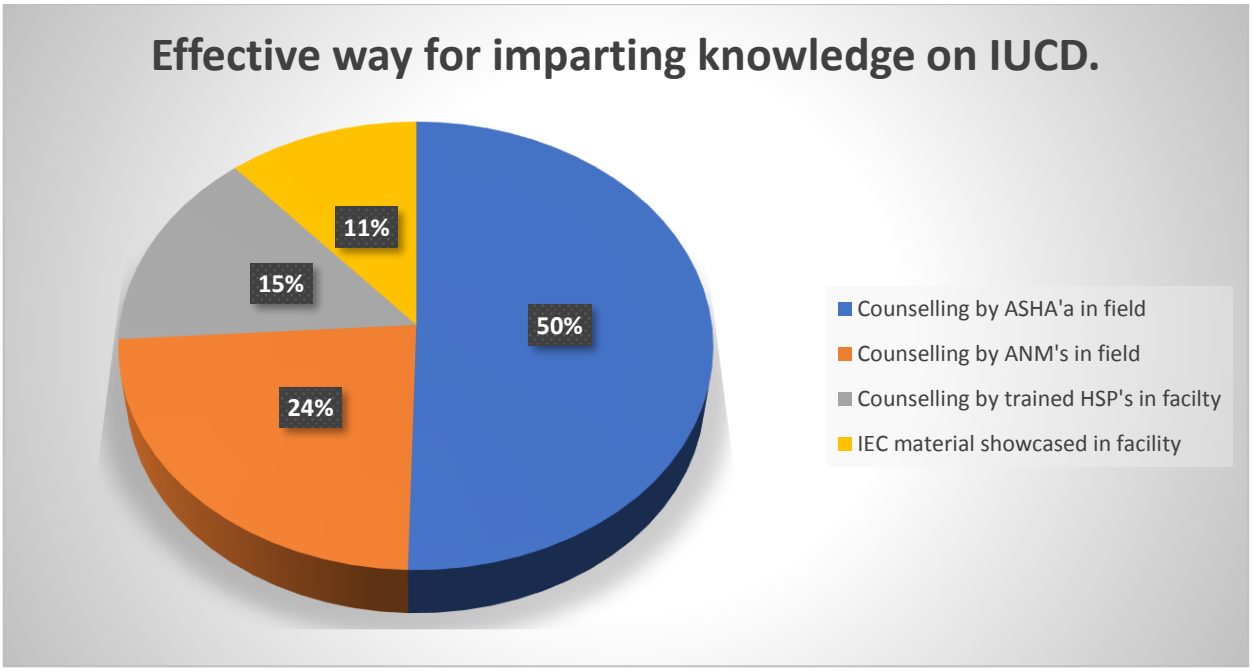

Fig-5: Effective way for imparting knowledge on IUCD.

As we have seen lack of knowledge is also one factor which garnered almost 15% of total HSP's attention, we asked them what most conducive way will be to impart knowledge about PPIUCD to clients most effectively in which half of them(n=62) said that counselling should be done by ASHA's in field as they are people who client trust the most because they are one of them and are readily available whenever needed.

Twenty four percent(n=29) believed that ASHA's will not be able to motivate clients but ANM's will as they have better technical skills and understanding of IUCD. While 15%(n=18) of HSP's believe that Trained Personnel in facility should be doing more counselling in respective facility whenever gets a chance to interact with a probable client. Only 11%(n=14) thinks that IEC material that are displayed in the facilities will be a good medium to impart information about IUCD.

CONCLUSION

Provision of IUCD in the immediate postpartum period offers and effective and safe method for spacing and limiting births. Taking advantage of the immediate postpartum period for counselling on family planning, IUCD is a good option as a contraceptive method. The increased institutional deliveries are the opportunity to provide women easy access to immediate PPIUCD services. PPIUCD has a huge potentiality and abundant scope in India and if widely used it will have a strong impact on population control and it will prevent unplanned pregnancies and its sequelae. Despite of all the benefits we still are not able to extract all the benefits out of IUCD services for which multiple reasons are responsible.

We found Family to be primary reason for which a woman does not exercise her right for contraception. Whether it be fear of complications or something else, family of a women have a huge importance in her life and most of her decisions are dependent on the fact that whether family approves of it or not. So, more efforts are needed to put in for counselling of whole family rather than clients only, and it must start as early as first interaction of pregnant women or family with health service provider.

Fear of complications have come across as the one main factor for non-utilization of PPIUCD. A woman must be counselled on all the complications that might arise after IUCD insertion so that she will be mentally prepared for it. Empathizing with their fear and then counselling them on her options can be the correct strategy to overcome their fears. Negative attitudes and misconceptions related to IUCD could be addressed through community-based activities, particularly sharing positive experiences from satisfied PPIUCD users.

ASHA's are also one factor whose non-involvement can lead to low insertion rates. There are many factors that we have already discussed, and it must be rectified as soon as possible. ASHA's must be given proper technical knowledge of IUCD and must be motivated for its insertion. ASHA's can become a decisive factor as they are the one's closely related with the community, they will be able to provide proper knowledge to the clients which will help in diminishing myths and misconceptions as well from the community.

More efforts need to be invested in roll-out and expansion of IUCD services as it requires sustainable resources for long term commitment.

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