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A Qualitative Assessment of Healthcare Providers' Insights towards Utilization of Symptothermal Method to Ameliorate Unmet Need for Family Planning among Women in Kisumu County, Kenya

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Abstract

Purpose: To attain the Sustainable Development Goals (SDGs) 3- target 3.7, that highlights the need to improve women's sexual and reproductive health status through means including family planning, information and education, a safer family planning method that could ameliorate unmet need for family planning, is urgently required. Healthcare providers' knowledge and perception of natural family planning might influence decision of women interested in Symptothermal method (STM). We investigated healthcare providers' factors influencing utilization of STM as a strategy to ameliorate unmet need for family planning among women in Kisumu County, Kenya.

Methodology: Focus group discussion technique was used involving 14 healthcare providers and 8 STM users purposively selected. Phenomenology approach to enquiry which aims to investigate experiences from the perspective of the participants was adopted. Reflexive Thematic analysis was used. Data were transcribed and the thematic codes categorized were applied to assess all focus group transcripts. Dedoose 9.2.005 software was used for the analysis.

Findings: Three themes were identified. Disclosure of untapped demand emerged as a significant insight, with healthcare providers admitting their previous oversight of the role of STM as part of other family planning methods. To ensure the successful integration of STM in healthcare facilities, healthcare providers identified training and community awareness as primary strategies. A major challenge identified was limited dissemination of information to clients, with healthcare providers often prioritizing and promoting contraceptive methods in which they are more confident.

Unique contribution to theory, practice and policy: Comprehensive training would play a pivotal role in fostering a thorough understanding of STM among service providers. This understanding would instill confidence in healthcare providers, empowering them to effectively convey information to clients with assurance and clarity.

Keywords: *Healthcare Provider, Family Planning, Qualitative Assessment, Symptothermal Method, Unmet Need.*

INTRODUCTION

The symptothermal method (STM) encompasses recording of the basal body temperature with the observation of the characteristics of the cervical mucus and other physiological indicators of fertility, such as tenderness of the breasts, mid-pain, spotting / bleeding, and abdominal heaviness around the time of ovulation to precisely determine the fertile and infertile days of a woman's menstrual cycle [1]. Due to the information collected, women are informed about their reproductive cycles, hence STM is referred to as fertility awareness-based method [2]. Symptothermal method success rate involves utilizing STM to avoid pregnancy and it is highly effective when there is less than one pregnancy per 100 women in a year when it is used correctly [1]. STM does not involve pills or devices, has no side effects, affordable and does not involve medical supervision. Once trained, a woman or couple usually can begin utilizing symptothermal method at any time [1,3].

Healthcare providers' knowledge and perception of natural family planning might influence the decision of women interested in STM fertility awareness-based method. Research has shown that women seeking natural family planning methods are less likely to adopt STM if their healthcare providers give no information or inaccurate information about its effectiveness and use [4]. Knowledge has been defined as the information, understanding, skills, awareness or familiarity that one gains through education or practical experience of a fact or situation [5]. Perception on the other hand involves how people recognize, interpret, respond to and utilize information [6].

In most parts of the world, device and hormonal contraceptives such as the intrauterine device (IUD) and oral contraceptives have been promoted as the best forms of family planning [3]. However, most women do not want to use these device/hormonal methods of birth control due to associated side effects as well as religious and cultural reasons which has led to high unmet need for family planning [7–9]. Unmet need for family planning is the proportion of women of reproductive age with intentions to space childbearing for at least two years or limit childbearing, but not using any contraceptive method to achieve their needs [10,11]. In developing countries, over 200 million women and girls who desire to space or limit pregnancy are not using modern contraceptives and lack access to family planning information, effective or safe family planning methods [12]. These women are at higher risks of unplanned pregnancies and its associated consequences [13].

In Kenya, the unmet need for a safe family planning in the Country stands at 14% for married women and 19% for sexually fecund unmarried women [14]. The unmet need for family planning across various Counties in the Country ranging from 15% according to Kenya National Bureau of Statistics in collaboration with Ministry of Health are Kisumu County, 16.4%; Nyamira, 15.9%; Migori, 20.1%; Homa Bay, 17.0%; Busia, 18.6%; Vihiga, 18.1%; Bomet, 16.1%; Baringo, 16.6%; Mombasa, 19.1%; Kwale, 24.4%; Tana River, 33.6%; Lamu, 16.8%; Mandera, 17.3%; Marsabit,

37.6%; Isiolo, 27.3%; Kitui, 17.7%; Turkana, 15.6%; West Pokot, 30.3%; and Samburu, 29.4% [14].

In Kisumu County, unplanned pregnancy among young women age 15-24 years, is a major problem and contraceptive health related complaints among women of reproductive age have also been documented, which is evident from contraceptive related complaints ranging from headache, backaches, hypertension, deep vein thrombosis, excessive bleeding, weight gain, as well as inaccessibility and availability of appropriate, effective and timely contraceptives [9,15]. This scenario depicts lack of a safe contraceptive for women and reflects family planning (FP) unmet needs [16]. Lack of safer family planning method to influence uptake, will lead to higher unmet need for family planning which stands at 16.4% in the County [14].

Therefore, in order to attain the Sustainable Development Goals (SDG_S) 3- target 3.7, that highlights the need to improve women's sexual and reproductive health status through means including family planning, information and education [17], a safer family planning method that could ameliorate the unmet need for family planning, promote sexual and reproductive health as well as reduce maternal mortality and morbidity is urgently required. Hence, healthcare providers should be willing to scale up family planning interventions to meet the present-day and future needs.

Natural family planning technique as STM provides women with an alternative that is as effective as other methods, has no side-effects and in many cases supported by religious groups [3]. Even though STM is available, most women are not utilizing it because they lack the skills needed to do so [9,18]. Furthermore, there is paucity of literatures in developing countries including Kenya on healthcare providers' factors such as knowledge/perception on STM. This study therefore was conducted to assess healthcare providers' factors influencing the usage of STM as a strategy to ameliorate unmet need for family planning among women of reproductive age in Kisumu County, Kenya.

METHODS

Study Area

The study was conducted in Kisumu County. Kisumu County comprises of Kisumu Central, Kisumu East, and Kisumu West Sub-Counties. Kisumu County lies between longitudes 33º 20' E and 35º 20' E and latitude 00º 20' South and 00º 50' South. The County is bordered by Homa Bay County to the South, Nandi County to the Northeast, Kericho County to the East, Vihiga County to the Northwest, Siaya County to the West and is surrounded by the second largest freshwater lake in the World-Lake Victoria. Kisumu County covers approximately 567 km^2 on water and 2,086km^2 land area, representing 0.36% of the total land area of Kenya's 580,367km^2. The population is estimated at 1,224,531 persons as at the start of the Kisumu County Urban

Institutional Development Strategy [19] Kisumu County has total fertility rate of 4.8%, contraceptives prevalence rate of 60% and an unmet need for family planning of 16.4% [14].

Study Design

The study adopted a qualitative research design of two-way focus group discussion technique. The Consolidated Criteria for Reporting Qualitative Research (COREQ) for interviews and focus groups was followed [20].

Theoretical Framework

This study adopted the Phenomenology approach to enquiry. Phenomenology focuses on describing the meaning and significance of experiences. It aims to investigate experiences from the perspective of the participants [21].

Participants Selection

The participants were of two groups- the healthcare providers and adult symptothermal method (STM) users. These were identified purposively and recruited as participants for focus group discussion. The focus group discussion enabled healthcare providers watched/observed as adult STM users shared their experiences on STM utilization, which thereafter facilitated more discussion on healthcare providers' insight towards STM utilization and adoption. Healthcare providers were recruited in tier 2 (primary care facilities) and in tier 3 (County Hospitals) settings. While STM users of 10 months were recruited from an STM interventional study in the community. In a predetermined time, participants were informed about the study via phone calls and in-person. Consent forms were given to participants, feedback to be part of focus group discussion were received and clarification on concerns were provided. The inclusion criteria for healthcare providers consisted of healthcare providers in maternal and child health/family planning, and reproductive health units. Community Health Workers involved in family planning promotion were also included. Maximum variation sampling was undertaken over a period of 3 months and the sample size of 14 healthcare providers and 8 STM users were obtained.

Procedure

Approval was granted by the Ethical Review Committee of the authors' institute (MUSERC/01221/23) and the National Commission for Science, Technology and Innovation permit was also obtained (NACOSTI/P/23/25312). Informed consent was obtained from each participant. Focus group discussions (FGD) were conducted face to face by one facilitator (CEI). The FGD was conducted in a sub-County hospital conference hall in three sections. Section one involved both the healthcare providers and the STM users. In this section, the facilitator asked the STM users to share their experiences of STM utilization, while the healthcare care providers listened to all of the discussions. Section two involved the healthcare providers only. In this section, the facilitator asked the healthcare providers to give their insights towards the utilization

of STM among women and factors that could influence its adoption. Section three involved the facilitator and the community health workers (CHEWs). In this section, the facilitator asked the CHEWs to share their views on natural family planning promotion in the community. All focus group discussions were audio recorded, within a duration of 90 minutes. Open-ended questioning was employed, and the order of questioning was determined by the flow of each discussion. Data saturation was attained at the point of no more new insights from FGD. Data collected was transcribed manually by an expert and anonymized transcripts were used for analysis. Demographic data of all participants were also collected.

Analysis

A Reflexive Thematic analysis was used. In the reflexive approach, themes were not predefined in order to find codes. Rather, themes were produced by organizing codes around a central organizing concept [22]. The transcript data was read thoroughly by the researchers (CEI, PO and GN) to become familiarized with the content. The data was then coded, whose process involved using the selective codes to generate related themes. The thematic codes, and the set of preset codes categorized, were applied to assess all focus group transcripts- a process of code book approach [23]. Dedoose 9.2.005 software was used to apply the thematic coding to examine healthcare providers' insight towards utilization of STM among women and the factors influencing its adoption, to ameliorate unmet need for family planning. The excerpts from the participants did not include identifying numbers as it was a focus group discussion (FGD) where they interacted and supported themselves with generalized responses.

RESULTS

Characteristics of Participants

Table 1: Summary of Participant's Characteristics

Healthcare providers	Frequency n=14	STM users	Frequency n=8
Gender		**Age range**	
Female	12	25-29	4
Male	2	30-34	3
		35-39	1
Profession		**Marriage duration**	
Clinician	1	2 years	2
Community Health Assistant	1	3-5 years	3
Nurse	3	More than 5 years	2
Nursing Officer	5	Unmarried	1
Public Health Officer	1		
Registered Clinical officer	3		
Units		**Parity**	
Health Promotion	2	One child	3
Maternal and Child Health	6	Two children	3
Reproductive Health	6	Three children	2
Years of Experience (Mean 8.21, Median 6.50)		**Occupation**	
2 years	1	Working	1
3 years	3	Trainee/student	3
4 years	1	Housewife	4
5 years	1	**Education**	
6 years	1	Primary	3
7 years	1	Secondary	4
9 years	2	Tertiary	1
12 years	2		
20 years	2		

Fourteen (12 female and 2 male) healthcare providers (HPs) with work experience varying between 2 and 20 years participated in the study. Six HPs were in reproductive health unit, 6 were in maternal and child health and 2 were in health promotion unit. For STM Users, participants age range vary between 25 and 39 years, majority of the women were married with duration of marriage varying between 2-5, and more than 5 years. The women had between 1-3 children,

majority were housewives with secondary educational level attained. The characteristics of participants are shown in Table 1.

STM USERS PARTICIPANTS' EXPERIENCE

THEMES

Understanding of Symptothermal Method

The participants exhibited a thorough grasp of the Symptothermal Method (STM) as a family planning method. Their understanding was multifaceted, encompassing key elements such as cervical mucous secretions and temperature monitoring and charting. A provided thermometer and a manual with a chart facilitated the straightforward recording of morning body temperatures.

> *"I used the thermometer we were given on the first day of training and the manual. You use the thermometer to take your body temperature very early in the morning, then you record it, we had a chart in the manual. As you keep the records of your temperature, you also observe your secretion. The taking of the body temperature and observing of your secretion we had to do it in the morning. I can say it is not a difficult method to use"* (Participant FGD).

> *"You take your temperatures in the morning; you do it as the first thing in the morning when you wake up...As long as you have not participated in any activity"* (Participants FGD).

Cervical secretions served as crucial indicators, with participants adeptly recognizing different phases of the menstrual cycle based on the characteristics of secretions. Clear distinctions between fertile and peak fertile phases were highlighted, with participants offering insights into corresponding sexual practices, emphasizing enjoyable sex during the infertile phase without fear of getting pregnant and abstinence during the fertile and peak fertile phases to avoid the risk of conception.

> *"As women, we do have discharge, in the STM we term it secretion. These secretions do come from the vagina. You can use your fingers, you do this (she demonstrates) (laughs) after doing that you observe. You have to ensure your hands are clean so that you do not get infections. That is in the morning, after taking your temperature, you go to the bathroom, wash your hands to ensure they are clean, you dry your hand well, you then use your finger to be able to like scoop the secretion from inside your vagina and observe the secretion. That is after menstruation, when it's yellowish and pasty you know that you are in your infertile phase. During your infertile phase, you are safe to enjoy safe sex without using a condom and without fear that you might get pregnant. This is because you observed your body temperature and you use it with combination of the observation from your*

secretion to indicate you are safe. That is when you are in your infertile phase" (Participants FGD).

"After the infertile phase, there is the fertile phase. In the fertile phase, you have to do the same. Your infertile phase depends with the menstruation cycle length. You might have 5 infertile days, or 4 days or 6 days. During these days, you just enjoy sex. When you come to your fertile days, the discharge will be whitish, you still observe your discharge as I had mentioned earlier by washing your hands, dry them, you insert the fingers to sort of scoop the secretion and you observe. If it is a bit stretchy and whitish, you know you are in your fertile phase. In your fertile phase, you have to practice safe sex if you have to have sex. Then we have the peak fertile phase" (Participants FGD).

"When I am in my fertile phase, the secretion is 'lotiony', and whitish. That indicates am fertile. In your fertile phase, you do not have sex, you can abstain" (Participant FGD).

"Yes, then there is the peak fertile phase, the secretion is clear and very stretchy. As compared to the fertile phase, in the fertile phase the secretion is stretchy but not very stretchy as compared to when you are in your peak fertile phase. So, you are able to tell" (Participant FGD).

"In peak fertile phase, the secretion is whitish-clear, transparent and very stretchy. During this period, you should not have sex, you abstain. In case you do it, you will conceive. You have high chances of getting pregnant either intentionally or not. You can conceive at that point because you already ovulated, using an example, if you ovulated yesterday, in the morning, your temperature will rise by 0.2. So you know you ovulated yesterday. So in the morning you cannot have sex ooo" (Participants FGD).

"After ovulation, your temperature increases by 0.2 or even more. Then you will know, when your next menses will begin. After ovulation, I count 14 days from the day I ovulated, I count 14 days, on the 14th day, is the day I will start my menses. It's called the BM, that's the beginning of your next menstruation cycle" (Participants FGD).

Importantly, the participants underscored the significance of partner involvement, stressing mutual willingness and communication for the successful utilization of STM.

"We use the method only when our partner is willing and ready to use the method as well. This has to be discussed with the partner. The two partners have to agree" (Participants FGD).

STM Benefits

STM users' participants consistently expressed positive experiences with STM utilization, highlighting various advantages. They noted that STM aids better understanding of the body, particularly in relation to fertility cycles. The method is lauded for its natural and cost-effective

approach, seamlessly integrating into participants' lives without any reported side effects, in contrast to artificial methods.

> *"Since this method is cheap, I can advise others to practice it. Because it does not have side effects compared to the artificial methods, and it has helped me to know more about my body, am able to know my fertile days for me to abstain or use condoms in case I have to have sex. My partner is also conversant with the method, and he encourages me to continue with it"* (Participant FGD).

> *"With STM, my partner and I are okay with the method, is a cheap method. It is not like the other methods where I was required to go for the periodic injections, or you go for withdrawal, something like that. For this method we do not have side effects"* (Participant FGD).

> *"This method is very natural to our system, I mean our bodies, the method is so cheap, we do not have to spend money, you are only required to do natural things" (Participant FGD).*

> *"Since this method is a natural method of family planning, it has been easy for me to identify the days I am fertile, infertile and when I am about to ovulate "*(Participant FGD).

> *"The benefit that I have gotten from this method, it has helped me health wise, compared to other methods, I had some pain. But with this method, I have been okay with it and my partner is also very okay with it"* (Participant FGD).

Participants consistently expressed satisfaction with STM, noting their partners' comfort and support in using the method. One participant revealed her freedom in utilizing the method without having to hide, stating support from her partner since the method is natural unlike the previous methods she had used which her partner was against.

> *"For me, my partner has been good with it. When I was using the other methods, I had abdominal pains and I used to hide the use of these other methods from my husband since my husband did not like it. Nowadays using this method, I no longer have to hide it from my husband, since it is natural"* (Participant FGD).

STM Challenges

Participants shared their experiences highlighting specific difficulties encountered during the use of STM. There were inconsistencies with temperature measurement that were attributed to the thermometer.

> *"With this method, I had some challenges when we began. When I would take my temperature sometimes it would be high, and having a high temperature indicates you have ovulated, while I knew am in my infertile phase. What I would do is take my temperature*

twice. My challenge was with the thermometer. Sometimes it would fail sometimes it worked well" (Participant FGD).

There was initial skepticism and lack of understanding about the method by their partners. This skepticism was rooted in doubts about the method's effectiveness, especially during the initial month/stage of starting to use the STM method. Their partners questioned the reliability of STM and expressed concerns about the potential for unwanted pregnancies.

"I can say, when we were beginning last year, I had some challenges with my partner. He had not yet understood how it will work. When I would tell him, today we are able to have sex, he would ask how sure I was that it will work. He was not so comfortable for me to use the method. He doubted its effectiveness. At that time, we had a very young baby, he kept asking if I was sure with the method, since he did not want us to have another child. So that was my big challenge" (Participant FGD).

Initial learning curve was a challenge for the participants, they had to learn over time to become more comfortable with STM. With time, they were able to be familiar and comfortable with the method.

"At first it was not too easy, then with time you are able to understand and feel comfortable with it" (Participants FGD).

HEALTHCARE PROVIDERS

THEMES

Healthcare Providers' Insight on Women Utilizing STM

Recognition of achievements stood out as healthcare providers acknowledged the efforts in training women on STM. One healthcare provider highlighted the difficulty associated with informing women about the method at the initial stage but expressed satisfaction with the reported effectiveness. This success led to the suggestion that widespread understanding could position STM as the optimal choice in family planning.

"I would say it's a better plan, I would congratulate you for the work you have done. Initial stages of letting them know what happens is tricky, following up until now that they can report of 100% effectiveness, is a good job. I think it's in fact something that once anyone can understand, can be the best" (Healthcare Provider FGD).

Disclosure of untapped demand emerged as a significant insight, with healthcare providers admitting their previous oversight of the role of STM as part of other family planning methods. The discussion with STM users' participants served as an eye-opener, revealing an unmet demand for natural family planning methods. Healthcare providers were impressed with STM, recognizing the importance of catering for individuals who prefer non-commodity-based (natural) family planning.

> *"What I can say, this is an eye opener. We have not been actually keen on that role. And in fact I was actually so impressed on what I was hearing from the clients (participants). It was an eye opener as there are clients who need this method (STM). That we do not major on the commodities (device/hormonal contraceptives) and leave out those ones who need the natural family planning"* (Healthcare Provider FGD).

Appreciation for Health Educator-Participants Interaction was a key observation, focusing on the patience, accommodation, and tolerance exhibited by the Health Educator during interactions with STM users' participants. Healthcare providers noted the STM users' participants' knowledge and confidence in adopting STM, suggesting a positive impact on the method's acceptance. The positive dynamics in Health Educator- STM users' participants' relationships was seen as contributing factors to the success of STM.

> *"I do have an observation, I must admit that you were so patient with these clients (STM users' participants), and so accommodative and tolerant with them. It was so much evident that they were so much knowledgeable and they have a lot of confidence in themselves"* (Healthcare Provider FGD).

The Community Health Provider's Positive Feedback further reinforced the favorable perception of STM. A community health provider expressed happiness with the method, emphasizing its adoption by women and its practical effectiveness. This endorsement from the community level underscored the real-world success of STM in family planning.

> *"Am happy about the method, because some of the women have adopted it, and it is working for them"* (Healthcare Provider FGD).

Facilitators for STM Adoption

To ensure the successful integration of STM in healthcare facilities, healthcare providers identified training and knowledge transfer as a primary strategy. They emphasized the importance of structured training sessions, and equipping them with educational materials as essential components to enable them have the necessary knowledge and skills for effective implementation of STM.

> *"My request, if we could have a session for those who work in family planning unit so that you are able to take them through the training you did with them (STM users' participants) so that they (healthcare providers) are able to implement it at their work places. Maybe they learnt about it long time ago and they feel that this thing does not work and they resort to just give other methods"* (Healthcare Providers FGD).

> *"So, it's very important that you bring the service providers on board, you can get manuals for each one of us and some training. When you want to incorporate the method as part and parcel of family planning, it means that we have to be well conversant with the method.*

> *So, think about it and see what you will need to do, just in case you have clients who will come for it then it will be easy for us. You know you are able to give only what you have. I think that point is something that need to be given a consideration"* (Healthcare Providers FGD).

The smooth adoption of STM can be achieved through the implementation of adaptive learning and evaluation practices.

> *"Through the help of either the County or the facility in-charges, you can start training with a specific group, maybe a few nurses or a few community health assistants, a few public health officers and the in-charges, so that within this small group, you can evaluate how many people they are able to reach out to and what the outcome is. When they are able to do it well, because is a new thing, and are able to pass the information correctly, and the people that have this information have adopted it and it has worked well within a period of 6 to 9 months without them getting pregnant, then we can say they understood the method. Through these groups, they are able to train other health care workers to adopt the system (STM)"* (Healthcare Provider FGD).

Emphasizing a community-center approach emerged as a crucial aspect to promote awareness and understanding of STM within the community. Suggested approaches involved engaging the community through local radio programs and local meetings with an aim of tailoring awareness strategies to local contexts. The goal is to foster a collective sense of responsibility and understanding within the community, enhancing the possibility of STM adoption.

> *"Community awareness, to inform the community that the services are available and they can be offered at the facilities. And the service provider being able to offer these services"* (Healthcare Providers FGD).

> *"We can also use the local radio programs to pass this information as a method of health promotion because the local radio stations do reach to so many people. Leaving this information just at the facility level, it might not reach as many people as possible within the shortest time possible. But if we can use other platforms, like the public health officers going to the local radio stations, talking about this method, they can even get more insights on where the challenges are and they can get to answer more questions from the community, so that everyone is more satisfied and feel that need of adopting it and comparing it with other methods*" (Healthcare Providers FGD).

Positive healthcare provider's attitude on the STM plays a key role in facilitating STM adoption. It is important for healthcare providers to maintain positive opinions on STM as part of family planning methods. Negative perception among the healthcare providers could impact clients seeking the family planning services. The healthcare providers have to be prepared to

accommodate those who choose the STM method since it is one of the choices available for women as much as it might be for a smaller group.

> *"You know this one is very important. It is not good to have negative opinions about it from healthcare providers, because at the end of it the clients who will be coming to the facilities for family planning, not all of them will go for this method, there will be just a few who will be looking for the natural method. So, for those few, of course we will be available for them. We will be dealing with few not a large number. Especially for those who would have tried the other methods, like the long-terms (device/hormonal contraceptives) who have experienced side effects like bleeding and so on and now they are tired of using such methods they need to be helped"* (Healthcare Providers FGD).

Challenges in STM Adoption

The challenges revealed in the FGD transcript shed light on potential obstacles that could hinder the widespread adoption of STM in public health facilities. One major concern is the limited dissemination of information to clients, with healthcare provider's often prioritizing and promoting methods they are confident in. This emphasis on certain contraceptive options, such as injections, long-term device contraceptives, and pills, may lead to a neglect of informing clients about natural alternatives.

> *"The service providers might be the ones who might hinder. You know, when patients come, you need to tell them what you have. Family planning is like a supermarket, you tell them "This is what I have and this is how this works, which one would you prefer?" But you find as providers we do not tell them about the natural methods, we prefer to tell them about other methods like injections, the long-term ones, and pills and forget the natural ones"* (Healthcare Providers FGD).

Healthcare Providers' confidence and knowledge play a pivotal role in shaping the information provided to clients. A bias may emerge as healthcare providers tend to discuss methods, they feel confident about, potentially overlooking or lacking confidence in others. This hesitancy to promote specific methods are rooted in the healthcare provider's own comfort level and familiarity. Lack of confidence and information may result in healthcare providers avoiding the promotion of natural family planning to clients.

> *"You can only talk about what you are confident about, because in the long run, even when we talk about long-term methods, and maybe you are not confident with IUD, you wouldn't sell to a client IUD when you are not confident about it. We tend to talk more on the ones we are sure of"* (Healthcare Providers FGD).

Resource accessibility might pose a significant challenge, particularly in terms of obtaining essential tools like digital thermometers. Financial constraints can hinder clients from acquiring these necessary resources, impeding the successful implementation of STM. Furthermore, the cost

associated with digital thermometers may act as a deterrent to adoption, suggesting the need for alternative strategies, such as providing these tools free of charge, to enhance accessibility.

> "*You were the one giving your participants the thermometers… I think that one can also be a challenge on our side. …. But I think the thermometers should be provided free of charge, if other methods are provided free of charge. We even have cheaper ones though*" (Healthcare Providers FGD).

DISCUSSION OF FINDINGS

Healthcare providers' insights on STM towards women utilizing it led to an expressed need to strengthen and effectively communicate with patients, emphasizing the importance of presenting various contraceptive options. The need to inform patients about all available family planning methods, including natural ones such as STM was highlighted.

> "*Actually, it is part of family planning method. What is needed is now to strengthen it. Because all methods are supposed to be offered, which this is also part of it. We just need to strengthen"* (Healthcare providers FGD).

A notable issue surfaced regarding healthcare providers' confidence in specific contraceptive methods, which influenced their counseling preferences and might lead to overlooking other viable options. This corroborates the report that most healthcare providers are not aware of the availability and effectiveness of fertility-awareness based method (FABM) as STM [4]. Other study also reported that many physicians lack the specific knowledge to teach or recommend STM to their patients while most are uninformed about the effectiveness of STM and confuse it with the rhythm method [24]. Also, this is in agreement with the report that healthcare providers do not counsel patients about natural family planning (NFP) because they do not have adequate training to do so [25].

Healthcare providers identified training as a key factor to empower them to effectively assist women in adopting STM. Their premise is in agreement with the report that critical education is vital for STM to be successfully utilized [18]. The confidence of healthcare providers in counseling and promoting various family planning methods was directly linked to their familiarity and comfort with the method.

Practical steps towards STM initiatives were highlighted. Healthcare providers are willing to undergo training on STM to enable them acquire the needed skills and knowledge to help women who have unmet need for family planning.

> *"It's a good method, especially in our clinic. Just like the in-charge has said, we do have other hormonal methods that have been reported to have side effects. So, it will be good that we also embrace this and we teach them. And it is a method that once one has learnt*

and understood how to embrace it fully, is a very nice natural family planning method" (Healthcare Providers FGD).

However, a contrary view was reported in another study, that healthcare providers do not have sufficient time to counsel patients about natural family planning (NFP) [25].

Furthermore, community awareness emerged as a crucial complementary strategy to bridge gaps in understanding and utilization of STM methods.

> *"I can say, we at the community health department, we deal more with health promotion and awareness creation. So once we know that it is something that can be incorporated or can be applied, the best we can do is try to sensitize as many people as we can through the 'barazas' (Local administrative chief's meetings), through health education sessions, through visits, so that we make at least each and every person aware of STM, just as many other choices. So as we educate them on family planning, we need to also include this so that they make their preferences"* (Healthcare Providers FGD).

Another insight focused on the challenges related to the availability and cost of essential resources, particularly digital thermometers associated with STM. This could pose a significant hurdle for service provision at healthcare facilities and financial implications for clients. To facilitate smoother STM adoption, suggestions were made to provide thermometers free of charge, aiming to improve accessibility and encourage consistent use.

IMPLICATIONS FOR PLANNING AND POLICY IMPLEMENTATION

The smooth adoption of STM can be achieved through the implementation of adaptive learning and evaluation practices. According to the Sustainable Development Goal (SDG) 3 target 3.7, Kenyan National Family Planning Guidelines, and Kisumu County Sexual and Reproductive Health Strategy Guidelines, for informing family planning policy and programming, healthcare providers have expressed their interests and willingness to undergo training on STM. Thus, training of healthcare providers is paramount for effective dissemination of information on STM to enable healthcare providers guide women/couples who will be needing such services for sustainability, to ameliorate unmet need for family planning.

CONCLUSION

Comprehensive training would play a pivotal role in fostering a thorough understanding of STM among service providers. This understanding would instill confidence in healthcare providers, empowering them to effectively convey information to clients with assurance and clarity. Healthcare providers are important contributors to the choice of family planning method of women of reproductive age. Family planning providers are at the core of health system responses to reduce the vast unmet need for family planning at the local, national and global level.

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