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RESEARCH ARTICLE

ADAPTABLE MEASURES TO INCREASE UPTAKE OF FAMILY PLANNING SERVICES IN RESOURCE POOR SETTINGS, CAMEROON, AFRICA

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ABSTRACT

An unmet need for family planning refers to women capable of reproducing who are not using contraception, but wish to postpone their next birth for 2 or more years or to stop childbearing all together. In Africa, especially in resource limited setting, pregnancies are unplanned and spacing between pregnancies is poor, which is associated with an increased risk of infant mortality, childhood malnutrition, and complications during pregnancy. The objective of this write up is to expose the determinants of family planning and adaptable measures to increase family planning uptake. Providing decision makers in developing countries, including in Africa, with the best available evidence on the factors that determine the quality of care in family planning services, from the perspective of clients and health care providers, is important to inform the design and implementation of the most effective, efficient and acceptable measures. Policy implementation is the magic that translates policies into results. That includes following through on commitments with adequate resources, trained providers, operational policies, and guidance that are responsive to local needs and are based on best practices. Learning from FP2020, the Ouagadougou Partnership, and the Challenge Initiative, and other networks and platforms, progress in family planning is achievable if governments, civil society organizations, bilateral and multilateral organizations, private sectors, religious leaders, and other implementing partners come together around a common goal with a clear definition of targets and responsibilities. Improving use of family planning services is key to improving maternal health, and provision of quality of care in family planning services is critical to support higher levels of family planning uptake both by attracting new family planning service users and by maintaining existing users.

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INTRODUCTION

The expert committee by W.H.O. defined family planning as the "practices that help individuals or couples to attain certain objectives like, to avoid unwanted births, to bring about wanted births, to regulate intervals between pregnancies, to contribute the time at which birth occurs in relation to the ages of the parents and to determine the number of children in the family" (WHO, 2010). Family planning is one of the ways through which maternal deaths can be reduced. The interval between pregnancies can be prolonged by providing family planning services for postpartum women and this can help protect their health and that of their newborns (Ola Olorun F. and Tsui A., 2014). Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth (Speidel *et al.,* 2014). Yet, globally more than 289,000 maternal deaths occurred in 2013 of which nearly 99% (286,000) women died in developing countries, of which a larger proportion were African countries (WHO, 2014). Studies have showed that up to 40% of maternal deaths could have been averted through use of family planning services (Ahmed *et al.,* 2012). Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth (Speidel *et al.,* 2014).

Yet, globally more than 289,000 maternal deaths occurred in 2013 of which nearly 99% (286,000) women died in developing countries, of which a larger proportion were African countries (WHO, 2014). Studies have showed that up to 40% of maternal deaths could have been averted through use of family planning services (Ahmed *et al.,* 2012). In 2015, 64% of married or in-union women of reproductive age were using some form of contraception in the world but the use was much lower in Africa (33%) (UNDESAPD, 2015). It is estimated that globally, 225 million women who want to avoid pregnancy are not using safe and effective family planning methods (UNFPA, 2014). Most of the women with an unmet need for contraceptives live in 69 of the poorest countries (Darroch JE and Singh S, 2013). This unmet need is due to both rapidly growing populations and shortage of family planning services. In response to this, increasing access to family planning services has become a globally recognized public health priority. A number of global partnerships such as the International conference on Population and development (ICPD) in 1994 (Cohen SA and Richards CL, 1994), the Millennium Development Goal (MDG) summit in 2000 (USAID, 2009), and the London Summit on Family Planning in 2012 endorsed a global partnership known as Family Planning 2020 (FP2020). This partnership aims to enable 120 million more women and girls to use contraceptives by 2020 in 69 of the world's poorest countries

Table 1. Some identified determinants of Contraceptive Acceptance and Take up

Examples of determinants identified	
At the individual-level	Include age, education, income, relationship status, and religion (Okech*et al.* 2011),
Psychosocial factors	Encompassed by theories of behavior change, such as one's knowledge of contraceptive methods (Ankomah and Anyanti, 2011), beliefs toward contraceptive efficacy and safety (Eliason*et al.* 2013), and self-efficacy toward contraceptive use (Rijsdijk et al. 2012).
At the interpersonal-level	Evidence supports the influence of the male partner on women's reproductive health and decision making, especially in resource-limited settings. Gender norms and unequal power in relationships may manifest in several ways that influence a woman's ability to use contraceptives, such as gendered sexual decision making (Nalwadda*et al.,* 2010), norms prohibiting communication about sexual health (Kiene*et al.,* 2013), and intimate partner violence (Hung *et al.,* 2012).
Health system factors	Include access to trained staff, follow-up care, cost, and the environment of health facilities such as wait time and space (Ensor and Cooper, 2004).

Table 2. Reasons for non-uptake of Family Planning

Some reasons for non-uptake of family planning service
1. It has been observed that the awareness of the availability of family planning services has a great influence on the uptake of family planning services (Lauria*et al.,* 2014).
2. Even though some women are aware of the availability of family planning services, they are not properly informed about the various forms of family planning methods and how they work.
3. Some of the women who went for family planning services were not adequately counselled on the side effects of some of the family planning methods (Malini B, and Narayanan E., 2014) For example, in Uganda, some women stopped using contraceptives after they experienced what they perceived were side effects of the contraceptives (Kabagenyi*et al.,* 2014).
4. Although most people are aware of the benefits of family planning services, they complained that it was difficult to access family planning services as such services were provided by health facilities that were far from their homes (Gaetano et al., 2014).
5. Religious inclination has been noted to be a major constrain to the uptake of family planning services in Africa.
6. Some individuals perceived that family planning services were meant for only married couples whilst others fear that they will become sexually promiscuous if they go for family planning services once they cannot become pregnant (Odimegwu C, 2005).
7. One of the major reasons cited for not using service include husbands opposition against their wives using family planning services. This is a major constrain as women in in some culture like Ghana cannot take decisions for themselves without the approval of their husbands, who are regarded as the head of the family. Therefore it makes women more unlikely to use contraceptives if their husbands disagree (Allen *et al.,* 2014).
8. Another major reason is that some people have perceived misconceptions about family planning services. Some of these misconceptions included those who do not go for family planning services because they perceived that it was meant for only married people whilst others perceived that contraceptives were harmful to the womb (Meka A *et al.,* 2014).
9. Parents' discussing sexual and reproductive health with their children is still taboo in many sub-Saharan Africa countries. Because adults oppose youth sexuality, many sexually active teens do not seek family planning and contraceptive services for fear of punishment from adults and family members, including the use of violence. In 2009 it was reported that only 25% of youth, ages 15-19, in Kenya use condoms (Tavrow et al., 2012).

Table 3. Adaptive approaches to Increase Contraceptive Service Uptake

Measures	Explanation
Form Strategic Alliances with Other Sectors	In many ways, the family planning and reproductive health community operates in a silo, disconnected from other development sectors. This lack of communication and collaboration with other sectors cuts us off from critical ideas and information, creates missed opportunities, and makes our work less efficient. In order to reach more women and girls, we need to break out of our silos and build multi-sectoral, integrated approaches. This could mean coordinating with the private sector, the educational sector, environmental groups, urban planners–or even the porn industry.
Advocate for Priority Policies	Well-constructed and implemented family planning policies can facilitate access for millions of new users of modern contraception. The future of family planning policy should be a policy environment that makes it as easy as possible for people to obtain equitable, accessible, and high-quality family planning services.
Empower, Engage, and Enable Youth to Lead	Young people are often left behind in current models for family planning programming, whether it's due to outdated terminology that doesn't resonate with them or denying youth a voice where decisions are being made. As a result, youth are not always able to make informed decisions about their sexual and reproductive health - resulting in unplanned pregnancies and sexually transmitted infections. By funding youth-led organizations and giving a voice to youth advocates to develop youth-driven solutions, can improve the health and well-being of one of the most vulnerable populations.
Leverage Networks and Platforms	Networks and platforms are vital in advocating for–and accelerating progress towards–universal access to contraception. There are positive outcomes to successful partnerships such as: increased country ownership, strengthened links between youth-led organizations that give a voice to the youth community, and a widened reach when partnering with other sectors. Learning from FP2020, the Ouagadougou Partnership, the Challenge Initiative, and other networks and platforms, progress in family planning is achievable if governments, civil society organizations, bilateral and multilateral organizations, private sectors, religious leaders, and other implementing partners come together around a common goal with a clear definition of targets and responsibilities.
Fund Strategically	Family planning is a relatively small field and there is always limited resources needed to implement the programs that are needed. Philanthropists, therefore, need to fund strategically, for instance, by taking an asset based approach–listening to local voices (including women and youth), funding locally-driven research, and supporting local organizations–to ensure solutions are high impact, country-led, and sustainable.
Explore New Technologies in Digital Health	Our world has made great advances in technology, and yet the family planning and reproductive health community has not realized the full potential of these innovations. We can no longer be complacent about the current state of contraception products and services that leave so many women behind. We need to leverage the latest technologies to increase access to unreached populations and develop better methods for preventing infection and pregnancies.

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Increase Opportunities for Self-Care	With more and more people living in humanitarian crisis settings, the rising cost of health care, and an estimated shortage of 18 million health workers anticipated by 2030, self-care interventions are considered a promising new approach to global health. For family planning and reproductive health, this can take the form of self-injectable contraception, home-based ovulation predictor kits, HIV self-testing, or over-the counter oral contraceptive pills. The World Health Organization has developed global guidelines on self-care for sexual and reproductive health and rights to provide a conceptual framework for implementation.
Outcome-based Incentives	Paying incentives to healthcare providers based on reach and quality of care indicators. This is a promising idea because it increases coverage, increases quality of care, and reduces inequities. This idea will work best in areas with reliable data systems and strong government ownership of family planning programs. If done in a setting with a conducive policy environment, this should ideally take a year or less to put into place. The government should lead this program to ensure sustainability.
Contraceptive Procurement by Governments	Government (as opposed to donors or NGOs) should commit to buying a certain volume of contraceptive supplies for multiple years. It would solve non-availability of products, improve government commitment, and help remedy the cost of bad forecasting. This may also lead to lower prices for contraceptives. This is a promising idea because it allows for stability of supply, stability/reduction of prices, and increases motivation of supplier to expand capacity to provide the products consistently. This would affect both public and private sectors, show government commitment, and would be a step towards reducing donor dependency.
360 Mass Media Campaign on FP & Fertility	This campaign aims to re-frame family planning as a favorable practice by highlighting its ability to protect fertility. Many men do not know that use of condoms can protect them from acquiring STIs. The messages would be incorporated into popular shows and other established platforms (Facebook, Google, Yahoo) to counteract the myth that family planning is damaging. The campaign would reinforce the message that family planning does not harm fertility, rather unsafe practices do.
Revolutionizing Comprehensive Sexuality Education to Include FP	Comprehensive Sexuality Education (CSE) empowers populations to make decisions for themselves. It can keep girls in school and lead to fewer teenage pregnancies, unsafe abortions, and child marriage. The multi-sectoral campaign requires coordination between ministries of health, ministries of education, communities, and parents. There is clear evidence that CSE has a positive impact on sexual and reproductive health, notably in contributing to reducing STIs, HIV, and unintended pregnancy— and as a result, many countries are already revising their policies and approaches to scale up sexuality education.
Monitor and evaluate performance	Determine whether the family planning service or the HIV service is responsible for reporting the delivery of integrated services. Collect relevant service data during an appropriate time frame, using standard indicators and reporting systems. Review the data as a team and use that information to improve the services you provide.

(Brown W. *et al.,* 2014). The World Health Organization (WHO) defines family planning as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility" (WHO, 2008). A report developed by Center for Disease control (CDC) and the Office of Population Affairs (OPA) of the United States Department of Health and Human Services articulates family planning services broadly in terms of infertility treatment and sexually transmitted disease (STD) screening and treatment, pregnancy testing and counseling services, helping clients who want to conceive; providing preconception health services besides services related to contraceptive provision and counseling (Gavin L *et al.,* 2014). The objective of this write up is to expose the determinants of family planning and adaptable measures to increase family planning uptake.

Determinants of family planning service uptake: An unmet need for family planning refers to women capable of reproducing who are not using contraception, but wish to postpone their next birth for 2 or more years or to stop childbearing all together (UBOS and IFC International Inc., 2012). In Africa, especially in resource limited setting, pregnancies are unplanned (Guttmacher Institute, 2009) and spacing between pregnancies is poor, which is associated with an increased risk of infant mortality, childhood malnutrition, and complications during pregnancy (Rutstein, 2011). Fulfilling the unmet need for family planning in developing countries has significant health outcomes for women and infants and helps improve an array of social and economic outcomes on a population level (Guttmacher Institute, 2010). One important step in addressing the unmet need for family planning in is to explore factors that influence women wanting to delay their next pregnancy to use contraceptives. Prior research in developing countries has identified an array of multi-level determinants of contraceptive uptake Table 1 below.

Reasons for non-uptake of family planning service: Despite the enormous benefits of family planning services, the uptake of the service still remains low in Sub-Saharan Africa (Eliason, 2013). This has resulted into high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities in Sub-Saharan Africa of which Ghana is no exception (Crossette B, 2005). The low uptake of family planning is largely blamed on many factors (Table 2).

Measures to increase family planning services uptake: To increase the use of birth-spacing measures it is necessary that women, men and couples are given comprehensive information about all contraceptive options and that there is support for personal decision making regarding family planning. The contraceptive needs of sexually active young people remain largely unmet. Young people, married as well as unmarried, need accurate, user-friendly information and services, and multiple entry points (education, work, sports or other social activities) and settings (home, community, workplace, school or clinic) must be used to enhance access to information and services. Discussed on table 3 below are some of the adaptive approaches to increase contraceptive service uptake.

CONCLUSION

There is an increasing support for the importance of contextual determinants of family planning especially in resource-limited settings. Health system factors associated with access to care include access to trained staff, follow-up care, cost, and the environment of health facilities such as wait time and space. The low uptake of family planning is largely blamed on many factors such as lack of awareness, cultural constraint, misconception and negligence. Women in in some culture like Ghana cannot take decisions for themselves without the approval of their husbands, who are regarded as the head of the family. Therefore it makes women more unlikely to use contraceptives if their husbands disagree. Also, some people have perceived misconceptions about family planning services. Some of these misconceptions included those who do not go for family planning services because they perceived that it was meant for only married people whilst others perceived that contraceptives were harmful to the womb. Young people, married as well as unmarried, need accurate, user-friendly information and services, and multiple entry points (education, work, sports or other social activities) and settings (home, community, workplace, school or clinic) must be used to enhance access to information and services. In many ways, the family planning and reproductive health community operates in a silo, disconnected from other development sectors. This lack of communication and collaboration with other sectors cuts us off from critical ideas and information, creates missed opportunities, and makes our work less efficient. In order to reach more women and girls, we need to break out of our silos and build multi-sectoral,

integrated approaches. This could mean coordinating with the private sector, the educational sector, environmental groups, urban planners–or even the porn industry.

Recommendation

Education, partner communication, and perceived need of family planning are key determinants of postpartum family planning service uptake and contraceptive use, and should be considered in antenatal and postnatal family planning counseling. With more than half of the world's population comprised of youth, the issues that affect youth - including education, employment, teenage pregnancy, gender equity - need to be taken seriously by all sectors of the family planning community, and development community more broadly. Adolescents and youth should be integrated in all aspects of the process, from design to implementation to evaluation. There is an opportunity to capitalize on the energy, innovation, talents, and skills of young people to promote equitable access to family planning information and services, including self-care. It is clear, from the perspective of international health development organizations, that there is a need for implementation of effective family planning interventions that target the diverse barriers to access plaguing sub-Saharan Africa. It is important that agencies seeking to reduce the reproductive health disease-burden go beyond availability and knowledge of contraceptives, but tackle the deep cultural barriers that inhibit service uptake. Family planning messages should be integrated into existing health education programmes as it could help increase awareness, access and utilization.

REFERENCES

Ahmed S, Li Q, Liu L, Tsui AO. 2012. Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet 380: 111–125. doi: 10.1016/S0140-6736(12)60478-4 PMID: 22784531.

Allen K, Larissa J, Alice R, Gorette N, James N, Lynn A. 2014. Barriers to male involvement in contraceptiveuptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. Reprod Health [Online].. Available from: http://www.reproductivehealth-journal.com/content/.

Ankomah A, Anyanti J, Oladosu M. 2011. Myths, misinformation, and communication about family planning and contraceptive use in Nigeria. *Open Access J Contracep.,* 2:95–105. (2011). doi: 10.2147/OAJC.S20921.

Brown W, Druce N, Bunting J, Radloff S, Koroma D, Gupta S, et al. 2014. Developing the "120 by 20" Goal for the Global FP2020 Initiative. Stud FamPlann 45: 73–84. doi: 10.1111/j.1728-4465.2014. 00377.x PMID: 24615576.

Cohen SA, Richards CL (1994) The Cairo Consensus: Population, Development and Women. FamPlannPerspect 20: 150–155.

Crossette B. 2005. Reproductive health and the millennium development goals: the missing link. *Stud Fam Plann*. 36:71-79.

Darroch JE, Singh S. 2013. Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012: an analysis of national surveys. Lancet 381: 1756–1762. doi: 10.1016/S0140-6736 (13)60597-8 PMID: 23683642.

Eliason S, Baiden F, Quansah-Asare G, Graham-Hayfron Y, Bonsu D, Phillips J, Awusabo-Asare K. 2013. Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. *Reprod Health*. 10(1):34. doi:10.1186/1742-4755-10-34. [PubMed: 23870234].

Eliason S, Baiden F, Quansah-Asare G, Graham-Hayfron Y, Bonsu D, Phillips J, Awusabo-Asare K. 2013. Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. Reprod Health [Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724747/.

Ensor T, Cooper S. 2004. Overcoming barriers to health service access: influencing the demand side. *Health Policy Plan*.; 19(2):69–79. [PubMed: 14982885].

Gaetano M, Lutuf A, Zaake D, Annika J. 2014. Predictors of Contraceptive use Among Female Adolescents in Ghana. *Afr J Reprod Health March*. 18(1): 102.

Gavin L, Moskosky S, Carter M, Curtis K, Glass E, Godfrey E, et al. 2014. Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR Recomm Rep 63: 1–54.

Guttmacher Institute. Benefits of meeting the contraceptive needs of Ugandan women. Guttmacher Institute and Economic Policy Research Centre; New York: 2009. 2009 series, No. 4.

Guttmacher Institute. Sub-Saharan Africa: facts on investing in family planning and maternal and newborn health. Guttmacher Institute; New York: 2010.

Hung KJ, Scott J, Ricciotti HA, Johnson TR, Tsai AC. 2012. Community-level and individual-level influences of intimate partner violence on birth spacing in sub-Saharan Africa. *Obstet Gynecol*. 119(5):975–982. doi:10.1097/AOG.0b013e31824fc9a0. [PubMed: 22525908].

Kabagenyi A, Jennings L, Reid A, Nalwadda G, Ntozi J, Atuyambe L. 2014. Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. *Reprod Health*. 11(1):21.

Kiene SM, Sileo K, Wanyenze RK, Lule H, Bateganya MH, Jasperse J, Nantaba H, Jayaratne K. 2013. Barriers to and acceptability of provider-initiated HIV testing and counseling and adopting HIV prevention behaviors in rural Uganda: a qualitative study. *J Health Psychol*. doi: 10.1177/1359105313500685.

Lauria L, Donati S, Spinelli A, Bonciani M, Grandolfo ME. 2014. The effect of contraceptive counselling in the pre and post-natal period on contraceptive use at three months after delivery among Italian and immigrant women. *Ann Ist Super Sanita*.., 50(1):54-61.

Malini B, Narayanan E. 2014. Unmet need for family planning among married women of reproductive age group in urban Tamil Nadu. *Journal of Family & Community Medicine*., 21(1): 53-5.

Meka A, Okwara EC, Meka AO. 2013. Contraception among bankers in an urban community in Lagos State, Nigeria. *Pan Afr Med J.,* 14:80.

Nalwadda G, Mirembe F, Byamugisha J, Faxelid E. 2010. Persistent high fertility in Uganda: young people recount obstacles and enabling factors to use of contraceptives. *BMC Public Health*. 10:530.doi:10.1186/1471-2458-10-530. [PubMed: 20813069].

Odimegwu C. 2005. Influence of religion on adolescent sexual attitudes and behaviour among Nigerian University students: Affiliation or commitment?.*Afr J Reprod Health* . 9(2): 125-140.

Okech TC, Wawire NW, Mburu TK. 2011. Contraceptive use among women of reproductive age in Kenya's city slums. *Int J Bus Soc Sci.,* 2(1):22–43.

Ola Olorun F, Tsui A. 2014. Advancing family planning research in Africa. *Afr J Reprod Health*.,14(4 0 0):9–12.

Speidel JJ, Thompson KMJ, Harper CC. 2014. Family Planning: Much Progress But Still Far To Go. Solutions 4: 54–61.

Stephenson R, Baschieri A, Clements S, Hennink M, Madise N. 2007. Contextual influences on modern contraceptive use in sub-Saharan Africa. *Am J Public Health*., 97:1233–1240.doi:10. 2105/ AJPH.2005.071522. [PubMed: 17538071].

Tavrow, E. M. Karei, A. Obbuyi, and V. Omollo. P. 2012. Community Norms About Youth Condom Use in Western Kenya: Is Transitiong Occurring? *African Journal of Reproductive Health, 16*(2), pp. 241-252.

UNFPA (2014) Adding it up it: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014. Guttmacher Institute.

United Nations Department of Economic and Social Affairs Population Division (2015) Trends in Contraceptive Use Worldwide. United Nations, New York, USA.

USAID/ Health Policy Initiative (2009) Family Planning and the MDGs: Saving Lives, Saving Resources.

World Health Organization (2014) trends in Maternal mortality in 1990–2013: Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO.

World Health Organization (WHO) 2008. Family planning. Available: http://www.who.int/topics/ family_planning/en/.

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