

Holistic Approach is the Only Way to Increase Uptake of Family Planning Services

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Abstract

Holistic care is a comprehensive model for caring and proper guidance. Use of Family Planning (FP) services is still a question mark nowadays. One MWRA (Married women of reproductive age) in four (4) has an unmet need for contraception, which is the highest such rate in the region. Meeting unmet need for limiting can be accomplished by increasing the holistic approach, for family planning, three major components can be highlighted: Supply, the enabling environment and demand. Uptake of Family planning services can be enhancing, more successful and sustainable if multifaceted determinates included in interventions. Availability and quality of services and other supply-related issues is a major factor for not availing FP services. Improvement in family planning cannot be achieved without quality services. Quality is considered good when adequate infrastructure, supplies, and equipment are in place, and when well-trained, skilled, motivated, and supported staffs are available.

Besides that, an enabling environment for health-seeking behavior is another factor for increasing services. An enabling environment requires adequate resources; effective leadership, management, and accountability. Engagement of governments, communities, and other members of civil society is critical to fostering an enabling environment.

Furthermore, Improve knowledge of Family planning and cultivate a demand for services. The demand for FP exists in different forms: actual use and latent demand. Holistic, client-centered approach is the only way to make FP programming effective and successful ultimately, support health system.

Objective

Family Planning is a critical component of maternal and child health. It allows couples to better utilize limited resources, thereby increasing household wealth and improving nutrition, health and food security. Contraceptive use varies widely around the world, both in terms of total use and the types of methods used. Worldwide, 63 percent of married women ages 15 to 49 use a method of family planning. One Married Women of Reproductive Age (MWRA) in four has unmet need for contraception, which is the highest rate in the region.

Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing well-being and autonomy of women. The analysis of the Falah Project conducted by McKinsey and Company in Karachi showed that the MWRAs that express an unmet need but do not currently demand a contraceptive method 47% report lack of understanding/ awareness (largely caused by the fact that most users are not provided with much information at the time of accepting contraception) as a key barrier preventing the use of family planning, while 33% report social pressure and 20% report family pressure (due to lack of couple communication, discouragement from husbands, etc) as key barriers preventing the use of family planning methods. This study shows that only a five percent (5%) increase in CPR rate to 35% in the last six years.

This paper indicates that uptake of family planning services can be enhanced and bring more successful and sustainable outcomes by focusing on and overcoming the rate of unmet needs for contraception by adding the holistic approach in interventions, which includes Improved access to FP services (by method) and with improved quality of service and increase in demand for FP services.

Methodology

There were 12 Family planning welfare centers (FWCs) from Public sector were randomly selected to assess their quality of service delivery with the help of Standard based management and recognition (SBMR) performance standard assessment tool. In methodology six performance standards were measured which focused on the knowledge and skills regarding, infection prevention, short term family planning methods and intra uterine contraceptives devices (IUCD) insertion and removal techniques and resources availability and management. In the baseline SBMR minimum score of provider was 7% which is lower than standard targets. Indeed, improvements in FP cannot be achieved without quality services. Quality is considered good when adequate infrastructure, supplies, and equipment are in place, and when well-trained, skilled, motivated, and supported staffs are available, performing to established standards, and providing services that are accessible, acceptable, and accountable to the clients and communities they serve. After taking integrated interventions like providers were

trained on Comprehensive Family planning module, for generation were hired Basic amendments were provided and increased in demand for FP service and FP counseling. Dedicated counselors to conduct awareness raising sessions.



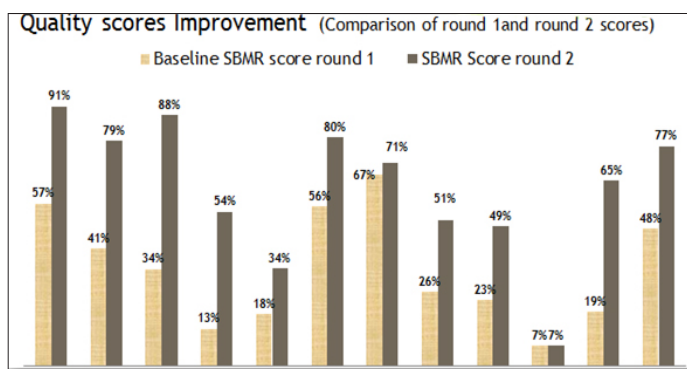
These are some multiple holistic channels or solution levers to enhance family planning uptake. Based on first round SMBR scores, for enhancement of providers FP knowledge; class room trainings, on Job Trainings (OJT), on job Coaching (OJC) and practical training was included in interventions. Service providers from targeted facilities were oriented on quality standards of FP service during their class room trainings. Along this Support staffs were trained on infection prevention standards.

Besides that, basic resources which are mandatory for the quality service provision were distributed in selected FWCs to equip the service providers for maintain quality services and for making enabling environment.

For demand generation dedicated Counselors were deputed to provide family planning counseling to antenatal and post natal clients and conduct awareness session and their family members.

Results

The results shows that quality of services was not satisfactory before intervention, besides this accessibility, other supply related issues, enabling environment, knowledge about Family planning and cultivate demand for services were compromised. Baseline assessment using SBM-R tool showed unexpectedly poor scores as low as 7%, which not safe for service delivery. After taking interventions minimum improvement was observed up to 34% and maximum 95% which is incredible improvement in standards. This improvement was assessed almost after 6 months time period of Baseline SBMR.



Hence, if we see increased in Family Planning Uptake is directly correlated to improvement in Quality.

Table: Services increases as quality is improving and demand is generating

Method	1 st Month	2 nd Month	3 rd Month	Total
Total FP Clients counseled	484	609	768	1861
FP method adopted	194	147	216	557
Pills	10	0	13	23
Injection	19	3	7	29
IUCD insertion	37	19	21	77
Implant insertion (included EPPI)	92	80	142	314
PPIUCD insertion	32	43	25	100
TL	4	2	8	14

Conclusion

Quite apart from the strong conceptual rationale for tackling the interconnected challenges of unmet family planning needs and a holistic way, there is increasing evidence of the benefit of taking an integrated approach. Holistic care is a comprehensive model of Caring. Holistic, client – centered approaches is the only way to make family planning programmes, effective and successful ultimately supports health care system.

References

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