

## **UTILIZATION OF DEPO PROVERA AMONG WOMEN AGED 18-49 YEARS ATTENDING MCH/FP CLINIC MWINGI LEVEL IV HOSPITAL.**

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### **ABSTRACT**

Depo Provera is an injection for women that contain progestin hormone, given as an intramuscular injection for every 3months. It prevents pregnancy mainly by suppressing ovulation, thickening cervical mucus preventing sperm from passing through it and by thinning the endometrium preventing implantation. An estimated 16.5million women are using Depo Provera worldwide. Globally the use of Depo Provera has risen from 54% to 57.4%.The main objective for the study was to determine utilization of Depo Provera among women of reproductive age attending MCH/FP clinic at Mwingi Level IV hospital. A cross-sectional hospital-based design was used. The area of study was Mwingi Level IV Hospital. Included women of reproductive age 18-45 years who consented for participation. Convenience sampling method was employed and a sample of 50 subjects was selected. Data collection was by a questionnaire and was analyzed using Microsoft excel and SPSS Version 21. Descriptive statistics computed included frequencies, proportions and percentages. Those with secondary and tertiary level,56%were most likely to utilize Depo Provera due to their educational level.50% of the respondents had their information from service providers while others had their information from spouse and friends.60%of the respondents chose the facility due to quality services offered there. 90% said that health care providers counselled and health educate them concerning the DMPA at the facility.78%said that the health care providers were friendly when giving services. Knowledge and institutional factors were found to majorly affect Depo Provera utilization. The study concluded that women of reproductive age had knowledge towards Depo Provera hence the high utilization. Institutional factors were found to be majorly associated with Depo Provera utilization.

**KEYWORDS:** Depo Provera, utilization, reproductive age.

### **1.1 INTRODUCTION**

Family planning utilization has been hailed to be among the top public health achievements in the world in the twenty first century. However, over 200 million women worldwide have no access to contraceptives despite their expressed desire to use them (Ashford, 2013).

Medroxyprogesterone acetate (DMPA) sold under the brand name Depo Provera is a hormonal medication of the type progestin. It is an injection for women that contain progestin hormone, given as an intramuscular injection for every 3months. It prevents pregnancy mainly by suppressing ovulation, thickening cervical mucus preventing sperm from passing through it and by

thinning the endometrium preventing implantation (WHO,2010).

Globally, the use of Depo Provera has risen from 54%to 57.4%. This attributed to factors such as educational level, knowledge, attitude and institutional factors which influenced positively to the utilization of Depo Provera (WHO,2015). Regionally, Population Reference Bureau (2013), the utilization of Depo Provera has generally increased from 68.2% to 69.6% in Africa. Despite their being different family planning methods, women and reproductive age use Depo Provera much compared to other methods which may be influenced by their attitude towards contraception or health care provider's attitude towards certain methods when counseling (WHO 2015).

In sub-Saharan Africa it is widely used being the birth control of choice for about 16.5million women. In Kenya, the national figures are high. According to (KDHS, 2014), Depo Provera utilization stands at 60% utilization.

In Kitui County, it has shown the highest percentages at 46% (KDHS 2014). In Mwingi Level IV hospital, it has shown increment in Depo Provera utilization between January to July 2018 and 2019 by 34.7% to 35.1% respectively.

## 1.2 MATERIALS AND METHODS

### Study Design

The study adopted descriptive cross-sectional design.

### Study setting

The study was carried out at Mwingi Level IV hospital, Kitui County, Kenya. is located along the Nairobi - Garissa highway, 171.6km from the capital city of Kenya, Nairobi.

### Study population

The study included women of reproductive aged 18-49 years who came seeking family planning services.

### Eligibility criteria

#### Inclusion criteria

Included women of reproductive age 18-49 years, who consented and were willing to participate in the study.

#### Exclusion criteria

Potential participants who were mentally and physically challenged were excluded from the study.

### Study variables

**Dependent variable** utilization of Depo Provera as family planning method among women of reproductive ages 18-49 years.

**Independent variables** included knowledge, accessibility and institutional factors.

### Data collection tool

The data collection tool for the study was a semi-structured questionnaire administered to all consenting. The tool was formulated guided by the specific objectives for the study and with sufficient questions for each variable.

### Sampling technique

Convenience sampling method was used in selecting respondents as they met the criteria. Thus 50 participants were selected who formed the sample for the study.

### Validity

Data validity was achieved by ensuring that the data collection tool was formulated based on the study objectives with adequate number of questions addressing each of the study variables. The questionnaires were

numbered in a sequential order before being dispatched to the field and confirmed after a day of data collection. The study was limited to the area of study.

### Reliability

Reliability was ensured through the use of a standard well-designed questionnaire and; proper selection, training and supervision of research assistants on interview techniques. The research assistants were also involved in pre-testing to ensure they administered the questionnaires correctly during the actual data collection. Completed questionnaires were checked at the end of each day of data collection.

### Data collection procedure

The interviewer would introduce him/herself to the participant, and having obtained an informed consent, he/she would read out the questions to the participant as they were on the questionnaire and allow the participant to respond appropriately without any influence.

### Data analysis

Data was collected, coded and entered in the excel software, Microsoft office Excel 2010. All statistical analyses were performed using statistical package for social sciences (SPSS) software version 21 (SPSS Inc., USA).

Descriptive statistics and Proportions for categorical data were computed. The results were presented in form of pie charts, tables and bar graph for easy interpretation.

### Ethical considerations

Permission to carry out the study was sought from the KMTC Mwingi Campus Research Committee and further authorization was obtained from Mwingi sub County hospital administrative. A research permit was thereafter, granted by National Commission for Science Technology and innovation, (NACOSTI). Informed consent was obtained from app participants prior to their inclusion in the study. The respondents were assured of privacy and confidentiality throughout the study.

### 1.3 RESULTS

#### 1.3.1 Socio-demographic characteristics

**Table 1: Showing socio-demographic characteristics of study participants.**

Variable	Category	Frequency (n = 50)	Percentage (%)
Age(years)	18-24	11	22
	25-30	15	30
	31-35	14	28
	36-49	10	20
Marital status	Married	22	44
	Single	15	30
	Divorced	10	20
	Widowed	3	6
Level of education	Primary	15	30
	Secondary	22	44
	College /university	13	26
Religion	Christians	38	76
	Muslims	9	18
	Pagans	3	6

**1.1.1.** Majority of the participants were aged between 25-30 years (30 %) with the least being aged 36-49 years. Most of the participants were married 44% while the widowers were the least 6 %. Majority of the participant

were educated up to secondary level 44% with 26 % attaining college/university education. Majority of the study participants 76% were Christians while 6% were pagans

#### 1.1.2 Knowledge on Depo Provera

**Table 2: Showing knowledge on Depo Provera.**

Variable	Category	Frequency (n=50)	Percentage (%)
Knowledge on Depo Provera	Family planning method	40	80
	Prevents cancer	7	14
	Stops bleeding	3	6
Source of information	Friends	18	36
	Service provider	25	50
	Spouse	7	14

More than half of the participants knew Depo Provera as a family planning method 80% with 6% reporting that it's a drug used to stop bleeding. Half of the study

participants 50% indicated that their source of information was from service provider while spouse as a source of information was the least 14%.

#### 1.1.3 Ever experienced challenges when seeking service

**Table 3: Showing challenges experienced by the study participants when seeking services.**

Variable	Category	Frequency (n=50)	Percentage %
Ever experienced challenges	Yes	10	20
	No	40	80
Type of challenge experienced	Lacked Depo Provera	7	70
	Lacked the service provider	3	30
Cost of Depo Provera	Yes	30	60
	No	20	40

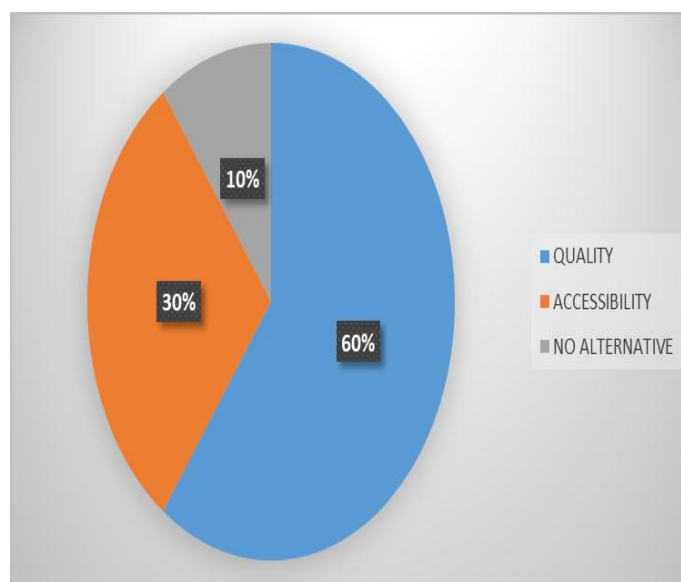
The highest proportional of the study participant 80% never experienced any challenges when seeking the service while 20 % experienced some forms of challenges. Participants who experienced challenged cited lack of Depo Provera as the main challenge 70% while 30% reported of lack of the service provider. More than half of participant 60% experienced cost implication as a big challenge to utilization of Depo Provera.

**Table 4: Showing effects of marital status to accessibility of Depo Provera service.**

Variable	Category	Frequency (n =50)	Percentage %
Effects of marital status on accessibility	Yes	30	60
	No	20	40

Slightly more than half of the participants reported that marital status does not affect the accessibility of Depo

Provera 60% while 40% reported that it affected accessibility.

**Figure 1: Showing main reasons why the respondents had to choose where they get the Depo Provera services.**

The highest proportion of the respondents 60% choose their preferred facility because they thought that the quality of services was good while 30% of the

respondents choose their preferred facility because of easy accessibility. 10% of the respondents had no alternative but wanted the service.

**Table 5: Showing the percentage of the respondents who are educated, counselled on the use of Depo Provera and time taken for the service.**

Variable	Category	Frequency(n=50)	Percentage %
Educated and counselled	Yes	45	90
	No	5	10
Time taken	Less than 30 minutes	42	84
	More than 30minutes	8	16

The highest proportion of the respondents 90% were educated and counselled on the method while 10% were never educated nor counselled on Depo Provera. More

than half of the respondent were attended in less than 30 minutes 84% whereas 16% took more than 30minutes to be provided for the service.

**Table 6: Showing staff friendliness to clients getting Depo Provera services.**

Variable	Category	Frequency(n=50)	Percentage %
Friendliness of staff	Friendly	39	78
	Not friendly	11	22

The highest proportion of the respondents 78% reported that the service providers were friendly when providing the service while minority 22% reported that they were unfriendly.

## 1.4 DISCUSSION

### Socio-demographic characteristics of participant

Findings from the study indicated that the highest number of the participants was aged between 25-30 years with the largest proportion being married while small number being widowers. Regarding participants' level of education had formal education with secondary education taking the largest proportion. Regarding

participants' religious background Christians were of the largest proportion. The findings are congruent with those from a study KNBS ICF Macro (2015) who found out level of education influences the uptake of family planning. They also noted that most of the women of utilizing family planning were aged 25-30 years and religion plays a role in family planning utilization.

### **Knowledge on Depo Provera**

The study findings indicated majority of the participants knew Depo Provera as a family planning method. The participants indicated their sources of information on information about depo Provera as service providers and friends. These findings were similar with Hoque et al (2016), which indicated that most of the informants were friends and service providers.

### **Challenges experienced when seeking service**

Findings from this study indicate that majority of the participants never experienced any challenge when seeking Depo Provera. Those that experienced challenges reported that stock out of Depo Provera as a major challenge while others cited cost implications. These findings were similar with study conducted by WHO (2010) which indicated that lack of family planning commodity in the facilities was a major challenge forcing the women to buy the injectable from pharmacy and chemist. They also identified that distance to the health facilities as challenge since cost is incurred.

### **Effects of marital status to accessibility of Depo Provera service**

The study findings indicated most of the participants cited that marital status as a challenge to Depo Provera uptake. These findings were similar to a study done by KNBS and ICF macro (2010), which indicated that married women had to seek consent from the husband and mother in law before going for Depo Provera. A study conducted by WHO (2010), indicated that single women were mostly using Depo Provera as compared to married women.

### **Reasons why respondents had to choose where they get the Depo Provera services**

The study findings indicated that majority of the participants preferred their facility of choice because of the quality of the services that was good. These findings were similar with study done by Katende et al (2013) where by they found out increased availability and uptake of family planning methods was positively associated with the presence of a number of trained family planning service providers who gave quality services.

### **The respondents educated, counselled on the use of Depo Provera and time taken for the service**

Findings from this study indicate that majority of the participants were educated and counselled on Depo Provera. This was similar to a study done by Kidane G, (2010) where they found that Clients learn more about

family planning methods at the facility due to the providers approach to the counseling and sharing information. Majority of the participants were attended in less than 30 minutes indicating that the services were faster. These findings are similar to a study conducted by Lutalo et al (2009) which indicated that when the health care providers are well trained and understands their work they offer the services without delays provided the commodities are available.

### **Staff friendliness to clients getting Depo Provera services**

The study findings majority of the participants reported that the services providers were friendly to them when providing services. These findings are similar to Oketch et al (2013) where they found out significance of staff friendliness could be explained by the fact that provision of certain types of family planning services requires performance of some procedures by the person administering the service.

### **1.5 Recommendation**

This study recommends that,

Health care providers should improve on counselling and ensure every woman seeking FP method be given all the information.

Women should be provided with health education at the MCH/FP about FP especially Depo Provera.

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