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A STUDY OF PATIENT COUNSELLING  
IN  
CORPORATE AREA FAMILY PLANNING CLINICS

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1.

INTRODUCTION

Studies have been undertaken in recent years aimed at assessing the functions and tasks of the various personnel operating in family planning clinics throughout the island, as well as to study the operations of family planning clinics in the Corporate Area of Kingston and St. Andrew. (1)

One fact brought to light by these studies is that very little in the way of education was being done in the family planning clinics, and in those clinics where there was some family planning education, this was the task of the public health nurse. (1)

Although the National Family Planning Board has been aware of this problem and has organized an intensive educational programme within family planning clinics since 1972, it is still felt by many that this programme is not as effective as it might be.

On the basis of this as well as on the suggestion of a consultant, it was decided to undertake a survey to investigate what new acceptors of contraceptive methods know about the particular methods they have decided to use.

This is a report of the study. A copy of the proposal is attached. (Appendix A).

It is hoped that the findings from the study will help the National Family Planning Board to further reorganize and intensify the educational programme in family planning clinics.

1 Smith; Karl A: Operational Studies I & II; Unpublished, University of the West Indies

2. PURPOSE AND OBJECTIVES

2.1. Working Hypotheses

The study was based on the hypotheses that --

- 2.1.1 The new acceptor does not know how to use effectively the contraceptive method prescribed.
- 2.1.2 He/she does not know how to handle adequately side-effects which may follow.

2.2. Specific Objectives

The objectives of the study were:

1) To ascertain what a new acceptor of a contraceptive method, at the time he or she leaves a family planning clinic, knows about the use of the particular method chosen or prescribed.

11) To determine whether or not the new acceptor knows enough about the particular method chosen or prescribed to be able to cope with any side effects which may occur.

2.3. Definition of Units of Study

A new acceptor was defined as:

- a) A client who accepts a particular contraceptive method for the first time.
- b) One who was visiting the particular family planning clinic in the Corporate Area for the first time, regardless of whether the client had previously used the method prescribed.

3.

METHOD OF STUDY3.1. Sampling Procedure3.1.1 Ranking and Selection of Clinics

The initial step was the collection of data for each family planning clinic in the Corporate Area. These data were concerned with:-

1. Number of attendants monthly
2. Number of new acceptors monthly
3. Number of sessions monthly,  
and were made available by the statistician  
at the National Family Planning Board.

On the basis of the data obtained for each of the family planning clinics, it was possible to stratify these clinics into three categories.

Category 1

Clinics operating six days each week - (that is, all day sessions Mondays to Fridays and half day sessions on Saturdays).

Category 2

Clinics operating less than six sessions but more than one session per week - this includes clinics operating two sessions (one morning and one evening session) on some days and no session on other days.

Category 3

Clinics operating one or less than one session per week - that is one session each week or one session every other week.

Within each stratum the clinics were further ranked on the basis of the average number of new acceptors per session. These calculations were based on statistics for January - September, 1972. A one-in-three random sample of clinics was chosen from each stratum and based on the monthly average of new acceptors in any one clinic for the nine month period, January to September 1972, a proportionate number of the total number of interviews was done in each clinic chosen.  
(See Appendix C)

### 3.1.2 Response Rate

It was decided to conduct the investigation within selected family planning clinics in the Corporate Area, and to interview 600 clients as they were about to leave the family planning clinics with their selected or prescribed method. Six interviewers were employed for this purpose and conducted the interviews by means of a standard questionnaire. (See Appendix D).

It had been anticipated that with six interviewers working for six weeks the total of 600 interviews would have been completed, but this was not realized due to two main factors:-

- a) lower attendance of new acceptors per session in some clinics than had been anticipated, and
- b) two interviewers found it difficult to continue working for more than four weeks.

The duration of the study had, therefore, to be extended for a further two weeks, giving a total interviewing time of eight weeks.

Table I shows the expected number of interviews as well as the actual number of interviews done in the selected clinics. (See Appendix B for list of clinics and addresses).

### 3.2 Training of Interviewers

Six interviewers were carefully selected after being interviewed by members of staff of the Unit. During two weeks of training they were given information primarily on the techniques of interviewing but also on the anatomy and physiology of reproduction and on contraceptive methods. Besides this they gained skills in interviewing and in the use of the questionnaire by conducting mock interviews among themselves. Two field pretests of the questionnaire were conducted and these also helped to further improve the skills of the interviewers.



Table IInterview Coverage In Selected Corporate Area Family Planning Clinics

<u>Clinic Selected</u>	<u>Required Number of Interviews</u>	<u>Actual Number of Interviews</u>	<u>Percentage Coverage</u>
JFPA (East Street)	145	142	97.7
UHWI	41	51	124.4*
VJH	256	264	103.1*
Kiwanis	50	34	68.0
Waltham Park	38	41	107.9*
Rollington Town	21	23	109.5*
Child Welfare Clinic	19	18	94.7
Harbour View	11	12	109.1*
Barbara Manley	7	6	85.7
Greenwich Town	7	8	114.3*
Lawrence Tavern	4	4	100
Wellco	1	1	100
<b>Total</b>	<b>600</b>	<b>604</b>	

\*Table I indicates that in some clinics there was more than 100% coverage. This was due in some cases to the fact that there were more new acceptors at a particular clinic than had been anticipated. This might also be related to the difference in definition of new acceptors between the family planning clinic staff and the organizers of the study.

The fact of more than 100% coverage in some clinics was also due to the presence of more than one interviewer. In clinics where it was anticipated that more than five new acceptors would be present at any one session, more than one interviewer was stationed at the clinic. With two interviewers working and a greater number of new acceptors than had been anticipated, the coverage was increased.

4.

ANALYSIS OF DATA

A total of 604 interviews was completed and processed. The data were coded and transferred to IBM cards. Tabulation of the data was carried out in the computer centre of the Department of Mathematics, U.W.I., Mona. Statistical tests of significance were done using the chi-square one sample test (Siegel pp 40-47).

5.

RESULTS5.1 Description of Respondents5.1.1 Age

The age distribution of the 604 new acceptors interviewed was as follows:-

139 (23.01%) were in the 15-19 age group, 223 (36.92%) were between the ages of 20 and 24 years while the 25-44 age group accounted for a further 240 (39.73%). There was only one (1) respondent over 45 while another one (1) respondent did not know her exact age.

5.1.2 Sex

Of the 604 clients interviewed, 24 (3.97%) were male while 580 (96.02%) were female.

5.1.3 Educational Background

Most of the respondents, 371 (61.42%) had had between one and six years of primary education; 100 (16.56%) junior secondary education; while a further 22 (3.64%) had had comprehensive or technical and vocational education. An

additional 70 (11.59%) had some secondary education with only 3 (0.50%) having attained the level of 6th form secondary education.

The details of the educational level attained are shown in Table II below.

Table II

Educational Level Attained - Sample Population

<u>Educational Level</u>	<u>Number</u>	<u>Percentage</u>
None	2	0.33
Primary Grade 3	25	4.14
Primary Grade 4-6	346	57.28
Junior Secondary	100	16.56
Comprehensive	5	0.83
Technical/Vocational	17	2.81
Secondary Form 1-5	67	11.09
Secondary Form 6	3	0.50
Some Formal & Secretarial	34	5.63
Other	5	0.83
TOTAL	604	100.00

5.1.4. Occupation

Of a total of 604 respondents 297 (49.17%), not inclusive of the 24 (3.97%) who were students, stated that they were employed at the time of the interview, while 283 (46.85%) were unemployed. The occupations of the employed were as shown in Table III below.

Table III

Occupation and Percent Employment for New Acceptors in Corporate Area Family Planning Clinics

<u>Occupation</u>	<u>Number</u>	<u>% of those employed</u>	<u>% of study population</u>
Housewives	59	19.86	9.77
Clerical	54	18.18	8.94
Factory Workers	47	15.82	7.78
Domestic Workers	44	14.81	7.28
Self-employed	24	8.08	3.97
Sales personnel	21	7.07	3.48
*Other	48	16.16	7.95
TOTAL	297	99.98	49.17

As seen in Table IV approximately similar numbers of respondents admitted to using either the condom or the pill and these two methods had been used much more frequently than others; furthermore each had been used by over 30% of respondents.

The other methods used included douching, depo-provera, suppositories and a combination of methods, like the condom and jellies.

Of the 339 (56.21%) respondents giving reasons for discontinuing the use of the contraceptive (See Table V) most frequently used previously, 97(28.61%) mentioned the incidence of side effects, 42 (12.39%) mentioned the fact that the method had proved unreliable and a further 41 (12.09%) had had objections from their partners. Thirty respondents had not stopped using their method. The 'pill' was the method which had been used by 59 (60.82%) of those respondents who had stopped using their method because of side effects.

Some of the other reasons given for discontinuing use of of selected methods are given below.

- Pill users -
1. Wanted a change - shouldn't be used for too long
  2. Can't remember to take tablets
  3. Tired of taking tablets
  4. Didn't enjoy sex anymore
  5. Didn't understand how to take it

- Condom users -
1. Inconvenient for baby's father to get supplies
  2. "My husband fool me with it sometimes - he cut off the head of it".

Other respondents mentioned the lack of a partner and the reduced enjoyment of sexual intercourse. The latter was mentioned by clients practising coitus interruptus.

#### 5.4. Method Accepted at (Pre-interview) Visit to F.P. Clinics

Respondents who had previously visited a family planning clinic and had accepted a contraceptive method, were asked what method they had accepted at the last visit, that is the one previous to this one. The number responding was 221, 36.58% of the total sample population, and constitute the second group of new acceptors - (see definition of new acceptor category (b) - p 2 ).

More than half (57.01%) of the respondents accepting a method at that last visit, accepted the pill; 24 (10.86%) accepted an IUD, the loop; and about 7.0% each accepted Depoprovera, the condom and foaming creams. Table VI shows a distribution of the methods accepted.

Table VI

Method Accepted by Respondents at Pre-interview  
Visit to Family Planning Clinics

<u>Method</u>	<u>Number Accepting</u>	<u>% Accepting</u>
Pill	126	57.01
Loop	24	10.86
Injection	16	7.24
Condom	15	6.79
Foaming Cream	14	6.33
Diaphragm	12	5.43
Foaming Tablets	10	4.52
Foaming Cream + Condom	4	1.81
TOTAL	221	100.00

5.5. Method Accepted At Present (Interview) Visit

The most commonly accepted single contraceptive method was the injection (Depo-provera). This was accepted by 233 (38.58%) of the 604 respondents. The next most popular method was the pill, 130 (21.52%) respondents, followed by the condom 81 (13.41%) respondents. Only 2 (0.33%) respondents accepted a diaphragm.

In 68 (11.25%) cases, more than one method was accepted, usually one being given as a supplement to the other. The condom was given as a supplement in more cases than was any other method.

The distribution of the methods accepted is shown in Table VII.

Table VIINumber and Percentage of Respondents Accepting Particular Contraceptive Methods at Present (interview) visit

<u>Method</u>	<u>Number Accepting</u>	<u>% Accepting</u>
Injection (Depo-provera)	233	38.58
Pill	130	21.52
Condom	81	13.41
IUD	47	7.78
Foaming Cream	28	4.64
Foaming Tablets	15	2.48
Diaphragm	2	0.33
Pill + Condom	18	2.98
Pill + Foaming Tablets	4	0.66
Pill + Condom + F. Tablets	1	0.17
Pill + F. Cream	1	0.17
Condom + F. Cream	20	3.31
Condom + F. Tablets	12	1.99
Injection + Condom	11	1.82
Injection + Condom + F. Cream	1	0.17
TOTAL	604	100.01*

\*Does not add to 100% because of rounding.

5.6. Previous Use of Present Method

Only 116 (19.2%) respondents had previously used the method accepted at the family planning clinic at this last (interview) visit. Of this number 48 (41.37%) had not stopped using the method but were visiting this particular clinic for the first time to obtain further supplies; 20 (17.21%) had stopped using the method because of side effects; 7 (6.03%) just wanted a change of method; 6 (5.17%) had partners who objected to the method and 3 (2.58%) now had no partner and so had stopped using the method. A further 2 (1.72%) had been advised to use a safer method and 27 (23.28%) gave other reasons why they had decided to stop using the method. Among these other reasons were: pregnancy; 'was only using it temporarily'; and 'bad effect of method' on sexual pleasure.

5.7 Selection of Contraceptive Method  
Whose decision and Why:

Of the total of 604 respondents, 465 (76.98%) admitted to having made their own choice with respect to the method accepted. The most common reason given for choice of method was ease of use, while the next most common reason for accepting the particular method was that it was recommended by friends, relatives or medical personnel other than clinic staff.

Table VIII shows the reasons given for selecting the particular method.

Table VIII

Frequency of Reasons Given For Selecting  
Particular Contraceptive Methods

<u>Reasons</u>	<u>Number</u>	<u>Percentage</u>
Health considerations	9	1.94
Reliability of chosen method	48	10.32
Ease of use of chosen method	84	18.06
Partner won't know is using method	8	1.72
Fear of side effects (from other methods)	48	10.32
Had problems with other methods	64	13.76
Method recommended by friends etc.	81	17.42
Other reasons*	39	8.39
No reason	84	18.06
<b>TOTAL</b>	<b>465</b>	<b>99.99</b>

\*For example: Partner will allow only this method, had used previously and likes it, not having sex regularly and gains weight with other methods tried.

5.8 Counselling from Clinic Staff

The relevant questions asked were:

1. Today, did any of the people who work in this clinic tell you anything about this method that you have decided to use? \_\_\_\_\_

If so, who? (Note category of worker) \_\_\_\_\_

2. Did anyone else working in this clinic today tell you anything about this method? \_\_\_\_\_  
 If so, Who? (Note category of worker) \_\_\_\_\_

The responses to these questions indicate that 141 (23.34%) of the 604 respondents could not recall being given, or were not sure if they had been given, any counselling by any member of the particular clinic staff, about the method of contraception accepted at that visit. Of the 463 reportedly receiving counselling, 381 (82.29%) stated that they had received some counselling from at least one member of staff while 81 (17.49%) reported having been additionally counselled by a second member of the clinic staff.

Nurses were more frequently reported as having given counselling to the new acceptors than any other category of staff.

Table IX shows the categories of staff making first and second inputs for new acceptors who were counselled by one or more than one category of worker.

Table IX

Category of Staff Making First Counselling Input, by Category of Staff Making Second Input, for New Acceptors in Corporate Area Family Planning Clinics

Second Counsellor	First Counsellor						Total
	Doctor	Nurse	FP Educator	Midwife	Clerk	PHN	
Doctor	-	19	1	-	1	-	21
Nurse	9	15	8	4	2	2	40
Family Planning Educator	-	7	1	-	-	-	8
Midwife	1	3	4	-	-	-	8
Clerk	1	1	-	1	-	-	3
PH Nurse	-	-	-	1	-	-	1
<b>TOTAL</b>	<b>11</b>	<b>45</b>	<b>14</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>81</b>



5.9. Knowledge Of Use Of Method Chosen; Awareness Of Side Effects And Necessary Action

Table VII above indicates the various contraceptive methods accepted by clients from the family planning clinics. Each client was asked questions concerning the method of use, possible side effects, and action that would be necessary in case side effects were noticed with respect to the particular method or methods accepted from the clinic.

5.9.1. Acceptors Of The Diaphragm

There were only 2 (0.3%) clients from 604 new acceptors, who accepted the diaphragm. Both clients admitted to being counselled by a nurse only and from their responses, seemed to be aware of how to use and care the method. The two clients were also given a spermicidal cream and were aware of how to combine its use with that of the diaphragm for increased effectiveness.

5.9.2. Acceptors Of Foaming Tablets

5.9.2.1. Knowledge Of Use

A total of 31 (5.13%) respondents left the clinics with foaming tablets either to be used separately; 15 (48.38%) or with another contraceptive method. Of these 31 clients, 29 (93.54%) had been counselled by a member of the clinic staff as to the mode of use, but 5 (17.24%) of them did not know what they had been told. Only 2 (6.45%) clients admitted to not having been told how to use the method. In each case the client was a male, and had come to the clinic for both condom and foaming tablets

A large percentage of the respondents (64.52%) knew that one or two tablets should be inserted in the vagina prior to each sexual contact and also knew that they should be inserted between five and ten minutes before intercourse; but, 35.48% of the respondents stated that they had not been told anything with respect to the use of the method if sexual intercourse was to be undertaken more than once within a short time

5.9.2.2. Side Effects And Action That Would Be Necessary

Only 1 (3.22%) respondent accepting this method admitted to having been told of any side effects. This client was told that his partner might experience vaginal burning when using this method and that she was advised to stop using the method if this occurred.

5.9.3. Acceptors Of Foaming Cream

5.9.3.1. Knowledge Of Use

There were 50 (8.28%) clients who accepted the foaming cream either as a separate method or as a supplement to another method. Of these 50 clients, 46 (92.0%) admitted to having been told how to use the method but 3 (6.0%) either could not remember or did not know how they were told to use the method at all.

Only 12 (24.0%) clients knew exactly how long in advance of sexual intercourse the cream should be inserted. The others either responded that they did not know or that they had not been told; or they were not accurate in their responses.

5.9.3.2. Awareness Of Side Effects And Action To Be Taken

Most of the clients (95.9%) reported that they had not been advised about any side effects which might result from using this method. Two clients who admitted to having been told of side effects mentioned a reduction in the flow at the monthly period (which is of course erroneous) and the possibility of pregnancy if the method was not carefully used.

5.9.4. Acceptors Of Intra-Uterine Devices

5.9.4.1. Knowledge Of Use

Acceptors of intra-uterine devices accounted for 7.78% of the sample population of 604 new acceptors.

These clients were asked whether or not they had been told of any precaution they had to take with this method. Of the 47 clients, 20 (42.55%) mentioned that they had been advised to check that the IUD was in place after douching and/or at the monthly period. Another 3 (6.38%)

clients admitted to having been told to wash their hands prior to checking for the presence of the IUD.

When asked about a second precaution, only a further 6 clients mentioned checking on the IUD. Only 28 (59.57%) clients admitted that they had been told to return to the clinic whenever they suspected that the IUD was not in place or was falling out, another 18 (38.29%) clients responding that they had not been told what action to take in this respect; and the other one respondent did not reply.

#### 5.9.4.2. Awareness Of Side Effects

Again 28 (59.57%) of the IUD acceptors admitted to having been told anything about any possible side effects of the IUD; but 12 of these had been advised of more than one possible side effect. Table X indicates the side effects and possible action which clients reported they had been informed about.

Table X

#### First Mentioned Side Effect By Action Necessary As Reported By Clients Accepting Intra-Uterine Devices

Side Effect First Mentioned	Action Necessary			Total
	Return to Clinic	Take Tablets	Do Nothing	
Heavy bleeding	3	1	4	8
Bleeding between periods	1	-	2	3
Abdominal pains	2	7	-	9
**Light periods	1	-	1	2
*Other	2	2	2	6
Total	9	10	9	28

\*Other side-effects mentioned included cramps and nausea.

Of the 12 clients who reported being told of another side effect five each mentioned cramps and abdominal pains and would either return to the clinic or take the (analgesic) tablets given.

\*\*The mentioned incidence of light menstrual flow for users of an intra-uterine device is erroneous as borne out by medical evidence.

Clients accepting IUD's were furthermore asked the following questions -

'Now I am going to read out to you some of the common problems that people using this method may have; tell me what you should do if you noticed them?'

- (a) Suppose you had heavy bleeding at your menses;
- (b) Suppose you noticed some slight bleeding between your real periods;
- (c) Suppose you noticed a discharge from your private parts;
- (d) Suppose you had cramps at your menstruation.  
(See Appendix D - Questions 63-66)

When asked what should be done if the client noticed heavy bleeding at the menses, 25 (53.19%) clients thought they should return to the family planning clinic and 9 (19.14%) did not know what they should do.

When asked about necessary action if bleeding was noticed between one period and the next, 28 (59.57%) clients stated that they should return to the clinic. With respect to menstrual cramps, 14 (29.78%) clients thought that they should return to the clinic if they experienced this problem while 17 (36.17%) thought they should take the tablets given at the clinic. Only one client did not respond to this question. Table XI indicates the action clients using this method would take with respect to specific side effects.

Table XI

Action Proposed By New Acceptors For Specific Side Effects  
Of Intra-Uterine Devices

Action	<u>Specific Side Effects</u>			
	Heavy Periods	Slight Bleeding Between Periods	Vaginal Discharge	Menstrual Cramps
No response	-	-	-	1
Return to clinic	25	28	27	14
Take tablets given	2	-	1	17
Do nothing	5	6	9	7
See a doctor	5	5	7	4
Other	1	1	-	1
Doh't know	9	7	3	3
<b>Total</b>	<b>47</b>	<b>47</b>	<b>47</b>	<b>47</b>

5.9.5. Acceptors Of Condom

5.9.5.1. Knowledge Of Use

A total of 144 new acceptors, that is 23.84% of the sample, left the family planning clinics with condoms. Of these 81 (56.25%) had accepted the condom as a principal method, while the remaining 63 (43.75%) had accepted some other method as well as the condom.

Respondents who had accepted this method were asked which partner was responsible for using the method and the precautions that were necessary when using the method.

A large percentage of condom acceptors, (38.19%) did not know of any precaution that should be taken when using this method. Although 86 (59.72%) clients stated that they knew of some precaution with respect to its use, only 22 (25.58%) of them really knew of, or mentioned appropriate precautions - like leaving a small space between the tip of the penis and the condom, or holding the rim of the

condom around the shaft of the penis while withdrawing.

Only two acceptors of the condom did not know which partner was responsible for using the method.

5.9.6. Acceptors Of 'The Pill'

5.9.6.1. Knowledge Of Use

Of a total of 154 clients accepting 'the pill' 54 (35.06%) did not know the brand name of the pill they had been prescribed. With respect to the first tablet in the first packet, 15 (9.74%) stated either that they had not been told or could not recall when to take this tablet; 5 (3.25%) said they had not been told when by the clinic staff, but knew because they had used this method before; 8 (5.19%) gave incorrect responses and 53 (34.42%) replied that they had been instructed to take the first tablet immediately. Only 73 (47.40%) clients reported having been told to take the first tablet in the first packet of pills on the fifth day of their cycle.

Only 65 new acceptors of the pill were given a second packet of pills and of these 20 (30.76%), could either not recall being told or said they were not told when to take the first tablet in this second packet. A further 11 (16.92%) clients receiving a second packet of pills did not know the correct time for starting this second packet. The 89 clients who received only one packet had been advised to return to the clinic before completing this first cycle.

A total of 142 (92.20%) clients accepting the pill knew how often they should be taken; and of these 67 (47.18%) were advised that the best time to take the pill was at night, and 35 (24.65%) suggested after the evening meal. A total of 31 (21.83%) said either that they were not told or did not know when was the best time to take the pill.

Clients who had accepted 'the pill' were asked what action was necessary if they forgot to take one tablet at the appropriate time. Of the 151 clients responding to this question 84 (55.63%) were aware of what action was necessary, 27 (17.88%) claimed either they were not

told or did not know what should be done, and the remaining 40 (26.49%) did not seem from their responses to know the correct thing to do.

#### 5.9.6.2. Awareness Of Side Effects And Action

Of 154 respondents who left the clinic with the pill, only 59 (38.31%) admitted to having been told about any possible side effects. Only 25 (16.23%) respondents stated that they had been advised of a second possible side effect. (See Table XII).

Table XII

#### Frequency Of Responses On Knowledge Of Side Effects By New Acceptors Of The Pill

<u>Awareness About Side Effects</u>	<u>Number Aware</u>	<u>Percent Response</u>
No reply	1	0.65
Not told of any	94	61.04
Nausea	21	13.64
Bleeding between periods	11	7.14
Missed periods	9	5.84
Headaches	6	3.90
Reduction of flow	2	1.30
Breast tenderness	2	1.30
Other	8	5.19
<b>Total</b>	<b>154</b>	<b>100.00</b>

Respondents who had accepted the pill had read out to them a list of specific side effects at interview, and for each were asked what action should be taken if it developed. The most frequent response given for all the specific side effects except the occurrence of headaches during the first cycle, and weight gain, was 'return to the family planning clinic.' In the cases of the two above mentioned side effects the most frequently given responses were 'take pain-killers' and 'do nothing' respectively. Table XIII indicates the responses given for specific side effects.

Table XIII

Proposed Action For Specific Side Effects By New Acceptors Of The 'Pill'  
 In Selected Corporate Area Family Planning Clinics

Specific Side Effects	Proposed Action										Total
	No Reply	Return to Clinic	Do Nothing	Stop Pills	Stop Return for new Method	Take Tablets (for pain)	Change Brand	Mention to Staff at Next Visit	Other	Don't know	
Nausea	2	47	34	6	1	1	-	-	43	20	154
Bleeding between periods	3	99	18	3	3	-	-	1	21	6	154
Reduction of flow	2	65	56	2	-	-	-	6	13	10	154
Missed periods	2	104	15	1	-	-	-	2	26	4	154
Headaches (first cycle)	2	32	40	1	2	47	-	4	11	15	154
Headaches (subsequent cycles)	2	76	15	16	11	7	1	2	17	7	154
Weight gain	2	24	83	4	3	-	2	-	18	18	154
Breast tenderness	2	80	25	2	-	-	-	5	21	19	154



Those respondents who gave some 'other' reply when asked about nausea mentioned mainly the use of laxatives, warm drinks, or rubbing with bayrum. All those giving 'other' responses to bleeding between periods and/or missed periods mentioned going to the doctor - not the doctor at the family planning clinic. For the other specific side effects, the frequency with which 'going to a doctor' was mentioned was very high.

#### 5.9.7. Acceptors of Depo-provera

##### 5.9.7.1. Knowledge of Use

The injection, Depo-provera, was the most commonly accepted contraceptive method among new acceptors with 40.56% of the sample population receiving this method. Of these, 34 (13.88%) respondents stated either that they did not know or were not told or did not seem from their responses to be aware of when to return to the clinic for the next injection. Another 61 (24.90%) respondents said they were not told when to return, but the date of their next visit was written on their cards. The remaining 150 (61.22%) respondents stated that they should return in three months time.

##### 5.9.7.2. Awareness of Side Effects and Action

A total of 98 (40.00%) respondents, said they had not been told or could not recall having been told about any possible side effects resulting from this method. Of those 147 respondents who admitted to hearing about possible side effects, 78 (53.06%) mentioned being told about having heavy periods, 33 (22.45%) had heard of the possibility of missing a monthly period and another 10 (6.80%) mentioned being told about bleeding between periods. Only 88 (35.92%) respondents who had accepted this method said they had been told of a second possible side effect.

Table XIV

First Mentioned Side Effect By Action Necessary For Each -  
 For New Acceptors Of Depo-provera

Side Effect	Action Necessary						Total
	No reply	Return to clinic	Do Nothing	Do nothing and return	Wasn't told	Can't recall	
Nausea	-	2	1	-	-	-	3
Bleeding between periods	1	7	2	-	-	-	10
Missed periods	-	18	9	1	4	1	33
Heavy periods	1	75	1	-	1	-	78
Pains	-	1	-	-	-	-	1
Reduction of flow	2	2	21	2	2	-	6
Other	-	14	2	-	-	-	16
Total	2	119	17	1	7	1	147

The most frequent response given with respect to action necessary for all the side effects mentioned was 'return to the clinic.' Only one client could not recall what she had been told to do if she had a missed period, and one other mentioned that she would do nothing at first about missing her period, but would return to the clinic if this occurred more than once.

5.10. Counselling On Particular Methods At The Selected Clinics

5.10.1. Wellco

Only one client was interviewed at this clinic. This client accepted the 'pill' and admitted to being counselled first by the doctor and additionally by the nurse.

5.10.2. Lawrence Tavern

All four clients interviewed admitted to being counselled only by the nurse. Of the four new acceptors, two accepted the 'pill', one the injection and the other accepted the 'pill' as well as condoms and foaming tablets.

5.10.3. Greenwich Town

There were eight new acceptors interviewed. All except one new acceptor was counselled by only one category of staff. (See Table XV).

Table XV

Category Of Staff Making First Input, By Method Accepted -  
For New Acceptors At Greenwich Town Clinic

Method Accepted	First Counsellor				Total
	No-one	Nurse	F.P. Educator	P.H.N.	
Pill	-	-	2	-	2
Condom	1	-	2	-	3
Foaming Cream	-	1	-	-	1
IUD	-	-	1	-	1
Foaming Tablets	-	-	-	1	1
Total	1	1	5	1	8

5.10.4. Barbara Manley

Six new acceptors were interviewed. All accepted the 'pill' and were all counselled by the matron only.

5.10.5. Harbour View

Of twelve new acceptors, four were given no counselling. All four had accepted condoms. The nurse counselled five clients while the doctor was reported to have counselled three clients. A total of four clients was given additional counselling, three by the doctor and one by the clerk. (See Table XVI)

Table XVI

Method Of Contraception Accepted, By Category Of Staff Making First Counselling Input, For New Acceptors At Harbour View Clinic

Method Accepted	First Counsellor			Total
	No-one	Doctor	Nurse	
Pill	-	1	1	2
IUD	-	1	-	1
Foaming Cream	-	-	1	1
Condom	4	-	1	5
Pill and Condom	-	-	2	2
Injection and Condom	-	1	-	1
Total	4	3	5	12

5.10.6. Child Welfare Clinic - Race Course

Only 8 (44.44%) of the 18 new acceptors were reported to have been given any counselling. Of the 8 receiving counselling, 6 were counselled by the doctor and two by the nurse. (See Table XVII).

Table XVII

Category Of Staff Making First Counselling Input, By Method Accepted,  
For New Acceptors At Child Welfare Clinic

Method Accepted	First Counsellor			Total
	No-one	Doctor	Nurse	
Pill	3	1	-	4
Injection	3	4	-	7
Injection + Condom	4	-	-	4
Condom	-	1	-	1
Pill + Condom	-	-	1	1
Condom + Foaming Cream	-	-	1	1
Total	10	6	2	18

Of four persons accepting the 'pill' only 1 (25%) was given counselling while only 4 (36.30%) of those accepting either the injection, or the injection with condoms, were given any counselling.

Only 1 new acceptor was given additional counselling and this was reportedly by the doctor.

5.10.7. Rollington Town

Of 23 new acceptors interviewed, only 4 (17.39%) were not given any counselling, two acceptors of condoms and one acceptor each of the 'pill' and the injection.

Only 4 (17.38%) new acceptors were given additional counselling by the clinic staff. (See Table XVIII).

Table XVIII

Method Of Contraception Accepted By New Acceptors At Rollington Town Clinic, By Category Of Staff Making First Counselling Input

Method Accepted	First Counsellor				Total
	No-one	Doctor	Nurse	Midwife	
Pill	1	2	10	1	14
Condom	2	-	1	-	3
Injection	1	1	2	-	4
Pill + Condom	-	-	1	-	1
Condom + Foaming Cream	-	-	1	-	1
Total	4	3	15	1	23

5.10.8.

Waltham Park

A total of 41 new acceptors was interviewed. Of this number, 16 (39.02%) reported that they did not get any counselling, while 21 (51.22%) were counselled by the Public Health Nurse. Of the total of 16 new acceptors not receiving any counselling 12 (75.0%) were acceptors of the injection - Depo-provera. Only 3 new acceptors reported having received any additional counselling (See Table XIX).

Table XIX

Category Of Staff Making First Counselling Input, By Method Of Contraception Accepted, For New Acceptors At Waltham Park Clinic

Method Accepted	First Counsellor				Total
	No-one	Nurse	Midwife	PH Nurse	
Pill	1	2	1	6	10
Condom	2	1	-	2	5
Injection	8	-	-	8	16
Pill + Condom	1	-	-	3	4
Condom + Injection	4	-	-	1	5
Injection + Condom + Foaming Cream	-	-	-	1	1
Total	16	3	1	21	41

5.10.9. Kiwanis

A total of 34 new acceptors was interviewed at this clinic where 28 (82.35%) were Depo-provera acceptors. Of the 8 (23.53%) new acceptors who claimed they had received no counselling from the clinic staff, five were acceptors of the injection, 2 of the condom and 1 of the 'pill'. Only 4 (11.76%) of the new acceptors were reported to have received additional counselling. (See Table XX)

Table XX

Method Accepted, By First Category Of Staff Making Counselling Input, -  
New Acceptors At Kiwanis Health Centre

Method Accepted	First Counsellor			
	No.one	Doctor	Nurse	Total
Pill	1	-	2	3
Condom	2	-	-	2
Injection	5	4	19	28
Foaming Cream	-	-	1	1
Total	8	4	22	34

5.10.10. Victoria Jubilee Hospital

There were 264 new acceptors interviewed at the VJH clinic during the period of the study of which 62 (23.48%) were given no counselling, 74.19% of them (46) being acceptors of the injection. Only 34 (12.88%) new acceptors reportedly were given additional counselling. (See Table XXI)

Table XXI

Method Accepted, By First Category Of Staff Making Counselling  
Input, - New Acceptors At VJH Clinic

Method Accepted	First Counsellor							Total
	No-one	Doctor	Nurse	F.P. Educator	Midwife	Clerk	Can't recall	
Pill	3	2	29	3	2	-	-	39
IUD	4	1	10	2	-	2	1	20
Foaming Cream	-	3	12	1	-	-	-	16
Condom	7	-	7	1	-	-	-	15
Injection	46	7	91	13	7	1	-	165
Condom & Foaming Cream	1	-	5	2	-	-	-	8
Condom + Injection	1	-	-	-	-	-	-	1
Total	62	13	154	22	9	3	1	264

5.10.11.

University Hospital Of The West Indies

A total of 51 new acceptors was interviewed and only 4 (7.84%) were not counselled by any category of staff, of which two were condom acceptors and one each the injection and the intra-uterine device. Additional counselling was reported by 16 (31.37%) of the 51 new acceptors. (See Table XXII).



Table XXII

First Category Of Staff Counselling New Acceptors, By Method Accepted, At UHWI Clinic

Method Accepted	First Counsellor				Total
	No-one	Doctor	Nurse	F.P. Educator	
Pill	-	-	5	2	7
Condom	2	-	2	-	4
Injection	1	2	8	1	12
IUD	1	-	1	6	8
Diaphragm	-	-	1	-	1
Foaming Cream	-	-	1	-	1
Pill + Condom	-	-	3	-	3
Condom + Foaming Cream	-	-	4	3	7
Condom + Foaming Tablets	-	-	4	4	8
Total	4	2	29	16	51

Next to the Greenwich Town Clinic where 62.50% of the new acceptors reportedly were counselled by the family planning educator, this clinic had the highest percentage of respondents (31.37%) admitting to being counselled by this category of staff.

5.10.12. Jamaica Family Planning Assn., (East Street)

New acceptors interviewed at this clinic accounted for 23.5% of the sample population of 604. Of these 142 new acceptors 30 (21.13%) were given no counselling from the clinic staff present at their visit. Among the condom acceptors, 26 of 57, that is 45.61%, did not report receiving any counselling. Only 14 new acceptors received any additional counselling. A breakdown of these 14 shows additional counselling being given to one acceptor each receiving 'pill' with foaming tablets, and the 'pill' with condoms; three acceptors of the 'pill'; four acceptors of condoms; and five acceptors of intra-uterine devices. (See Table XXIII)

Table XXIII

Category Of Staff Making First Counselling Input, By Method Accepted, - New Acceptors At J.F.P.A. East Street Clinic

Method Accepted	First Counsellor						Total
	No-one	Nurse	Midwife	Clerk	Can't Recall	Total	
Pill	2	34	4	-	-	40	
Condom	26	14	1	1	1	43	
IUD	1	13	2	-	1	17	
Diaphragm	-	1	-	-	-	1	
Foaming Cream	1	4	3	-	-	8	
Foaming Tablets	-	11	3	-	-	14	
Pill + Condom	-	5	1	1	-	7	
Pill + Foaming Cream	-	1	-	-	-	1	
Pill + Foaming Tablets	3	1	-	-	-	4	
Condom + Foaming Cream	3	-	-	-	-	3	
Condom + Foaming Tablets	4	-	-	-	-	4	
Total	30	93	15	2	2	142	

Table XXIV

Method Accepted	Number of Acceptors	Knowledge of Use		Knowledge of at least one side effect and action necessary	
		Adequate	Not Adequate	Adequate	Not Adequate
Foaming Tablets	31	20	11	1	30
		0.20 > p > 0.10		p < 0.001	
Foaming Cream	50	12	38	0	50
		p < .001		p < .001	
IUD	47	28	19	26	21
		0.20 > p > 0.10		0.50 > p > 0.30	
Condom	144	22	122	-	-
		p < .001			
Pill	154	84	70	59	95
		0.30 > p > 0.20		0.01 > p > .001	
Injection	245	150	95	147	98
		p < .001		.01 > p > .001	

Table XXIV indicates that there is no significant difference in the level of knowledge of new acceptors leaving the family planning clinic with the foaming tablets, the intra-uterine device or the 'pill' and persons who had never visited a family planning clinic. Although acceptors of the foaming cream the injection and condom seemed less adequately prepared, in terms of their knowing how to use the method, condom acceptors were significantly less adequately prepared than any other of the acceptors.

In terms of the new acceptors' knowledge of the side effects related to their respective method, and the action necessary in each case, the difference found between acceptors of the intra-uterine device, the 'pill' and the injection, was not significantly different from what would be expected in a population unexposed to the clinic influence. On the other hand, the difference seen among acceptors of foaming tablets and the foaming cream is significant, and it would appear from the results, that these clients were less aware of side effects and the action necessary, than would be expected even if the sample had included persons who had never visited a family planning clinic and been exposed to counselling.

6.

DISCUSSION

The study population was a comparatively young one with approximately 80 percent of the males between 15 and 24 years of age and approximately 60 percent of the females in the same age range. More than half the entire sample population was visiting a family planning clinic for the first time. With approximately half the sample population unemployed and young and in visiting relationships it is imperative that they be given as much encouragement as possible to continue using a contraceptive. It was also found that more than 40 percent of the new acceptors had never used any contraceptive method before and so this would have been their first experience with contraceptives. The educational level of respondents was very low with approximately 62 percent of the clients attaining only primary education. This has implications for the type of training materials and approaches used in the family planning clinics.

The most frequently given reason by those respondents who had used a method previous to this interview visit and had stopped using the method was the incidence of side effects. Smith found that when those clients who had stopped attending family planning clinics were asked their main reasons for doing so approximately 30 percent mentioned that this was due to side effects of the method being used. It was also found that of the 116 respondents who had previously used the contraceptive accepted at the interview visit approximately 18 percent had stopped using the method because of side effects.

It appears that the Depo-provera has increased in popularity over recent months, from approximately 7 percent acceptance to approximately 40 percent, as found in the study. Overall, 45.7 percent of those who had accepted methods at the visit previous to the interview visit had now accepted the Depo-provera; this includes 70.29 percent who had previously accepted 'the pill'. It would seem that some previous pill users have now accepted the Depo-provera and that this is due to the fact that it is an easier method to use in terms of not having to remember to take it everyday, as well as the fact that it is not related to the sexual act and that it is easier to ensure that the partners do not know that a method is being used. This is borne out by the fact that all the respondents who mentioned that they accepted the method at the interview visit because they didn't want their partners to know, were acceptors of the injection. Approximately 70 percent of the acceptors who mentioned the fact that their main reason for acceptance was due to ease of use of the method were clients who had accepted the injection.

Acceptors of the diaphragm seem to be adequately counselled on the use and care of their method. This might be related to the fact that since there are so few acceptors of this method, these clients are afforded individual attention. The hypotheses stated have to be rejected for these clients accepting the diaphragm as they all knew how to use the method.

Clients who had accepted foaming tablets were instructed on how many tablets had to be used for a sexual contact but did not seem to be aware that the same procedure holds for each subsequent contact, regardless of the time lapse. These clients were also unaware of any possible side effects and the necessary action if they occur. This might well be the reason for approximately 25 percent of the clients who had used this method previously discontinuing because of pregnancy and a further 26.9 percent because of adverse side effects. Clients who stated that their reason for discontinuing the method was the unreliability of the method might also be included in this group, as these persons might not have been using the method correctly.

Although 92 percent of the acceptors of the foaming cream reported receiving counselling on the use of the method, only 86 percent seemed to really know how to apply the method and only another 24 percent were aware of the time lapse necessary between inserting the method and sexual intercourse. Like acceptors of foaming tablets, these clients did not seem to be aware of any side effects. A look at the reasons why clients who had previously used this method had discontinued its use, show that approximately 30 percent did so because of pregnancy. This suggests that these persons might not have been adequately prepared for the use of this method or that it has a high intrinsic failure rate.

The most common reason given for discontinuing the use of the intra-uterine device was the occurrence of side effects with 69.6 percent of the clients giving this reason. The study findings show that only 59.6 percent of those clients accepting an intra-uterine device admitted to being informed of any side effects and the action necessary if these occur. This means that there is the possibility of approximately 40 percent of the new acceptors of this method discontinuing its use in the event of the incidence of side effects.

Although 22 of the acceptors of the condom seemed to know about specific precautions necessary while using the method only two of them were male. This means that 91.7 percent of the men in the sample were not counselled as to the method of use and the necessary precautions related to the use of this method. Since all the males in this sample were interviewed in only one clinic and since all the females at this particular clinic who accepted this method were made aware of these precautions, one would be led to believe that it is taken for granted that since this method has such a wide acceptance among men and is one of the best known methods, counselling is not as important as with other lesser known methods.

Approximately a fourth of the clients who stopped using their most frequently used method because of pregnancy, had been using 'the pill' and approximately one-third of the previous pill users had stopped using their method because of the occurrence of

side effects. The 44.37 percent of new acceptors of the 'pill' in our sample who didn't seem aware of the correct procedure if a tablet were forgotten are liable to stop using the method for the same reasons mentioned above; namely incidence of side effects and pregnancy.

The findings indicate that new acceptors are not as well informed as they might be about side effects related to their particular methods.

Based on the statistical tests mentioned above, it was concluded that for all accepted methods with the exception of the diaphragm, the predictions that the new acceptor does not know how to use effectively the contraceptive method prescribed and does not know how to handle adequately side effects which may occur, are valid.

There is perhaps a deliberate attempt on the part of the clinic staff to reduce the fears of prospective clients. It would seem however liable to create problems both in respect of the adverse rumours which might be spread with regard to particular contraceptive methods, as well as to increase the work load of clinic staff. The work load would be increased as a result of the return of acceptors who are having problems which, had they been informed of the possibility of their occurrence as well as the necessary effective action, would not have found it necessary to return. This assumption is based on the fact that a very large percentage of new acceptors of 'the pill', the intra-uterine device and the injection, when asked about action in case of specific side effects, mentioned the fact that they would return to the family planning clinic or visit another doctor. These were mentioned for side effects like nausea, missed menstrual period, weight gain and tenderness of the breasts.

The lack of adequate preparation of new acceptors seems to be related to the heavy load of patients in the family planning clinics which have specific opening hours, as in clinics where the ratio of new acceptors to staff is not greater than 4 : 1 at any one visit, counselling seems to be more adequate. It is hoped that with the proposed integration of family planning services into the general health programme there would be more time given to individual counselling and preparation of family planning clients.

7.

OBSERVATIONSComments based on Interviewers Observations

7.1 It was reported by more than one interviewer that the staff at a particular clinic were very anxious to get copies of the questionnaire, but this was not possible due to the nature of the study. However, it was noticed that there was a marked difference in the kind of counselling being given about three weeks after the start of the study.

7.2. In another instance an interviewer reported that the Public Health Nurse in charge gives a general demonstration of all the methods for all new acceptors. Some new acceptors arrive at the clinic late and so miss parts of this demonstration which they are not given again.

7.3. On a not very bright note, some interviewers expressed surprise at the very impersonal way in which acceptors of Depo-provera were treated at one of the more recognised family planning clinics.

7.4. At one clinic an interviewer was amazed at the fact that the nurse actually fitted the diaphragm for the client, allowed the client to remove it and then to reinsert it to make sure that she understood how to do this. Her amazement was because this was the first she had observed this kind of detailed and thorough counselling in any clinic.



8.

RECOMMENDATIONS

There are certain suggestions based on the outcomes of this study which the authors would like to make.

8.1. Bearing in mind the generally low educational achievement of the family planning clinic clients, it is necessary that there be some adjustment in the existing educational approach. One possible approach is the use of simple, clear visuals along with models of the human body in explaining the action of methods of contraception.

8.2. Considering the level of preparation attained by diaphragm acceptors in the study, it might be more beneficial if prospective clients were given individual counselling.

This individual counselling could be so structured that the counsellor is convinced at the end of the session that the client has a clear understanding of possible side effects, the necessary action to be taken if they occur as well as the correct way of using the selected method.

8.3. Some follow-up of new acceptors is recommended. This could take the form of either visiting or the client being advised to return to the clinic within a specified period of time and asked to air any problems or uncertainties still existing.

These suggestions have implications with respect to an intensification of existing training programmes, an evaluation of training materials used in the clinics as well as increased staffing.

9.

SUMMARY

This report describes a study done in family planning clinics in the Corporate Area of Kingston and St. Andrew, Jamaica. The objective of the study was to ascertain what a new acceptor of a contraceptive method knows about the use of his or her method when leaving the family planning clinic and also to determine whether or not the new acceptor knows enough about the method chosen to cope adequately with any side effects.

The study was conducted in selected family planning clinics and the method of sampling as well as the method by which the study was done are reported in the text.

A total of 604 clients was interviewed as they were about to leave the family planning clinics; they were mainly female, 96.02% percent, and were chiefly in visiting or commonlaw relationships and between 15 and 44 years of age. Most of the respondents (371, 61.41%) had had only between one and six years of primary school education and 46.85 percent were unemployed. These latter do not include housewives, another 9.76 percent. Approximately 60 percent of the respondents were visiting a family planning clinic for the first time.

The most commonly accepted individual method of contraception was the injection, with the pill and condom being respectively the second and third most commonly accepted. The diaphragm was the least commonly accepted method. More than 75 percent of the clients admitted that the choice of method was entirely their own.

There were 463 respondents of the 604 interviewed, who reported receiving counselling from clinic staff; and nurses were more frequently reported as having given counselling than any other category of staff. Counselling seemed related to the type of method as well as the clinic. Although acceptors of the diaphragm, 'the pill', the injection and the IUD seemed on the whole, better counselled than acceptors of the condom, foaming cream, and foaming tablets, counselling for acceptors of the injection could be improved.

Certain suggestions have been made by the authors with a view to improving counselling inputs, bearing in mind the profile of clients at the family planning clinics.

## Appendix A

### PROPOSAL FOR A STUDY ON PATIENT COUNSELLING IN FAMILY PLANNING CLINICS

#### INTRODUCTION:

In recent years, studies have been carried out which have indicated the need for improved education of patients attending at Family Planning Clinics.

Two such studies were undertaken by Smith in 1971. The first was a study of the Operations of Family Planning Clinics in the Corporate Area, and the second was to assess the functions and tasks of various personnel operating at clinics throughout the island with a view to adjusting these tasks if necessary.

A finding from both of these studies was that very little in the way of education was being done in the Family Planning Clinics; and in those cases in which there was some family planning education, this was being undertaken by the Public Health Nurse.

The National Family Planning Board has been aware of this problem and has organised an intensive educational programme within most clinics. Although this intensive educational programme has been operating since 1972, it is still the opinion of many that it is not as effective as it might be.

On this basis, and on the suggestion of a consultant who recently visited to advise on the programme, it was decided to assess the knowledge of new acceptors of contraceptive methods with respect to their preparedness to use the particular methods they have accepted.

#### OBJECTIVE:

The main objective of the study will be to ascertain what a new acceptor of a contraceptive method, at the time he or she leaves a Family Planning Clinic, knows about the use of the particular method prescribed. The study will also determine whether or not the new acceptor knows enough about the method to be able to cope adequately with side effects.

#### HYPOTHESIS:

New Acceptors do not know how to use effectively the contraceptive method prescribed and do not know how to handle side effects adequately.

DETAILS OF PROPOSED STUDY:

It is proposed to collect the data by interviewing new acceptors of a contraceptive as they are about to leave their particular family planning clinic. Interviewing will be confined to Corporate Area Clinics.

The interview schedule to be used will have about eighty questions and it is estimated that each interview will last not more than forty minutes. Most of the questions included in this schedule have not been used before, thus emphasizing the need to thoroughly pretest the instrument.

Some of the questions to be included will gather information on age, marital status, occupation and education; and these variables will be used as indicators of the respondents' socio-economic status. Other questions are aimed at learning how much a new acceptor knows about the particular method chosen and whether this knowledge was gained at the Family Planning Clinic at that particular visit.

Interviewers, after they have been trained and have become competent at handling the schedule and been exposed to field work during the pretest period, will administer the questionnaire. The training of the interviewers will be done at the Family Planning/Epidemiology Unit, and is estimated to take two weeks.

SAMPLING AND SAMPLE SIZE:

It is proposed to stratify the Family Planning Clinics in the Corporate Area into three categories on the basis of:

1. Number of attendants monthly
2. Number of new acceptors monthly
3. Number of sessions monthly

Other indices such as operating costs were considered for use in stratification; but such data are impossible or difficult to obtain.

A one-in-three random sample of clinics will be chosen from each stratum, and a proportionate number of the total number of interviews will be done in each clinic chosen.

In order that statistical tests of significance may be possible and considering the estimates of time and cost, a total of 600 interviews will be done.

The study will be implemented as soon as possible, perhaps by February 1973. The training of the interviewers as well as the actual field work should take about two months. Data processing and reporting should take another three months.

ESTIMATES:

1) Interviewers:

A look at the attendance figures for new acceptors at Corporate Area Family Planning Clinics for the first nine months of 1972 indicates that except for four clinics where the average attendance per session was thirteen, the average number of new acceptors is two (2). This would indicate that for these clinics it may be possible for one interviewer to handle the load at any one session. For those clinics where the average attendance of new acceptors per session is greater, it might be more convenient for two interviewers to be present at each session.

The interviewers would work in close collaboration with the Registration Clerk as this would be the only means of identifying new acceptors without undue intrusion, thus arousing suspicion and causing confusion.

If one interviewer can complete five interviews per day, this would mean that approximately 25 interviews could be done in one week or 100 in a month by each interviewer, working five days each week. If 600 interviews are to be completed in a month, this would necessitate the employment of six interviewers. To cover unforeseen circumstances such as illness, inclement weather and transport problems, it might be wise to plan in terms of a six week - instead of one month duration.

2) Timing:

In view of the above estimates, if the training of interviewers were to start by 19th February, interviewing should have been completed by the end of March and the data-processing and reporting by the end of July, 1973.

3) Salaries:

Salaries would have to be available for six interviewers. The proposed salary for interviewers is \$30 per week for the six weeks of field work which would amount to \$180 per week for the six interviewers. During the two weeks of training, the interviewers could be paid at the rate of \$20 per week, which would be \$120 per week for the six interviewers. The total for salaries for interviewers for eight weeks would therefore be \$1320.

4) Transport:

If at least two interviewers had their own cars it could be arranged that these persons transport themselves and the other interviewers. They could be paid a travelling allowance at the going rate of 16.2¢ per mile. If this were the case, the estimated cost would be \$486. If this were not possible, it may be necessary to pay each interviewer travelling expenses at a maximum of 75¢ per day, either before going out into the field each day or at the end of the study.

Another alternative would be the rental of two cars which would be at the rate of \$140 per week with an additional \$2 per day each for insurance coverage payable initially plus \$50 to meet the cost of petrol and oil. The estimated cost if this course were taken would be \$1,010 for the six weeks.

A fourth alternative would be the rental of one car at a rate of \$80 per week with additional insurance coverage of \$2 per day plus \$50 to meet the cost of petrol and oil. The estimated cost will be \$590.

5) Data Processing:

The estimated cost for this will be \$200 to include the purchase of data cards, card punching and verifying, as well as computer time.

SUMMARY OF ESTIMATES OF COST:Alternative I (using interviewers' transport)

1.	Salary for interviewers	\$1,320.00
2.	Transport (Travelling @ 16.2¢/mile)	486.00
3.	Data Processing	200.00
	Sub Total	<u>\$2,006.00</u>
	Misc. & exigencies (10% of sub total)	201.00
	Grand Total	<u>\$2,207.00</u>

Alternative II - With Daily Transport Allowance

1.	Salaries	\$1,320.00
2.	Transport - (75¢/day)	135.00
3.	Data Processing	<u>200.00</u>
	Sub Total	\$1,655.00
	Misc. & exigencies (10% of sub total)	<u>166.00</u>
	Grand Total	<u>\$1,821.00</u>

Alternative III - With Car Hirage - 2 Cars

1.	Salaries	\$1,320.00
2.	Transport (a) 2 cars at \$70/week each	840.00
	(b) Petrol (100 miles/day & 50¢/gal)	50.00
	(c) Insurance at \$2/day each	120.00
3.	Data Processing	<u>200.00</u>
	Sub Total	\$2,530.00
	Misc. & exigencies (10% of sub total)	<u>253.00</u>
	Grand Total	<u>\$2,783.00</u>

Alternative IV - With Car Hirage - 1 Car

1.	Salaries	\$1,320.00
2.	Transport (a) 1 car at \$80/week	480.00
	(b) Petrol (100 miles/day & 50¢/gal.)	50.00
	(c) Insurance at \$2/day	60.00
3.	Data Processing	<u>200.00</u>
	Sub Total	\$2,110.00
	Misc. & exigencies (10% of sub total)	<u>211.00</u>
	Grand Total	<u>\$2,321.00</u>

Appendix BNAMES AND ADDRESSES OF FAMILY PLANNING CLINICS SELECTED FOR STUDY

Jamaica Family Planning Association  
65 East Street, KINGSTON

Marriage Guidance Clinic  
University Hospital  
Mona, KINGSTON 7

Victoria Jubilee Hospital  
North Street, KINGSTON

Waltham Park Health Centre  
78 Delacree Road, KINGSTON 13

Kiwanis Maternity Centre  
Tivoli Gardens, KINGSTON

Rollington Town Health Centre  
37A Giltress Street, KINGSTON 2

Child Welfare Centre  
1½ West Race Course, KINGSTON 5

Harbour View Health Centre  
Harbour View Shopping Centre, KINGSTON 17

Barbara Manley Clinic  
9 Laws Street, KINGSTON

Greenwich Town Health Centre  
35A Fourth Street, KINGSTON 13

Lawrence Tavern Clinic  
Lawrence Tavern, ST. ANDREW

Wellco Family Planning Centre  
1 August Town Road, KINGSTON 7



Appendix C

SELECTED CLINICS WITH STATISTICS OBTAINED FROM THE NFPB FOR THE PERIOD  
JANUARY TO SEPTEMBER, 1972

Category	Clinic	Total No. Of New Acceptors Jan-Sept 1972	Average No. Of New Acceptors Per Month
A	JFPA (East St.)	1004	112
B	U.H.W.I. (Marriage Guidance)	532	59
B	V.J.H.	3298	366
C	Waltham Park	326	38
C	Kiwanis	425	47
C	Rollington Town	174	19
C	Child Welfare Clinic	163	18
C	Harbour View	87	10
C	Barbara Manley	60	7
C	Greenwich Town	66	7
C	Lawrence Tavern	39	4
C	Wellco	5	1

Category	Type of Clinic	No. of Clinics In Category	No. of Clinics In Sample
A	Operating more than 5 sessions/week	5	1
B	Operating between 2 and 5 sessions/week	6	2
C	One session/week or less	27	9

Appendix D

UNIVERSITY OF THE WEST INDIES  
DEPARTMENT OF SOCIAL AND PREVENTIVE MEDICINE  
FAMILY PLANNING/EPIDEMIOLOGY UNIT

QUESTIONNAIRE

INTRODUCTION:

Good morning/afternoon:

I am ..... from the Family Planning Unit of the University and would be very glad if you could spare a little of your time so that I can ask you a few questions.

We are doing a study of some of the people who come to family planning clinics, to learn something about what they know of the family planning methods they use so that we may be better able to advise them.

Whatever you say will be confidential so don't be afraid to give us truthful answers; we don't even want to know your name.

\*Did you get any birth control method from this clinic today?  
IF RESPONSE IS NO, DO NOT CONTINUE INTERVIEW.  
THANK CLIENT.

Name of Interviewer \_\_\_\_\_

Time Completed \_\_\_\_\_

Time Started \_\_\_\_\_

Time Taken \_\_\_\_\_

Date of Interview \_\_\_\_\_

Edited by \_\_\_\_\_

Date Edited \_\_\_\_\_

1-3 Identification Number.

4. Sex Male Female (Circle one)

5. Union Status: (Record all Answers or until a 'Yes' is obtained).

(a) Are you married? \_\_\_\_\_

(b) Do you live with a man/woman? \_\_\_\_\_

(c) Do you visit someone, or does someone visit you, who is like your husband/wife? \_\_\_\_\_

(d) So you don't have anything to do with a special man/woman at all? \_\_\_\_\_

6. AGE:

When were you born? (The exact date) \_\_\_\_\_  
How old were you on your last birthday then? \_\_\_\_\_

7. EDUCATION:

What was your highest class in school? \_\_\_\_\_

Did you pass any exam? \_\_\_\_\_ If 'Yes', what exams did you pass? \_\_\_\_\_

8. OCCUPATION:

Are you in a job or do you work nowadays? \_\_\_\_\_  
(If 'Yes')

What exactly is your job? (Probe) \_\_\_\_\_

9. Have you ever visited a family planning clinic before today?

\_\_\_\_\_  
(If 'No', go to 12)

(If 'Yes' ask 10 and 11)

10. The last time you visited a family planning clinic did you go to get advice or to get something to use, or what?

\_\_\_\_\_  
(If respondent got a method at that visit ask:)

11. What family planning method was it you got at that time?  
(Probe as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What family planning method have you decided to use after this visit today?

\_\_\_\_\_

13. Did you decide for yourself that you were going to use this method, or did someone else here make the choice for you today?

\_\_\_\_\_  
(If says 'someone else here' ask:) Who? (Category of worker)

\_\_\_\_\_  
(If choice of method was respondent's ask:)

14. What made you decide to use this particular method?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Today, did any of the people who work in this clinic tell you anything about this method that you have decided to use?

\_\_\_\_\_

(If 'No' omit 16)

(If 'Yes' ask:)

Who was the first person here today that told you about this method? (Category of worker)

\_\_\_\_\_

16. Did anyone else working in this clinic today tell you anything about this method?

If so, Who? (note category of worker)

\_\_\_\_\_

17. Did you say you have or have you ever before used this method that you have now chosen?

(If 'Yes')

Why did you stop using it last time then? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Read list of methods and record those said used)

18. Have you or your husband/gentleman/boyfriend together ever used any of these other forms of birth control before?

\_\_\_\_\_

(If 'No', omit 19 - Go to questions on Method chosen)

(If 'Yes')

Which method have you used most of the time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. What made you decide to stop using that method?
- \_\_\_\_\_
- \_\_\_\_\_

FOR:

Users of 'Pill'	- Question	20	P. 5
Users of Diaphragm	- Questions	39-44	P. 7
Users of Condom	- Questions	45-47	P. 8
Users of Foaming Creams	- Questions	48-55	P. 9
Users of IUD	- Questions	56-66	P. 10
Users of Depo-provera	- Questions	67-71	P. 12
Users of Foaming Tablets	- Questions	72-77	P. 12

FOR THOSE WHO HAVE CHOSEN THE 'PILL'

20. What is the name (Brand name) of the Pill you have decided to use?
- 

(Ask respondent to show you the packet to verify brand name)  
Client did/didn't know name of Pill.

21. Did the nurse/midwife (i.e. person with whom client spoke) tell you what day of your period/menses to take the first tablet of the first pack? If 'Yes', which day?
- 

22. What about the first tablet in the next pack, did she tell you when you should take it after finishing the first pack? If 'Yes', when are you to take it?
- 

23. Now, tell me how many times a week or a day or an hour did the nurse/midwife say you should take the Pills? (Probe)
- 

(If respondent cannot remember ask:)

24. Did she tell you to take them -  
Once/day until the packet of pills is finished?  
Every other day?  
Once/week?  
When you remember?  
Or what? (record answer given)
25. What time of the day did she say is the best time to take your tablet?
-

26. Suppose you forget to take your tablet one morning/night, what did they tell you to do about it?  
\_\_\_\_\_
27. Did the person(s) who talked to you most in this clinic today about this method tell you about any of the things that may go wrong or any little problems you may have when you start using this method?  
\_\_\_\_\_
- (If 'Yes')  
Tell me one of the main things. \_\_\_\_\_
28. What did he/she tell you to do if you notice this?  
\_\_\_\_\_
29. Can you tell me another problem? If 'Yes', what?  
\_\_\_\_\_
30. What did he/she tell you to do if you notice this?  
\_\_\_\_\_  
\_\_\_\_\_
- 31-38 Now I am going to read out to you some problems people using this method (name method) may have, tell me what you should do if you notice them?
- (a) Bad feelings in the morning;
  - (b) Bleeding between one definite period and the next;
  - (c) Suppose your period is less than usual;
  - (d) Suppose you miss your period;
  - (e) Suppose you have headaches during first month;
  - (f) Suppose you have headaches while taking the pills after the first month;
  - (g) Suppose you put on weight;
  - (h) Suppose your breasts get tender.

FOR THOSE WHO HAVE CHOSEN THE DIAPHRAGM

39. Now tell me, did the doctor/nurse tell you how to use this method that you have decided to use? If 'Yes', how?  
\_\_\_\_\_

40. When would you usually insert it? \_\_\_\_\_
41. Did the doctor/nurse/midwife give you anything else to use along with this method?  
 \_\_\_\_\_  
 (If 'Yes')  
 What did he/she give you?  
 \_\_\_\_\_
42. How are you supposed to use this thing? \_\_\_\_\_  
 \_\_\_\_\_
43. How long after sexual intercourse would you allow the diaphragm to stay in place?  
 \_\_\_\_\_
44. Did the nurse/doctor tell you how to look after your diaphragm? How to care it? If 'Yes', say how.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR CONDOM USERS

45. Could you tell which one of you, you or your partner should actually use this method?  
 \_\_\_\_\_
46. Is there any special care you or your partner should take if you are both together using this method?  
 (If 'Yes')  
 Tell me one special precaution you should take when you use this method?  
 \_\_\_\_\_
47. Can you tell me anything else you/your partner should be careful about in using this method?  
 \_\_\_\_\_  
 \_\_\_\_\_



FOR THOSE WHO HAVE CHOSEN THE JELLY, FOAMING CREAM

48. Did any person who talked to you in this clinic about this method you have accepted tell you how to use it? \_\_\_\_\_  
Tell me what he/she told you?  
\_\_\_\_\_  
\_\_\_\_\_
49. Did she say you should insert it before or after sexual connection or what?  
\_\_\_\_\_  
(If says 'before', ask:)  
How long before did she say you should insert it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
50. How much of the foaming cream should you use each time?  
\_\_\_\_\_  
\_\_\_\_\_
51. What were you told specifically about the use of this method if you are going to have sexual intercourse more than once within a short time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
52. Did the person who talked to you most in this clinic today about this method tell you about any of the things that may go wrong or any little problems you may have when you start using this method?  
\_\_\_\_\_  
(If 'Yes')  
Tell me one of these things? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
53. What did he/she tell you to do if you notice this \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. Can you tell me another problem? If 'Yes', what?

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55. What did he/she tell you to do if you notice this?

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FOR THOSE WHO HAVE CHOSEN THE IUD

56. I would like you to tell me one important thing that the nurse/doctor told you to be careful about when you are using this method you have just chosen?

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57. What was another important thing that he/she told you about using this method?

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58. What did he/she tell you to do if at any time you think that your IUD (name method) is not in place or is falling out?

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59. Did the person(s) who talked to you in this clinic today about this method tell you about any of the things that may go wrong or any problems you may have when you start using this method?

(If 'Yes')

Tell me one of these things? \_\_\_\_\_

60. What did he/she tell you to do if you noticed this?

---



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61. Can you tell me another problem? If 'Yes', what?

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---

62. What did he/she tell you to do if you noticed this?

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63-66 Now I am going to read out to you some of the common problems that people using this method may have; tell me what you should do if you noticed them?

- (a) Suppose you had heavy bleeding at your menses;
- (b) Suppose you noticed some slight bleeding between your real period;
- (c) Suppose you noticed a discharge from your private parts;
- (d) Suppose you had cramps at your menstruation.

FOR THOSE WHO HAVE CHOSEN 'INJECTION'

67. How often did the doctor/nurse tell you to come back to the clinic for your injection?

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68. Did the person(s) who talked to you in this clinic today about this method tell you about any of the things that may go wrong or any little problems you may have when you start using this method?

(If 'Yes')

Tell me one of these things? \_\_\_\_\_

69. What did he/she tell you to do if you noticed this?

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70. Can you tell me another? \_\_\_\_\_

\_\_\_\_\_

71. What did he/she tell you to do if you noticed this?

\_\_\_\_\_

\_\_\_\_\_

FOR THOSE WHO HAVE GOT FOAMING TABLETS

72. Did any person who talked to you in this clinic about this method you have accepted tell you how to use it? \_\_\_\_\_

(If 'Yes')

Tell me what he/she told you? \_\_\_\_\_

\_\_\_\_\_

73. Did he/she say you should insert it before or after sexual connection or what?

(If says 'before' ask:)

How long before did she say you should insert it? \_\_\_\_\_

74. What were you told specifically about the use of this method if you are going to have sexual intercourse more than once within a short time?

\_\_\_\_\_

\_\_\_\_\_

75. Did the person who talked to you most in this clinic today about this method tell you about any of the things that may go wrong or any little problems you may have when you start using this method?

(If 'Yes')

Tell me one of these things? \_\_\_\_\_

\_\_\_\_\_

76. What did he/she tell you to do if you noticed this?

\_\_\_\_\_

\_\_\_\_\_

77. Can you tell me another problem? If 'Yes', what?

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What did he/she tell you to do if you notice this?

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Name of Clinic:

Staff Present: (Note all categories)

Check to see that all the relevant questions are answered.

Thank respondent for his/her help and co-operation.

IF APPLICABLE:

Did you feel that this respondent was not told or could not remember?

INTERVIEWER'S IMPRESSION

1. Was respondent -
  - Friendly
  - Neutral
  - Hostile
  
2. Was there any question which you think made the respondent uncomfortable? If so, which?
 

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3. Did you think the replies were truthful?
 

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4. Was respondent interviewed by himself/herself or were others present?
  - Alone
  - Others present

If others present, state who \_\_\_\_\_

Did this person's presence affect the interview in any way?

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If 'Yes', How? \_\_\_\_\_

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5. Any other worthwhile comments.
 

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