



Family Planning Counseling as a determinant of quality in the provision of FP services for young persons; findings from Flexi-bus surveys across TCI geographies in Nigeria

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Outline

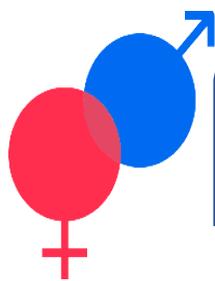
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Background: AYP In Nigeria context



33% of total pop



1st Sexual Intercourse

15-19: 16% by age 15
20-24: 51% by age 18

Begun childbearing



15-19: 23%

Unmet need for FP



15-19: 6.2%
20-24: 12.6%

mCPR



15-19: 4.8%
20-24: 13.2%

- Vulnerable to unique health problems - such as unsafe abortion, unplanned pregnancies, and health issues
- Improved access to RH services can reduce risky behaviors and health outcomes
- Stigma and discrimination at service sites and in the community also pose barriers to health care of A&YPs



Source: NDHS 2013

Introduction

- Effective counseling services have been the crux of most public health programs, with different approaches used for counseling.
- Contributes significantly to overall client satisfaction. It is critical that potential FP users including young persons are provided with appropriate information on available FP methods and their side effects for clients to make an informed decision.

Barriers to quality counselling

- Inadequate trained counselors,
- Inadequate interaction time between providers and clients due to high workload,
- Provider's attitudes and bias to clients etc.
- Bias in the provision of FP services to young persons is likely to have an impact on the quality of counseling services provided to them when they seek services.



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Introduction

TCI is supporting states to implement high-impact Reproductive Health program targeted at adolescents and youth tagged “Life Planning for Adolescent and Youth – LPAY”.

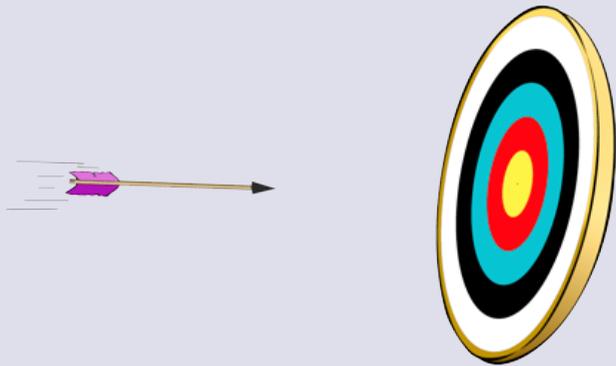
Keying into the global mandate of increasing modern contraceptive use among young people (15-24year-olds), the overall goal of TCI AYSRH program is to scale up effective, proven AYRH approaches to increase modern contraceptive rates in TCI geographies. Other objectives include;

- increased intention to use modern contraception among young people ages 15-24 in priority geographies;
- delayed age of first birth among young women;
- increase healthy timing and spacing of pregnancy among adolescents and youth.

TCI is integrating AYSRH into its already holistic approach in meeting the Life Planning needs of adolescents and youth through the interlocking and mutually dependent approaches of advocacy, demand generation and service delivery.



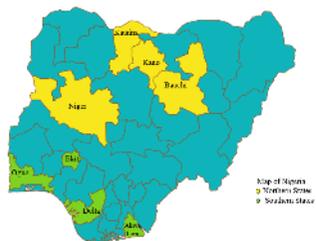
Objective



To assess the quality of FP counseling services provided to clients across scale-up facilities in 8 states prior to commencement of TCI proven interventions in order to effectively implement evidence based quality FP services in the geographies.



Methods



A cross-sectional household survey, a total of 8729 WRAs in 8 States (Delta, Ogun, Niger, Kano, Ekiti, Akwa-Ibom, Katsina and Bauchi) were interviewed between November-December 2017



Respondents were selected using multi-stage sampling technique. A structured questionnaire was designed to capture relevant information on FP counseling services for women of reproductive age group (18-49 years) including young persons (18-24 years).



Areas enquired about included counseling on different FP methods, side effects, informed choice as well as level and quality of counseling services received from FP providers while taking up FP services.



Data collected was analyzed using STATA version 14 and descriptive and bivariate analysis was conducted with focus on variables of interest.



RESULTS

What did we find?



Result

SAMPLED POPULATION

8,729 
Women Reproductive Age

2,363 
18-24

FP METHOD USE

28.5 
Ever used a method

80 
Currently Using a method

COMPONENT OF COUNSELLING

28.6 
Received information on side effects

26.2 
Counselled on Side effects Management

31.2 
Making Informed Choices

- Further analysis on comparison of basic socio-demographics (marital status, Education, location and religion) with the level of counselling received showed that religion and marital status are highly associated with counselling of young persons.



Result

Counselling variables by Marital Status:



Information on side effects

Results showed that only 9.1% of single young persons currently using a method were told what to do if they experienced side effects while about half of young married current users (47%) received information on side effect.



Information on side effect management

Almost half (49.5%) of married young current users received counselling on basic management of side effects as against their single counterparts with just 11.1% of the group reported to have received counselling.



Informed choice

For young persons counselled about informed choice, 11.1% and 55.5% of single and married young persons respectively received counselling.

➤ Overall result showed that out of all the AYs currently using a method, only 8.6% received any form of counselling!



Discussion/Conclusion

- Quality FP counseling services were generally inadequate among young persons who are currently using contraceptives with further bias against unmarried young women. The quality of FP counseling services provided to clients has a direct relationship with access, as satisfied users of FP are advocates of FP services to friends and families.
- It is important that barriers and biases to effective FP counseling services especially for young persons be addressed in order to improve the quality of FP services, as research has shown that this might ultimately increase access to services.
- Attention should as a matter of priority be given to young persons (constituting about one third of the entire population of Nigeria) accessing FP services as this is a major thrust for delivering the FP2020 agenda.
- Donors, Implementing partners and FP Program Managers need to ensure that supported or implemented FP programs address the gaps in the provision of quality FP counseling services for young persons with emphasis on proper and adequate counseling for young unmarried persons.



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