Healthcare Workers in Family Planning: Behaviours and Practices

Kim Jonas

Postdoctoral Research Fellow
Adolescent Heath Research Unit
Division of Child and Adolescent Psychiatry
UCT

Contents

- Background
- Methods
- Case studies
- Main findings
- Conclusions

Background

- Free sexual and reproductive health services in SA since 1994
  - Including free Family Planning, maternal and child healthcare
  - Legal abortion services since 1996
- Poor access to and utilization of Family Planning services by adolescents
  - High teenage pregnancy rates
  - Frequent requests of Termination of Pregnancy (TOP)
  - High rates of STIs and HIV
- Attributed to the behaviours and practices of Healthcare Workers (HCW)
  - Negative behaviours towards adolescents seeking Family Planning (FP)
  - Personal and cultural/religious beliefs
  - Limited knowledge and skills of HCW in FP services

Research Questions

- What behaviours and practices of HCW affecting provision of Sexual and Reproductive Health (SRH) services to adolescents

- How do HCW's behaviours affect adolescents' access to and utilization of SRH services?

Methods

- Systematic review
  - Covering the sub-Saharan Africa (SSA) region
- Qualitative approach
  - Focus group discussions with HCW

Case study 1: termination of pregnancy

- Neo, a 16 year-old girl
- 9 weeks pregnant
- Visited clinic X for legal abortion services
- Was seen by a Family Planning Sister
- Referred to a senior sister in the clinic
- Both sisters counselled the girl, prayed for her and advised her to keep the baby
- Neo’s parents were then involved
- Neo did not receive abortion services
- Instead, she was booked for antenatal care

Ethical and mental health considerations

- Was Neo helped?
- Did the HWC follow protocol?
- How do you think Neo felt during this visit? Emotionally? Psychologically?
- Can this result in long-term mental health challenges for her?
- What mental health consequences could this lead to?
- Postnatal depression…? Major depressive disorders? Post traumatic stress disorders? Suicidal…?
- What would have been the best way to help Neo?
- **What is the role of the professional code of conduct???**

Case study 2: Access to and utilization of FP

- 18 yr old Thandi comes to clinic X for FP and is seen by sister V
- During FP consultation, sister V discovers that Thandi is late again for her follow-up appointment and is angry at Thandi
- Sister V mentions long-acting reversible contraceptives (LARC) to Thandi and Thandi decides she wants to switch to LARC
- Unfortunately sister V is not trained to provide LARC (such as inserting the implanon)-
- Sister K is the only FP sister in the clinic trained on LARC and she is off sick this week
- Sister V then advise Thandi to come back next week for LARC when sister K is back
- Sister V offers Thandi condoms, but Thandi says she has some

Practical considerations

- Is sister V providing the best care/advise?
- What are sister V's other options?
- How does sister V's anger affect the adolescent-nurse relationship?
- What if Neo has sexual activity before the proposed appointment the following week and she gets pregnant?
- Who failed whom?
- What would have been the best way to deal with this case?
- Is there an opportunity missed here?
- **How does knowledge and skills affect access to and utilization of FP services?**

Systematic review

[3]Healthcare workers' behaviours and personal determinants affecting provision of SRH services in SSA: A systematic review

Authors:

Kim Jonas, MSc * † kim.jonas@maastrichtuniversity.nl
Rik Crutzen, PhD † rik.crutzen@maastrichtuniversity.nl
Bart van den Borne, PhD † b.vdborne@maastrichtuniversity.nl
Priscilla Reddy, PhD‡ preddy@hsrc.ac.za
*Corresponding author
†Department of Health Promotion, School of Public Health and Primary Care (CAPHRI), Maastricht University, the Netherlands
‡Population Health, Health Systems and Innovation (PHHSI), Human Sciences Research Council (HSRC), Cape Town, South Africa

Jonas et al. BMC Pregnancy and Childbirth (2017) 17:86
DOI 10.1186/s12884-017-1268-x

BMC Pregnancy and Childbirth

RESEARCH ARTICLE Open Access

Healthcare workers' behaviors and personal determinants associated with providing adequate sexual and reproductive healthcare services in sub-Saharan Africa: a systematic review

Kim Jonas[1*], Rik Crutzen[1], Bart van den Borne[1] and Priscilla Reddy[2,3]

Abstract

Background: Healthcare workers may affect the utilization of sexual and reproductive healthcare (SRH) services, and quality of care thereof, for example by their behaviours or attitudes they hold. This can become a hindrance to accessing and utilizing SRH services, particularly by young people, and thus a better understanding of these behaviours and associated factors is needed to improve access to and utilization of SRH services.

Methods: A systematic review of literature was conducted to identify studies focusing on healthcare workers' behaviors and personal determinants associated with providing adequate SRH services in sub-Saharan Africa (January 1990 - October 2015). Five databases were searched until 30th October 2015, using a search strategy that was adapted based on the technical requirements of each specific database. Articles were independently screened for eligibility by two researchers. Of the 125-screened full-text articles, 35 studies met all the inclusion criteria.

Results: Negative behaviours and attitudes of healthcare workers, as well as other personal determinants, such as poor knowledge and skills of SRH services, and related factors, like availability of essential drugs and equipment are associated with provision of inadequate SRH services. Some healthcare workers still have negative attitudes towards young people using contraceptives and are more likely to limit access to and utilization of SRH by adolescents especially. Knowledge of and implementation of specific SRH components are below optimum levels according to the WHO recommended guidelines.

Conclusions: Healthcare workers' negative behaviours and attitudes are unlikely to encourage women in general to access and utilize SRH services, but more specifically young women. Knowledge of SRH services, including basic emergency obstetric care (EmOC) is insufficient among healthcare workers in SSA.

Trial registration: A protocol for this systematic review was registered with PROSPERO and the registration number is: CRD42015017509.

Keywords: Healthcare worker behaviour, Personal determinants, Sexual and reproductive healthcare, Adolescent health, Maternal health, Child health, Healthcare services, Systematic review

* Correspondence: kim.jonas@maastrichtuniversity.nl; kim.jonas@maastrichtuniversity.nl
[1]Department of Health Promotion, School of Public Health and Primary Care (CAPHRI), Faculty of Heath, Medicine and Life Sciences, Maastricht University, P.O. Box 616200 MD Maastricht, The Netherlands
Full list of author information is available at the end of the article

Systematic review: Main findings

- Basic SRH knowledge and skills was poor
  - Knowledge of emergency contraceptives (EC)
- Poor knowledge of emergency obstetric care (EmOC)
  - Knowledge and utilization of partograph
- Unsatisfactory signal function skills of active management of the third stage of labour (AMTSL)
  - Manual removal of placenta, retained products,
  - Controlled-cord clamping (CCC),
  - Fundal massage, and
  - Administering of uterotonic and anticonvulsant drugs
- Negative attitudes towards providing contraceptives to young women
  - Religious and cultural beliefs

Focus group discussions: Main findings

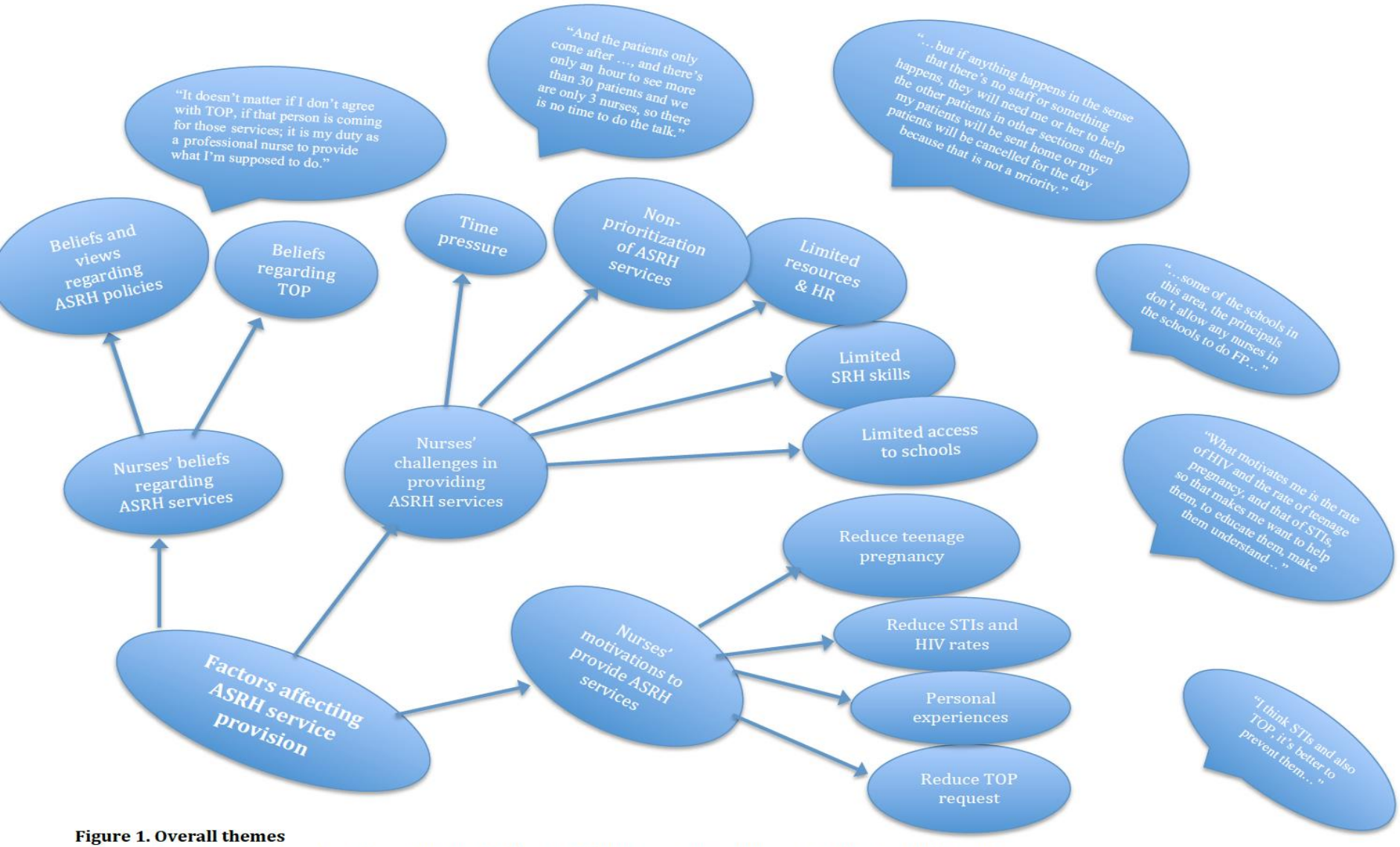

Figure 1. Overall themes
Key: ASRH=Adolescents Sexual and Reproductive Healthcare, TOP= Termination of Pregnancy, FP= Family Planning

Focus group discussions (FGD): Main findings

- 9 FGDs were conducted among HCW in Cape Town

- HCW are battling with their personal beliefs with regards to FP services for adolescents, especially TOP

  - *"From my side it would be very difficult for me to give somebody a referral letter [for termination of pregnancy], just because I am a born again Christian."*

  - *"it's very sad you know it touches my heart, so that is the only thing [termination of pregnancy] in nursing that is actually impractical for me you know."*

Focus group discussions: Main findings

- HCW have limited knowledge and skills to practice provision of quality FP services

  - *"I have done the course [family planning course] but I do not have the implanon training so I can't insert it so sometimes they come and want the implanon and maybe she's [the nurse who inserts implanon] not in so now you have to tell them there's no one to do it at that moment, so we have to give them another appointment."*

Focus group discussions: Main findings

- HCWs have a negative attitude towards adolescents who are late for their follow-up appointments

> *"Of course I'm going to be like angry at you and my style will be different but I will give you the service and afterwards I will realise that I was blowing off steam, I need to calm down. And I will just explain this time nicely like okay this and that, please follow up on your appointments, because I'm tired now I have been telling you the same thing over and over again."*

Focus group discussions: Main findings

- *"…because they don't always keep their date, they come 2 weeks later, a month later saying Sister I was in Eastern Cape (EC), or Sister this and Sister that. So usually I get mad at them, because I told them the very first time they come, you must be adherent to your contraceptives, should you miss them, then you are going to get pregnant and you don't need pregnancy at this time."*

Focus group discussions: Main findings

- Girls (being late) defaulting on their FP regimen ➔ exacerbates HCW negative behaviours and attitudes towards them

  - *"That shows that she's irresponsible then we must counsel her and tell her to come on the correct dates and emphasize that it is very important to prevent unwanted pregnancies."*

- **Was Thandi's "secondary" defaulting necessarily her being irresponsible…?**

HCW and the healthcare system's role in FP

- *"I'm not pro-abortion, I feel that its murder but I will discuss that at home with my family when I'm here someone walk through that door all I see is someone who is desperate for help…"*

- *"It doesn't matter if I don't agree with termination of pregnancy, if that person is coming for those services; it is my duty as a professional nurse to provide what I'm supposed to do."*

HCW and the healthcare system's role in FP

- *"…but if anything happens in the sense that there's no staff or something happens, they will need me or her to help the other patients in other sections then my patients will be sent home or my patients will be cancelled for the day because that is not a priority."*

HCW and the healthcare system's role in FP

- *"You need to be sensitive and open or warm to them when they come for FP, because they are already scared and worried what we [the nurses] going to say to them, whether they will get the service they need, and are also worried about what they would find out, 'cause some of them come here and discover that they are pregnant as we have to do the pregnancy test for first time users and those who come late for the follow-up date."*

Conclusions

- HCW behaviors and practices affect quality of FP services
- Limited FP knowledge and skills also affects quality of FP services
- Both HCW negative behaviours and limited FP knowledge and skills contribute to poor access to and utilization of FP services by adolescents
- Changing HCW behaviours and improving their FP knowledge and skills is likely to improve access to and utilization of FP services by adolescents

Acknowledgements

Thank you for your attention