

**INFLUENCE OF HEALTH CARE PROVIDERS ON CLIENTS SELECTION
OF INTRAUTERINE DEVICES AS A METHOD OF FAMILY PLANNING IN
NAIROBI.**

**A PROPOSAL SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS OF BACHELOR OF SCIENCE NURSING DEGREE
UNIVERSITY OF NAIROBI.**

AUTHOR:

MWANIKI BEATRICE

REG NO: H32/2217/2006

STUDY LEVEL: BSCN IV

SUPERVISOR:

DR.JAMES MWAURA

JULY, 2010

DECLARATION

I Beatrice Mwaniki W declare that this is my own original work and has not been presented in any institution for examination or any other purpose to the best of my knowledge.

SIGNATURE.....*Beatrice Mwaniki W*.....

DATE.....*16/8/2010*.....

CERTIFICATE OF APPROVAL

This proposal is submitted for examination in Bachelor of Science Nursing in the University of Nairobi under my supervision.

NAME: DR. JAMES MWAURA

(BSc. N, MSc Clin. Psy, PhD).

DATE.....

SIGNATURE.....*30th August 2010*

DEDICATION

I dedicate this work to my parents (Mr. and Mrs. Mwaniki) and my brothers and sister. They have been very supportive in my academic life and their believe in my potential motivates me. God bless you.

ACKNOWLEDGEMENT

I would like to acknowledge my supervisor Dr Mwaura for guiding me through the process of developing this proposal, my research lecturers: Mrs. Bitok and Prof. Karani for helping me through the process of acquiring research knowledge, my colleagues who have been part of my learning in discussion groups, corrections and social support.

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LIST OF ABBREVIATIONS

FHI-Family Health International

FP- family planning

IUCD- intra uterine Copper device

IUD- Intra Uterine device

NCC- Nairobi city council

EXECUTIVE SUMMARY

Intra uterine device (IUD) is a reversible long-term method of contraception. Effectiveness is close to 100% since controlled studies find failure rates of 1-3%. It is a safe method of family planning but it's not being utilized by many women. According to FHI, more than 70% of women using modern contraception use injectables or pills, therefore a lesser percentage use IUD and yet this being a safe & cost-effective method, could be of great help to many women in family planning.

Providers of IUD services could be of influence in utilization of this method. It's important to assess the influence they could have in order to improve the services and use of this method.

The specific objectives of this study include;

- finding out if providers give adequate and clear information on IUD use to clients
- to determine how attitude & experience of IUD use among providers influence its utilization
- to determine provider needs that can be met for them to have a positive influence on IUD use

The independent variables include; knowledge of IUD use by provider, contraceptive preference of provider, concern of provider regarding population growth. Dependent variables; number of acceptors, IUCD insertions in the clinics. Controlled variables; client religion/ cultural issues, spouse's influence

The study population includes the providers working in FP clinics and women seeking family planning services in these clinics. Questionnaires will be administered to the volunteers in these clinics.

Data will also be collected by observation whereby researcher granted permission will sit in FP sessions without interruption and take observation notes. Questionnaires will be checked for completeness and information appropriateness at the point of collection.

Data will be coded and entered into SPSS version 17 for analysis

CHAPTER 1

1.1. BACKGROUND INFORMATION

Intra uterine device is a long term method contraception that is very effective. Controlled studies find less than 1% of women using IUD becoming pregnant each year. (Britain, 2005)

It's an efficient method since the user does not need to remember as it is in other methods whose effectiveness depends on the consistency. Informed choice is of benefit to the woman, family, society and the nation.

This decision requires information on availability of a technique and according to the study done by Ballweg (1972), 2/3 of acceptors receive information from persons in the medical area. The use of IUD had gone down due to some disadvantages though new models have been manufactured; also rumors and myths have been demystified after scientific studies.

In 2005, a report from Britain's national institute for health and clinic excellence showed that if less than a million women switch to long acting methods including IUD, 73,000 unplanned pregnancies per year will be prevented. In IUD services, providers give counseling, insertion and removal. Therefore, for the success of this method it's good to know providers perspectives and needs since they may consciously or unconsciously influence the client's choice/ acceptance.

According to Guttmacher (1997) long European experience with IUD is reflected in the fact that training insertion is standard part of curriculum and that mid career training is also available.

In Venezuela, Palacios maternity hospital - 80% of post partum women accept IUD insertion while other 22 hospitals in Venezuela only 50% accept. The high percentage of Palacios is attributed to the staff being more accustomed to doing Petri exam. (Stor, 2006)

During IUD reintroduction in Kenya, the AMKENI provider sensitization efforts were undertaken in 2004 concurrent with current trends and the new WHO medical eligibility criteria updates.

The AMKENI provider sensitization raised IUD acceptors from 151 to 573 in early 2005 at AMKENI facilities (family health international 2008). Poor quality of service was cited as one of the factors contributing to low use of IUD as method of family planning. (Family health international, 1995).

1.2. PROBLEM STATEMENT

Intra uterine device is a safe and cost effective FP method but is not being utilized by many women. According to the family health international, today more than 70% of women using modern contraception use injectables or pills; therefore a lesser percentage use IUD. Providers could be of influence on acceptance of this method and wants to find out what perspectives and needs of the providers produce influence

1.3. STUDY JUSTIFICATION

There is need for concern for population growth and family planning is vital. Unintended pregnancies remain considerable society health problems and therefore parents should be helped to plan for their families to the number of children they can raise.

IUD being a safe, efficient, cost effective and a long term method could be of great help in family planning for many women. Services provided will influence their choice for IUD. Finding out what influence there is, will help meet provider needs which will help improve quality of services. This in turn can help increase the number of women accessing better services and accepting IUD.

1.4. RESEARCH QUESTIONS

- Do providers in FP clinics have adequate and current information on contraception?
- Do providers have mid career training programmes on current trends and which other sources of information do they access?
- Do providers give full and clear information on IUD use to clients & do they demystify myths the clients could be having?
- Are IUD services always available in the FP clinics?
- Do providers encourage spouse participation in family planning decision?

1.5.1. BROAD OBJECTIVE

To assess the influence of the providers on clients' acceptance of IUD use as a method of family planning.

1.5.2. SPECIFIC OBJECTIVES

- To find out how attitude & experience of IUD use among providers influence its utilization.
- To find out whether providers give adequate and clear information on IUCD use to clients.
- To determine what provider needs can be met for them to have a positive influence on IUCD utilization.
- To find out whether providers encourage spouse participation in family planning.

1.6. HYPOTHESIS

There is no relationship between influence of providers and clients' acceptance of IUCD as a method of family planning.

1.7. VARIABLES

Independent variables

Knowledge on IUD use by for family planning by the provider

Contraceptive preference of provider.

Concern of the provider regarding population growth.

Experience of provider.

Dependent variable

Number of insertions in the clinics.

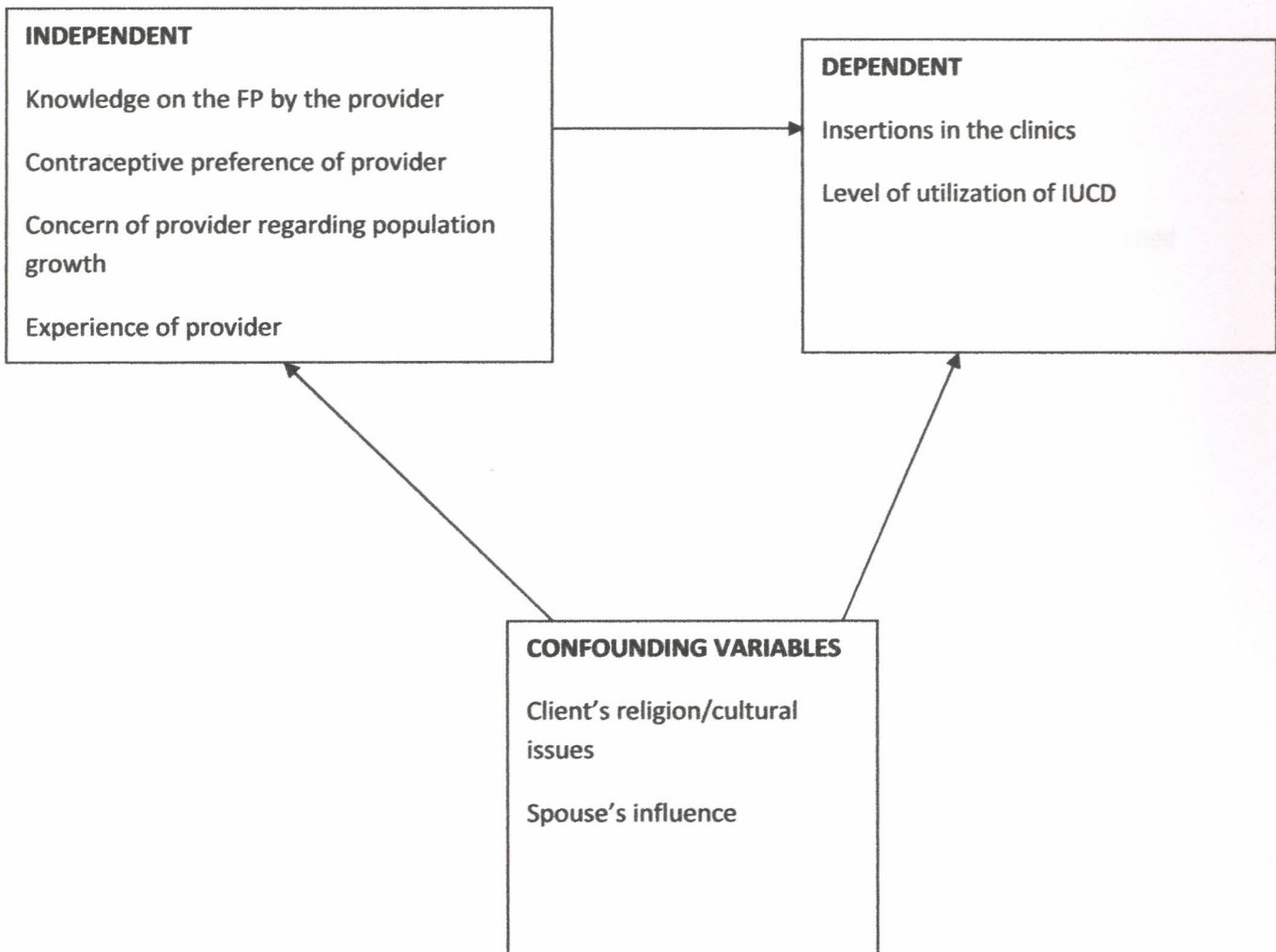
Level of utilization of IUCD

Intervening variables

Client religion/ cultural issues

Spouses influence

Conceptual Framework.



CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Intrauterine device is a small T shaped device inserted into the uterus. Action starts as soon as it's inserted and stops as soon as it's removed. Effectiveness is close to 100%, it's reversible and it's a long term method. (David, 2008) Can be inserted at any time except in pregnancy or presence of infection.

2.2 TYPES OF IUCD

There are two broad categories:

- Copper based devices

- Hormonal IUDS

All copper containing IUDS have a number as a part of their name for example Nova T380A. This is the surface area of copper (in square millimeters). The copper T380A can stay up to 10 years (Treiman, 1995)

2.3 MECHANISM OF CONTRACEPTION

Presence of a device in the uterus prompts the release of leucocytes and prostaglandins by the endometrium which are hostile to the sperm and egg (FHI, 2009). The presence of copper increases toxic effect on the sperm, therefore few sperms reach the fallopian tube and those that do are unlikely to be capable of fertilizing an egg. Prevention of fertilization seems to be the dominant mode of action. (FHI, 2009)

2.4 EFFECTIVENESS AND BENEFITS

Intrauterine device is one of the most effective methods of contraception. Pregnancy rates range between 1-3% per year. (Treimann & Liskin, 1995). IUDs are used in emergency contraception 120hrs after unprotected intercourse. Studies showed 98.1% efficacy in prevention of unwanted pregnancies. (Patric & Thiery, 2008).

Copper based IUDs have no hormonal side effects. The progestin releasing IUD prevents heavy periods and reduces cramps. (David, 2008)

There is no minimum or maximum age for IUD use, can be used even by nulliparous women.

2.5 SIDE EFFECTS AND COMPLICATIONS

Insertion of IUD may introduce bacteria into the uterus. Women with symptomless gonorrhoea or chlamydial infection having an IUD inserted have a higher risk of salpingitis than do uninfected women (Grimes, 2000) Insertion procedure can cause discomfort – pain and cramps. This can be decreased by use of NSAIDS hours before insertion. (Hutten & Goertzen, 2008) Copper T can cause cramps, heavy periods within the first few months. This is the most common medical reason for removal of IUD (Treiman, 1995)

Hormonal iuds may increase risk for benign ovarian cysts. Serious complication could be uterus perforation but rare especially with experienced providers. Generally women using IUDS has less chances of ectopic pregnancy than those not using any contraception (Dugdale, 2008)

2.6 CONTRAINDICATIONS

Puerperal sepsis, immediate post septic abortion, severe dysmenorrhoea, cervical cancer, endometrial cancer, uterine fibroids, anatomical abnormalities, sickle-cell disease, iron deficiency anaemia, cervical intra epithelial neoplasia (WHO, 2009)

2.7 FAMILY PLANNING IUD SERVICES

Poor quality of care was mentioned as one cause of reduction in IUD use in Kenya (Family health international, 1995) In family planning perspective, promoting hands on experience along with update education on the relative advantage and disadvantage of the method may help ensure health care providers who view the method (IUD) more objectively. (Guttmacher, 1997)

Assumption ignores that clinicians may influence the new acceptors choice of the method. In San Juan, 92% of women getting into clinic for FP chose IUD by consulting trained physician who believed it is the most appropriate where only 31% of another group consulting in the clinic with physician who had no background on IUD and didn't appear comfortable with it (Stor, 2006) In Venezuela, Palacios maternity hospital -80% of postpartum women accept IUD insertion while in other 22 hospitals in Venezuela only 50% accept. The high percentage for Palacios is attributed to the staff being more accustomed to doing Petri exam. (Stor, 2006) Therefore, the influence of providers could be significant to client's choice.

CHAPTER 3

3.0. METHODOLOGY

3.1STUDY DESIGN

Cross section descriptive using both qualitative and quantitative methods.

3.2 STUDY AREA

The study will be conducted in family planning clinics located in city council of Nairobi health centers in Nairobi province. Nairobi is Kenyas capital city and is located at 1 16S36 48E. Its 1660m above sea level. Area coverage is 696km² and has s current estimation of 3 million people.

3.3 STUDY POPULATION

Study population include providers/Nurses working in FP clinics , and women of child bearing age(15-49 year)seeking family planning services in these clinics.

3.4SAMPLING PROCEDURE

A random selection of 3 city council services health centered with family planning clinics in Nairobi will be done.

Systemic sampling will be used to recruit providers who will participate.

Simple random sampling will be used for women seeking FP services.

3.5 SAMPLE SIZE

Calculation using Fischer's formula.

$$n = Z^2 Pq / d^2 \quad (\text{Fischer et al, 1991}).$$

$$nf = n / 1 + n / N$$

Where:

n= desired sample size if target population >10,000

Z=standard normal deviate at required confidence interval.

$$q = 1 - p$$

d=level of statistical significance set.

nf=desired sample size when population is <10,000

n=estimate of population size.

$$p = 50\%$$

$$Z = 1.96$$

$$n = (1.96)^2 (0.50) (0.50) / (0.05)^2 = 384$$

$$nf = 384 / 1 + 384 / 250 = 249.35$$

Sample will be 249 correspondents.

3.6 DATA COLLECTION

Research instruments;

Questionnaires will be administered to providers working in family planning clinics.

A different questionnaire will be administered to women seeking FP services in the clinics.

Data will also be collected by observation whereby the researcher granted permission will be in FP sessions where he/she will not interrupt but sit strategically and take observation notes.

Study tool pretest

Will be presented for appropriateness in family planning clinic at Kangemi health centre, under circumstances similar to the ones of the study. A total of 25 questionnaires will be used.

3.7 DATA CLEANING

Every questionnaire will be checked at the point of collection for completeness. The information given by respondents will also be checked for appropriateness.

It will be ensured that the observation notes are in the right sequence and they will be typed for clarity

3.8 DATA ANALYSIS

Data will be coded and entered into SPSS for analysis.

Strength of relationship between variables will be determined

3.9 DATA PRESENTATION

Data will be presented in tables and diagrams

3.10 STUDY ASSUMPTIONS AND LIMITATIONS.

One limitation is that information given by providers is self reporting and the assumption is that the respondents will be as honest as possible. This limitation will be mitigated by asking the volunteers to give the right information as much as possible since the information obtained will not be used against anyone but will be useful in service improvement.

3.11 ETHICAL CONSIDERATION

The research will be of benefit because it is aimed at knowing provider needs to improve service provision.

An informed consent form will be signed by those willing to participate in the study- no obligation to participate.

Confidentiality will be ensured – participants name will not be indicated.

Authority will be sought from Kenyatta ethics & research committee, city council of Nairobi and administration of health centre.

GHANT CHART

ACTIVITY

MONTHS

	APRIL	MAY	JUNE	JULY
Proposal Development	■			
Proposal approval		■		
Administration authority			■	
Data collection			■	
Data analysis and report writing				■
Presentation				■

STUDY BUDGET

ITEM	QUANTITY	UNIT COST(KSH)	TOTAL COST
STATIONARY			
Foolscaps	2reams	350	700
Folders	2	100	200
Pens	8	25	200
Pencils	8	20	160
Rubber	4	20	80
rulers	2	100	200
Stapler	1	250	250
Staples	1	50	50
Flash disk	1	800	800
Calculator	1	650	850
SUBTOTAL			3290
SERVICES			
Proposal typing and printing	35 pages	10	350
Photocopying the proposal	35 pgs* 3 copies	70	210
Binding the proposal	1	100	100
Report document typing and printing			
Report binding	15 pages 3 copies	150	450
Questionnaire	3	100	300
SUBTOTAL	825	2	1,650
PERSONNEL			
Research assistants wages			
Traveling allowances	30 days	400	12,000
Principle researcher allowances	30 days	800	24,000
SUBTOTAL	30 days	500	15,000
			51,000
Miscellaneous			
GRAND TOTAL	10% Of the total		5100
			62,000

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APPENDICES

APPENDIX 1; QUESTIONNAIRE (PROVIDER)

(Tick where appropriate)

1. How old are you?

Below 25 ()

25-35 ()

35-45 ()

45-55 ()

2. Gender

Male ()

Female ()

3. Profession.....

4. Level of training

Certificate level ()

Diploma ()

Bachelor's degree ()

Masters ()

5. Religion

Protestant ()

Catholic ()

Muslim ()

Others specify.....

6. What is your marital status?

Married ()

Single ()

Separated/divorced ()

7. How many children do you have?.....

8. Have you ever received any Training on IUD services?

(Yes)

(No)

9. a) Have you ever inserted an IUD device?

(Yes)

(No)

b) If Yes how many (approximate).....

10.a) Have you ever removed an IUD device?

(Yes)

(No)

b) If Yes how many (approximate).....

c) What was/were the reason(s) for removing?

.....
.....

11.a) Have you ever received a mid career training on Family planning?

(Seminars, workshops)

(Yes)

(No)

b) If yes, how many?.....

c) When was the last one?.....

12. How often do you counsel/tell clients seeking FP services about IUD?

- Not at all ()
- Usually ()
- Sometimes ()
- Always ()

13. a) Do clients have myths or misunderstanding of IUD use?

- (yes)
- (no)

b) If yes, how do you assist them?

.....
.....

14. How would you rate the acceptance of IUD as a method of FP by clients in your clinic?

- Low ()
- Moderate ()
- High ()

15.a) Are the IUD services always available at your clinic?

- (Yes)
- (No)

b) If no, why?

.....
.....

16. What do you think can be done to improve IUD services delivered to clients?

.....
.....
.....
.....

Thank you!

APPENDIX 2 (QUESTIONNAIRE- CLIENT)

1. How old are you?

15-25 ()

25-35 ()

35-49 ()

2. Marital status

Married ()

Single ()

Separated/divorced/widowed ()

3. a) Have you ever given birth?

(Yes)

(No)

b) If yes to how many children?

<2 ()

2-4 ()

>4 ()

4. What is your level of education?

None ()

Primary ()

Secondary ()

College ()

5. Religion

Protestant ()

Catholic ()

Muslim ()

Other specify.....

6. a) Have you ever used a family planning method?

(Yes)

(No)

b) If yes, which one?

Pill ()

Injectable ()

IUD (coil) ()

Condom ()

Natural ()

Others specify.....

7. If used IUD (coil), who advised you on it?

Nurse/doctor ()

Husband ()

Friend ()

Others specify.....

8. Were you given clear information and were your questions concerning IUCD answered in the clinic?

(Yes)

(No)

9. a) Was the service available when you wanted it?

(Yes)

(No)

b) If no, what were the reasons given?

.....
.....

10. How would you rate the IUD services in the family planning clinic?

Best () Good () Fair () Poor ()

Thank you!

APPENDIX 3

CONSENT FORM

I am Mwaniki Beatrice, a 4th year bachelor of science in nursing student at the University of Nairobi. I am conducting a study on health care providers influence on client's selection of IUD (intrauterine device) as a method of family planning.

The purpose of this study is to determine how IUD service provision in family planning clinics influences utilization. The findings of this study will show areas of need to improve services provided.

You are requested to participate in this study and you are free to decide not to participate in this study.

Your name and personal information will be protected and treated with confidentiality. You have a chance to ask all questions you have about the study.

AGREEMENT

I have read the consent form/ it has been read to me and I have agreed to participate in this study.

Date.....

Participant- sign.....

Date

Investigator- sign.....

APPENDIX 4

ETHICS AND RESEARCH COMMITTEE

MWANIKI BEATRICE

SCHOOL OF NURSING SCIENCES,

UNIVERSITY OF NAIROBI,

P.O BOX 30197,

NAIROBI.

26/1/2010

THE CHAIRMAN,

KNH ETHICS RESEARCH COMMITTEE,

P.O BOX 20723,

NAIROBI

Dear sir/ madam,

RE; APPROVAL FOR RESEARCH PROPOSAL

I am a fourth year BScN student at the University of Nairobi. I have written requesting approval of my research proposal on a study topic; Health care providers influence on clients selection of IUD as a method of family planning. This study is to be conducted in 3 family planning clinics within Nairobi.

The purpose of this study is to determine how IUD service provision influences its utilization. The findings of the study will help identify areas of need which can be improved for better IUD services.

Research is part of fulfilling my degree requirements.

Yours faithfully,

Mwaniki Beatrice

APPENDIX 5: AUTHORITY TO CONDUCT RESEARCH

MWANIKI BEATRICE
SCHOOL OF NURSING SCIENCES,
UNIVERSITY OF NAIROBI,
P.O BOX 30197,
NAIROBI.
26/1/2010

DIRECTOR,
NAIROBI CITY COUNCIL,
PUBLIC HEALTH DEPARTMENT,
P.O BOX 20702
NAIROBI

RE: AUTHORITY TO CONDUCT RESEARCH IN NAIROBI CITY COUNCIL FAMILY PLANNING CLINICS.

I am fourth year BScN student at the University of Nairobi. I have written requesting approval of my research proposal on a study topic; Health care providers influence on clients selection of IUD as a method of family planning. This study is to be conducted in 3 family planning clinics within Nairobi.

The purpose of this study is to determine how IUD service provision influences its utilization. The findings of the study will help identify areas of need which can be improved for better IUD services. This research is part of fulfilling my degree requirements. The research proposal has been approved by the ethics and research committee.

Yours faithfully,
Mwaniki Beatrice