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CASE STUDY

Addressing Myths and Misconceptions to Increase the Uptake of Contraceptives: The experience of Bukuuku Health Center IV

With support from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), 18 health facilities in Western Uganda are preventing unintended and high-risk pregnancies and reducing maternal and new-born mortality by increasing the uptake of modern family planning methods. With support from USAID ASSIST and implementing partners, the facilities applied improvement methods to systematically address barriers to the supply of and demand for family planning. The case study describes the experience of Bukuuku Health Center IV, which made changes at both the facility and community levels to ensure that women in the community had accurate information about contraceptive options and that family planning services were more accessible. In just four months, the improvement team increased the proportion of women at immunization clinics who were counselled on family planning from 38% in March 2014 to 93% in July 2014, and they have sustained this high level of coverage for the past nine months. The proportion of counselled women who left the facility with their chosen family planning method rose from 17% in March 2014 to 38% by July 2014 and continued rising, reaching 79% by March 2015.

Background

Globally, family planning (FP) is recognized as a key life-saving intervention for mothers and their children, reducing unintended and high-risk pregnancies and contributing to lower maternal and infant mortality (WHO 2012). In Uganda, only 26% of married women of reproductive age (15-49 years) are using a modern family planning method, and the unmet need is 34% (UDHS 2011). Perceived side effects, inadequate knowledge on contraceptive methods, fears, and misinformation are some of the reasons women cite for not using contraceptives. Factual information to address myths and misconceptions was therefore expected to have a positive effect on contraceptive uptake.

To address the high unmet need and increase the uptake of family planning among women in districts supported by the PEPFAR-supported Saving Mothers Giving Life (SMGL) initiative, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project worked in partnership with 17 USG implementing partners and the Ministry of Health to apply improvement methods to integrate and improve the quality of family planning services as part of maternal and child health services.

Baseline Assessment

USAID ASSIST and implementing partners conducted an assessment of the quality of FP services at the Maternal Child Health (MCH) departments at 18 participating sites in January 2014. Results revealed that

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health workers and mothers have a number of misconceptions affecting uptake of family planning methods. These included the following comments:

- “FP contraceptives cause cancer of the cervix, uterine fibroids, absence of menstruation that may result into blood collecting somewhere in the body, which may burst leading to death.”
- “The implants can move through blood stream and pierce the heart leading to death.”
- “The IUD pierces the penis during sexual intercourse.”

Across the 18 sites, contraceptive prevalence found to be 7.8%.

Findings of the assessment were communicated to participating sites by the ASSIST quality improvement officer and the regional and district coaches during coaching visits in February 2014. Health care workers at Bukuuku Health Center IV (HCIV), one of the participating sites, appreciated that the major reason for low contraceptive use was misinformation about contraceptives and fear of side effects. With guidance from the coaches about the functions of a quality improvement (QI) team, they formed a QI team of seven members. The members of the team and their roles are shown in Figure 1.

The team decided to focus on addressing the myths and misconceptions among mothers who attend MCH clinics. The coaching team facilitated a brainstorming session with the facility QI team in which they identified changes to test, prioritized them, and developed plans of action to address the various myths and misconceptions surrounding the use of contraceptives.

Figure 1. Bukuuku HCIV improvement team members and roles

Enrolled midwife (Team leader)
Enrolled midwife (Counselor)
Nursing officer/midwife (Dispensing contraceptives)
Nursing officer/midwife (Managing side effects)
Nursing officer (Counselling and HIV testing)
Community volunteer (Sensitising the community)
Nursing assistant (Registering clients)

Interventions to Improve FP Uptake at Bukuuku HCIV

Facility interventions

In March 2014, the team began conducting health education sessions targeted at addressing specific misconceptions. During the initial education sessions following the coaching visit, midwives asked mothers about their thoughts on FP and contraceptive use and recorded these various responses. A duty roster was drawn and the team fixed a specific date on which they would address each misconception as noted from the responses. Given that midwives, by virtue of their training, mainly focus on maternal, newborn, and child health, they were assigned the role of health education and counselling.

In the last week of March 2014, the team started asking individuals who have used FP contraceptives before to share experiences. These were either Village Health Team members (VHTs) or women that had been using contraceptives (peer mothers) and are able to speak the widely used local language, Rutooro. FP use improved from 17% in March to 31% in April.

In May 2014, the team translated education messages into Rutooro and wrote them on flip charts. These charts were displayed at the waiting area for mothers to read as they waited to be attended to. They were also displayed in the health education and counselling room for the provider to look at for reference during counselling sessions. By the end of June 2014, contraceptive use had improved to 52%.

Community interventions

From July 2014, the team started conducting community sensitization and mobilization, done by both the VHTs and midwives, focusing on addressing the myths and misconceptions. They targeted various gatherings, such as the worship centres, village meetings, market places, and immunisation outreaches.

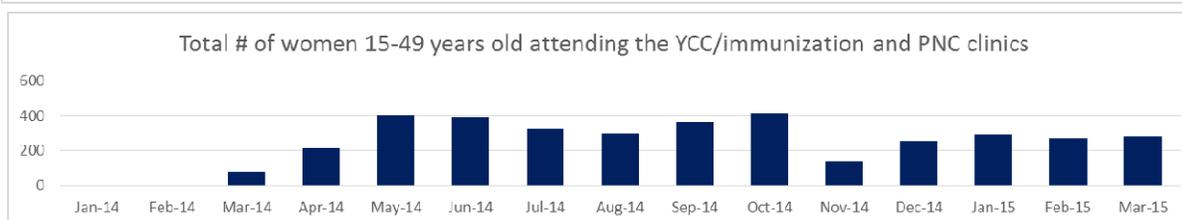
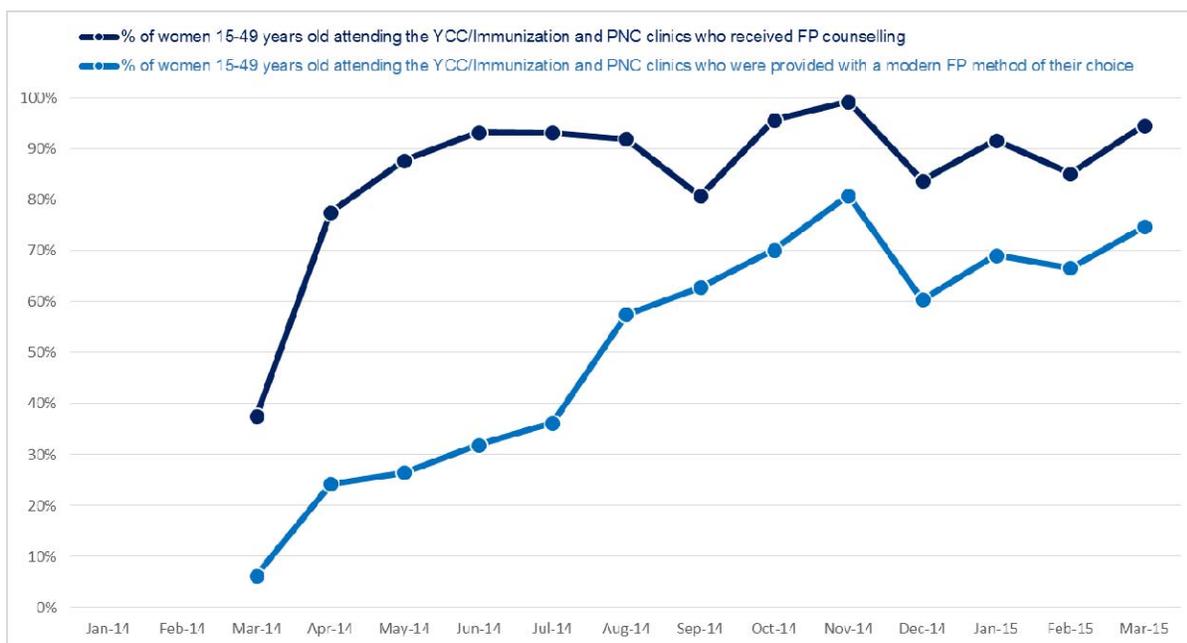
In addition, the VHTs conducted home visits for follow-up of clients who received contraceptives and continued counselling. During sensitization sessions, VHTs gave testimonies and experiences about using contraceptives, while the midwife talked about the benefits of FP, where to access FP services, and what to do in case of side effects. By the end of August, women who were provided with a modern FP contraceptive had improved to 63%.

From August 2014 onwards, short-term family planning methods like tablets/pills, injectable Depo-Provera, and condoms were provided during outreaches. Clients due for refills were provided with appropriate methods so that women who could not reach the facility due to lack of transport and other reasons were still being served; uptake of contraceptives increased to 78% in September 2014.

In addition to these actions to improve community awareness and understanding of modern family planning methods, the Bukuuku team also steps to build the skills of staff to provide contraceptives. They attached the midwives to the two existing FP implementing partners, PACE and Marie Stopes Uganda, for on-job training and mentorship on provision of contraceptives, including long-term methods. During FP camps and outreaches, IP staff worked with specific midwives to show them the process for delivery of high-quality FP counselling and services.

Results

The figure below shows how the coverage with family planning counselling of women of reproductive age coming for immunization at the MCH Department of Bukuuku HCIV, steadily increased, from 38% in March 2014 to 95% in March 2015. Importantly, the proportion of these counselled women who left the health center with their chosen family method has also increased notably, from 17% in March 2014 to 79% in March 2015.



Conclusion

Applying continuous quality improvement methodology to systematically address the gaps which affected the uptake of contraceptive use amongst clients led to increased uptake of contraception. The improvement team at Bukuuku demonstrated that by applying one of the key principles of QI, which is listening to and involving clients to identify factors affecting contraceptive uptake, they could attain desired results relatively quickly and sustain them.