R4S Research for Scalable Solutions

Research for Scalable Solutions: An Exploratory Study of Self-Care in Family Planning in Uganda

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Introduction

According to the 2020 Performance Monitoring for Action (PMA) survey, nearly a quarter (23.9%) of married women in Uganda had an unmet need for family planning (FP). Documented barriers to FP use include the need to travel long distances to obtain services and the desire for confidentiality and discreet use of FP.

Public health stakeholders are advocating for self-care as a potential intervention to address the inequities in access to FP information and services. The World Health Organization (WHO) defines self-care as **"the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability, with or without the support of a health care provider."** While self-care has the potential to help countries reach FP goals, such as increasing access for young people or meeting demand, research gaps remain around how people in different countries perceive self-care and its relevance to their reproductive health.

KEY FINDINGS

- Self-care was broadly understood as behaviors in which people engage to benefit their own health, that of their family, and the health of their community.
- Perceptions of self-care in the context of FP were varied and largely associated with birth spacing.
- Health facilities were the most common FP self-care service points, but there was also interest in accessing FP self-care through social networks and home delivery.
- Reliance on health facilities for supply was higher for non-self-care FP methods (i.e., intrauterine device [IUD], implant) than for self-care FP methods (i.e., self-injectable contraceptives, oral contraceptives, emergency contraception, male and female condoms, Standard Days Method [SDM], and lactational amenorrhea method [LAM]).
- The supply source for self-care products was determined by cost, access, and the perceived quality of products and services.
- Nearly half of women who experienced contraception-induced menstrual side effects attempted to self-manage the side effects.

Study Objectives

The overall aim of the study was to generate evidence on FP self-care opportunities for awareness, access, and use to inform the development or improvement of self-care guidelines. This multi-country study was conducted in Uganda, as well as in Nepal and Niger. The objectives in Uganda were to:

- Explore perceptions of FP self-care among women and men
- Describe the behaviors and preferences of women and men regarding FP self-care
- Learn provider perspectives on FP self-care

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Methods

This was a cross-sectional mixed-methods study including a household survey of 374 women ages 15–49 years and 224 men ages 18 years and older, and 68 in-depth interviews with 36 women, 20 men, and 12 providers in three districts of Uganda: Buyende, Mukono, and Mbale. Prior to the survey, stakeholder consultative meetings were held to inform development of study objectives. After the survey, an interpretation workshop was held with the national self-care expert group and other stakeholders to understand the preliminary findings and inform further analysis. This was followed by a larger dissemination meeting organized in collaboration with the Ministry of Health (MOH). Stakeholder engagement continued to generate and refine the recommendations and evidence gaps (Figure 1).

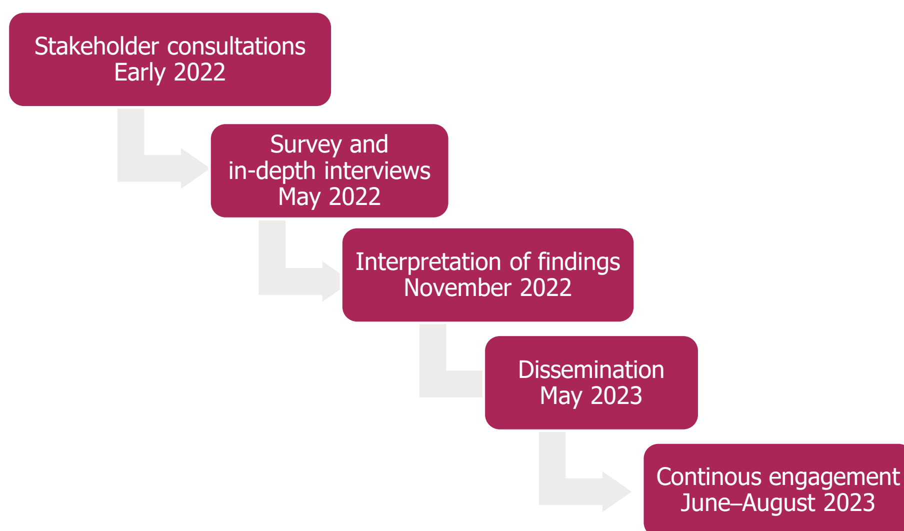

Figure 1. Summary of the engagement process

Results

Understanding of Self-Care

The in-depth interviews were unique in that study participants were asked how they understood the term "self-care" in a general sense before the interviewer asked how they might apply that term to FP. If a participant struggled to extend the term to FP, the interviewer would then read them the WHO definition. Participants described their general understanding of self-care as taking care of oneself and one's family and community. Understanding of FP self-care was varied, though most participants associated self-care for FP with birth spacing.

> *"I think it means being able to produce children that you can manage to take care of, not just producing in abundance. If you plan that you want three children, then you get three. You produce one, space and get another child when the first is like in primary six, like that..."* (Female, Mbale district)

> *"Self-care* [means] *you can take care of yourself. You can provide everything for yourself—if it's food you can buy it, you have your own house, so you can provide most of the things for yourself."* (Male, Mukono district)

Awareness of Self-Care

Levels of fertility awareness were moderate and generally higher for women compared to men; however, awareness of some self-administered contraceptive methods was low among both men and women. Fertility awareness was measured through responses to six fertility-related questions such as age at menarche (10–15 years old), the start of menstrual cycles (the first monthly bleeding), and typical duration of the menstrual cycle (26–32 days).

Health care providers were the main source of information about self-care methods and their side effects (85%).

More than 60% of women and men were interested in learning about FP from an SMS or voice message and phone calls.

Access to FP Self-Care Interventions

Health facilities were the source most frequently used to access any method during both initiation and refills (78% for initiation, 57% for refills). Reliance on health facilities for supply was higher for non-self-care FP methods compared to self-care methods, but most users of self-care methods had still obtained these from health facilities at initiation.

The main factors for choosing the source for supply of self-care products included cost, proximity to the source, and quality of products and services.

> *"I used to get the injection for 3,000 shs at the clinic, but after three months, when I reached there, they had increased to 10,000 shs, yet I had only moved with 3,000 shs. So, I decided to go back home. On my way, I found there was a family planning outreach at a facility by PROFAM. I branched off to know what was happening; that is how I got the implant method* [free]*."* (Female, Mukono district)

After health facilities, interest was highest in receiving methods from community health workers (CHWs) and drug shops/pharmacies across the methods. More than 20% of women were also interested in home delivery of oral contraceptive pills (Figure 2).

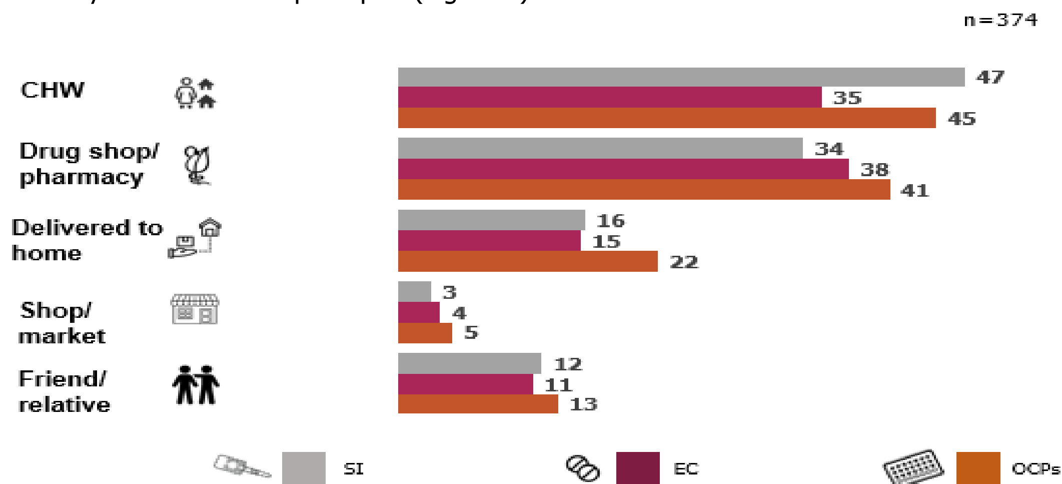

Figure 2. Interest in receiving method from other sources apart from health facility

Use of FP Self-Care

Nearly three-quarters (73%) of the women had ever experienced contraceptive-induced menstrual changes or non-bleeding side effects of FP. Forty-seven percent had attempted self-management of the side effect. Health providers were the main (72%) source of assistance. Despite a high reliance on facility-based providers to manage contraceptive side effects, most of the women were interested in getting support from community health workers (CHWs) and drug shops. The most frequently reported approach to self-management of side effects was the use of over-the-counter medicines.

Key Recommendations

The results of this study were shared jointly with results from an FP/HIV integration study and, as such, some recommendations pertained broadly to both studies and to general positioning of self-care. One broad recommendation was to enhance access to self-care. Specifically, stakeholders thought the MOH and partners needed to integrate self-care interventions (antenatal care, FP, HIV/sexually transmitted infections, and postabortion care) across the three domains of self-care (self-awareness, self-testing, and self-management) into the self-care-oriented differentiated service delivery models for HIV. Recommendations specific to FP self-care included:

- Create awareness of and promote FP self-care. The MOH and partners need to create a common understanding of self-care for FP among key players through continuous engagement, leveraging digital platforms and social media, self-care days, engaging champions at national, subnational, and community levels, and learning from the existing self-care approaches in HIV and noncommunicable diseases (NCDs) to market FP self-care. As part of this effort, implementing partners need to update the pocket guide for self-care and develop a comprehensive self-care awareness and advocacy package catering to different stakeholder categories, including men, religious leaders, and cultural leaders. This should be made available in local languages spoken in the various communities.
- Popularize the access points for FP self-care products and ensure that self-care products are affordable and accessible for all, including through CHWs and drug shops.
- The MOH and partners need to train health workers to support self-care. Since many people indicated wanting to initiate methods with a provider, more training is needed to help providers give clients confidence to subsequently access refills and continue to use methods correctly, and to manage side-effects.
- Via CHWs, the MOH and partners should empower women to manage FP-related side effects and to know when to seek support from a provider.
- Document the lessons from other health services and programs that use self-care, such as HIV and NCDs, to inform FP self-care marketing and promotion.
- Research the factors that contribute to discontinuation and switching of self-care methods and how these may be addressed.
- Explore how the MOH can best ensure the high quality of self-care for FP in the private sector and nonmedical outlets.

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