

**Evaluation of Family Planning Service in a
Primary Health Care Unit in Mokattam
– Cairo – Egypt**

Thesis

Submitted for fulfillment of the Master Degree in Family Medicine

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿يرفع الله الذين آمنوا منكم
والذين أوتوا العلم درجات﴾

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LIST OF ABBREVIATIONS

WHO	World Health Organization.
USAID	United State Agency for International Development.
UN	United Nations.
MOHP	Ministry of Health and Population.
STDs	Sexually Transmitted Diseases.
IUD	Intrauterine Device.
LAM	Lactational Amenorrhea Method.
EDHS	Egypt Demographic and Health Survey.
ICPD	International Conference on Population and Development.
QI	Quality Improvement .
IPPF	International Planned Parenthoods Federation.
NFPP	National Family Planning Program .
CQI	Continuous Quality Improvement.
PDSA	Plan-Do-Study-Act.
COPE	Client-Oriented Provider-Efficient.
FGDs	Focus Group Discussions.

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INTRODUCTION:

In 2006, the thirteenth census in the Egyptian census series revealed that the Egypt's population hit 76.5 million inside and outside the country(CAPMAS, 2013).Cairo registered the largest population with around nine million residents(Ahramonline, 2013).

WHO has defined family planning as program that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births(WHO, 2011).Family planning in Egypt not only seeks to reduce population size but also introduces rations of individual choice and self regulation. The program introduces the Egyptian woman to new ideas and values about home, child welfare, motherhood, and consequently the meaning of family, community and nation(Ali, 2002).

Family planning largely depends on the primary health care sector of the community. There is increasing evidence that service aspects of family planning are closely linked to health care outcomes and this issue has caught the attention of industry leaders. Patient satisfaction has emerged as increasingly important parameter in the assessment of family planning quality (Bamidele et al, 2010).

Attendant satisfaction has become an important indicator of quality of primary care and health care performance (Cleary & McNeil 1988).

It has been viewed that client satisfaction is a key outcome of quality of care as well as a key component of sustainability, thus measuring client satisfaction can be useful way of evaluating certain aspects of quality and

increases in satisfaction may indicate improved quality and better prospects for sustainability (**Williams et al, 2000**).

Cairo, Egypt, revealed that achievement protection in family planning was declined from 2006 to 2011 from 55, 99% to 48, 27% (**National Council for Population, 2011**).

There is increasing evidence that high-quality services is an effective way of attracting and keeping clients(**Williams et al.,April1988**).

In improving the family planning service in primary health care clinics, there is a need to place high priority on the attendants and their level of satisfaction with the provided service, Attendants' perception of satisfaction is an aspect of family planning quality that is being increasingly recognized for its importance (**Bamidele et al,2010**).

In Egypt, the health care infrastructure is reasonable in terms of facilities and personnel. The real challenge is to improve staff performance and patient satisfaction in order to minimize rework, wastage, delay and cost (**Gadallah, 2002**).

It is worth mentioning that, today we recognized that maternal and family planning quality as perceived by the primary health care recipient is vitally important .As result of this new focus, measurement of attendants satisfaction has become equally important.

Research Hypothesis:

There is lack of knowledge regarding assessment of attendant's satisfaction in family planning.

Research Question:

If attendants of family planning clinic in Mokattam primary health care are satisfied or not?

Aim of the work:

- 1-To evaluate the process of family planning service and assess attendant satisfaction in Mokattam primary health care unit.
- 2-To identify the main barriers reported by attendants in family planning clinics.

ABSTRACT

Background :There is increasing evidence that service aspects of family planning are closely linked to health care outcomes and this issue has caught the attention of industry leaders. Patient satisfaction has emerged as increasingly important parameter in the assessment of family planning quality. **Aim of the study:** The study was conducted in El-Mokattam city-Cairo- Egypt, to evaluate the process of family planning service and assess attendant satisfaction in a primary health care unit, and to identify the main barriers reported by attendant in family planning clinics.

Methodology: Sample was taken thrice weekly where all attendants of these days asked to share in the study. Data was collected from 400 clients over 3 months using client exit interview and Observational check list.

Results: the overall satisfaction of respondents to the family planning services applied at the health centre was 98%.Meanwhile view the service is good when asked about reasons for seeking family planning service in this particular health centre among satisfied and non satisfied was 9% and 20% respectively. Majority of satisfied (76.9) were from rural areas, one thirds (29.5%) had more than 3 children and near half of them (42.1%) were illiterate.

Main positive areas in the observational check list is the maintenance of privacy and confidentiality and the prominent negative areas are hand washing, disinfection and proper sterilization. Possible barriers to family planning was assessed through those having three or more children, the majority(60%)were in the age group between 24 & 35 years old, (83.5%) from rural origin, (84.2%) not working, (58.3%) illiterate, (52.2%) illiterate husband, (47.8%) skilled worker husband, age at first pregnancy of (55.7%) were 20 to 24 years old, monthly income of more than third of them (37.4%) from 200 to 500 LE and about half of them (53%) had history of died sibling.

Conclusion: underlying factors that may affect success and continuity of family planning service includes the literacy, social class and parity. Barriers to family planning include socioeconomic and history of child death.

Key words:

1-Family planning. client satisfaction barriers.

Overpopulation in Egypt:

Overpopulation has become a prominent problem in Egypt and other developing countries. the most obvious feature of Egypt's population problem is the continued increase in the population growth rate. By January, 2006 , Egypt's population reached 91 million The number marks a growth of 18 per cent since the last census in 2006, when the Egyptian population was estimated at 76.5 million. Cairo registered the largest population with around nine million residents. This increase is due to High birth rate (though declined in Egypt at present, yet is still high) and Progressively declining death rate (*Khalil, 1999*).

Hazard of Overpopulation in developing countries:-

It is now generally recognized that many of the social problems which confront us today are directly related to the accelerating increase in populations(*Bailus, 1970*).

Overpopulation has many hazards on national, family and the individuals levels.

1)At national level :

High proportion of dependent nonproductive group below 15 years (around 42% of total population), Increase food import and price rice, especially of animal protein foods, Crowdness of schools, and unsatisfactory educational process, Problem in housing (increase crowdness index),Changes in atmospheric composition and consequent global warming (International Energy Outlook, 2000),and Inadequate fresh water, for drinking water use as well as sewage treatment and effluent discharge (*Shiklomanov, 2000*).

World Health Organization (WHO),2011 reported that overpopulation Increased chance of the emergence of new pandemics and epidemics, for many environmental and social reasons including overcrowded living conditions, malnutrition and inadequate, inaccessible, or non-existent health care, the poor are more likely to be exposed to infectious diseases(*WHO, 2011*).

2) At Family level :

Overpopulation lead to Poor housing, deficient medical care, employment of children who become deprived from school education and inadequate feeding and nutrition(*Ghobashy et al., 2011*).

3) At Individuals level :

Maternal morbidity is affected by the 4 "Too" that present risk factors to the health of the mother" Too young" (less than 20), "Too old" (more than 35), "Too many" (5th or more), "Too soon" (less than 2 years inter-pregnancy spacing). (*Ghobashy et al., 2011*)

World Health Organization (WHO), 2000 stated that Mothers with short spacing or too many children Would suffer from malnutrition specially iron deficiency anemia due to depletion of iron stores in the body, as well as wasting, and osteomalacia . Also those mothers are more prone to the postpartum depression (maternal depleting syndrome)

In addition, Lack of child spacing affects the health of the present child (sometimes called the displaced child) by depriving the child from his right in a reasonable period of breast - feeding and his/her right to receive proper care and stimulation to grow and develop to their full potentials. Malnutrition as well as physical and developmental delays is more common with shorter spacing. Infant and child mortality are also higher (*WHO, 2000*).

In order to overcome the problem of overpopulation, The family planning program in Egypt has started as early as February 1966 which is aiming to help family to have a suitable number of children, help mothers to have pregnancies within the safest childbearing period, and post pone pregnancy for required period of time when indicated for medical and social purposes (*Khalil, 1999*).

FAMILY PLANNING

World Health Organization (WHO),2011 has defined family planning as program allows individuals and couples to anticipate and attain their desired number of children and spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

According to the *United States Agency for International Development (USAID),2005* Optimal birth spacing describes the interval between births that yields the greatest health, social, and economic benefits for a family. Until recently, international guidance on birth spacing stated that births should be spaced at least two years apart to ensure maximum health benefits for mothers, newborns, and older children.

Edward et al., 2012 stated that Family planning services should include counseling & education service, preconception care, screening , laboratory tests and family planning methods.

Importance of family planning:

The Ministry of Health and Population (MOHP) in Egypt, 2006 declared that the aim of the Family Planning Program is to help each family in fulfilling their reproductive intentions, and to have the desired number of Children, this is achieved through use of contraceptive methods.

World Health Organization (WHO) ,2007 found that a woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. The United Nations (UN) member states in Cairo in 1994 agreed that the ability to determine whether or not to become pregnant and how many children to have has long been recognized as a human right (*WHO, 2007*).

Family planning programs, policies and methods have become increasingly important in the last decade as a result of the socio-economic problems influencing rapid population growth, as well as public health problems, especially control of sexually transmitted diseases(STDs) such as AIDS (*UN, 1994*).

There is evidence based on many studies which show that these programs are jointly responsible for improvement in the quality of family life, directly benefiting the health of woman and children and is the most cost effective intervention to lowering fertility(*Maguire, 1994*).

An Egyptian study revealed the importance of postpartum home visits to provide new mothers with information on proper breastfeeding, the importance of starting to use family planning within 40 days of childbirth, and other information on good hygiene, nutrition, and immunization. These actions help new mothers avoid accidental pregnancy, ensure proper birth spacing, and help them care for their newborns(*Gill-Bailey, 2006*).

The Ministry of Health and Population announced in June 2008 a program to reduce the Egyptian overpopulation by family planning education and putting women in the workforce (*Independent Newspapers Online, 2008*).

Contraceptive methods:

Contraception is defined as the prevention of conception by methods other than limiting, its use to limit the size of family. Contraception is now recognized as having the greatest importance in the field of the preventive medicine, being essential to health and welfare of individuals, families and whole communities(*Bhatla, 2001*).

The family planning methods include oral contraceptive pill, Intrauterine device (IUD), Depot Provera injections and Norplant which are commonly used by wives according to medical prescription and in our ministry of health, there are also local methods such as diaphragm, cervical cap, and local contraceptive chemicals (foams, jellies, Creams) but they are not so reliable methods specially when improperly used, another local male method is condom which is safe and reliable when used properly. Natural methods such as breast-feeding is associated with lactation amenorrhea (LAM), coitus interrupts, and rhythm method, based on using the safe period are also present, sterilization which is surgical method used for wife or husband who accepts it (*Khalil, 1999*).

Inhibitors to the use of family planning services:

Access, quality of care and medical barriers are defining characteristics of the key determinants in the chain of events whereby individuals interested in fertility regulation decide to seek services, adopt a method and sustain contraceptive use (*Jan, 1995*).

Numerous studies have demonstrated an association between service quality (or perceived quality) and an increased use of family planning services(*Magnani et al., 1999*).

The decision to initiate and continue to practice contraception may depend on the quality of care available to women, in particular the choice of methods provided, the information elicited for the women and communicated to her, and the nature of personal treatment given, However studies in Jimma , showed that, 10.9% and 8.1% of those who reported problems expressed dissatisfaction with waiting time and solution given by providers respectively. Method unavailability was the reason in most services delivery points for providing methods different from client choice (*Eskindir, 2003*).