A STUDY ON THE ROLE OF COUNSELLING SERVICE AND FOLLOW-UP IN THE USE OF FAMILY PLANNING METHODS

Mithat Kıyak, M.D.* / Nuray Yolsal, M.D. / Sevcan Erdal*****

* *Department of Health Education, School of Health Education, Marmara University, Istanbul, Turkey.*

** *Department of Public Health, School of Medicine, Istanbul University, Istanbul, Turkey*

*** *Küçükçekmece Health Education and Research District, Halkalı, Istanbul, Turkey*

ABSTRACT

Objective: The present study aimed to evaluate the effectiveness of counselling service and follow-up procedure for family planning in two suburban areas of the Küçükçekmece Health Education and Research District in Istanbul.

Methods: Midwives were trained in family planning by physicians. Ten women for case and 10 women for control groups were chosen for each midwife from the follow up records of fertile women, and 455 women in total who did not use any family planning methods were chosen for case and control groups. The groups were followed up monthly, as case groups were given counselling service on family planning. Control groups received only routine health service. The attitudes of women in all groups were followed for two years. Then the program was extended to the whole district, and data related to the use of family planning methods for the last five years was evaluated.

Results: Sixty seven point four percent of the women in the case groups and 43.4% of the control groups began using family planning methods when the program ended. The rate increased up to 78% for the following years and then saturated.

Conclusion: The women in the district were put in touch with family planning users, and the use of family planning methods increased. For the use of modern family planning methods more efficiently in the community, the methods should be offered free of charge and counselling service should work in harmonious coordination.

Key Words: Family planning, Family planning methods, Counselling service.

INTRODUCTION

With 64% of its 65 million people living in urban settlements, Turkey is a country of high fertility and high infant mortality rates: 42.7 per 1000 live births (1). In Turkey, as in the other developing countries, women during their reproductive ages, the newborn, infants and toddlers form the main risk groups in matters of health. The problems of these risk groups are more obvious in rural areas. Women of reproductive age constitute 23% of the population, and the total fertility rate is 2.6% (1). In the country, family planning services have been offered legally since 1965. According to the Act passed in 1965, every individual had the right to have the number of children as he/she wanted and the right to use all birth

(Accepted 13 July, 2001) *Marmara Medical Journal 2001;14(4):232-237*

Correspondance to: Mithat Kıyak, M.D, - Department of Health Education, School of Health Education, Marmara University, Kartal, Istanbul, Turkey.

e.mail address: mithatkiyak@icqmail.com

control methods known at the time except for induced abortion and voluntary sterilization (2). In later years, the law was revised, and came into effect in 1983. With this Act, induced abortion of pregnancies (up to 10 weeks) and sterilization operations on men and women performed by trained health personnel were allowed. The distribution of family planning materials and use of methods was legalized (3). Thus, Turkey became one of the countries with the most liberal legislation on family planning and abortion (4).

Although the prevalence of contraceptive use varies from one region to another according to the socioeconomic status, level of urbanization and the use of available services, on average it is accepted by 63.9% of the families. However, the most frequently used method is still coitus interrupts (24.4%). The percentage of families using modern family planning methods is 37.7%; of these, the most frequently used method is IUDs 19.8%. However, in the general population, 66.4% of families do not wish to have any more children (1). Under these conditions, the real problem seems to be the lack of availability of adequate information on modern family planning methods; and both qualitative and quantitative deficiencies of the service units.

Though the organization and endorsement of family planning services has top priority, there are handicaps, and it is sometimes difficult for the families to obtain family planning information and services. On the other hand, most of the midwives working in health centers are not adequately trained in family planning matters and are consequently not able to inform and educate their patients. In the present study, we aimed to evaluate the change in the attitude of women in the 15-49 age group towards the use of modern family planning methods as a result of continuous follow-up and education by midwives acting as family planning counsellors.

MATERIALS AND METHODS

This is a research study performed in Avcılar and Halkalı (Küçükçekmece district), two suburban areas of Istanbul during 1990-1992. The Medical Faculty of İstanbul University conducts research and educational activities in this area. Midwives at the health center make house calls and give prenatal and infant care. Women living in the area apply to the health centers and are provided with family planning, immunization and clinical services. A midwife is responsible for providing service for a population of 2500 on mother-and-child health issues in her routine work.

In this research study, 30 midwives were trained as family planning counsellors by role-play techniques, posters and similar methods on family planning and public education. Ten women were selected for the intervention (case) and ten for the control groups from the area, for each midwife. All women selected were married and in their reproductive ages and did not previously use any modern methods. In this way, 455 women in total, were monitored by 30 midwives, at monthly intervals for one year.

During their visits to both groups, the midwives provided education on matters such as general health care, prenatal care, labour, infant care, nutrition, development and education. In addition, during each visit the case group was informed on family planning methods such as oral contraceptives, IUDs, diaphragms, spermicides and condoms through demonstration of the devices, posters and booklets. In the case group, those beginning to use the methods could contact a midwife in events of problems and could get priority service. The control group was also given the same priority if they so wanted. The oral contraceptives, IUDs and condoms used in the study were supplied free of charge. Women deciding to use a family planning method in both groups were invited to the health center. After undergoing physical and gynecological examinations, they were allowed to choose one of the appropriate methods. Tubal ligation was also suggested as a method, but not offered as a service as there were not enough centers to perform the operation and the cost of such an operation was not included in this study.

Specifications concerning age, number of pregnancies, number of living children and the number of induced abortions were recorded on follow-up charts. Information concerning the modern family planning methods used and the date on which the use began was also noted. In the second year of the study, visits discontinued. At the end of this second year, the percentage of

women still continuing to use a modern family planning method was determined. Then the research study was extended to whole district for all reproductive women and midwives gave counselling service in the area for which they were responsible. Family planning data were recorded. Data collected until the year 2000, was evaluated.

RESULTS

Four hundred and fifty five women in total, were monitored during one year. Two hundred and seventy three women (60%) were in the intervention, and 182 women (40%) in the control groups. The demographic characteristics of the women are given in Table I. No significant difference concerning age, educational status, number of pregnancies, live births and induced abortion was found by bivariate comparisons. It was observed that in both case and control groups, none of which used modern family planning methods previously, the rate of use of modern family planning methods increased with time. After six months, 77.7% (212 women) of the intervention group, and 47.3% (86 women) of the control group began to use a modern family planning method.

The increase in the use of family planning methods in the control group seems to be an unexpected result, but the two groups were chosen among women living in the same district. They communicated with each other. Of those using a family planning method in the intervention group, 46% (97) began to use IUDs, 14% (29) oral contraceptives; 36% (77) condoms, and 4% (9) spermicides. These rates for the control group were 30%, 20%, 47%, and 3% respectively. At the end of the first year, 160 of 212 women in the intervention group who had started to use a family planning method by the sixth month of study, continued on using family planning method. Fifty two of 212 women discontinued due to various reasons at different times. By the end of the first year, total of 184 women were using effective methods. In the control group, 16 of the 86 women discontinued method use due to various reasons too. Nine of these women began to use another method. Seventy nine women continued to use a modern family planning method. The distribution of family planning methods during the study is shown in Table II.

No visits were made for the case and control groups after the first year of the study, and midwives gave counselling service to whole area

Table I.: Demographic characteristics of women aged 15-49 in intervention and control groups

	Intervention (case) group		Control group		Statistics
	n	%	n	%	Analysis
Age group					
15-24	82	30.04	48	26.37	x^2= 1,14
25-34	143	52.38	96	52.75	p<0.56
35-49	48	17.58	38	20.88	
Level of education					
Literate	55	20.14	46	25.28	x^2= 3,49
Primary school	203	74.36	121	66.48	P<0.17
High School	15	5.50	15	8.24	
Number of pregnancies					
1	47	17.21	35	19.23	x^2= 0.42
2-3	125	45.79	84	46.15	P< 0.81
4+	101	37.00	63	34.62	
Number of living births					
1	56	20.51	41	22.53	x^2= 0.30
2-3	159	58.24	102	56.04	P< 0.86
4+	58	21.25	39	21.43	
Number of induced abortions					
0	216	79.12	155	85.16	x^2= 2.22
1	32	11.72	14	7.70	P< 0.33
2-3	20	7.32	10	5.50	
4+	5	1.83	3	0.54	
Total	273	100	182	100	

Table II.: Distribution of women using family planning methods in intervention and control groups.

Methods		Six months later		One year later		Two years later	
		I	C	I	C	I	C
IUD	n	97	26	103	31	84	35
	%	35.5	14.1	37.7	16.8	42.0	28.0
Pill	n	29	17	23	14	8	9
	%	10.6	9.2	8.4	7.6	4.0	7.2
Condom	n	77	40	56	32	23	17
	%	28.2	21.7	20.5	17.4	11.5	13.6
Spermicides	n	9	3	2		2	4
	%	3.2	1.6	0.7		1.1	3.2
Female	n	-	-	-	-	2	1
sterilization	%	-	-	-	-	1.0	0.8
Subtotal	n	212	86	184	79	117	66
	%	77.65	47.25	67.4	43.4	58.5	52.8
Non-medical	n	61	96	89	103	83	59
	%	22.34	52.74	32,6	57.1	41.5	47.2
All	n	273	182	273	182	200	125

I: Intervention (case) group
C: Control group

Table III.: The use of family planning methods in a whole district in successive years.

	1993 (TDHS)	1994	1996	1997	1998	1998 (TDHS)	1999	2000
	%	%	%	%	%	%	%	%
TOTAL	62.6	76.3	77.2	78.8	63.9	77.8	76.5	79.5
Modern method	**34.5**	**37.0**	**38.3**	**42.3**	**37.7**	**46.9**	**44.4**	**47.1**
Pill	4.9	6.3	5.3	4.9	4.4	6.1	5.3	6.1
IUD	18.8	21.3	23.3	25.9	19.8	27.0	26.1	25.8
Condom	6.6	6.0	6.7	8.0	8.2	9.9	8.9	11.2
Female sterilization	2.9	2.1	2.3	2.7	4.2	2.7	3.1	3.1
Vasectomy	0	0.01	0.05	0.08	0.0	0.04	0.06	0
Norplant	0	0.01	0.03	0.06		0.1	0.14	0.2
DMPA	0.1	0	0.05	0.1	0.5	0.7	0.6	0.6
Jelly	1.2	1.3	0.6	0.6	0.6	0.4	0.2	0.2
Traditional method	**27.8**	**39.3**	**38.9**	**36.5**	**25.5**	**30.9**	**31.9**	**32.4**
Withdrawal	26.2	37.4	38.6	36.3	24.4	30.7	31.9	32.4
Other traditional	1.6	1.9	0.3	0.2	1.1	0.2	0.01	0.01
Non-users	**37.4**	**23.7**	**22.8**	**21.2**	**36.8**	**22.1**	**14.5**	**20.5**

TDHS: Turkish Demographic and Health Survey

for which they are responsible. The data given in Table III show that family planning methods were used by up to 80% of the women in the following years and tended to saturate. Modern and traditional methods had the same rate of use before 1997. Then traditional methods were replaced by modern methods after 1997, but the rate of total users remained almost the same. As seen in Table III and in Figure 1, the use of family planning methods in whole district showed a slight increase from 76.3% to 79.5% between 1994-2000. There was an apparent increase in the rate of women using modern methods from 37.0% to 47.1%.

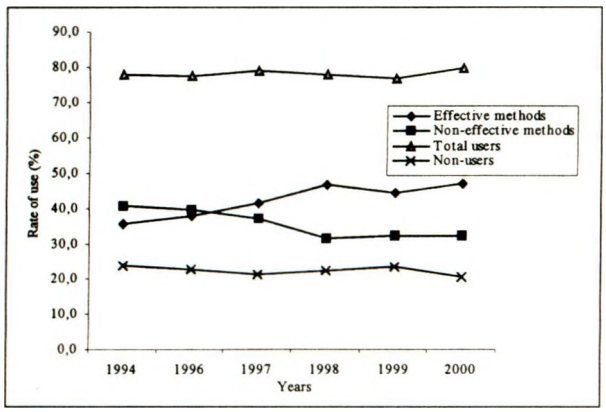

Fig. 1 : The attitudes of a community in the Küçükçekmece Health District on the use of family planning methods.

DISCUSSION

In 1982, the rate of use of modern family planning methods in the Avcılar Region was determined to be 26.1% (5). In the following years the rate of use of these methods in the Silivri Region (İstanbul) was 30.3% (6). In a group study conducted in the Avcılar and Halkalı regions (for 600 women) in 1990, the rate was found as 46% (7). In 1992, 12761 women in the Avcılar, Halkalı, and Mahmutbey regions were interviewed on family planning methods and 44% were already using a modern family planning method (8). Surveys conducted by the Hacettepe University, Institute of Demographic Studies (National Surveys) indicate that, the rate of the use of modern family planning methods was 18% in 1978, 31% in 1988, 34.5% in 1993 and 37.7% in 1998 (1,9,10). Another study conducted in Sefaköy, (İstanbul) between 1988-1991 by non-health care personnel, who made continual house calls and acted as counsellors, showed an increase in the rate of use of modern family planning methods from 21.5% to 59% (11).

In our study, among the women who had not used any family planning methods previously, 47.25% of those in the control group began to use a method within one year, and 77.6% in the intervention group, after continuous education and counselling. This significant difference reflects the effectiveness of continuous education, counselling, and health service. The increase from 0% to 47.3% in the use of family planning methods among the control groups can also be due to the previous lack of routine health services.

The comparison of our rate with that obtained in the Sefaköy study shows the benefits of education and counselling services provided by health care personnel, which should never be underestimated (11). While the favourite method in the Sefaköy study was the condom (37 %) followed by oral contraceptives (27.4%), and IUDs (14.9 %); in our study the most preferred method was IUDs (45.8%), followed by condoms (36.3%), and oral contraceptives (13.7%). In the Sefaköy study 19.4% preferred spermicides while this rate was 3.5% in our study (11). Spermicides were not provided free of charge while free of charge application of IUDs and the probable influence of health personnel gave rise to a bias in favour of this method (in spite of frequent reminders of the necessity to be unbiased). In our study the favourite method in the (15-25) and (26-35) age groups was IUDs, whereas the second most preferred one was the condom. These results are similar to the 1988 National data on Turkey in general (10). In Silivri, the most preferred method was oral contraceptives and the second, IUDs in the group older than 35 years of age (7).

As mentioned above, we may suggest that, the women in the control group communicate not only with the service providers but also with the women in case group; so, the use of familly planning methods increased in the control group too. As a result, the rate of non-users decreased. In 1987, regions in Bangladesh where there was a higher rate of contraceptive use were found to have been visited more often than the regions where family planning was less common (12). Similarly, in South Korea in 1978, counselling by service providers for two years was considered to be the cause of an increase in the use of modern methods. However counselling was not given in the second year, and this caused a discontinuation (13).

In order to increase the use of modern family planning methods in communities, number of alternative methods should be introduced, and these methods should be offered free of charge and service units should work in harmonious coordination. The most important element of success is the behaviour of managers at all levels. As a result, health managers should determine annual targets, and discuss and evaluate the effectiveness of the units with

respect to those targets. As in many activities, the way to become successful in family planning goes through continuing evaluation.

REFERENCES

1. *Turkish Demographic and Health Survey 1998, Hacettepe University, Institute of Population Studies and Macro International Inc. Ankara:1999: 45-104.*
2. *Population Planning Law 557, 1965 Official Bulletin of Turkish Republic.*
3. *Population Planning Law 2827, 1983 Official Bulletin of Turkish Republic.*
4. *Laws and Policies Affecting Fertility: A Decade of Change. Population Reports Series, E N7. Johns Hopkins School of Public Health, Population Information Program. Baltimore: Nov. 1984.*
5. *Avcilar Health Center, 1982 Report of Activities,1983.*
6. *Akinci T, Gencer E. Knowledge of attitudes and behaviors towards family planning of married women in the age group 15-49 in region of Silivri Health Center. Istanbul Bull of Pub Health 1990; 5: 7-22.*
7. *Bulut A, Kiyak M, Hacioglu S, Yolsal N. Organization of health care in Turkey Past-Present- Future. In: Chytil, MK, ed. Int. Conf. on System Science in Health Care. Prag: Omnipress Publishing, 1992: 239-242.*
8. *Küçükçekmece Health Education and Research Center, 1992 Report of Activities, 1993: 5*
9. *Turkish Demographic and Health Survey, 1993, Ministry of Health, Hacettepe University, Institute of Population Studies and Macro International Inc. Ankara:1994: 37-50.*
10. *The 1988 Population and Health Survey. Hacettepe University, Institute of Population Studies. Ankara: 1989:46-72.*
11. *Bulut A, Yolsal N, Kartoğlu U, et al. Promotion of family planning practice through door-to-door education by non-professionals in an urban squatter area. Bull Istanbul Med. Fac. 1993; 56: 17-24.*
12. *Bangladesh Asia Foundation. Improving the Performance of TAF Subproject: Phase 3 (proposal) October 20, 1987: 30 (Unpublished Report).*
13. *Jain SC, Kanagaratnam K, Pauls JE. Management development in population programs, Chapel Hill, North Carolina: University of North Carolina, 1981: 407.*