Rapid Training Need Assessment Survey For Family Planning

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Abstract: Aim: Thus the purpose of this study was to find out the level of knowledge and difficulties faced by them in providing Family planning services in order to demonstrate the impending need for training of primary care physicians in this area. Objectives: To assess the knowledge and prescription practices about different contraceptive methods among primary care physicians and to identify the need for updated information on contraceptive choices among primary care physicians. Methodology: Rapid training need assessment survey was conducted in four EAG states using a self-administered questionnaire. Total nine centers among these states were selected by purposive sampling. A semi-structured pre-tested questionnaire was administered to all the participants. Results: On an average each participant (physician) caters 800 patients per month. Out of these, 82 percent seek contraceptive advice. Only 59 percent of participants responded that they were aware of newer contraceptives. 94 percent responded that there is need of updating knowledge on newer contraceptive methods. Among them, 82 percent consented that they would undergo training course on contraceptive methods. Conclusion: Many of the participants desired for training course on newer contraceptives which would enable them to cater contraceptive needs of their patients. The newer contraceptive methods were less familiar due to lack of knowledge about them. This rapid need assessment survey indicated that there is an impending need for training on comprehensive contraceptive methods of primary care physicians.

Keywords: Rapid need assessment survey, Contraception, Unmet Need, India, primary care physicians, training, Family planning.

1. Introduction

In 1950, India's total fertility rate was approximately 6 (children per woman). In 1951, India became the first country in the world to launch Family planning programme. In the year 1983 and 2000 the National Population Policy formulated and was revised to stem the growth of the country's population. One of the primary goals of the policy was to reduce the total fertility rate to 2.1 by 2010. According to NFHS-3, total unmet need for contraception is 13%. Though the Reproductive and Child health programme under the umbrella of National health mission address the issue of unmet need, states like Madhya Pradesh, Uttar Pradesh, Bihar, Rajasthan continues to contribute to the country expanding population with an average Total Fertility Rate (TFR) of 3.3. Ensuring access to appropriate, safe and quality contraceptive choices for all its citizen is one of the most important responsibilities of the country and State. Lack of trained health professionals and the cultural hindrances in acceptance of contraception are major shortfalls in population stabilization.

During various interactions with Federation of Obstetrics & Gynecologist Society of India (FOGSI) office bearers and members during International Congress in Jaipur (July 2012) and meetings with professionals from eminent bodies like Indian Medical Association, Indian Medical Association-College of General Practitioners, Association Physicians of India, training on comprehensive methods of contraception emerged as a felt need of health care providers for addressing the issue of population stabilization.

An educational initiative of Public Health Foundation of India (PHFI), FOGSI and United Nations Population Fund (UNFPA) can address this issue by implementing the desired knowledge and skills to primary care physicians. This initiative of evidence based “Certificate Course on Comprehensive Contraceptive Measures” would enable the physicians to enhance their knowledge and counseling skills in prescribing contraceptive methods to their clients. It is an effort to translate and transfer emerging evidences on contraceptive methods planning methods into practice.

In account of high fertility rate and unmet need for contraception in Empowered action group (EAG) states, Rapid Training Need Assessment among the primary health physicians was conceptualized in these states to measure the need for Training on contraceptive methods.

2. Objectives

1. To assess the knowledge and prescription practices about different contraceptive methods among primary care physicians.
2. To identify the need for updated information on contraceptive choices among primary care physicians.

3. Methodology

Rapid training need assessment survey was conducted in four EAG states using a self-administered questionnaire. Total nine centers among these states were selected by purposive sampling. These centers are training sites for PHFI & Dr. Mohan’s Diabetes Education Academy (DMDEA) Certificate Course on Evidence based Diabetes Management (CCEBDM, Cycle –II).

The Survey was conducted among all the 84 participants who were undergoing training for “Certificate Course on Evidence based Diabetes Management” program at these training sites. The eligibility criteria of the participants to join this course was MBBS degree and those having post-graduate qualifications (M.D, PhD, D.N.B. Degrees and Diplomas). These participants are primary care physicians/practitioners working in both public and private sector.
The survey was conducted in the month of September and October 2012 by CCEBDM evaluators/observers. All the evaluators were briefed and oriented about the objectives and purpose of rapid assessment survey. A semi-structured pretested questionnaire was administered to all the participants by them.

Semi-structured questionnaire consisted of four parts:-
1. Participant information
2. Clinical practice information
3. Practice about contraceptive methods
4. Feedback about need of comprehensive course on contraception

This was followed by a detailed interview. All completed questionnaires were sent to the PHFI office located at Delhi by the evaluators for processing. The data entry and data maintenance was done manually in Microsoft Excel 2007, along with the generation of required graphs and tables.

<table>
<thead>
<tr>
<th>S. No</th>
<th>States</th>
<th>CCEBDM Centers</th>
<th>No. of Participants</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Jharkhand</td>
<td>Jamshedpur</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Jharkhand</td>
<td>Ranchi</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Madhya Pradesh</td>
<td>Gwalior</td>
<td>8</td>
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<td>4</td>
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<td>Indore</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Madhya Pradesh</td>
<td>Jabalpur</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Rajasthan</td>
<td>Udaipur</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
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<td>Jaipur</td>
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<tr>
<td>8</td>
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<td>Meerut</td>
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<tr>
<td>9</td>
<td>Uttar Pradesh</td>
<td>Varanasi</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>

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**Table 1:** Distribution of survey participants in nine CCEBDM Centers across four EAG states

Questionnaire for Training Assessment Need

1. How many patients do you see on monthly basis (Number) ____________
2. Out of those patients, do you get patients who require Contraception? Yes ............... No ............
3. Do you advise / prescribe Contraceptives? Yes ......................... No ............
4. If Yes, What Kind of Contraceptives?
   a) Intrauterine Contraception (IUD’s) Yes ......................... No ............
   b) Hormonal contraception’s (Pills) Yes ......................... No ............
   c) Implants Yes ......................... No ............
   d) Emergency contraception Yes ......................... No ............
   e) Barrier methods (condoms) Yes ......................... No ............
   f) Any other

5. If No Why

6. Are you aware of new contraceptives Methods? Yes ......................... No ............

7. If yes, please specify:
   a) Injectable Yes ......................... No ............
   b) Implants Yes ......................... No ............
   c) Female condoms Yes ......................... No ............
   d) LNG-IUD Yes ......................... No ............
   e) Trans cervical sterilization Yes ......................... No ............
   f) Vaginal rings etc Yes ......................... No ............

8. If Yes, do you prescribe them? Yes ......................... No ............

9. If No why?

10. Do you think you need to be updated about newer contraceptive methods for female/male? Yes ......................... No ............

11. If yes, would you like to undergo a training course on comprehensive Contraceptive Measures? Yes ......................... No ............

12. How will it help you as a physician?
   a) By increasing your knowledge
   b) By increasing scope of your treatment

Thank you for spending your valuable time and for agreeing to participate in this survey.
4. Findings / Results

4.1 Findings and Analysis

On an average each participant (physician) caters 800 patients per month. Out of these, 82 percent (fig.1) seek contraceptive advice.

![Figure 1: Patients Seeking Contraceptive Advice](image)

74 percent of the participants’ advice contraceptives to their clients and the most commonly prescribed contraceptive was barrier method.

![Figure 2: Awareness Regarding Newer Contraceptives among Participants](image)

Fig. 2 shows the awareness of participants about the newer contraceptive methods. Only 59 percent of participants responded that they were aware of newer contraceptives. Of these 59 percent, most of the participants (80 percent) were aware only of injectable contraceptives, implants and female condoms. 40 percent of them advised newer contraceptives to their clients while the rest preferred to direct their clients to Gynecologists. Reasons cited by the participants for not advising or prescribing newer contraceptive methods was inadequacy of knowledge regarding it.

![Figure 3: Willingness among Participants to get Updated Training about Contraceptive Measures](image)

Most of the participants (94 percent) responded that there is need of updating knowledge on newer contraceptive methods. Among them, 82 percent (fig.3) consented that they would undergo training course on contraceptive methods. In the detailed interview, many of the participants desired for training course on newer contraceptives which would enable them to cater contraceptive needs of their patients. Many were found not practicing due to lack of updated knowledge on contraceptives.

5. Conclusion

This survey demonstrated that demand for contraceptive services is huge in the clients. Majority of the practitioners were prescribing only barrier methods of contraception. The newer contraceptive methods were less familiar due to lack of knowledge about it. Thus there is an impending need of training on comprehensive contraceptive methods. As per the experience in conducting CCEBDM course these practitioners exhibited willingness to pay for updating and upgrading skills in contraceptive methods. PHFI, FOGSI and UNFPA can collectively contribute to tackle this issue by an educational initiative of developing “Certificate Course on Comprehensive Contraceptive Measure” which will create a platform for building capacity of existing health care providers.

References