

# Advance Provision of Oral Contraceptives to Family Planning Clients in Kenya 1:

## **Abstract:**

In sub-Saharan Africa, many family planning programmes do not encourage advance provision of oral contraceptives to clients who must wait until menses to initiate pill use. Since some resistance to advance provision of pills is due to provider fears that the practice may be harmful, we conducted a study in Kenya in 1997 to compare pill-taking outcomes between 20 "advance provision" clients and 280 "standard" clients. DESIGN: Prospective observational study. SETTING: Six family planning clinics in Central and Western Kenya. SUBJECTS: Women presenting as new clients at MOH family planning clinics. INTERVENTIONS: Researchers used prospective tracking to compare indicators of pill-taking success between non-menstruating clients given pills to carry home for later use and menstruating clients who began pill use immediately. MAIN OUTCOME MEASURES: Pill-taking outcomes such as side effects, compliance, knowledge, satisfaction, and a continuation proxy. RESULTS: Among clients returning for re-supply, those receiving advance provision of pills did no worse than, and often had superior outcomes to, their counterparts who started taking pills immediately after the clinic visit. CONCLUSIONS: Advance provision of pills, already practiced worldwide, is safe and feasible. Explicit mention should be made of advance provision of pills in national family planning guidance documents and training curricula in Kenya and throughout sub-Saharan Africa.