

Quality and access to family planning services in select urban cities of Uttar Pradesh, India

Pranita Achyut, Sushmita Mukherjee, Laili Irani, Anurag Mishra, Ilene Speizer, and Priya Nanda

Abstract

Improving the quality and access to family planning services is essential to increasing contraceptive prevalence and decreasing the unmet need for family planning. This descriptive study examines the issues around availability and quality of family planning services among different types of facilities, as well as providers, in six urban cities of Uttar Pradesh. Audits of preferred facilities were conducted on 100+ facilities in each city. Preliminary data analysis from two cities show varying availability of two or more family planning methods, and considerable differences in proportion of facilities with stock-outs of condoms and pills. The service delivery data in this sample is representative of each of the six cities in UP and thus provides a unique opportunity to measure quality standards for family planning services for urban areas in the state, and can be used to suggest programmatic interventions to improve quality.

Introduction

The success and effectiveness of family planning programs is determined by trends in contraceptive prevalence within a population as well as the ability of the programs to attract more clients and retain them over time (Bertrand, 1995). Clients' use or non-use of family planning services are based on a number of factors including perceptions of facility quality and access to high quality services (Williams, 2000; Kelley and Boucar, 2000). To date, numerous studies have examined how to measure and improve quality of family planning services (Bruce 1990; Hardee and Gould 1993; Vera 1993; Adekun 1994; Speizer and Bollen, 2000) and a smaller number of studies have examined the association between quality of care and contraceptive adoption and continuation of use (Jain 1989; Beegle 1995; Mensch et al. 1996; Koenig et al. 1997; Mroz et al. 1999). In India where contraceptive use is relatively high, quality and accessibility of services have been found to vary and be related to contraceptive discontinuation. In particular, in Northern India, the quality and accessibility of family planning services is the poorest in terms of counseling on multiple methods, availability of multiple methods, and lack of attention to follow-up of new clients (Santhya, 2004).

Judith Bruce, in 1990, developed a theoretical framework for measuring the quality of care from the client's perspective; this framework has been applied extensively for program design and development. The Bruce framework includes six elements: a) choice of methods; b) information given to clients; c) technical competence; d) interpersonal relations; e) follow-up and continuity mechanisms; and f) appropriate constellation of services. Studies have demonstrated the role of a number of these elements on adoption and continuation of family planning use. For example, a number of studies have shown that clients are more likely to stop seeking care if they do not receive the method of their choice (Cotten, 1992; Pariani, 1991). Furthermore, it has also been demonstrated that providing accurate and complete information leads to better retention of clients (Townsend, 1991). Finally, a study conducted in Malawi and Senegal showed that long waiting times and inconvenient hours prevented many women from seeking family planning services (JSI, 2000).

This study examines three of the key elements of the Bruce framework as measured from facility audits from public and private health facilities and pharmacies in urban Uttar Pradesh. The primary objective of this paper is to describe the broad characteristics of family planning services available in six urban cities of Uttar Pradesh, India. The paper focuses on the issues around quality and availability of family

planning services among the different types of facilities and across the different cadre of health care professionals.

Study design

This is a descriptive study to examine the quality of family planning services across different types of facilities in six cities (Agra, Aligarh, Allahabad, Varanasi, Moradabad, Gorakhpur) of Uttar Pradesh, India. It will further determine the difference in the quality of services provided across public and private sector providers. The data presented were collected in 2010 as part of a baseline survey for The Measurement, Learning, and Evaluation (MLE) Project. The MLE project is an impact evaluation of the Urban Reproductive Health Initiative (URHI), an initiative to increase access to high-quality family planning services for the urban poor in developing countries. The URHI is expected to increase contraceptive use among women in select urban areas of four countries: Senegal, Nigeria, Kenya, and India (Uttar Pradesh).

Baseline data for the MLE project was collected at both the individual level and at service delivery points. Service delivery point (SDP) data in the project includes facility audits (from health care facilities and pharmacies), exit interviews from women visiting high volume public and private facilities, and health care provider surveys. This analysis looks specifically at the quality of various types of facilities, including public and private hospitals, nursing homes, clinics and pharmacies. All public hospitals, public health centers, and private hospitals for each city were included in the sample. Private clinics and nursing homes were selected based on the most frequently mentioned facilities by women in the household surveys in each primary sampling unit (PSU). On average one private facility was included per PSU, with 128 PSUs in each city. Notably, the number of facilities is less than 128 since some PSUs reported the same preferred provider. All selected SDPs had a facility audit performed. Separate closed-ended questionnaires were used for health care settings and pharmacies. The health care facility audit was conducted with a manager who also provided information on service statistics. This audit gathered information on types of services offered, availability of FP methods, storage and stock-outs, materials and equipment, and availability of protocols and guidelines, among other items. Data were collected from more than 150 facilities (health care and pharmacies included) in each city. At the high volume public and private facilities (approximately 30 in each city) data were also collected from clients using exit interviews (approximately 350-450 exit interviews for family planning services in each city). A sample of health care providers at each facility was also interviewed. The providers included general physicians, obstetricians/gynecologists, general surgeons, pediatricians, nurses, midwives, and health educators/social workers.

Results

Based on the sample of facilities in each city, private health care facilities are almost 3-4 times more prevalent than public facilities. Preliminary data analysis from two of the six cities shows that approximately 66% of facilities in Agra offered more than two family planning methods while in Aligarh more than 90% of facilities offered the same. The proportion of facilities with stock-outs of condoms and pills was considerably lower in Agra (10%) than in Aligarh (35%). Interestingly, as a measure of quality standards, the use of guidelines for various contraceptive methods was much higher in Aligarh (44%) than Agra (6%). Availability of family planning methods varies by type of facility; in Agra, condoms are available at all public facilities while in only 50 percent of private facilities. The same pattern exists for oral contraceptives and IUDs as well (95% in public and 40-50% in private). Injectables, though infrequently used in Uttar Pradesh, are much more commonly available in the private sector (60%) than in the public sector (5%). Lastly female sterilization, the most common birth control method in Uttar

Pradesh, is available in 100% of the public and private hospitals but also available in 26% of the relatively smaller private facilities.

Further analysis of these data explore the characteristics of the supply environment for family planning services and make comparisons across the six cities. Recommendations will be made for program planning.

Conclusion

Contraceptive prevalence for each of the cities in the sample is relatively high at approximately 60-65%, however traditional methods account for approximately 20% of this figure. Based on household surveys from 18,000 women in the six cities we discern that there is still a large unmet need for birth spacing and limiting births. The majority of modern method use can be attributed to sterilization and condoms, indicating that at a minimum, there is a clear need to improve method mix as a means to improve quality.

The service delivery data in this sample is representative for each of the six cities in UP and thus provides a unique opportunity to measure quality standards for family planning services for urban areas in the state. The analysis from this study will identify clear patterns for quality of care for family planning services and suggest programmatic interventions to improve quality. This study is linked with a larger urban reproductive health intervention that aims to improve quality of services for family planning for urban poor in the state over a five year period to ultimately improve modern contraceptive prevalence. Improving the quality and access to family planning services is essential to increasing contraceptive prevalence and decreasing the unmet need for family planning. This will in turn reduce unintended pregnancies, leading to a decline in infant and maternal mortality.

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