



# Knowledge and Use of Family Planning Methods in a Level 1 Health Facility: The Case of the Forecariah Urban Health Centre (Guinea)

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## Abstract

**Introduction:** The objectives of this study were to determine contraceptive prevalence, describe the socio-demographic characteristics of clients, and assess the level of knowledge and use of family planning methods by clients at the Forécariah Urban Health Centre. **Methods:** This was a prospective cross-sectional descriptive study conducted over a period of six (06) months from 05 August 2019 to 05 February 2020 at the Forécariah urban health centre, covering all clients who had used the family planning service at the urban health centre, whether or not they were using one of the family planning methods, and who had agreed to take part in the study. **Results:** Contraceptive prevalence in this clinic was 11.5%. The average age of clients was 25.04 years, with extremes of 15 and 45 years. More than half (55.4%) were under 25 years of age, 68.7% were not in education and 56.6% were unmarried. Only 25.3% of patients had any knowledge of family planning services. The most commonly cited FP methods were condoms, injectables and implants. Counseling for the methods offered was mainly carried out post partum (33.7%) and at intervals (37.4%). The methods chosen and offered were mainly injectables (42.2%) and condoms (28.9%). The main reasons given by clients for under-using FP services were lack of information (44.6%) and side effects (27.7%). **Conclusion:** The education of women of childbearing age, the use of communication channels through the media and educational talks by health workers on the various family planning methods remain crucial to increasing the use of contraceptive methods in this area.

## Subject Areas

Gynecology & Obstetrics

## Keywords

Family Planning, Clients, Knowledge, Practice, Forécariah

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## 1. Introduction

Family planning is one of the components of reproductive health, enabling individuals and couples to avoid unwanted pregnancies, to decide when and how many children they want, and to pursue harmonious sexual activity [1]. The maternal mortality ratio was estimated at 13 deaths per 100,000 live births in 2008, and 60.7% of maternal deaths were prevented by the use of contraception [2]. Since the 1980s, there has been an expansion of reproductive health and family planning programmes aimed at controlling fertility to improve maternal and child health [3]. The WHO estimates that 214 million women in developing countries would like to delay or stop having children, but are not using contraception for various reasons [4]. Despite the implementation of all these programmes, the level of modern contraceptive prevalence remains relatively low [5]. In the USA, contraceptive prevalence was 78.2% in 2008 [2]. In France, it was estimated at 78.5% according to the WHO. In South-East Europe, 15% of clients had unmet need due to a lack of modern contraception [2] [6]. In Africa, prevalence varies from country to country: Algeria 61.5% [2], Senegal 26% in 2017 [2], in Mali 17% in 2018 [7]. In Guinea, according to the DHS 2018, this prevalence has increased significantly in recent years, from 5% in 2012 to 11% in 2018. However, only 33% of the total demand for family planning for women aged 15 - 49 currently in union is met, compared with 22% of unmet demand for the same age group [8]. The increase in inequalities in the world and the inadequacy of healthcare structures can lead to difficulty in accessing contraceptive methods, particularly in areas far from the capital. The objectives of this study were to determine contraceptive prevalence, describe the socio-demographic characteristics of clients, and assess the level of knowledge and use of family planning methods by clients at the Forécariah Urban Health Centre.

## 2. Methods

### 2.1. Type, Duration and Location of Study

This was a prospective cross-sectional descriptive study conducted over a period of six (06) months from 05 August 2019 to 05 February 2020 at the Forécariah urban health centre.

### 2.2. Population and Selection Criteria

The study population included all women admitted to the family planning service at the Forécariah urban health centre. All clients who had used a family planning service at the urban health centre, whether or not they were benefiting from one of the family planning methods, and who agreed to take part in the study were included. We proceeded with exhaustive recruitment according to

the order of admission of the clients and after application of the inclusion criteria. The variables studied were sociodemographic characteristics, knowledge and use of the methods.

### **2.3. Data Collection Technique**

For data collection, information about the study was given to the authorities of the Forécariah health district and the managers of the health centre. Data were collected by interviewing clients and providers using a pre-established survey form, the register and family planning forms.

### **2.4. Data Entry and Analysis**

The data were entered and analyzed using Epi Info 7.2.1, Excel and Pack Office 2013. For quantitative variables, we formed classes, calculated the mean, and identified the minimum and maximum. For qualitative variables, we determined the proportion expressed as a percentage.

### **2.5. Ethical Considerations**

Before starting the study, we obtained prior agreement from the health authority of the Forécariah urban health centre. The informed consent of each patient was obtained before the start of any activity. The patients were reassured that their anonymity would be respected in the reporting of data, and care was taken to inform them that they could withdraw from the study at any time without constraint.

## **3. Results**

### **3.1. Epidemiological Characteristics**

#### **3.1.1. Prevalence**

We recorded 83 clients using family planning services out of the 720 women who attended the centre during the period, giving a contraceptive prevalence rate of 11.5%.

#### **3.1.2. Sociodemographic Characteristics**

The average age of the clients was 25.04, with extremes of 15 and 45. The most common age group was 20 - 24 (41%), followed by 25 - 29 (25.3%). More than 2/3 (68.7%) of the workforce had never attended school. Housewives were more numerous (38.6%) and 56.6% were single compared with 30.1% married. (**Table 1**)

### **3.2. Knowledge and Use of Family Planning Methods**

Among the clients, only 25.3% had any knowledge of family planning services. The most commonly cited methods were condoms, followed by injectables and implants. FP counselling was offered during antenatal care in 21.7% of cases, post-partum in 33.7%, at the start of labour in 7.2% and at the interval in 37.4% of cases. Injectable methods were used in 42.2% of cases and condoms in 28.9%. The urban health centre was the main source of supply for 94% of cases. (**Table 2**)

**Table 1.** Breakdown of 83 women by socio-demographic characteristics.

Age (years)	Number (n = 83)	Percentage
15 - 19	12	14.4
20 - 24	34	41.0
25 - 29	21	25.3
30 - 34	7	8.4
35 - 39	5	6.0
≥40	4	4.9
Profession		
Housewife	32	38.6
Liberal profession	25	30.1
Pupil/Student	24	28.9
Employed	2	2.4
Marital status		
Married	25	30.1
Single	47	56.6
Divorced	11	13.3
Education		
At school	26	31.3
Out of school	57	68.7

**Table 2.** Knowledge and use of methods.

Knowledge and use	Number (n = 83)	Percentage
Knowledge of methods		
Yes	21	25.3
No	82	74.7
FP counselling time		
Antenatal care	18	21.7
Early labour	06	7.2
Postpartum	28	33.7
Interval	31	37.4
Choice of Methods and use		
Injectable	35	42.2
Pill	20	24.1
Implant/Jadelle	04	4.8
Condon	24	28.9
Place of supply		
Hospital	4	4.8
Health centre	78	94.0
Pharmacy	1	1.2

### 3.3. Reasons for under-Use of Family Planning Services

Lack of information was the main reason for under-use, with a frequency of 44.6%, followed by side-effects and disagreement with the partner, with rates of 27.7% and 18.1% respectively. (Figure 1)

## 4. Discussion

The contraceptive prevalence found in our study was well below 11.5%. This result is much lower than those reported by Apanga, P.A., *et al.* [9] in Ghana and Matungulu, C.M., *et al.* [10] in Congo in 2015, who noted a contraceptive prevalence of 64.4% and 27.6% respectively. This difference in prevalence could be explained by a lack of information and communication on the subject among women of childbearing age, false rumours about the use of methods and poor management of the side effects associated with these methods.

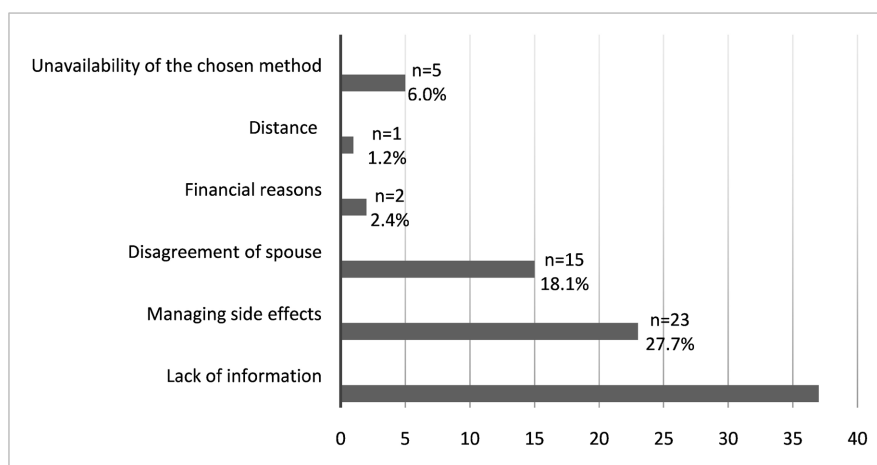
The average age of the clients was 25.04 years, with extremes of 15 and 45 years. The most common age group was 20 - 24, with a frequency of 41%, followed by 25 - 29, with a frequency of 25.3%. Diallo, S.Y.K., *et al.* reported an average age of 33.5 years [11]. Matungulu, C.M., *et al.* [10] The mean age of women was  $27.9 \pm 6.1$  years (Min: 17 years; Max: 49 years). This result could be explained by the fact that young women are sexually active and those who are not sexually active use family planning services.

In our series, 56.6% of FP users were unmarried compared with 30.1% who were married. Patrick, A.K. in Côte d'Ivoire in 2014 found a predominance of married women (57.33%) [12]. Apanga PA *et al.* in Ghana found that 61% of unmarried women used contraception compared with 8% of married women [9].

Among clients, housewives were the most numerous, accounting for 38.6% of the total Matungulu, C.M., *et al.* [10] in 2015 in the DRC and Patrick, A.K. [12] in Côte d'Ivoire found that 51.44% and 37.33% respectively were housewives.

Regarding the level of education, 68.7% of our clients had no schooling. This finding was similar to that of Zakari, C., *et al.* [13] in 2005 in Burkina Faso, who reported a proportion of 85.1% of women not attending school. The high illiteracy rate in this region could explain this result. In addition to facilitating access to the media, women's education would make them better able to understand information on contraception.

Among clients, only 25.3% had any knowledge of family planning services and the methods commonly cited were condoms, the pill, injectables and implants. Tilahum, T., *et al.* [14] in Ethiopia in 2013 reported that 40% of female contraceptive users were unaware of barrier methods and 64% were unaware of permanent methods For Addo, V.N., *et al.* [15] Knowledge of the existence of contraceptive methods is almost universal in Ghana, as 98% of women and 99% of men know at least one method of contraception. For Matungulu, C.M., *et al.* [10], use of the male condom was 17.6%, the pill 5% and depo provera 2.4%. The intrauterine device was used only 1% and the implant 1.6% in the same study.



**Figure 1.** Breakdown of couples/partners by reasons for under-use of family planning methods.

FP counselling was offered during antenatal care in 25.3% of cases, post-partum in 33.7%, at the start of labour in 7.2% and at the interval in 37.4% of cases. Injectable methods were the most commonly used, accounting for 42.2%, followed by condoms for 28.9%. Omo-aghoja, L.O., *et al.* [16] in Nigeria in 2009 found that 51.3% used pills, 27.1% condoms and 19.4% injectables. Chiesa-moutandou, S., *et al.* [17] in Gabon in 2001 found 54% use of condoms, compared with 10.9% use of pills and 0.16% use of injectables.

According to the DHS Guinea 2018, LAM (4%), injectables (2%) and implants (2%) are the methods most used by women in union nationwide [8]. These results can be explained by the fact that these methods are less restrictive and accessible.

Lack of information was the main reason for underuse, with a frequency of 44.6%, followed by side effects and disagreement with the partner, with rates of 27.7% and 18.1% respectively. Omo-aghoja, L.O., *et al.* [16] in Nigeria in 2009 found 16.6% lack of information and 33.8% fear of side effects. For Ajong, A.B., *et al.* [18]. The main reason for non-use of contraception among women whose needs are not being met is fear of side effects.

## 5. Conclusion

This study showed that contraceptive prevalence was not negligible at the Forécariah Urban Health Centre. The profile of clients was made up of young single women aged between 20 and 24, most of whom did not attend school and had a relatively low level of knowledge and use of FP methods. The methods most commonly cited and used were condoms and injectables. The main reasons given by clients for under-use of family planning methods were lack of information and management of side effects. The education of women of childbearing age, the use of communication channels through the media and educational talks by health workers on the various family planning methods remain crucial to increasing the use of contraceptive methods in this site.

## Conflicts of Interest

The authors declare no conflicts of interest.

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