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FAMILY PLANNING SERVICES PROVIDED BY HEALTHCARE PROVIDERS IN THE BAMENDA HEALTH DISTRICT, CAMEROON

David Ayem[1], Kimbi Helen[1], Fomba Emmanuel[1], Mary Bi Suh Atanga[1]
[1]*Faculty of Health Sciences University of Bamenda, Cameroon.*

Corresponding author: *David Ayem
Email: davidayem45@gmail.com

ABSTRACT

Family planning is one of the ways through which maternal deaths can be reduced. Studies have shown that up to 40% of maternal deaths could have been averted through the use of family planning services.

Objective: The objective of this study was to assess the available family planning services offered to the population of the Bamenda Health District by health care providers.

Method: A multistage cross-sectional, descriptive study design was used where data was collected at a point in time. The study population constituted all health workers (Nurses and midwives), randomly selected from the Bamenda Health District. Data were collected from randomly selected health facilities from the 13 health areas of the Bamenda Health Districts with the use of a semi-structured questionnaire. Data analysis was done using SPSS version 21.

Result: The result showed that only 36.4% of respondents offer all the aspects of family planning. Based on the types of family planning services available, there were three aspects of family planning services they know: Contraceptive services (27.1%), pregnancy Testing and Counselling (6.4%), and Sexually Transmitted Disease services (3.6%). The most used services by clients were the provision of contraceptives (48.6%) and premarital counseling/preconception care (31.4%). Family planning services least used by clients were sexual and reproductive health education (21.4%), sex determination (27.9%), and breast/cervical cancer screening (7.1%). Success has been made in FP such as reduced unwanted pregnancy and abortion (69.3%) and greater spacing between births, reducing the risk of infant and child mortality (10%).

Conclusion: all health centers and hospitals, should consider all aspects of family planning services as an integral part of maternal and child health with Primary Health Care services at all levels to ensure the provision of complete Family Planning services. This will improve the uptake of family planning services by the population.

KEYWORDS:

Family planning, healthcare providers, Bamenda Health District Cameroon

Introduction

Family planning is one of the ways through which maternal deaths can be reduced [1]. The interval between pregnancies can be prolonged by providing family planning services for postpartum women and this can help protect their health and that of their new-born [2]. Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth [3] and reducing maternal mortality.

Maternal mortality is unacceptably high. About 295 000 women died during and following pregnancy and childbirth in 2017[4]. Most of these deaths (94%) occurred in low-resource settings, and most could have been prevented [4].Studies have shown that up to 40% of maternal deaths could have been averted through use of family planning services [5]. In 2015, 64% of married or in-union women of reproductive age were using some form of contraception in the world, but the use was much lower in Africa (33%) [6]. It is estimated that globally, 225 million women who want to avoid pregnancy are not using safe and effective family planning methods [7]. Most of the women with an unmet need for contraceptives live in 69 of the poorest countries [8]. This unmet needis probably due to both rapidly growing populations and shortage of family planning services.

In response to this, increasing access to family planning services has become a globally recognized public health priority. Several global partnerships such as the International Conference on Population and Development (ICPD) in 1994 [9], the Millennium Development Goal (MDG) summit in 2000 [10], and the London Summit on Family Planning in 2012 which endorsed a global partnership known as Family Planning 2020 (FP2020). This partnership aimed to enable 120 million more women and girls to use contraceptives by 2020 in 69 of the world's poorest countries [11].

A report developed by Centre for Disease Control (CDC) and the Office of Population Affairs (OPA) of the United States Department of Health and Human Services articulates family planning services broadly in terms of infertility treatment and sexually transmitted disease (STD) screening and treatment, pregnancy testing and counselling services, helping clients who want to conceive; providing preconception health services besides services related to contraceptive provision and counselling [12].

In Cameroon, the concept of FP is a set of measures and means of fertility regulation, education, and treatment of diseases of the genital area, available to individuals and couples to help reduce infant, child and juvenile mortality and morbidity including those related to STI / HIV, unwanted pregnancies, and abortions; thus, ensuring the welfare of families and individuals [13]. Initially, family planning services were provided only in the context of maternal and child health in specialized centres of PMC (Protection of Mother and Child). It was indeed in 1981 that it was integrated into the action plan of the Ministry of Public Health, measures of FP in the MCH program. That same year, the UNFPA launched the project "Strengthening the supply of FP services through Protection of Mother and Child structures."[13]

A year later a national seminar was held on the definition of a national program policy and strategy for MCH / FP. In the early 90's, activities of the MCH / FP have been integrated into the Primary Health Care (PHC) activities of the Ministry of Health and the minimum package of activities per level. This desire for integration was to provide quality services in the field of MCH / FP including prevention of STI / HIV. This is illustrated by the national program for PF which recommends among others that all health centres and hospitals, should consider family planning services as an integral part of maternal and child health with PHC health services at all levels to ensure the provision of FP services [13].

A large and growing body of literature explores the health benefits related to services received at family planning clinics. Research indicates that family planning, including planning, delaying, and spacing pregnancies, is linked to improved birth outcomes for babies, either directly or through healthy maternal behaviours during pregnancy.Providers of family planning services offer pregnancy testing and counselling services as part of core family planning services, in accordance with recommendations of major professional medical organizations, such as the American College of Obstetricians and Gynaecologists (ACOG) and the American Academy of Paediatrics (AAP). Women who are not pregnant and who do not want to become pregnant at this time are offered contraceptive services. Contraceptive methods have a range of benefits other than their primary purpose of pregnancy prevention. Contraception reduces pregnancy-related morbidity and mortality, reduces the risk of developing certain reproductive cancers, and can be used to treat many menstrual related symptoms and disorders.

Access to effective contraception has resulted in far-reaching and profound consequences, changing the landscape of American society, gender dynamics and trends in family formations. Perhaps most notably, it fundamentally altered the way that women were perceived in society at large, as they were now able to pursue more education and participate in the workforce with greater duration and consistency, ultimately leading to greater financial and social equality with their male peers [14].

Preconception health services are provided to female and male clients in accordance with CDC's recommendations to improve preconception health and health care. Preconception health services are beneficial because of their effect on pregnancy and birth outcomes and their role in improving the health of women and men. Preconception health-care services for women aim to identify and modify biomedical, behavioural, and social risks to a woman's health or pregnancy outcomes through prevention and management. In addition, providers offer STD services in accordance with CDC's STD treatment and HIV testing guidelines. A client using or considering contraceptive methods other than condoms should are advised that these methods do not protect against STDs. Providers encourage a client who is not in a mutually monogamous relationship with an uninfected partner to use condoms. Patients who do not know their partners' infection status are encouraged to get tested and use condoms or avoid sexual intercourse until their infection status is known.Some methods also reduce the risk of developing several reproductive cancers, prevent HIV and other sexually transmitted infections (STIs), and help to treat women who experience negative effects of menstruation [15].

A range of other health services, including screening and treatment for STIs, HPV vaccinations and Pap tests for cervical cancer screening. Patients also often receive a range of other tests, including those to detect high blood pressure, anaemia, and diabetes. These tests can lead to early detection, preventative behaviour change and treatment [15]. Other related preventive health services include Medical History, Cervical Cytology, Clinical Breast Examination, Mammography and Genital Examination.

Unmet needs for family planning refer to women capable of reproducing who are not using contraception but wish to postpone their next birth for 2 or more years or to stop childbearing all together [16]). One important step in addressing the unmet need for family planning is to explore factors that influence women’s desire to delay their next pregnancy to use contraceptives. Prior research in developing countries has identified an array of multi-level determinants of contraceptive uptake.The study is therefore aimed at assessing the available family planning services offered to the population of the Bamenda Health District by health care providers.

Materials and methods

Study Design

The research was conducted within the quantitative research paradigm based on across sectionaldesign.A multistage cross-sectional, descriptive study design was used where data was collected at a point in time. Data was collected from randomly selected health facilities from the 13 health areas of the Bamenda Health Districts, North-West Region.

Study site

The study was conducted among selected family planning health care providers,in the Bamenda Health Districts of the North-West Region of Cameroon.

Study population

The study population constitute nurses/midwives (Providers) randomly selected from the 13 health areas of the Bamenda Health Districts.

Sample inclusion/exclusion criteria

The inclusion criterion for the sample includednurses/midwives (healthcare providers) that provide healthcare services on family planning in the Bamenda Health Districts and who werewilling to participate in the study. Those who will refuse to give their consent or sign the consent form were not included in the study.

Method of sampling

The studymadeuse of multi-stage sampling technique. The research population was distributed into all the 13 health areas of the Bamenda Health District and for each health area, all the family planning (FP) health units

will be randomly selected. Five nurses/midwives were randomly selected from each health unit, making a sample size of 140 nurses/midwives.

Data collection tooland collection procedure

The study was carried out using astandard set of tools. A checklistwas used to determine whether they are rendering a particular family planning service or not. The checklist for healthcare providers provided information on the provision of family planning services to the public. The permission to collect data from consenting health units was granted by the health unit administration. Data for this study was collected during the period from November 2021 to February, 2022. Data collection toolwas developed and pre-tested in one of the non-participating health districts (Nkwen Health District).

Data Management and analysis

Prior to data entry, a data coding guide was prepared with each variable assigned a specific code. This was to facilitate data entry and to also reduce errors. Data entry wasdone using unique identifiers and cross-checked for entry errors and range checks. Data entry and analysis was done using the Statistical Package for Social Science (SPSS) version 21.0. Descriptive statistics was obtained for different quantitative variables. Frequency distribution, percentages as well as charts were used to present the result.

Ethical considerations

Ethical clearancewas sought from the University of Bamenda, Faculty of Health Sciences Institutional Review Board. Administrative clearancewas obtained from the Regional Delegate of Public Health for the North-West Region. Information sheet about the research and the informed consent formweresigned by subjects. Absolute confidentiality was guaranteed by not including the subject's names on the data collection tool. Participation wasvoluntary, and the study subjects had the choice to refuse to participate.

Result

Demographic information

A total of 140 questionnaires were sent out for healthcare provider and all the questionnaires were returned, with a return rate of 100%. Majority of the healthcare workers (45%) were aged 20-30 years old, followed by those from 31-40 years old (23.6%). According to the result, work force decreases with age of the workers (TableI).

Educationally, majority of the respondents were first degree holder (52.1%), followed by holders of Higher National Diploma (HND) with 12.8%, while nursing assistants made up 10.7% of the total study participants. In terms of specialty, there were more nurse participants (52.9%) than the number of midwives (32.9%) who took part in the study.Majority of the respondents were married (55%), while the rest of them (45%) were single.

According to years of work experiences,majority of the respondents had less than one year of work experience (30%). Closely followed were those with 5 years of work experience or more (24.3%). The least group were those 4 years of work experience (7.1%). In terms of religion, majority of the respondents were Christians (93%), while only 7% were Muslims. Among the respondents, majority were female (72.1%), while males were just 17.1%.

Table I: Distribution of healthcare workers demographic information

Variable	*Percentage*	*Frequency*
Gender		
Female	101	*72.1*
Male	24	*17.1*
Age in Years		
20-30	63	*45*
31–40	33	*23.6*
41-40	29	*20.7*

51-60	05	*3.6*
Marital status		
Single	49	*35*
Married	61	*43.6*
Educational certificate		
BSc	73	*52.1*
HND	18	*12.9*
1 Year Diploma	10	*7.1*
Nursing assistant	15	*10.7*
Specialty		
Nurse	74	*52.9*
Midwife	46	*32.9*
Years of work experience		
<1 year	42	*30*
2 years	20	*14.3*
3 years	14	*10*
4 years	10	*7.1*
5+ years	34	*24.3*
Religion		
Christian	116	*82.9*
Muslim	*09*	*6.4*

Family planning services offered by health units in the Bamenda Health District

The result in table II shows the distribution of different aspects of family planning that the various hospitals and health units offer to the public. According to the services offered in health units that are considered family planning, 36.4% of respondents reported that they offer all the aspects of family planning. The reasons for offering all the services were because of the following: delaying pregnancies in young girls who are at increased risk of health problems from early childbearing (10%), preventing pregnancies among older women, who also face increased risks (10.7%), helps couples avoid unintended pregnancies (7.1%) as well as reduces the spread of sexually transmitted diseases (STDs) (7.1%).

Based on the types of family planning services they available, there were three aspects of family planning services they know: Contraceptive services (27.1%), pregnancy Testing and Counselling (6.4%) and Sexually Transmitted Disease services (3.6%).They indicated that these three services are the ones they know (13.6%), while 3.6% do not know about the other services. The result shows that the health facilities provide their following family planning services: contraceptive services (55.7%), pregnancy Testing and Counselling (27.1%), preconception healthcare Services(3.6%), sexually Transmitted Disease Services(2.9%), and Related preventive health services(3.6%).Some participants reported that they offer these services when the woman wants to get pregnant (10%), and after birth (30.7%), while others reported that they offer such services before pregnancy and after birth (49.3%). According to their report, the most used services by clients were the provision of contraceptive (48.6%) and premaritalcounselling/preconception care (31.4%). Various reasons were given why these services are the most used such as, simple to use (28.6%), cheaper to afford (30%), and clients are not aware of other services (27.1%). According to the result, most women come for these services before they get pregnant (25%) and after birth (10%), especially when the child is still below one year old (20%). Family planning services least used by clients were sexual and reproductive health education (21.4%), sex determination (27.9%) and breast/cervical cancer screening (7.1%). Reasons why most women do not used the above services often were because they either do not know about it (40.7%) and /or they have not been taught about those services (10.7%) or they simply do not like the services or it may be of little or no importance to them (13.6%) (Table I).

Table II: Distribution of Family planning services offered by health units

Variable	Frequency	Percent
Services offered in health units that are considered family planning		
Premarital counselling/preconception care	14	10.0
Sexual and reproductive health education	35	25.0
Provision of contraceptive methods	25	17.9
Diagnosis and management of infertility	5	3.6
All the above	51	36.4
		Reasons
Delaying pregnancies in young girls who are at increased risk of health problems from early childbearing	14	10.0
Preventing pregnancies among older women, who also face increased risks, are important health	15	10.7
Helps couples avoid unintended pregnancies;	10	7.1
Reduces the spread of sexually transmitted diseases (STDs)	10	7.1
All the above	76	54.3
	Types of family planning services available	
Contraceptive services	38	27.1
Pregnancy Testing and Counselling	9	6.4
Sexually Transmitted Disease Services	5	3.6
All the above	73	52.1
		Reasons
This is all the services we know	19	13.6
We do not know about other FP services	5	3.6
We know all the FP planning services	20	14.3
We offer all the FP services	81	57.9
Which of the following family planning services do you offer in your health facility? Select all that applies		
Contraceptive services	78	55.7
Pregnancy Testing and Counselling	38	27.1
Preconception Healthcare Services	5	3.6
Sexually Transmitted Disease Services	4	2.9
Related preventive health services	5	3.6
		Reasons
This is all the FP services do offer	30	21.4
We do not know about other FP services	10	7.1
We know all the FP planning services	10	7.1
We offer all the FP services	70	50.0
When they offer these family planning services in their health unit		
When the woman wants to get pregnant	14	10.0
After Birth	43	30.7

All the above	69	49.3
Family planning services most used by the clients		
Premarital counselling/preconception care	44	31.4
Sexual and reproductive health education	9	6.4
Provision of contraceptive methods	68	48.6
All the above	5	3.6
Reasons		
It is simple to use	40	28.6
It is cheaper to afford	42	30.0
They are not aware of other services	38	27.1
None of the above	10	7.1
When women mostly come for these services		
When the woman wants to get pregnant	35	25.0
When the woman is pregnant	5	3.6
After birth	14	10.0
When the child is still below 1 year	28	20.0
We do not know	5	3.6
The above services least used by the clients		
Premarital counselling/preconception care	9	6.4
Sexual and reproductive health education	30	21.4
Sex determination	39	27.9
Provision of contraceptive methods	9	6.4
Breast/Cervical cancer screening	10	7.1
Diagnosis and management of infertility	4	2.9
Reasons		
It is expensive to afford	10	7.1
They do not know about it	57	40.7
We have not taught them about it	15	10.7
They do not like it	19	13.6

The distribution of the relationship between gender and the family planning services offered to clients show a difference between males and females, where the females were the majority while the males were the minority. The differences was statistically significant at all levels the family planning services (P<0.001).

Table III: Distribution of relationship between family planning services offered and gender

Variable	Gender		P Value
	Female	Male	
Types of family planning servicesoffered			
Contraceptive services	59(75.6%)	14(17.9%)	<0.001
Pregnancy Testing and Counselling	33(86.8%)	5(13.2%)	
Preconception Healthcare Services	5(100%)	0(0.0%)	

Sexually Transmitted Disease Services	4(100%)	0(0.0%)	
Related preventive health services	0(0.0%)	5(100%)	
Family planning services most used by clients			
Premarital counselling/preconception care	35(79.5%)	9(20.5%)	<0.001
Sexual and reproductive health education	4(44.4%)	0(0.0%)	
Provision of contraceptive methods	53(77.9%)	15(22.1%)	
All of the above	5(100%)	0(0.0%)	
Family planning servicesleast used by clients			
Premarital counselling/preconception care	09(100%)	0(0.0%)	0.003
Sexual and reproductive health education	20(66.7%)	5(16.7%)	
Sex determination	29(74.4%)	10(25.6%)	
Provision of contraceptive methods	5(55.6%)	4(44.4%)	
Breast/Cervical cancer screening	10(100%)	0(0.0%)	
Diagnosis and management of infertility	4(100%)	0(0.0%)	
Reasons for least used services			
It is expensive to afford	5(50.0%)	5(50.0%)	<0.001
They do not know about it	47(82.5%)	10(17.5%)	
We have not taught them about it	15(100%)	0(0.0%)	
They do not like it	14(73.7%)	0(0.0%)	

For age differences, there was a decrease trend in the services offered as the age group increases. The difference was statistically significant (P<0.001).

Table IV: Distribution of relationship between family planning services offered and Age group

Variable	**Age (Years)**				**P Value**
	21-30	**31-40**	**41-50**	**51-60**	
Types of family planning services offered					
Contraceptive services	34(43.6%)	19(24.4%)	20(25.6%)	5(6.4%)	<0.001
Pregnancy Testing and Counselling	24(63.2%)	9(23.7%)	5(13.2%)	0(0.0%)	
Preconception Healthcare Services	5(100%)	0(0.0%)	0(0.0%)	0(0.0%)	
Sexually Transmitted Disease Services	0(0.0%)	0(0.0%)	4(100%)	0(0.0%)	
Related preventive health services	0(0.0%)	5(100%)	0(0.0%)	0(0.0%)	
Family planning services most used by clients					
Premarital counselling/preconception care	34(77.3%)	5(11.4%)	5(11.4%)	0(0.0%)	<0.001
Sexual and reproductive health education	0(0.0%)	4(44.4%)	5(55.6%)	0(0.0%)	
Provision of contraceptive methods	25(36.8%)	24(35.3%)	14(20.6%)	5(7.4%)	
All the above	0(0.0%)	0(0.0%)	5(100%)	0(0.0%)	
Family planning services least used by clients					
Premarital counselling/preconception care	5(55.6%)	0(0.0%)	4(44.4%)	0(0.0%)	<0.001
Sexual and reproductive health	0(0.0%)	10(33.3%)	20(66.7%)	0(0.0%)	

education					
Sex determination	30(76.9%)	9(23.1%)	0(0.0%)	0(0.0%)	
Provision of contraceptive methods	9(100%)	0(0.0%)	0(0.0%)	0(0.0%)	
Breast/Cervical cancer screening	10(100%)	0(0.0%)	0(0.0%)	0(0.0%)	
Diagnosis and management of infertility	0(0.0%)	4(100%)	0(0.0%)	0(0.0%)	
Reasons for least used services					
It is expensive to afford	10(100%)	0(0.0%)	0(0.0%)	0(0.0%)	<0.001
They do not know about it	25(43.9%)	18(31.6%)	14(24.6%)	0(0.0%)	
We have not taught them about it	15(100%)	0(0.0%)	0(0.0%)	0(0.0%)	
They do not like it	4(21.1%)	5(26.3%)	10(52.6%)	0(0.0%)	

There was an inverse trend in the relationship between years of work experience and family planning services. This means that the services offered decreases with increase years of work experience. The difference was statistically significant (P<0.001).

Table V: Distribution of relationship between family planning services offered and work experience

Variable	**Years of work experience**					**P Value**
	<1 year	**2 years**	**3 years**	**4 years**	**5+ years**	
Types of family planning services offered						
Contraceptive services	38(48.7%)	5(6.4%)	5(6.4%)	0(0.0%)	20(25.6%)	<0.001
Pregnancy Testing and Counselling	4(10.5%)	10(26.3%)	9(23.7%)	5(13.2%)	10(26.3%)	
Preconception Healthcare Services	0(0.0%)	5(100%)	0(0.0%)	0(0.0%)	0(0.0%)	
Sexually Transmitted Disease Services	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	4(100%)	
Related preventive health services	0(0.0%)	0(0.0%)	0(0.0%)	5(100%)	0(0.0%)	
Family planning services most used by clients						
Premarital counselling/preconception care	19(43.2%)	20(45.5%)	0(0.0%)	5(11.4%)	0(0.0%)	<0.001
Sexual and reproductive health education	4(44.4%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
Provision of contraceptive methods	19(27.9%)	0(0.0%)	10(14.7%)	5(7.4%)	29(42.6%)	
All the above	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	5(100%)	
Family planning services least used by clients						
Premarital counselling/preconception care	0(0.0%)	0(0.0%)	5(55.6%)	0(0.0%)	4(44.4%)	<0.001
Sexual and reproductive health education	0(0.0%)	5(16.7%)	5(16.7%)	5(16.7%)	5(16.7%)	

Sex determination	19(48.7%)	15(38.5%)	0(0.0%)	0(0.0%)	5(12.8%)	
Provision of contraceptive methods	9(100%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
Breast/Cervical cancer screening	10(100%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
Diagnosis and management of infertility	4(100%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
Reasons for least used services						
It is expensive to afford	0(0.0%)	10(100%)	0(0.0%)	0(0.0%)	0(0.0%)	<0.001
They do not know about it	28(49.1%)	5(8.8%)	10(17.5%)	0(0.0%)	9(15.8%)	
We have not taught them about it	5(33.3%)	0(0.0%)	0(0.0%)	0(0.0%)	10(66.7%)	
They do not like it	0(0.0%)	5(26.3%)	4(21.1%)	5(26.3%)	0(0.0%)	

Utilization of family planning services by clients

Most women do not make use of family planning services because of lack of knowledge (43.6%) on the importance of family planning as well as lack of family planning services in health facilities closer to their area of residence (19.3%). Some reasons were given why some of the FP services are lacking in their health facility such as lack of finance (25%), lack of trained personnel (19.3%) and lack of office space (6.4%). Two main reasons were given why clients do not make use of family planning services at all; lack of awareness of family planning (36.4%) and cultural barriers that impede assessment of family planning services (24.3%) Table VI).

Table VI: Distribution of under-utilization of family planning services

Lack of knowledge about the different family planning services:		
Agree	61	**43.6**
Disagree	34	**24.3**
DK	15	**10.7**
Lack of all family planning services in our health facility:		
Agree	27	**19.3**
Disagree	78	**55.7**
Reasons why some of the FP services are lacking in their health facility		
Lack of finance	35	**25.0**
Lack of trained personnel	27	**19.3**
Lack of office space	9	**6.4**
I don't know	14	**10.0**
Why clients are not utilizing FP services		
Lack of awareness of family planning	51	**36.4**
Cultural barriers that impede attendance at clinics	34	**24.3**
Are far away from family planning clinics	5	**3.6**
What aspect is left unutilized?		
Premarital counselling/preconception care	30	**21.4**
Sexual and reproductive health education	14	**10.0**

Sex determination	15	**10.7**
Provision of contraceptive methods	19	**13.6**
Breast/Cervical cancer screening	5	**3.6**
Screening for STIs/HIV	**4**	**2.9**

Success made in family planning services and strategies to improve family planning uptake

According to the result, all the health facilities sampled reported some level of success made in Family Planning services such as many more women coming for FP services (10%) reduced unwanted pregnancy and abortion (69.3%) and greater spacing between births, reducing the risk of infant and child mortality (10%). Suggestions proposed for improvement in family planning uptake by clients such as Establish knowledge and database system for policy, program and plan formulation (10.7%), promote responsible parenthood through FP classes (27.1%), promote Pre-Marriage Counselling Program (14.3%), strengthen the On-line Reporting System on Reproductive health/Family Planning and work for its harmonization (10.7%) and train more staff on family planning services (13.6%) (Table VI).

Table VII: Success made and improvement strategies

What can be done to improve family planning services in terms of:		
i) Services provided to clients		
a)Establish knowledge and database system for policy, program and plan formulation	15	10.7
b)Promote responsible parenthood through FP classes and	38	27.1
c) Promote Pre-Marriage Counselling Program	20	14.3
d) Strengthen the On-line Reporting System on Reproductive health/Family Planning and work for its harmonization	15	10.7
e) Train more staff on family planning services	19	13.6
Success made in FP services		
Many more women come for the services	14	10.0
Reduced unwanted pregnancy and abortion	97	69.3
Greater spacing between births, reducing the risk of infant and child mortality	14	10.0
Reasons		
Train more staff on family planning services	13	9.3
Health system need to make all the FP services available to clients	47	33.6
Reduce cost of family planning services for clients	25	17.9

Discussion

According to the services offered in health units that are considered family planning, less than 50% of the health care providers offer all the aspects of family planning. All the aspect of family planning services are offered in health units for the following reasons: delaying pregnancies in young girls who are at increased risk of health problems from early childbearing, preventing pregnancies among older women, who also face increased risks, helps couples avoid unintended pregnancies as well as reduces the spread of sexually transmitted diseases [5], [6].

Other family planning units knew and offered just three family planning services, including contraceptive services, pregnancy Testing and Counselling and Sexually Transmitted Disease services [15]. Some health units

offer family planning services only before pregnancy and after pregnancy. According to the result, the most used services by clients were the provision of contraceptive and premaritalcounselling/preconception care (P<0.001) [12]. This is because such services are simple to use, cheaper to afford, and clients are not aware of other services. Therefore, if the clients are aware of these services, they will better make use of them.

Most women do not make use of family planning services because of lack of knowledge on the importance of family planning as well as lack of family planning services in health facilities closer to their area of residence. Some reasons given by family planning service providers why some of the Family Planning services are lacking in their health facility were issues of lack of finance, lack of trained personnel and lack of office space (P<0.001). This stress the need for more education on all the aspects of family planning on the side of the health providers [9]. When they are well equipped with knowledge on the uses and on the importance of family planning services, they will serve the public well. it is this lack of knowledge that makes them to provide few aspects of family planning services or none. That is why most women complain of lack of family planning services in their health areas (P<0.001).

Nevertheless, some levels of success have been and are being made in Family Planning services including many more women coming for Family Planning services, reduced unwanted pregnancy and abortion, and greater spacing between births, reducing the risk of infant and child mortality [14]. To improvement in family planning uptake by clients and to improve on the success of family planning services, suggestions were proposed such as establish knowledge and database system for policy, program and plan formulation, promote responsible parenthood through Family Planning classes, promote Pre-Marriage Counselling Program, strengthen the On-line Reporting System on Reproductive health/Family Planning and work for its harmonization and training of more staff on aspects of family planning services [12].

Conclusion

Only 36.4% of healthcare providers offer all the aspects of family planning, while others knew and offer only three aspects of family planning services, such as contraceptive services (27.1%), pregnancy testing and counselling (6.4%) and Sexually Transmitted Disease services (3.6%).

Some health units offer FP services when the woman wants to get pregnant (10%), and after birth (30.7%).

The most used services by clients were the provision of contraceptive (48.6%) and premarital counselling/preconception care (31.4%), while least used Family planning services by clients were sexual and reproductive health education (21.4%), sex determination (27.9%) and breast/cervical cancer screening (7.1%).

On the utilization of family planning services by clients, most women do not make use of family planning services because of lack of knowledge on the importance of family planning (43.6%) as well as lack of family planning services in health facilities closer to their area of residence (19.3%).

Some of the Family Planning services are lacking in their health facility such as lack of finance (25%), lack of trained personnel (19.3%) and lack of office space (6.4%).

Recommendation

Therefore, the following recommendations are made:

- ✓ All health centres and hospitals should consider all aspect of family planning services as an integral part of maternal and child health with Primary Health Care services at all levels to ensure the provision of complete Family Planning services.
- ✓ The ministry of public health should develop an education program on all the aspects of family planning on the side of the health providers. When they are well equipped with knowledge on the uses and on the importance of family planning services, they will serve the public well.
- ✓ The health system should establish knowledge and database system for policy, program and plan formulation, promote responsible parenthood through Family Planning classes, promote Pre-Marriage Counselling Program, strengthen the on-line Reporting System on Reproductive health/Family Planning and work for its harmonization and training of more staff on aspects of family planning services.

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