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

Submitted by:
Dr. Aman Ullah Khan
HM-21, 0379

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. 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. 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.

- 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

- "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."

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

- 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

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 trained providers in these facilities.
Exclusion Criteria: Facilities not providing PPIUCD services or providers in the trained 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.

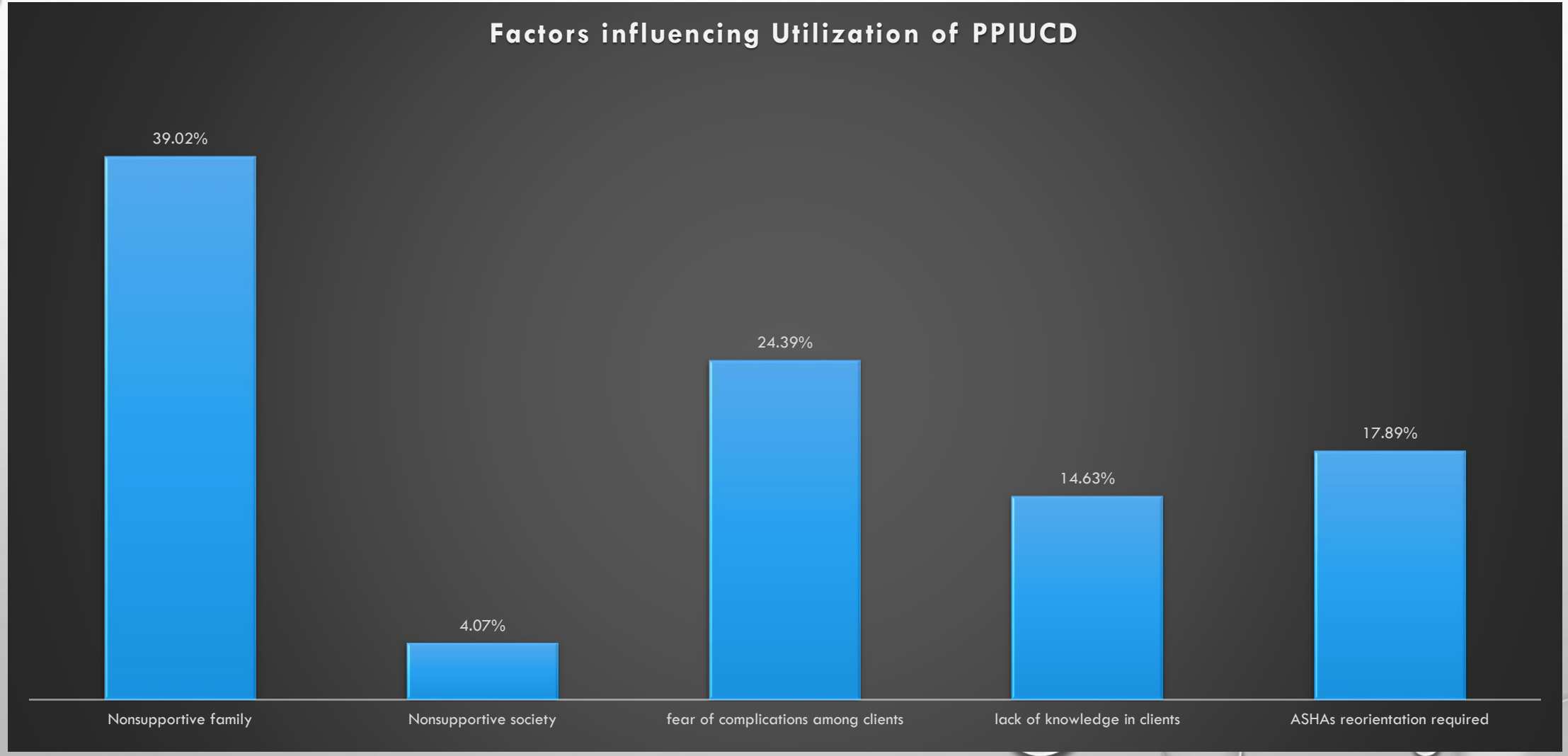
Frequency table and cross tab

9) VARIABLES: DEPENDENT-Factors affecting Utilization of PPIUCD
INDEPENDENT-
Experience of the service provider in maternal care.
Designation of providers.

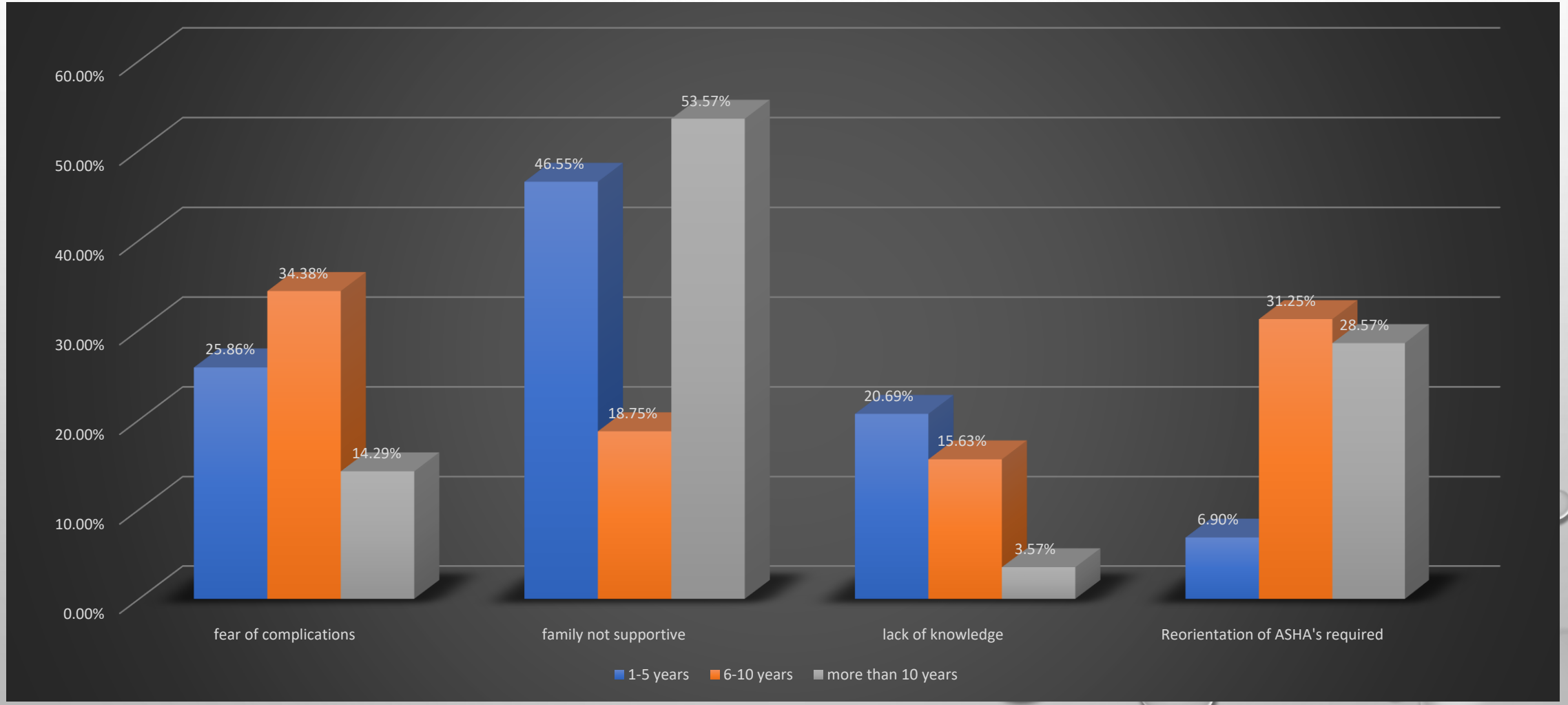
10) NATURE OF DATA:
Quantitative data for analysis of factors influencing PPIUCD service utilization.

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.

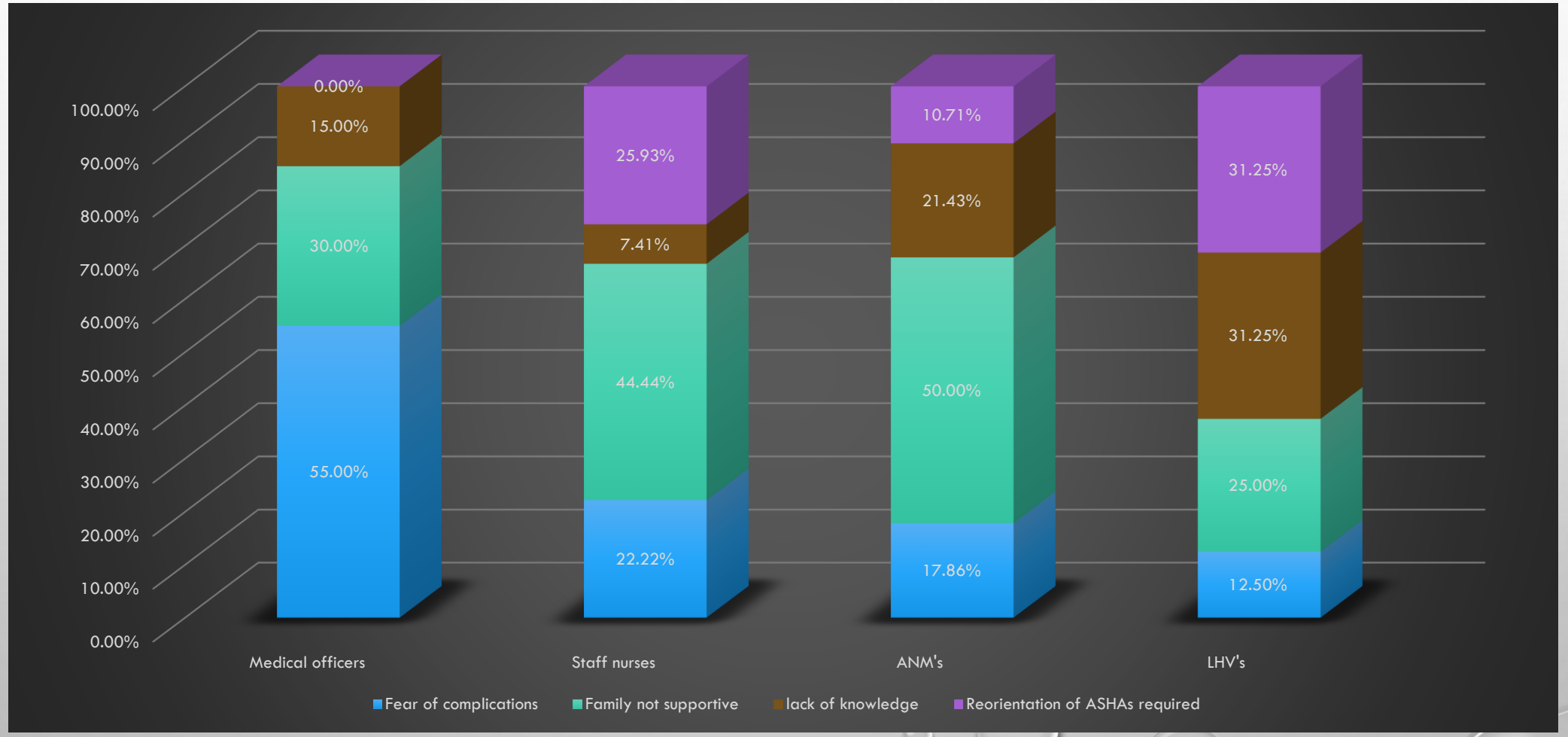
RESULTS


Factors influencing Utilization of PPIUCD
39.02%
4.07%
24.39%
14.63%
17.89%
Nonsupportive family
Nonsupportive society
fear of complications among clients
lack of knowledge in clients
ASHAs reorientation required

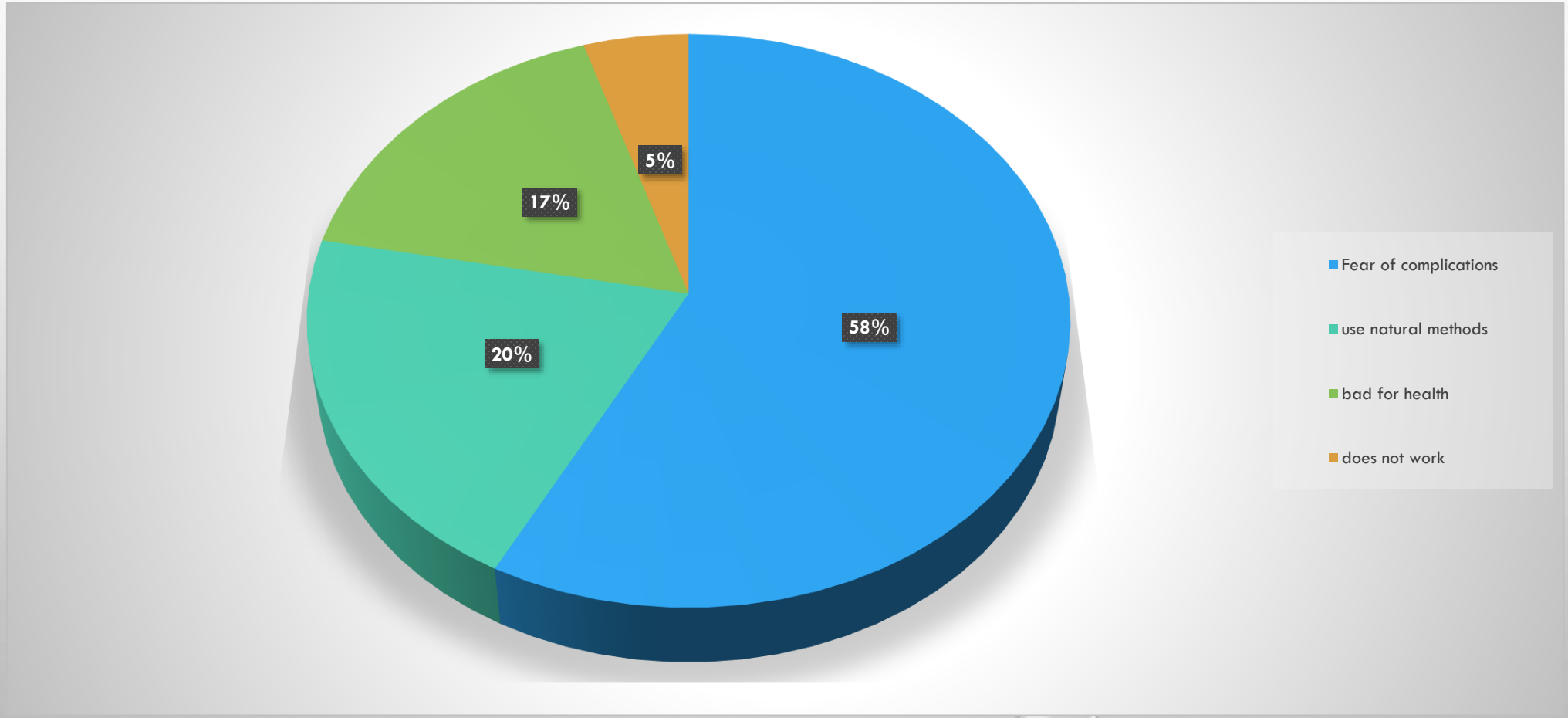
factors affecting insertion of IUCD according to HSP's of different experience in maternity



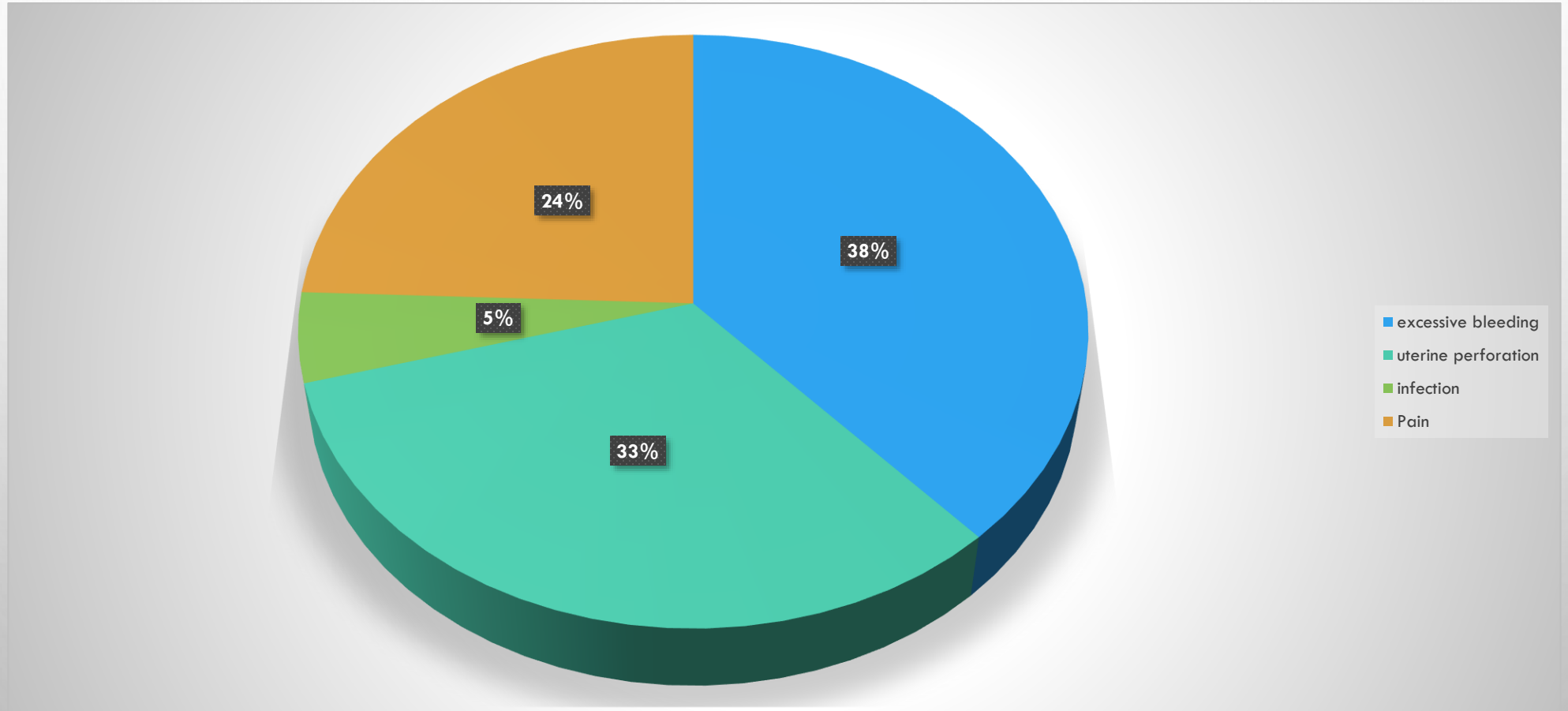
Hindering factors according to HSP's of different designation.



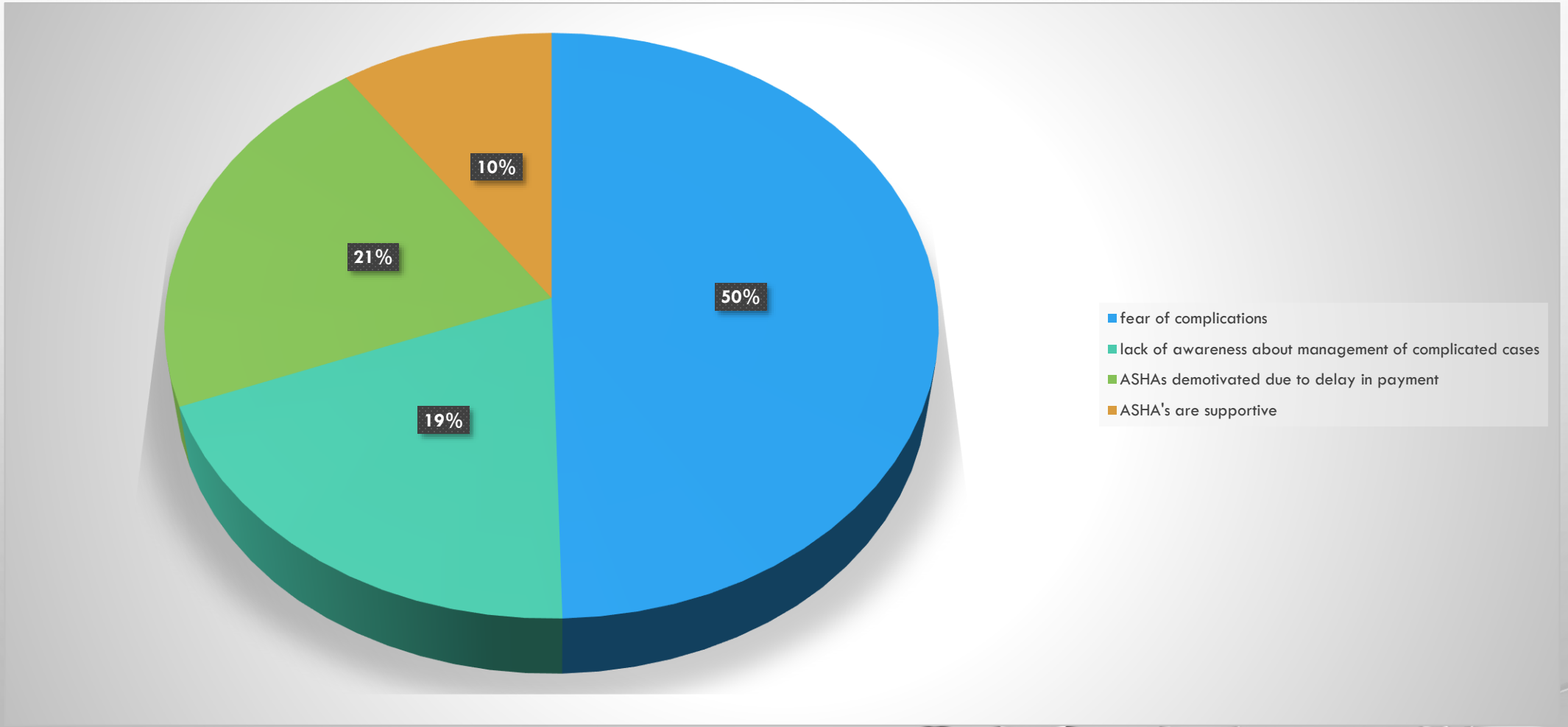
Perception for family not being supportive



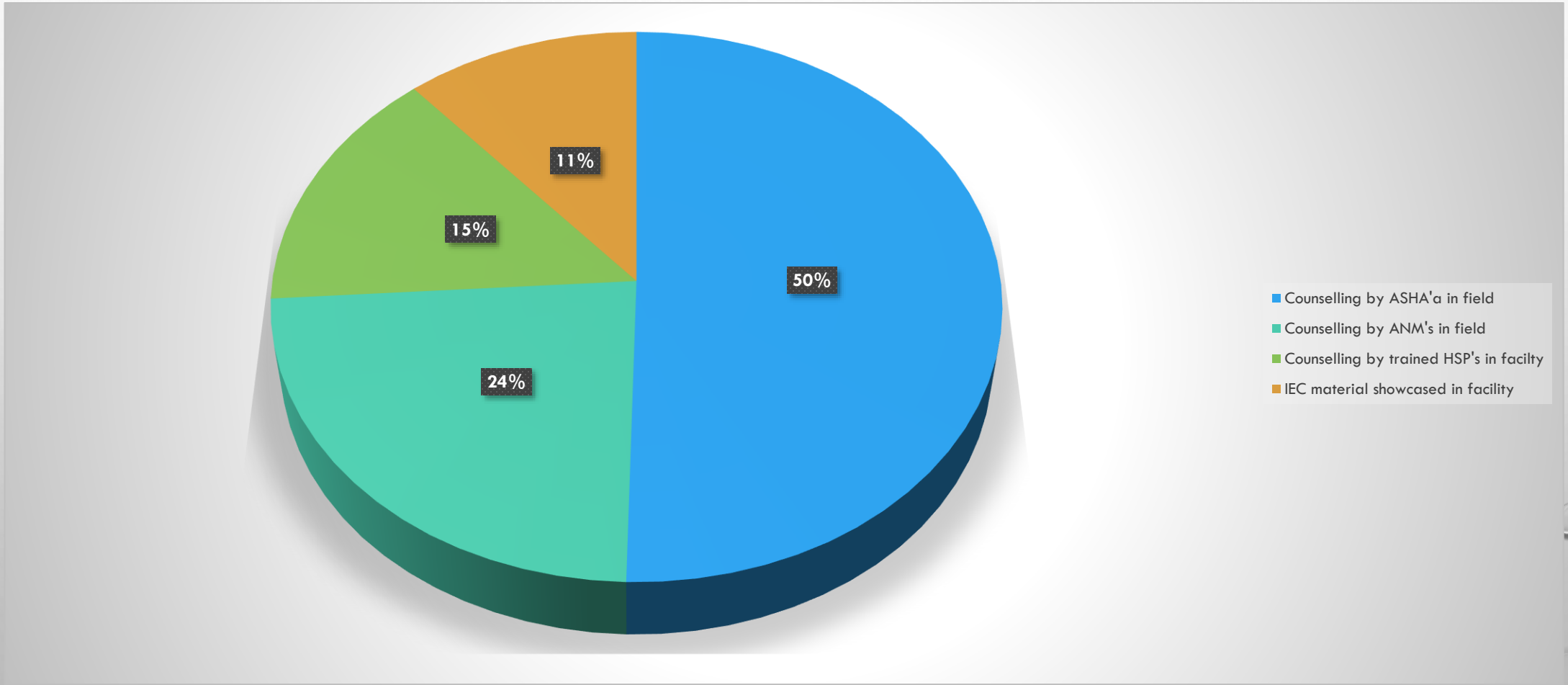
Most feared complication



Reason for ASHA's needs to be reoriented



Effective way for imparting knowledge on IUCD



CONCLUSION

- Fear of complications has come down as the primary cause of IUCD rejection by affecting families, society and ASHA's. Excessive bleeding and uterine perforation were the main suspects for this sort of fear, so the clients must be sensitized on this issue on priority basis.

- Family's non support is the main cause for IUCD non utilization. So during counselling of the client, emphasis must be laid on counselling of the family as well.

- Most experienced and least experienced HSP's believed Family's non support to be the primary reason, whereas other group of HSP's believed getting rid of the fear of complications and ASHA' reorientation can play a pivotal role for IUCD insertion.

- Majority of doctors believed fear of complications to be the premier factor for IUCD non-insertion, whereas most of the nursing staff believed family's support is most important

- Majority of HSP's said Fear of complications is the main reason of family non support, whereas 20% of HSP's said its because they go for natural methods in post partum period

- Most interestingly half of HSP's said that ASHA's also have fear of complications for their clients, whereas almost 20% of HSP's said ASHA's are afraid due to inability of HSP's to provide proper complication management and delay in incentives payment each. So ASHA's needs to be reoriented about IUCD and at-least make them competent enough or knowledgeable enough to answer the queries of their clients

THANK YOU