

# Knowledge of Health Care Workers On the Guideline for Family Planning and Quality of Service in Osun State

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## Abstract

This study assessed the level of knowledge of health care workers on the guideline for family planning and the opinions of clients on quality of services in Osun state. The study employed a descriptive design of survey type. A sample of 95 service providers who were selected using convenient sampling. The instrument used in collecting data for this study was a self-constructed questionnaire titled, "Knowledge of Health Care Workers and Quality of Service" The instrument was validated using face and content validity measure. The reliability of the instruments was established using test re-test method of reliability with a coefficient of 0.72. Data collected were subjected to descriptive statistics such frequency counts and percentages. Thematic analysis was done for the qualitative data. Result of the finding showed that health care workers have adequate knowledge on the guideline for family planning services in Osun state. The finding also showed that the clients are satisfied on the quality of the services provided. Therefore, it was recommended that; there should be more orientation programs to enlighten the health care workers on the guideline for family planning services and the quality of the services provided during family planning visit should be improved.

**Keywords:** Knowledge, Health Care Workers, Guideline, Family Planning, Quality of Service,

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## Introduction

Family planning according to Hakizimana (2021) is a valid way in which couples can have desirable family size, child spacing that is appropriate and it greatly reduce unintended pregnancies. From a general point of view, it is believed that the rate at which population is growing is alarming and this has a great effect on the health of the family, with major impact on the health of women and the children. Family planning can be linked with significant improvements in the outcomes of maternal health. Despite the overwhelming evidences of the advantages of family planning on family health, utilization still appears not encouraging especially in rural areas of the society. This transforms to a lot of challenges to the communities, the nations, and the world at large. Family planning could bring down the numbers of high-risk conceptions, infections that occur in the reproductive tract and sexually transmitted infections. In some countries, according to Thongmixay (2020), about 1 in 6 of population of married women or those who are in a union and engage in regular sexual activities want to postpone or prevent becoming pregnant, yet many of them are not on any contraceptives method to achieve this. Therefore, in countries where abortion is not legalized, women may resort to criminal abortions when they have unintended pregnancies. This can lead dangerous consequences, like uterine perforation, haemorrhage, and sepsis.

From global perspectives, as countries continue to work on how to improve their family planning (FP) programmes, and services, World Health Organization (WHO) have evidence-based FP guidance and materials they may draw from to ensure the provision of quality FP services. Understanding the importance of guidelines in provision of FP services can give room for strengthening their utilization in countries (Kraft et.al, 2018). Global Health Policy (2021) stated that, access to family planning and reproductive health (FP/RH) services is essential to the health of mothers and their children worldwide. Hence, when there is improvement in access to FP/RH services worldwide, it can help prevent maternal mortality and reduce unintended conception. Every year, approximately 295,000 women lost their lives due to complications they developed during pregnancy and childbirth, most of this death occurs in the developing countries. It is also estimated that about one-third of maternal mortality could be prevented every year if women who are not ready to become pregnant can have access to and use contraceptives effectively.

Globally, 218 million women could not meet their need for modern contraception (i.e., they do not want to get pregnant and they are not using any contraceptive method or a traditional method). The rate at which women have access to modern FP methods is significantly different in each region. Regions like sub-Saharan Africa and Western Asia have the highest the unmet need for modern FP thus, modern contraceptive prevalence is low is low in these areas.

According to Wali et.al (2019), the use of contraceptives leads to prevention of at least 25% of all maternal mortality by preventing unintended conception and unsafe abortions coupled with protection against sexually transmitted diseases including Human Immunodeficiency Virus (HIV), and others like Chlamydia and Syphilis, and so on. It also guide against lack of knowledge about family planning methods, source of supply, cost, or poor accessibility are the barriers that women experience in the in the developing countries. Furthermore, WHO (2020) stated that, family planning is considered an important component of primary health care services and reproductive health, as it plays a major role in bringing down the number of maternal and newborn morbidity and mortality as well as transmission of HIV. It contributes

to realization of the Millennium Development Goals (MDGs) and the aim of the Health-for-All Policy for the 21st century in the Africa Region in Agenda 2020. In recognition of the importance of family planning by the WHO, the regional Office for Africa developed a framework for 2005–2014 for accelerated action to enlist family planning on national agendas and in reproductive healthcare services. This idea was adopted by the African ministers of health in 2004. The framework encourages increase in efforts the campaign for recognition of “the pivotal role of family planning” in the achievement of health and development objectives at all levels.

Fruhauf (2018) gave an account of a particular toolkit that was used for assessing quality of family planning services in Africa, they stated that, the accepted tools for measuring family planning quality in settings that are resource-poor is the Service Provider Assessment Survey (SPA) document. This document was implemented by ORC Macro International and the Quick Investigation of Quality (QIQ) and was used for quality assessment of family planning providers and evaluation in 2016. Information gathered concerning family planning services through provider interviews, client exit-interviews, provider–client observations and facility audits. Although, these data sets have some limitations in their ability to assess individual behaviour. This is because it is done at the cluster level rather than by individually. They are not typically fielded at the same time, thus, limiting inferences, thus, limiting inferences.

In a study conducted to determine influences of the quality of service of family planning on the behaviour of women toward contraception in the following four sub-Saharan countries: Burkina Faso, Ethiopia, Kenya and Uganda. The study was based on the assumption that, the higher the quality of family planning services given at the closest facility, the higher the number of woman that are likely to use a modern method of contraception. A composite measure of quality was developed for public facilities offering family planning services to examine this link, and a score of quality was attributed to each facility. The score of each public facility was then attributed to sampled female respondents interviewed at the nearest public facility. The relationship that exists between the quality of that nearest facility and the behaviour of woman towards the use of modern contraceptive methods was then examined. The relationship that existed between these two variables could also serve as a pointer to the experience of the providers in using the approved guidelines in providing services in their various facilities (Fruhauf, 2018).

There are prevailing factors according to Sharma et.al (2017), in the local context that affects the compliance with utilization of guideline. Such factors are, environment, social context, culture of the profession and organization affecting the adoption. Policies of the organizational and accreditation standards that makes adherence necessary can serve as a driver. However, favourable attitudes can be helpful; adoption of guideline by clinicians could be improved more effectively by working on the barriers.

Literature had identified different factors regarding the quality of family planning as assessed through client satisfaction in sub-saharah Africa (Tessema et.al, 2016, and Fruhauf et.al, 2018). Their analysis dwell mostly on the Donabedian framework and serves as the bases for the conceptual framework for their study they affirms that factors that influence the quality of family planning can be grouped into three pillars as extracted to this literature, which are: client, provider and facility characteristics, explaining the importance of relationship of the providers with their client during the time family planning services are being provided. Secondly are the structural factors in the facilities that affects the quality of services offered

and lastly is the process factors, this involves they sum total of every activities that takes place during the provision of family planning services.

Lukyamuzi et.al, (2021) stated that FP services at informal settlements are of low quality with effect on satisfaction of the client. Therefore, priority should be placed on improving the quality of FP services in informal settlements. Improved quality of services can be a motivating factor that will enhance the uptake of modern family planning in such settings. It was also documented in literature that, the primary predictors that applied to assessment of effects of quality on contraceptive choice was the quality of service which is graded as low, medium or high for each of the women, while the woman's choice of a modern method of contraception were seen as secondary outcome. Thirdly is the support received by public facilities that organize family planning outreaches at the community and are only permitted to distribute short-term methods such as condoms and pills (Scort et.al, 2016, Fruhauf et.al, 2018)

To uphold the standard of practice in family planning, WHO has developed recommendations on the types of health workers who can provide a safe and effective specific family planning services. The bases of their recommendations is rooted in the evidences that different types of providers can safely and effectively provide contraceptive services. They noted that specific competency-based training and continued educational can be conducted to support all types of healthcare providing contraceptive services to perform well at providing family planning (Wali et.al, 2019). Lack of apt knowledge and a favorable attitude to practice family planning by healthcare workers, level of acceptance and compliance of beneficiaries of family planning services from those healthcare workers will be compromised (Gbenga-Epebinu & Ogunrinde 2020). Physicians need to know the level of knowledge, attitude of their team workers to comprehend the strategy that would be required to promote family planning services. Having this idea about their practice, especially their counseling skill and intent will motivate the beneficiaries (Wali et.al, 2019).

Olugbade et.al,(2019) opined that, for FP programmes to be successful, information systems must be used accurately to track FP use and trends. Thus, the use of District Health Information Software, version 2 (DHIS2) is becoming the norm across Nigeria to manage and aggregate health information. However, there are issues still confounding the operationalization, availability, accuracy, consistency, timeliness, completeness, and integrity of FP data at health care centers and in DHIS2 by extension (USAID, 2019). The quality of FP data depends on an interplay of factors which include human, financial, and organizational elements (Gbenga-Epebinu et al., 2020). If any of these factors are weakly related it can ultimately leads to a compromised data quality. It appears that the estimated number of reproductive age women who wants their need for family planning met by modern contraceptive methods (SDG indicator 3.7.1) had increased gradually in recent decades, from 73.6% in 2000 to 76.8% in 2020 for some of the factors identified by WHO including : limited choice of methods; limited access to services, particularly among young, poorer and unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users' and providers' bias against some methods; and gender-based barriers to accessing services.

In addition, the reason for population growth most especially in the developing world is mainly because a larger percentage of women do not take any form of contraception, owing to factors like misconceptions, fear of the procedures, attitudes of the health workers in charge of provision family planning services and poor quality of services (Ejioye & Gbenga-Epebinu



2021). It has also been observed that, some service providers seem not to follow the designated guidelines for the provision of service which in turn resulted to poor quality of services. In Nigeria it is like many of the family planning clinics are not well equipped to enhance the quality of the service even if the provider is highly proficient. Furthermore, many of the providers that needed to have updated their knowledge on the implementation the guideline for the provision of modern contraceptive methods, may not have gone for refresher course.

### **Purpose of the Study**

This study assessed the of knowledge of health care workers on the guideline for family planning and the opinions of clients on quality of services in Osun state.

### **Research Questions**

The following questions were raised in this study

1. What is the knowledge of health care workers on the guideline for family planning services in Osun state?
2. What are the opinions of clients on quality of and satisfaction with family planning services?

### **Methodology**

This study adopted descriptive design of survey type. The design was considered appropriate because it allows quantitative data to be obtained from a sample of the population in the actual situation as they exist from where inferences were drawn about the characteristics of the defined population. The population for the study consists of 180 trained family service providers which are made up of nurse midwives, in primary, secondary and tertiary health facilities across Osun state, Nigeria, offering family planning services. The sample comprises 95 service providers who were selected using convenient sampling method. The instrument used in collecting data for this study was a self-constructed Questionnaire titled "Knowledge of Health Care Workers and Quality of Service" the instrument was divided into two sections. Section A reflects respondents' bio data while Section B consisted of 28 items to obtain information about knowledge of the guidelines and delivering of family planning services. Both face and content validity of the instrument were ascertained. Face validity was ascertained through consistency with font face and size, while indicators for the entire objectives were reflected in the questionnaire to ascertain the content validity. A test retest method of reliability was employed by administering the questionnaire to ten (10) service providers who were not part of the participants on two occasions within an interval of two weeks. The data collected on the two occasions were correlated, using Pearson Product Moment Correlation Analysis and a reliability coefficient of 0.72 was obtained which was high enough for this study. The data that collected in this study was analyzed, using descriptive statistics such as Frequency count and percentages.

### **Results**

**Research Question 1:** What is the knowledge of health care workers on the guideline for family planning services in Osun state?

**Table 1: Frequency Counts and Percentages of the knowledge of health care workers on the guideline for family planning services in Osun state**

S/N	Items	Yes		No	
		Freq	%	Freq	%
1	Are you aware that there is a guideline for provision of FP services?	92	96.8	3	3.2
2	Do you have a copy of the guideline in your facility?	89	93.7	6	6.3
3	The federal government developed the guideline for country use	93	97.9	2	2.1
4	WHO is the source of all information in the guideline	91	95.8	4	4.2
5	Standard practice for all facilities are the same	90	94.7	5	5.3
6	Evidenced based practice are important in FP services	88	92.6	7	7.4
7	Guideline prevent avoidable mistakes in provision of services	87	91.6	8	8.4
8	Guidelines are only meant for training of service providers	94	98.9	1	1.1

Table 1 shows level of knowledge of the health care workers on the guideline for family planning services in Osun state. The results showed that all (98.9%) of the respondents agreed that guidelines are only meant for training of service providers. A large percentage (97.9%) of the respondents had the knowledge that it is the federal government that developed the guideline for country use. About (96.8%) of the respondents are aware that there is a guideline for provision of FP services. WHO is the source of all information in the guideline; this was the believe of (95.8%) of the respondents while (94.7%) of the respondents said that the standard practice for all facilities are the same. 92.6% of the respondents knows that evidenced based practice are important in FP services while only about (91.6%) of them said guideline prevent avoidable mistakes in provision of services. Based on the information in table 4.2 above, it could be said that health care workers have adequate knowledge on the guideline for family planning services in Osun state.

**Research Question 2:** What are the opinions of clients on quality of and satisfaction with family planning services?

**Table 2: Frequency Counts and Percentages of Opinions of clients on quality of and satisfaction with family planning services**

S/N	Items	Yes		No	
		Freq	%	Freq	%
1	Did you receive any family planning information during your visit?	93	97.9	2	2.1
2	Is this the closest health facility to your current residence?	87	91.6	8	8.4
3	Was family planning the main reason you came here today?	94	98.9	1	1.1
4	Did your provider discuss family planning with you today	95	100	0	0
5	Just before this visit, were you using the same method	90	94.7	5	5.3
6	During your visit today, did you obtain the method of family planning you wanted	92	96.8	3	3.2
7	Did you pay any money for any of the family planning services you received	91	95.8	4	4.2
8	Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher	95	100	0	0
9	During your visit today, for the method you were prescribed, did the provider explain how to use the method?	95	100	0	0
10	Talk about the possible side effects?	93	97.9	2	2.1
11	Tell you what to do if you have problems?	94	98.9	1	1.1
12	Tell you when to return for follow-up	90	94.7	5	5.3
13	During your visit today, did the provider tell you about contraceptive method other than the method you were given or prescribe	89	93.7	6	6.3
14	Talk about the method that protect against HIV/AIDs and STIs	76	80.0	19	20.0
15	Ask about your family planning method preference	70	73.7	25	26.3
16	Tell you that you could switch to a different method in the future	81	85.3	14	14.7
17	Did the provider allow you to ask questions?	40	42.1	55	57.9
18	Did the provider answer all your questions in a way you understood?	50	52.6	45	47.4
19	Would you return to this facility?	89	93.7	6	6.3
20	During this visit, did the provider and other staff treat you politely?	90	94.7	5	5.3

Table 2 shows the opinions of clients on quality of and satisfaction with family planning services. All the interviewee (100%) said the provider discussed family planning with them during the visit, told them that if they do not take the pill every day, their chances of becoming pregnant are higher; and the provider explained how to use the prescribed method of family planning. 98.9% of the interviewee attested to the fact that family planning was the main reason they visited and they were told what to do if they have problems. 97.9% of the interviewee said that they received family planning information during their visit and talk about the possible side effects. About 96.8% of the interviewee said that they obtain the method of family planning they wanted during their visit while 95.8% of them said they paid money for any of the family planning services they received. 94.7% of the interviewee said,



just before the visit, they were using the same method, the provider and other staff treated them politely and they are ready to return for follow-up. 93.7% of the interviewee said the provider told them about more contraceptive method other than the method they were given or prescribed and they are ready to return to the facility. 91.6% of the interviewee said that they visited the closest health facility to their current residence while 85.3% of them said they were told that they could switch to a different method in the future. 80.0% of the interviewee attested to the fact that they talked about the method that protect against HIV/AIDs and STIs. About 73.7% of them said that they were asked about their family planning method preference. 52.6% of the interviewee said that the provider answer all their questions in a way they understood while only few of about 42.1% of them said the provider allow them to ask questions. From the above, it could be said that the clients are satisfied on the quality of the services provided

### **Discussion**

The finding of this study revealed that the service providers have adequate knowledge of the guideline as they are aware that there is a guideline for provision of FP services and it is the federal government that developed the guideline for country use, although WHO is the source of all information in the guideline(Akute et al., 2024). They knows that evidenced based practice are important in FP services as it is to other aspects of healthcare services guidelines can help them prevent avoidable mistakes during provision of services. Based on these information it could be said that health care workers have adequate knowledge on the guideline for family planning services in Osun state.

The finding also revealed that the clients said the provider discussed family planning with them during their visit, told them that if they do not use the method they received correctly, their chances of becoming pregnant are higher. This shows that they received counselling and adequate family planning information during their visit and talk about the possible side effects.. Clients were able to obtain the method of family planning they wanted during their visit as a result of the counselling that lead to informed choice. Clients claimed they paid money for any of the family planning services they received while in principle, the serves supposed to be rendered free of charge. Reasons for this could not be determined because the providers may not want to discuss issues relating to money. However, these may be related to issues of maintenance of the clinic and purchase of consumables which seems not be adequately supplied by the government.

### **Conclusion**

The following conclusions were drawn from this study based on the framework of the study, data analysis and interpretation of results. It can easily be deduced that a large percentage of health care workers have adequate knowledge on the guideline for family planning services and this invariably have positive impact of their services.

### **Recommendations**

1. There should be more orientation programs to enlighten the health care workers on the guideline for family planning services
2. The quality of the services provided during family planning visit should be improved

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