



Attitudes of physicians providing family planning services in Egypt about recommending intrauterine device for family planning clients



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ABSTRACT

Objectives: To assess the attitudes of physicians providing family planning services at the public sector in Egypt about recommending intrauterine device (IUD) for family planning clients, and to identify the factors that could affect their attitudes.

Methods: A descriptive cross sectional study, in which all the physicians providing family planning services in Assiut Governorate were invited to complete self-administered questionnaires. The study participants were recruited at the family planning sector monthly meetings of the 13 health directorates of Assiut Governorate, Upper Egypt. 250 physicians accepted to participate in the study. Bivariate and Multivariate regression analyses were performed to identify the most important predictors of recommending IUD to family planning clients when appropriate.

Results: Less than 50% of physicians would recommend IUD for clients with proper eligibility criteria; women younger than 20 years old (49.2%), women with history of ectopic pregnancy (34%), history of pelvic inflammatory diseases (40%) or sexually transmitted diseases (18.4%) and nulliparous women (22.8%). Receiving family planning formal training within the year preceding data collection and working in urban areas were the significant predictors of recommending IUD insertion for appropriate clients.

Conclusion: Physicians providing family planning services in Upper Egypt have negative attitudes about recommending IUD for family planning clients. Continuous education and in-service training about the updated medical eligibility criteria, especially for physicians working in rural areas may reduce the unfounded medical restrictions for IUD use.

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Introduction

In Egypt, the high rates of unwanted pregnancies could be attributed to non-use of contraception or contraceptive failure [1–3]. At the national level, unintended pregnancies slow the progress toward achieving the Sustainable Development Goals and other health and socioeconomic objectives, and negatively affect maternal and child health [4,5]. It has been estimated that if unwanted births could be eliminated, the total fertility rate in Egypt would decline by 20 percent [6]. Using reliable long acting and permanent contraceptive methods which require little action on the part of users has been suggested to have great impact on decreasing the rates of unwanted pregnancies [7,8].

Intrauterine device (IUD) is a favorable long term user-independent contraceptive method with negligible failure rate [9,10]. Despite the accessibility of family planning services, and offering IUD at a highly subsidized price by Ministry of Health, only 30% of currently married women in Egypt are using it, with a lower rate in Upper Egypt; 15.5% [6]. Moreover, there has been a shift in family planning methods mix from IUD to short term contraceptives, which could have a negative impact on family planning program in Egypt [6,11].

The shift in IUD use could be attributed not only to the method and client factors, but also to the obstacles imposed by providers to the use of the method, due to their insufficient, out-of-date knowledge and negative attitudes [12]. Having inaccurate knowledge about the contraceptive methods among health care providers indicates that they may not be effectively conveying the required information to their clients. Furthermore, negative attitudes towards contraceptive methods can pose substantial barriers to women's access to these methods [13–14]. There are common misconceptions that IUD is not suitable for nulliparous women,

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women with history of pelvic inflammatory diseases, sexually transmitted diseases and ectopic pregnancy [15–17], despite the fact that IUD could be used by any of these clients [18,19].

However, this area hasn't been explored and very little is known about the providers perspectives in Egypt regarding recommending IUD in practice. We explored the attitudes of the physicians of the public sector in Assiut Governorate, Upper Egypt, about recommending IUD for family planning clients, as family planning users in Egypt are more likely to obtain their method from a public sector source than a private provider [6]. The results of the study would highlight the extent of the providers' barriers, and identify the required interventions to promote the use of IUD by family planning clients.

Methods

Study design and setting

This is a descriptive cross sectional study. The study was conducted in Assiut Governorate, which is one of the largest Governorates of Upper Egypt. Family planning services in Assiut is offered by 260 Ministry of Health and Population public health units distributed in 13 health districts; which include rural health units, maternal and child health centers, urban health units and clinics at district and general service hospitals.

Recruitment procedure of the study population

The family planning sector organizes scheduled monthly meetings in all the health directorates for the physicians offering family planning services all over the Governorate to discuss achievements and obstacles. Recruiting physicians in these meetings was the best approach to include all the physicians of the public sector who provides family planning services in the Governorate. One researcher travelled to all Assiut Governorate districts (Abnub, Abu Tig, Dairut, El Badari, El Ghanayem, Manfalut, El Qusiya, Sahel Selim, Sedfa, ElFath, Assiut Gharb, Assiut Sharq and Assiut) to attend the meetings and invited 263 physicians to participate in the study. Only 250 physicians accepted to participate and returned complete questionnaires, with a high response rate of 95%. The researcher had to attend some meetings more than once to compensate for the absenteeism of some physicians. Data were collected from September 2015 to January 2016.

Questionnaire

All participants were asked to complete self-administered questionnaires including questions about their attitudes towards recommending IUD, as a part of a larger study which assessed the physicians' knowledge and attitudes about all contraceptive methods. We assessed the physicians' attitudes about recommending IUD through questions which asked them to indicate whether they would recommend IUD insertion for family planning clients in a variety of hypothetical clinical situations such as; women younger than 20 years old, nulliparous women, women with history of ectopic pregnancy, history of pelvic inflammatory diseases or sexually transmitted diseases.

We used a Likert scale in other questions to ask the physicians about how much they agree with a number of statements regarding their believes about IUD safety and effectiveness, being comfortable recommending IUD, the counseling time for IUD in the clinics, whether women are easily convinced about IUD use, the necessity of being menstruating at the time of IUD insertion and whether they would prefer IUD removal in case of clients' complaints of bleeding. The questionnaire also assessed providers'

demographics, previous trainings and training needs. All questions were piloted on a sample of family planning physicians, and the questionnaire was modified appropriately.

Statistical analysis

We used SPSS software version 20 for all analyses. Descriptive analysis was performed for the participants' socio-demographic data and frequencies of physicians' responses for the attitude questions were calculated.

A score for recommending IUD for family planning clients was calculated by giving score "1" for every correct response and score "0" for false and don't know responses, for all the mentioned situations of eligibility to IUD insertion. The scores of the five questions were summed to produce the total score of recommending IUD for family planning clients, with higher scores indicating more positive physicians' attitude of recommending IUD in proper clinical situations. Bi-variate analysis was performed using *t*-test to identify the factors associated with higher scores for recommending IUD insertion in proper situations. Multivariate stepwise regression analysis was then performed to identify the most important predictors of recommending IUD to family planning clients. A *P*-value < .05 was considered statistically significant.

Ethical considerations

The study was approved by the Ethical Review Committee of Assiut University. We also obtained the approval of the director of the family planning sector in Assiut Governorate to attend the monthly meetings and collect data. All participants were asked to give their informed consent after receiving a detailed explanation of the purposes of the study. Anonymity was preserved by omitting names of the study participants from the questionnaires.

Results

Socio-demographic characteristics

More than half of the physicians, who participated in the study (58%), were younger than 30 years old and were females (60.4%). The majority of the physicians were general practitioners (72.8%) and were working in rural areas (67.6%). They had variable durations of experience in providing family planning services, as (40.8%) had experience less than 2 years and (34%) had experience of 5 years or longer (Table 1).

Attitudes of the physicians about IUD

Overall, the majority of physicians believed that IUD is a safe (86.8%) and an effective contraceptive method (86%), and only (8%) believed that IUD could increase the possibility of infertility, and the remainder either disagreed or were neutral. With regards to recommending IUD, only (10.8%) of physicians felt embarrassed to recommend IUD, (46%) felt that women are easily convinced about IUD use and (44.4%) agreed that IUD requires the least counseling time in the clinic. However, a large proportion of the physicians (61.6%) agreed that women should be menstruating at the time of IUD insertion and (46%) preferred IUD removal in case of clients' complaints of bleeding (Table 2).

Attitudes of the physicians about recommending IUD insertion for family planning clients

We found that less than half of the physicians would recommend IUD for clients in clinical situations which were proved to

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