COMPARISON OF FAMILY PLANNING COUNSELLING DURING ANTENATAL PERIOD PROVIDED AT PUBLIC AND PRIVATE HOSPITALS OF LAHORE

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ABSTRACT

Objective: To assess and compare the family planning counseling being provided in the OPDs of two private and public tertiary care hospital of Lahore; and to formulate recommendations regarding improvement of family planning counseling during antenatal and post-natal period.

Study Design: Cross-sectional study.

Place and Duration of Study: The study was conducted at Sir Ganga Ram and Fatima Memorial Hospital, Lahore, from Dec 2014 to Jan 2015.

Material and Methods: It was a cross sectional descriptive study. The study was conducted in the Gynae OPD of two tertiary care hospitals, Sir Ganga Ram Hospital, Lahore and Fatima Memorial Hospital, Lahore. 118 women were selected, 59 each from both public and private sector hospital. Structured questionnaire was used for data collection. Data was entered and analyzed through SPSS version 17 software.

Results: In the Public sector, 84.2% women did not receive any family planning counseling during their last antenatal services while 86.4% women did not receive family planning counseling services during last post-natal period. 94% women did not receive FP counseling during present pregnancy. While in private sector, 81.4% women did not receive any family planning counseling during their last antenatal services while 84.7% women did not receive family planning counseling services during last post-natal period. 88% women did not receive FP counseling during present pregnancy. 61% women did not use any contraceptive method.

Conclusion: The comparative analysis of family planning counselling services has emerged as a missed opportunity in both public and private sector tertiary care level hospitals.

Keywords: Awareness, Counseling, Family planning, Public and private tertiary care hospitals.

INTRODUCTION

Family planning is a feasible and cost effective intervention which can make an immediate impact on maternal mortality, from tertiary care to primary care level by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk[1]. As the contraceptive use increases in a population, maternal mortality decreases[2]. Globally, an increase in contraceptive use has reduced the maternal mortality ratio by 26 percent in the past ten years and it is projected that an addition 30 percent of maternal deaths could be prevented by addressing unmet needs for family planning[3].

Pakistan was one of the few Asian countries to initiate a family planning program with some support from international donors but fertility decline is slower than the neighbouring countries[4]. The stagnated CPR and high unmet need for contraception lead to approximately 890,000 induced abortions every year in Pakistan[5]. Although Pakistan has made note-worthy progress in reducing the maternal mortality with MMR of 490 in 1990 to 178 in 2015, yet it is unacceptably high. Some of the reasons for this high maternal mortality are still a high fertility rate (3.8%), low contraceptive prevalence rate (35%) and in- effective implementation of the FP program[6].

Counselling is one of the most important components of family planning (FP) which focuses on the client's/patient's situation and needs. FP counselling is the process of helping

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clients to make informed and voluntary decisions about the choice of contraceptives[7]. The reproductive life of a woman has many phases where Family Planning counselling opportunity can be utilized to sensitise on this important health intervention of FP uptake for healthier outcomes of pregnancy and better maternal and neonatal survival indicators[8]. These periods are addressed by seeking health services during ante natal period, post-natal period, paediatric check-ups[9]. The identification of opportunities for improving and extending the family planning use in the form of changing fertility preferences focusing on high unmet need of contraception, increasing contraceptive prevalence rate and propagating the concept of healthy timing and spacing by accelerating family planning programs[10].

The antenatal and postpartum periods are crucial times to provide counseling on birth spacing and postpartum contraception use since most women take advantage of the health care system during these periods[9]. However, women do not often receive this information since maternal and child health (MCH) and family planning services are separate programs. A lot of studies have been done on the provision and assessment of family planning counseling at primary and secondary care levels[8,9,11,12]. However, not many studies are available on the assessment of family planning counseling being provided at tertiary care hospitals from both Public and Private sectors of a big city like Lahore, so this study was designed to collect information regarding family planning counseling during ante natal care and post-natal care, in order to develop new strategies to be adopted for improving FP counseling, for better utilization of existing infrastructure and services. The objectives of the study were to assess and compare the family planning counseling being provided in the OPD of public and private tertiary care hospitals; and to formulate recommendations regarding improvement of family planning counseling during antenatal and post-natal period.

MATERIAL AND METHODS

It was a cross-sectional descriptive study conducted in the Gynae/Obs OPD of two tertiary care hospitals, (Public) Sir Ganga Ram Hospital, Lahore and (Private) Fatima Memorial Hospital, Lahore from 15 Dec 2014 to 15 Jan 2015. All the multigravida pregnant women attending the Gynae/Obs OPD'S of both tertiary care hospitals were approached to be included in the study via purposive sampling technique. Those who refused to consent and primigravida pregnant women were excluded from the study. The sample size was calculated as per following: According to the data available, the average number of OPD cases of both hospitals is 4042, therefore the sample size was calculated using the formula for estimating a proportion, and final sample size was found to be 118.

The pre-tested and validated data collection tool comprised of semi-structured Interview questionnaire including participant's demographic Profile, history of contraception, knowledge about healthy timing and spacing for pregnancy, family planning counseling during the last antenatal period, use of FP methods in postnatal period, contraceptive history during present pregnancy, FP counseling received during present antenatal period, satisfaction with FP counseling services, and encouragement/ discouragement to friends to visit the facility. The questionnaire was filled for all the participants after seeking informed verbal consent. Data was entered into IBM SPSS (version 17.0) was used for data entry and analysis. Categorical data was presented as frequencies and percentages and groups were compared via non-parametric chi square test. For continuous data, means and standard deviation or median and groups were compared via Student's t test. An alpha value of 0.05 was considered to be significant.

RESULTS

In the Public sector hospital, the mean age of respondents was 27.44 ± 15.6 years, 62% women had <10 years of education, 86% were house wives and monthly income of 69% husbands of

the respondents was below 20,000 rupees. Whereas, in the private sector hospital, mean age of respondents was 30.6 ± 12.2 years, 49.2% women had <10 years of education, 93% were house wives and monthly income of 78% husbands of the respondents was above 20,000 rupees as shown in table-I.

Table-I: Comparison of sociodemographic characteristics of study participants among public and private tertiary care hospital.

S.No	Characteristics	Private Sector (n=59)	Public Sector (n=59)
1	Mean Age (years) (mean ± SD)	30.64 ± 12.2	27.44 ± 15.6
2	***Age groups (years) (n%)***		
	<35	45 (76.5%)	49 (83.21%)
	36-40	13 (22.1%)	4 (6.8%)
	>41	1 (1.7%)	-
3	***Educational Status***		
	Illiterate	1 (1.7%)	12 (20.4%)
	<10 years of education	29 (49.2%)	37 (62.7%)
	>10 years of education	29 (49.2%)	10 (16.9%)
4	***Occupation***		
	House wife	55 (93.2%)	51 (86.4%)
	Employed	4 (6.8%)	8 (13.6%)
5	***Husband's monthly income***		
	>20,000 Rs.	40 (69%)	13 (22%)
	>20,000 Rs.	19 (31%)	46 (78%)
6	***Husband's educational status***		
	<10 years of education	26 (44.1%)	38 (64.4%)
	>10 years of education	33 (55.9%)	11 (18.6%)

Regarding assessment of FP counseling during Last A/N period, the results reflected that 88.1% women availed ANC services in the public sector hospital while 100% women availed ANC in the private hospital in the last pregnancy. 88% vs 98.3% women attended A/N clinics more than 4 times in public and private hospital respectively, while 64.4% vs 67.8% had awareness about healthy timing and spacing of pregnancy, and 84.2% vs 81.4% women did not receive any FP counseling during their last A/N in public and private sector hospital respectively. 40.7% vs 39% women reported to use FP methods in their P/N period in public and private sector hospitals respectively. Most commonly used contraceptive method comprised of condoms (58.3% vs 60.8%), intra uterine contraceptive device (29% vs 17.4%), injectable (7.4% vs 7.4%) and oral contraceptive pills (4.1% vs 13.4%) respectively in public and private hospital as shown in table-II.

Majority of the participants (91.6% vs 86.5%) did not receive any educational material on family planning in the public and private hospital respectively, and out of (40.7% vs 39%) women who used contraception in last P/N period, majority (66.66% vs 56.5%) discontinued contraceptive use on account of method failure, (33.3% vs 43.4%) discontinued use for next planned pregnancy respectively. Assessment of FP counseling during present A/N period reflected that contraceptive history had not been taken from majority of the women (96.5% vs 88.1%) and FP counseling was not received by majority (94.9% vs 88.1%), out of which (5.1% vs 11.9%), majority (66.6% vs 85.7%) received FP counseling only once in public and private hospital respectively.

In both public and private hospital, general spousal communication on FP was not received

Table-II: Comparison of Family Planning services provided during ante-natal and post-natal period among public and private sector hospitals.

S. No.	Family Planning Services	Private Sector (n=59)	Public Sector (n=59)
FP Counselling provided at previous ante-natal period			
1.	Utilization of antenatal services during last pregnancy		
	Yes	59 (100%)	52 (88.1%)
	No	-	7 (11.9%)
2.	No of antenatal visits during last pregnancy		
	1	-	-
	2	1 (1.7%)	5 (8.5%)
	3	-	1 (1.7%)
	4	58 (98.3%)	53 (89.8%)
3.	Ante-natal services availed from:		
	Same facility	43 (72.9%)	36 (64.3%)
	Another facility	16 (27.1%)	18 (32.1%)
4.	Awareness about healthy timing and spacing of pregnancy		
	Yes	40 (67.8%)	38 (64.4%)
	No	19 (32.2%)	21 (35.6%)
5.	Family planning counseling received during last ante natal period		
	Yes	11 (18.6%)	9 (15.8%)
	No	48 (81.4%)	48 (84.2%)
6.	Referral for FP counseling		
	Yes	10 (90.1%)	8 (93.0%)
	No	1 (9.1%)	1 (7.0%)
FP and contraception counselling during post-natal period			
7.	Family planning counseling during last post-natal period		
	Yes	9 (15.3%)	8 (13.6%)
	No	50 (84.7%)	51 (86.4%)
8.	Family planning method used during last post-natal period		
	Yes	23 (39.0%)	24 (40.7%)
	No	36 (61.0%)	35 (59.3%)
9.	Discussion about contraception with husband		
	Yes	21 (91.0%)	24 (100.0%)
	No	2 (8.6%)	-
10.	FP method adopted for contraception during last post-natal period		
	Oral pills	3 (13.4%)	1 (4.2%)
	Injectable	2 (7.4%)	2 (7.7%)
	IUCD	4 (17.4%)	7 (29.0%)
	Condom	14 (60.8%)	14 (58.3%)
11.	Problems faced with the contraceptive method?		
	Was not comfortable	1 (9.1%)	4 (33.3%)
	Experienced side effects	5 (45.5%)	5 (41.7%)
	Method failed	2 (18.2%)	3 (25.0%)
12.	Educational pamphlets for FP received		
	Yes	3 (13.1%)	2 (8.4%)
	No	20 (86.9%)	22 (91.6%)
13.	Reason for discontinuation of method		
	Failed FP method	13 (56.5%)	16 (66.6%)
	Planned pregnancy	10 (43.4%)	8 (33.3%)
FP Counselling being provided at present ante-natal period			
14.	Contraceptive history taken during present ANC visits		
	Yes	7 (11.9%)	2 (3.5%)
	No	52 (88.1%)	55 (96.5%)
15.	FP counseling received during present ante-natal period		
	Yes	7 (11.9%)	3 (5.1%)
	No	52 (88.1%)	56 (94.9%)
16.	Counselling for FP uptake (no. of times)		
	Once	6 (85.7%)	2 (66.6%)
	On every antenatal visit	1 (14.3%)	1 (33.3%)
17.	Encouragement of service provided for inter spousal communication		
	Yes	6 (10.7%)	2 (3.4%)
	No	53 (89.3%)	57 (96.6%)
18.	Received any printed material for FP method choices		
	Yes	1 (1.7%)	2 (3.4%)
	No	58 (98.3%)	57 (96.6%)
19.	Does the ante natal card have any FP message		
	Yes	-	48 (81.3%)
	No	58 (96.6%)	-

encouragement of service provider for Inter by majority of women (96.6% vs 89.3%) availing

A/N services. Majority of women (96.6% vs 98.3%) did not receive any printed material for FP Choices. Majority of women (81.35% vs 96.6%) availing A/N services responded 'NO' on FP messages for awareness in A/N cards and (18.6% vs 1.7%) responded in DON'T KNOW' because of their illiterate status respectively.

DISCUSSION

This study helped to identify the gaps and missed opportunities at the tertiary care level hospitals in addressing the unmet need for FP with special focus on the element of FP counseling during ante-natal and post-natal period. One Public and one Private sector hospital was included so as to analyze the difference in quality of family planning counseling received by the women from existing FP counseling services in both Public and Private sector.

Assessment of FP counseling during last A/N period revealed that majority women in Private and Public sector availed ANC services in last pregnancy. A high percentage of women in Private and Public sector attended A/N clinics more than 4 times, indicating compliance of W.H.O recommendations but this finding deviates from the PDHS-13 [13,14]. The possible justification comes to be the location of the study being conducted at tertiary care level with best ANC services available in both public and private sectors, while PDHS is a community based survey and this study is designed to identify gaps at the tip of ice berg.

Majority of women above 80% in Private sector and in Public sector did not receive any FP counseling during their last A/N period. This appears to be one of the most interesting and important finding of this study as this is in contrast to all claims made by Health and Population sectors regarding provision of quality FP counseling services and findings of past National survey of Population council. Health Facilities Survey 2012, where in it was claimed that 78% Public and 76% Private sector teaching hospitals offer FP counseling services to Post abortion care clients[15]. Similarly, (16%) women in private and public sector who received FP counseling during their last A/N period were referred for FP counseling from FP centers. This finding is in concordance with a past study which stated that Family planning services are available in the public and private sectors. In the public sector, services are provided by either the Family Welfare or Reproductive Health Services Centers (RHS now FHC) of the Population Welfare Department at tertiary care level hospitals[16].

Despite these issues, the public sector is the main provider of FP services for poor. Nearly half of all FP users directly buy commodities from stores and chemists directly without advice or counseling from a health professional. The rest from clinics run by NGOs and individual private providers[17]. Assessment of FP counseling and FP method use during last P/N period reflected lack of provision of FP counseling in majority (80%) women in both Private and Public sector. (60%) women in Private and Public sector did not uptake any method for contraception indicating gaps in PNC services and lack of coordination b/w Public & Private sector departments. FP users in Private sector, adopted FP through use of (13.4%) Oral pills, (7.4%) injectable (17.39%) IUCD, (60.86%) Condoms, while FP users in Public sector used (4.16%) Oral pills, (7.4%) Injectable (29%) IUCD and (58.3%) condoms. These findings are in concurrence with a past Health Facility Assessment survey 2012 by Population council on PAC (Post abortion FP counseling and services) which revealed that a substantial proportion of all categories of public-sector facilities and most categories of private sector facilities offer contraceptive counseling to PAC patients. One exception is private large hospitals only 20% of which offered this service[15].

Majority of women (95%) in Private and Public sector availing A/N service did not receive any printed material for FP choices, this finding is based on the fact that within the government, advocacy is seldom directed at politicians or bureaucrats from Planning and Finance ministries (or their counterpart in provincial departments) who make budgetary

decisions or engaged the Education Ministry for a more cohesive development approach to population stabilization and growth. Neither Health nor Population Welfare departments have a policy, strategy or in-house personnel for advocacy. There has long been a heavy emphasis on creating demand for FP. The private sector ante natal cards did not contain any FP messages, as reflected in the results, majority women (98.3%) availing ANC services were educated. If FP messages were printed on the cards, at least women would be able to grasp some messages about FP. In contrast, it was seen that in Public sector the Ante natal cards contained the FP messages which were appreciated by all educated women availing ANC services. This study indicated that, this minor difference between A/N cards of Public and Private sectors can highlight the importance of FP as an intervention to achieve HTSP. The incorporation of FP messages into Ante natal cards of all the Four Gynae/Obs units at Sir Ganga Ram Hospital was initiated in 2011 by the primary researcher herself as a no cost initiative in the then existing set up, to bring together both Departments (Heath and Population Welfare's) efforts to improve FP counseling in Ante Natal care services.

These findings can be correlated with a past study in Egypt, which recognized that the antenatal and postpartum periods are crucial times to provide counseling on birth spacing and postpartum contraception use since most women take advantage of the health care system during these periods[10]. Project implementers shared evidence explained that adding only five minutes of family planning and HTSP messages during ANC could help significantly improve maternal and infant outcomes. The family planning/MCH integration package is a simple, low cost intervention suitable for scale up in resource poor settings. It reduces missed family planning opportunities and does not add a significant burden on health care providers.

CONCLUSIONS

Family planning counselling during ante natal and post-natal period has emerged as a missed opportunity in both public and private-sector tertiary care hospitals.

RECOMMENDATION

This study helped us to formulate recommendations regarding improvement of family planning counseling during antenatal and post-natal period which includes; family planning counseling services must be prioritized so as to increase the Contraceptive prevalence; public sector health and population departments must work in coherence to promote FP coun-seling services; regular FP counseling must be done to all women attending ante natal clinics in both public and private sectors so as to promote FP method uptake in post-natal period; family planning (FP) and healthy timing and spacing of pregnancy (HTSP) promotion messages with mention of timings & addresses of the available Family Planning Units in the premises or in the nearby vicinity must be printed on antenatal and discharge cards of Gynae/Obs Units. Proper information, education, communication (IEC) material should be displayed in different sections of hospital premises; Initially public private partnerships must be introduced at tertiary care level hospitals for capacity building of staff in FP counseling techniques and in a later phase be replicated to secondary and primary health care facilities.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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