

Zanzibar Needs Broader Access to Long-Acting and Permanent Methods of Family Planning



Ensuring access to a full range of family planning methods is critical to reducing high rates of maternal and child mortality in Zanzibar. Contraceptive use continues to be low, particularly of long-acting and permanent methods (LAPM) of family planning.¹ Including LAPM, such as implants, intra-uterine contraceptive devices, and male and female sterilization, among the available options of contraception can help women space or limit their pregnancies (see Box 1). Research shows that children born between three and five years apart are at lower risk of infant and child mortality.² Further, contraceptive use helps women start and stop childbearing when they are ready—lowering their chance of high-risk pregnancies.³ Increased access to LAPM within a range of method options can help Zanzibar support a healthy population and achieve its development goals.

The Ministry of Health Zanzibar (MOHZ) needs to act to increase access to LAPM. MOHZ can ensure that:

- All hospitals have adequate supplies and equipment for provision of LAPM.
- Health care providers are adequately trained on LAPM and have job aids to assist them in providing care.
- Community health volunteers have adequate capacity to mobilize and educate the public on LAPM and make effective referrals.

BOX 1

REVERSIBLE AND PERMANENT METHODS HELP COUPLES PLAN THEIR FAMILIES TO THEIR PREFERENCES

Long-acting and permanent methods of family planning include two options for contraceptive methods suitable for different fertility preferences: long acting, reversible methods of contraception (LARCs) and permanent methods. LARCs, such as implants and intra-uterine contraceptive devices (IUCD), are more effective than other temporary methods in preventing unintended pregnancy and can be removed if a woman wishes to become pregnant. Because they are effective for years at a time, LARCs eliminate the need for women to travel regularly to a health clinic or hospital for family planning services. LARCs are discreet, cost-effective, and appropriate for use by women of all ages.⁴

Permanent methods include both male and female sterilization, generally referred to as vasectomy and tubal ligation, respectively. These methods allow families who do not want more children—for health, financial, or other reasons—to end their ability to have children in the future. Tubal ligation is an effective option to prevent potential maternal mortality and morbidity in situations when a future pregnancy would be a risk to a women's health.

UNMET NEED FOR FAMILY PLANNING IS HIGH IN ZANZIBAR, ESPECIALLY ON PEMBA

Zanzibar’s policymakers have committed in policy documents to ensuring adequate access to and promotion of family planning, including in the Zanzibar Strategy for Growth and Reduction of Poverty Plan and Zanzibar Health Sector Strategy Plan III (HSSP-III). These policies align with Sustainable Development Goal 3, which sets the target of universal access to sexual and reproductive health care services, including family planning, by 2030. HSSP-III specifically mentions scale-up and expansion of permanent methods of family planning as a strategy to reduce maternal and under-five mortality rates.⁵ Increased access to permanent methods of family planning would help reduce the high-risk pregnancies that often come at the end of a woman’s childbearing years.⁶

Despite these policy commitments, use of modern methods of contraception in Zanzibar has persistently lagged behind mainland Tanzania. The modern contraceptive prevalence rate (mCPR) in mainland Tanzania nearly tripled between 1996 and 2015 but has climbed more slowly in Zanzibar—only increasing from 8 to 14 percent during the same time period.⁷ Zanzibar is also behind in reaching its family planning goal of a 22 percent mCPR by 2022.⁸ In 2016, twice as many married women had unmet need for family planning than were using a modern method of contraception.⁹ Zanzibar has an opportunity to expand family planning use and close the gap in unmet need, advancing progress towards its 2022 goal.

Further disparities exist between Zanzibar’s two islands of Pemba and Unguja, with unmet need for family planning particularly high on Pemba (see Figure 1). All regions of Zanzibar (except for Kusini Unguja) have an unmet need for family planning among women wanting *no future pregnancies* that is higher than the national average. Approximately 10 percent of women on Kusini Pemba want to have no more children but are not actively using a method of contraception. Due to their long-acting or permanent nature, LAPM can be a desirable method for women and couples who have reached their preferred

family size and want no future pregnancies and for women for whom future pregnancies are not advised for health reasons. However, high levels of unmet need for family planning in Zanzibar demonstrate that major gaps exist in use of LAPM as well as other methods.

What accounts for these high rates of unmet need?

Part of the answer may be that exposure to family planning messages in Zanzibar is the lowest in the country, especially on Pemba. The 2015-16 Demographic and Health Survey found that:

- 53 percent of women and 39 percent of men ages 15 to 49 in Zanzibar had not heard or seen a family planning message in the media in the past few months.¹⁰
- 88 percent of women who do not use family planning had not discussed it in the last year with a community health worker or during a visit to a health facility.

Another reason for high rates of unmet need in Zanzibar may be limited LAPM equipment and training in hospitals and clinics.

LACK OF EQUIPMENT AND TRAINING CONTRIBUTE TO LIMITED PROVISION OF LAPM

Addressing the low rates of mCPR, particularly of LAPM, requires mutually reinforcing efforts, including improvements in service delivery, commodity security, creation of demand for services, and a supportive policy environment.¹¹ Limited equipment for provision of LAPM in district hospitals and lack of comprehensive family planning training—especially on LAPM—for health care providers are two problems that warrant immediate remedy and action from the MOHZ.¹²

HOSPITALS EXPERIENCE LAPM EQUIPMENT SHORTAGES AND OFFER LIMITED FAMILY PLANNING SERVICES.

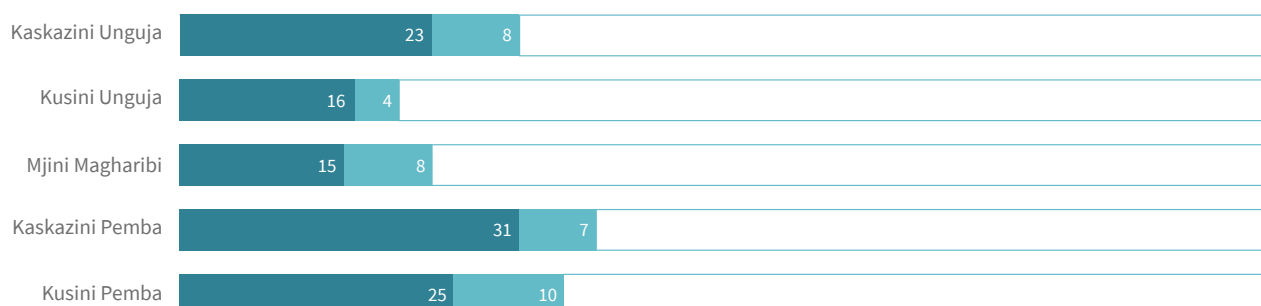
In 2018, the Zanzibar Nurses Association collected and analyzed data from nine hospitals and 20 primary health facilities across five regions of Zanzibar (Kaskazini, Kusini, and Urban/West regions in Unguja and Kaskazini and Kusini regions in Pemba). Of the nine hospitals, LAPM

UNMET NEED FOR SPACING AND LIMITING BIRTHS VARIES BY REGION IN ZANZIBAR

FIGURE 1

PERCENT OF MARRIED WOMEN WITH UNMET NEED, AGES 15-49

■ For spacing births ■ For limiting births



Source: Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16.

*All percents rounded to nearest whole number.

were provided in only three: Kivunge, Makunduchi, and Chake Chake.¹³

Essential equipment to support provision of IUCD and tubal ligation are not available in many facilities. Of the facilities visited for the study, 25 percent had inadequate equipment to administer IUCD. In every hospital visited, staff reported limited equipment to perform tubal ligation. Other medical supplies that support basic provision of family planning services, such as supplies for instruments' decontamination, were found to be lacking.

In addition to these equipment shortages, family planning is not offered as a routine service in hospitals, and labor wards offer limited post-partum family planning options. Because such services are often unavailable, many women who receive health care in hospitals are not told by providers about family planning, potentially limiting their use of contraceptives.

LESS THAN HALF OF FACILITY PROVIDERS HAVE RECEIVED TRAINING IN KEY FAMILY PLANNING SKILLS.

The 2015 Tanzania Service Provision Assessment Survey reported that only 34 percent of facilities have at least one staff member who was trained on family planning in the past two years. The situation is most challenging in Urban/West and Zanzibar South regions, where only 11 percent and 12 percent of facilities, respectively, had a staff member trained in the past two years.¹⁴ Training on specific topics is particularly lacking (see Figure 2).

One reason why few providers receive regular training is that Zanzibar practitioners currently must travel to the mainland for LAMP training. Needing to travel to attend a training limits the number of health care workers who receive this opportunity to build their skills and expertise.

“Currently we only have one nurse in the post-natal ward who can provide LARC but she’s leaving soon for more schooling. My request is to provide training so more nurses are able to provide LARC in the post-natal ward.”

—Asha Mkamba Khamis, nurse-midwife, acting overall in-charge, Department of Obstetrics and Gynecology, Mnazi Mmoja Hospital

TRAINING AND JOB AIDS ON LAMP HELP PROVIDE HIGH-QUALITY, COMPREHENSIVE CARE

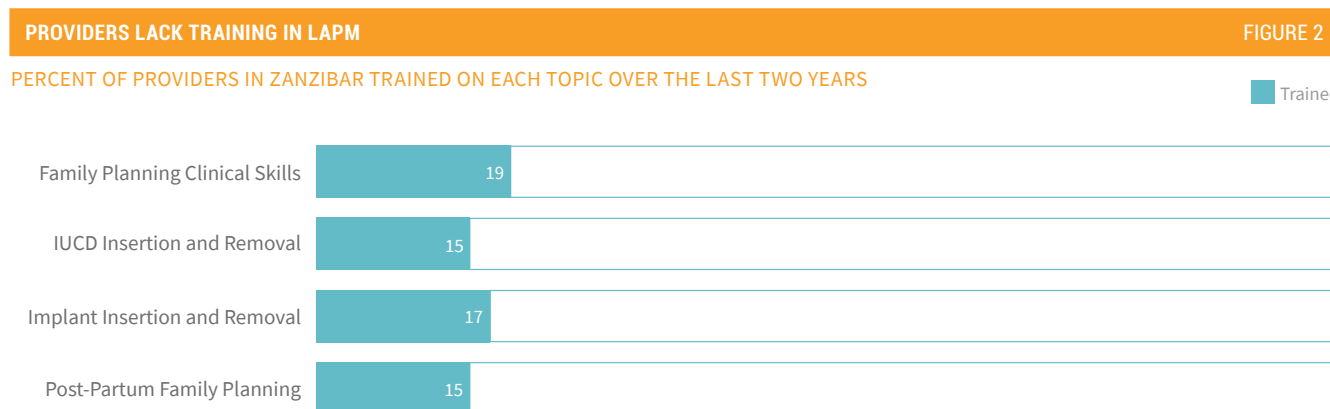
Ongoing training, mentorship, and job aids on LAMP should be available for health care providers in Zanzibar. Research suggests that trained and supported community health workers (CHWs) could support increased demand for LAMP. CHWs help increase use of contraception and reduce inequities in access, especially in places like Zanzibar that experience high unmet need.¹⁵ When adequately trained, equipped, and supported, CHWs can provide counseling and referrals for LAMP, increasing uptake of those methods.¹⁶ A study in Ethiopia demonstrated that even where CHWs could not directly provide certain methods, they were still able to increase use of those methods through proper counseling and referrals.¹⁷

The MOHZ is currently establishing one group of community health volunteers (CHVs) under its directorate and defining the essential package of services for which the CHVs will be responsible.¹⁸ This package should include a full range of family planning methods. **It is imperative that CHVs under the MOHZ are adequately trained on LAMP and supported to make effective referrals for women and men interested in using these methods.** In addition, engaging men in family planning service delivery is a recommended practice that CHVs can adopt to improve knowledge and attitudes toward contraception, address gender norms, and increase access to male contraception methods, including vasectomies.¹⁹

“There are no job aids on family planning available, not even posters in the OB-GYN department. Job aids would help us in our work and it would simplify the procedure.”²⁰

—Asha Mkamba Khamis, nurse-midwife, acting overall in-charge, Department of Obstetrics and Gynecology, Mnazi Mmoja Hospital

Job aids, or tools such as reference guidelines and checklists that are used to assist in performing tasks, can increase provision and quality of family planning counseling among health care workers who provide or



Source: Tanzania Service Provision Assessment Survey (TSPA) 2014-2015.

refer clients for family planning.²¹ **Zanzibar’s 2016 Family Planning Job Aid should be updated and expanded, drawing on the many family planning job aids available through international organizations that could be adapted and tailored for use in Zanzibar.** This aligns with the Zanzibar Family Planning Costed Implementation Plan, which prioritizes revising reproductive, maternal, newborn, child, and adolescent health job aids to incorporate post-partum family planning.

WHAT CAN MOHZ DO?

By taking clear steps to improve access to family planning with improved distribution of medical equipment, strengthened training on all family planning methods—particularly LAPM—and job aids to assist health workers, the MOHZ can ensure the availability of a broader family planning method mix that meets the family planning needs of all women and couples.

THE DIRECTOR OF HOSPITAL SERVICES SHOULD:

- Ensure funds are earmarked within the health budget to procure equipment for tubal ligation and IUCD administration.
- Work with the Logistics Management Unit to ensure equipment is purchased and distributed to all nine hospitals in Zanzibar.

THE INTEGRATED REPRODUCTIVE AND CHILD HEALTH PROGRAM SHOULD:

- Develop a LAPM training curriculum and ensure the trainings are offered to Zanzibar’s medical practitioners.
- Integrate an action plan on LAPM into the MOHZ’s annual planning processes.
- Update the Family Planning Job Aid to include careful instruction on LARCs and referral for permanent methods and disseminate the job aid to all Zanzibar health centers.
- Train the group of CHVs managed through the MOHZ on the promotion of LAPM and provide them with ongoing support and mentoring.

Photo Credit: Ulrich Doerling / Alamy Stock Photo



© 2019 Population Reference Bureau. All Rights Reserved.

August 2019 | Zanzibar Nurses Association

REFERENCES

- 1 Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health Zanzibar (MOHZ), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF, Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16 (Dar es Salaam, Tanzania, and Rockville, MD: MoHCDGEC, MoH, NBS, OCGS, and ICF, 2016).
- 2 S.O. Rutstein, “Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-Five Years Mortality and Nutritional Status in Developing Countries: Evidence from Demographic and Health Surveys,” *International Journal of Gynecology & Obstetrics* 89, no. 1. (2005): 7-24.
- 3 John Stover and John Ross, “How Increased Contraceptive Use Has Reduced Maternal Mortality,” *Maternal and Child Health Journal* 14, Issue 5 (2010): 687-695.
- 4 Amy Stoddard, Colleen McNicholas, and Jeffrey F. Peipert, “Efficacy and Safety of Long-Acting Reversible Contraception,” *Drugs* 71, no. 8 (2011): 969-80.
- 5 MOHZ, *Zanzibar Health Sector Strategy Plan III 2013/14-2018/19* (Zanzibar, Tanzania: MOHZ, 2013).
- 6 Ann K. Blanc, William Winfrey, and John Ross, “New Findings for Maternal Mortality Age Patterns: Aggregated Results for 38 Countries,” *PLOS ONE* 8(4) (2013): e59864.
- 7 National Bureau of Statistics [Tanzania] (NBS) and Macro International Inc., *Tanzania Demographic and Health Survey 1996* (Calverton, MD: NBS and Macro International, 1997); MoHCDGEC, MOHZ, NBS, OCGS, and ICF, TDHS-MIS 2015-16.
- 8 MOHZ and UNFPA, *The Zanzibar Family Planning Costed Implementation Plan* (Zanzibar, Tanzania: MOHZ and UNFPA, 2018).
- 9 Unmet need means women want to delay or prevent future pregnancies and are not using any method of contraception; MoHCDGEC, MOHZ, NBS, OCGS, and ICF, TDHS-MIS 2015-16.
- 10 Media sources included in the survey include radio, television, newspaper, or mobile phone. MoHCDGEC, MOHZ, NBS, OCGS, and ICF, TDHS-MIS 2015-16.
- 11 MOHZ and UNFPA, *The Zanzibar Family Planning Costed Implementation Plan*.
- 12 Zanzibar Nurses Association, Method mix analysis of data from nine hospitals and 20 primary health facilities across five regions of Zanzibar (2019); Ministry of Health and Social Welfare (MOHSW) [Tanzania Mainland], MOHZ, NBS, OCGS, and ICF International, Tanzania Service Provision Assessment Survey (TSPA) 2014-2015 (Dar es Salaam, Tanzania, and Rockville, MD: MOHSW, MOH, NBS, OCGS, and ICF International, 2015).
- 13 Zanzibar Nurses Association, Method mix analysis of data from nine hospitals and 20 primary health facilities across five regions of Zanzibar.
- 14 MOHSW [Tanzania Mainland], MOHZ, NBS, OCGS, and ICF International, TSPA 2014-2015.
- 15 High-Impact Practices in Family Planning (HIPs), *Community Health Workers: Bringing Family Planning Services to Where People Live and Work* (Washington, DC: USAID, 2015), accessed at <http://www.fphighimpactpractices.org/briefs/community-health-workers/>, on May 16, 2019.
- 16 HIPs, *Community Health Workers: Bringing Family Planning Services to Where People Live and Work*.
- 17 Yenehun Tawye et al., “The Potential Impact of Community-Based Distribution Programmes on Contraceptive Uptake in Resource-Poor Settings: Evidence from Ethiopia,” *African Journal of Reproductive Health*, 9(3): 15-26.
- 18 Personal communication, April 25, 2019.
- 19 HIPs, *Engaging men and boys in family planning: A strategic planning guide* (Washington, DC: USAID, 2018), accessed at <https://www.fphighimpactpractices.org/guides/engaging-men-and-boys-in-family-planning/> on May 16, 2019.
- 20 Interview conducted April 26, 2019 at Zanzibar Nurses Association offices.
- 21 Richardo Vernon et al., *Systematic Offering of Family Planning and Reproductive Health Services in Guatemala* (Guatemala City: Ministry of Health of Guatemala and the Population Council, 1997); Nebreed Fesseha et al., “Effect of Job-Aids on Improving Family Planning Counseling: A Natural Experiment in Selected Rural Districts of Ethiopia,” *Annals of Global Health* 83, no. 1 (2017): p. 100.