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ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ
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Executive Summary

Knowledge and Attitudes to Family Planning and Reproductive Health in Ukraine

Institute for Family and Youth
for Together for Health

Kyiv, December 2006

JSI

РАЗОМ ДО ЗДОРОВ'Я ФІНАНСУЄТЬСЯ АГЕНСТВОМ США З МІЖНАРОДНОГО РОЗВИТКУ ТА ВПРОВАДЖУЄТЬСЯ ІНСТИТУТОМ ДОСЛІДЖЕНЬ ТА ТРЕНІНГІВ КОРПОРАЦІЇ ДЖОНА СНОУ У СПІВРОБІТНИЦТВІ З АКАДЕМІЄЮ СПРИЯННЯ ОСВІТІ ТА ШКОЛОЮ ГРОМАДСЬКОГО ЗДОРОВ'Я ГАРВАРДСЬКОГО УНІВЕРСИТЕТУ

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Цей документ було розроблено завдяки щедрій підтримці американського народу з допомогою Агентства США з міжнародного розвитку. Відповідальність за зміст цього документу несе Корпорація Інституту дослідництва та тренінгів JSI. Інформація, яка відображена в цьому документі не завжди поділяє погляди Агентства США з міжнародного розвитку або уряду Сполучених Штатів.

Acronyms and Abbreviations

FGD	focus group discussion
FP/RH	Family Planning/Reproductive Health
HIV	Human Immunodeficiency Virus
IUD	intrauterine device
ob-gyn	obstetrician-gynecologist
STI	sexually transmitted infection
TV	television
UAH	Ukrainian hryvna (local currency)
US	United States
USAID	United States Agency for International Development

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Introduction

Together for Health is a five-year project (2005-2010) made possible through the United States Agency for International Development (USAID) and implemented by JSI Research and Training Institute in collaboration with the Academy for Educational Development, Harvard School of Public Health and many Ukrainian partners. The collaboration of the city health departments in Dnipropetrovsk City, Shpola in Cherkasy Oblast, Lviv City and Radyvyliv in Rivne Oblast was critical to this research. The Together for Health project's goal is to reduce the rates of abortion, unintended pregnancy and sexually transmitted infections (STIs) in Ukraine.

In order to tailor the main strategies of the project to the needs of the population and health providers, and to facilitate message development for target audiences, it was decided to conduct formative research in the form of focus group discussions (FGD). The research methodology and tools (focus group discussion guides, pre-FGD surveys and screening surveys) were designed, tested and implemented by local project staff in close collaboration with US consultants and a team of Ukrainian researchers and moderators who were identified to facilitate the focus groups and analyze the information collected.

Methodology of the study

Seven target audiences were identified, in order to assess their knowledge and attitudes toward abortion, modern contraceptive methods, payment for services, STIs and key practices in accordance with the main strategies of the project.

These target audiences included: women and men of reproductive age (20 to 30), adolescent boys and girls (16 to 19), and health care providers, including ob-gyns, midwives and feldshers who work in both in-patient and out-patient facilities, and pharmacists. For purposes of obtaining some geographically specific information, one large city and one rural area were selected in the eastern and western parts of Ukraine: Dnipropetrovsk City and Shpola in Cherkasy Oblast in the East and Lviv City and Radyvyliv in Rivne Oblast in the West. All focus group discussions were conducted in March and April 2006 and results were analyzed in May 2006. Thirty two focus group discussions were conducted with a total of 186 participants. More sensitive questions were asked through a written survey before the discussion, instead of during the FGD itself among following target audiences: women age 20-30, young men and women aged 16-19, obstetrician-gynecologists (ob-gyns), midwives, feldshers and pharmacists. Key findings are presented below.

Knowledge and attitudes toward contraceptive methods

Both women and men of reproductive age knew a number of modern contraceptive methods. Among the known methods were male condoms, combined oral contraceptives, intrauterine devices (IUDs) and spermicides. Teenage boys and girls knew similar modern contraceptive methods (male condoms, IUDs, combined oral contraceptives)—but it is noteworthy that oral contraceptives were named as the most frequently *used* method by girls, whereas boys named condoms as their most frequently *used* method. Male condoms and IUDs were the two leading contraceptive methods used by male and female respondents of reproductive age—either currently or in the past. Male condoms, spermicides and oral contraceptives were the main methods used by teens.

Occasionally, all other modern contraceptive methods were mentioned by both male and female respondents, but they could not give more specific answers regarding effectiveness, relationship to health or cost of these methods. Both young women and men as well as teens did not know exactly what "dual protection" meant. When the concept of dual protection was explained to them, most respondents expressed a predominantly negative attitude toward using condoms together with another modern method of contraception to prevent both pregnancy and STIs.

Ob-gyns, meanwhile, knew about all modern contraceptive methods, while midwives and feldshers were familiar predominantly with the main four: male condoms, oral contraceptives, spermicides, and IUDs. Very few mid-level providers knew of injectable contraceptives or the latest methods, the patch and the vaginal ring.

Pharmacists, similarly to ob-gyns, knew all modern contraceptive methods and had very similar attitudes toward each of the methods. The majority believed that combined oral contraceptives and emergency contraceptives present the risk of causing hormonal imbalances, if not correctly prescribed; IUDs were associated with the risk of pelvic inflammation and "in-growth"; injectable contraceptives were associated with serious changes in menstrual bleeding, from continuous spotting to break-through bleeding and amenorrhea. Despite somewhat negative perceptions of the different contraceptive methods by providers, combined oral contraceptives, IUDs, condoms and traditional methods were the methods most frequently discussed with clients. Meanwhile, pharmacists limited themselves to discussing condoms and spermicides, as they believed their knowledge of other contraceptive methods is too limited and therefore they should not be discussing them with their clients. Midwives and feldshers avoided discussing many contraceptive methods with their clients and referred them to ob-gyns. Mid-level providers recommend only male condoms, traditional methods and withdrawal.

Perception of the idea of a Logo

Pharmacists were generally very supportive of the idea of developing a family planning logo. A logo would indicate that a facility has a trained FP/RH service provider and that a pharmacy carries a range of contraceptive methods at affordable prices. The logo would link a client with a provider and a pharmacy. Pharmacists thought that owners of private pharmacies would be enthusiastic about participating in the logo campaign and training for pharmacists as it could attract more clients to their pharmacies. Pharmacists expressed interest in training and offering simple counseling services to clients to answer key questions related to the use, benefits and risks of all modern contraceptive methods.

Discussion of abortion

Abortion was another topic that was extensively discussed with all target populations. Lack of information, low incomes, unstable family situations, youth and being in school, and the absence of one's own place to live were named as the primary reasons that led women to have abortions. Of particular note is that out of all women who had had an abortion during the previous year and completed the survey, 78% discussed having an abortion with their partner while 22% did not. Although women discussed the decision to have an abortion with their partner, the majority noted that they had already made the decision to have an abortion, despite what their husband or partner might suggest. In a very few cases, the husband or partner had insisted on an abortion.

Men believe it is important to discuss whether or not a woman should have an abortion. They also believe that, in general, having an abortion is a sin, but it also matters who is having the abortion: "*If this is my wife it is one thing but if it is a one-night stand girl – I don't care, she should think for herself."* (Man, age 25). Overall, men think that women are having abortions because they do not know how to protect themselves, they use traditional methods which are not reliable, or they have sex under the influence of alcohol or drugs.

Perceptions of the cost of abortion and contraception

The price of an abortion was reported to be between 20 and 400 UAH, depending on the area and the provider who performed the procedure. Most women in rural areas paid around 50 to 100 UAH for an abortion, whereas the average price in urban areas was 250 UAH. When asked whether the price of an abortion was affordable, a considerable majority of women said that it was "*an absolutely affordable price*" (woman, age 26) and only one woman said, "*I could buy so much stuff for my kids with the money I paid for having an abortion*" (woman, age 29).

Women from urban areas said that they were willing to pay 50 to 80 UAH for their contraceptive method per month, whereas women from rural areas said that the are prepared to pay 10 to 30 UAH per month. Teenage girls said a reasonable price for a one month supply of pills was under 20 UAH and, for a pack of three condoms, under 10 UAH. Men stated that the optimal price for a pack of 3 condoms is 5 UAH and not more than 10 UAH, whereas teenage boys said the price should not exceed 5 UAH.

Knowledge and perception of risks associated with abortion and contraception

All women, whether or not they had had an abortion, identified the following main risks associated with abortion: infertility, bleeding, infection, hormonal imbalance, and psychological stress. At the same time, when prompted about the potential risks of modern contraceptive methods, women named the following: increased hair growth, weight gain, birth defects in subsequent pregnancies, infections, hormonal imbalances, allergies, tumors of the reproductive organs, problems with conceiving following the use of oral contraceptives, etc. In other words, they perceived abortion as having far fewer complications than modern contraceptive methods. The correlation between quality and price was identified as a concern for many women and men of reproductive age. A higher price for a contraceptive method was associated with better quality and fewer harmful effects on health, especially in the case of condoms and combined oral contraceptives.

Attitudes toward family planning counseling

Family planning counseling was one of the topics that triggered the most lively discussion among providers and the population. All the doctors declared that counseling on family planning is an essential part of their jobs and therefore they provide it. They also stated that at almost every visit, they try to initiate a conversation about family planning with their clients. Women, on the other hand, said that family planning counseling is a very rare event and very few of them reported obtaining information on modern contraceptive methods: "*No one and nowhere ever mentioned about it* (family planning and modern contraceptives) *– neither in school, nor at home, nor at the hospital. This is the first time in my life I have such a meeting to talk about it"* (woman, age 27).

Doctors and midwives believe that the provider's role in choosing a contraceptive method is to present all available methods and explain the risks and benefits associated with each of them, taking into consideration the individual client's history and health status. Then the woman should decide, by herself or with her partner, which method to use. Nevertheless, ob-gyns generally proposed IUDs to women in rural areas, a choice of either oral contraceptives or IUDs for women in urban areas, and dual protection for teenagers. *"A woman should make a decision about which method to use herself but we* (providers) *should take the lead in selecting it."* (Ob-gyn)

Some ob-gyns strongly believe that both family doctors and midwives should only provide family planning counseling, and not prescribe methods to clients; but others thought that family doctors could see healthy women and offer them a limited choice of modern contraceptive methods. Midwives, on the other hand, expressed strong interest in training on family planning/reproductve health and noted the need for them to provide family planning counseling and services to women in rural areas where there is no access to ob-gyns. Women's attitudes that only ob-gyns – and not mid-level providers – can provide quality services was seen as an obstacle by some midwives and feldshers.

Knowledge and attitudes toward sexually transmitted infections (STIs)

Women and men of reproductive age knew a similar range of STIs, including syphilis, gonorrhea, trichomoniasis, chlamydia, Herpes, HIV, mycoplasmosis, ureaplasmosis. However, teenagers knew a much more limited number: teen boys named syphilis, gonorrhea and HIV, and teen girls named chlamydia in addition. Women and men had similar levels of knowledge about the transmission of STIs, although not for all infections. Itching, rash, pain and frequent urination were named among main symptoms of STIs. Other symptoms included fatigue, headaches, fever, and even death. Both sexes, across the sampled ages, knew that an infected person can have no symptoms of STIs and not realize he has an STI. Using a condom each time you have sexual intercourse, being faithful to your partner, having a faithful partner, and abstinence where named as the ways to prevent transmission of STIs. Some respondents in the population said that taking certain medications or injections could prevent transmission of STIs, but when probed further, they could not provide any more concrete information.

Providers were asked if they provided STI screening, testing and treatment. Almost all the ob-gyns stated that they offer testing for STIs and provide treatment for all except syphilis and gonorrhea. In cases of syphilis or gonorrhea, they refer clients to dermatovenerologists.

Preferred sources of information and communication channels

When asked about their preferred sources of information, both women and men named health providers as their first choice, followed by family members (sisters, parents, etc.) and friends. Men also thought that communication with the *"same men as we are would be a good way to get information about these issues"* (man, age 23)—in other words, "peer-to-peer" communication. Slightly different preferred sources of information were identified by adolescent boys and girls. Girls said they were getting information about family planning and contraception from parents and relatives, magazines and newspapers, TV and friends—but they would prefer to receive accurate information from health providers, their mothers and friends. Teen boys reported getting information from friends, TV and sometimes from special brochures—but they would prefer to receive it from pharmacists, health providers and friends.

Special programs on TV and radio were identified as the preferred communications channels for most respondents, across age and sex groups. Special brochures and posters in health facilities or pharmacies, women's journals, small sessions at school, college or in the workplace, and telephone hotlines were named as useful and accessible communications channels for all respondents. The internet was proposed by teens, although limited access and poor internet service were mentioned by participants, especially in rural areas.

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