

## **Assessment of the Readiness, Quality of Care, and Gender Sensitivity of Reproductive Health Services in Public Hospitals in Thailand**

As reproductive health services have been integrated into Thai's national reproductive health plan, the rapid expansion of these programs requires knowledge on how these services are functioning and what should be done to improve performance and extend services. For many years, hundreds of "knowledge, attitude and practice" (KAP) studies have been conducted as a source of information to guide program development. Although these demand factors are recognized as important determinants of reproductive health service utilization, the supply side factors that affect the service delivery environment and quality of care are not well recognized. The availability, accessibility, quality and gender-sensitivity of programs should be focused on as the fundamental elements to provide guidance for improving reproductive health programs. Very little research has been conducted to analyse the situation of reproductive health services in Thailand. This study is designed to analyse reproductive health standards at the public hospitals, in terms of the service readiness, quality of services provided, impact in terms of client satisfaction and whether services are gender-sensitive.

The Ministry of Public Health has divided the National Reproductive Health Plan into ten service programs: Family Planning, Maternal and Child Health, HIV/AIDS, Sexually Transmitted Infections, Abortion and its Complications, Sex Education, Reproductive Health in Adolescents, Infertility, Cancers of the Reproductive Tract, and Old Age Care. (Remark: Some public hospitals have started to establish one-stop crisis centres to provide services for women who are victims of violence) In order to provide effective services and respond to need of clients, an effort to assess gender-sensitivity of the programs as well as quality and readiness of the services provided is needed.

### **Main objective**

To determine the influence of gender constructions on provision of reproductive health services in the government hospital setting in Thailand, including the nature of provider/client power relationship

## Specific objectives

- ← To assess the gender sensitivity of providers in the implementation of policy related to services where there is a choice between male and female options, for example vasectomy or female sterilization.
- ↑ To describe and analyse the policy determining the nature and standard of physical facilities for provision of reproductive health services for women and men in government hospitals, including visual and auditory privacy.
- To compare the provision of information to male and female clients to enable the clients to make informed choices, and observe the interpersonal relations between providers and clients including respect for dignity.
- ↓ To evaluate and compare readiness for providing reproductive health services in terms of provision of a constellation of services, the technical competence of health personnel, the location of facilities and equipment available at different levels of hospital in each region of Thailand.
  - To evaluate the quality of reproductive health services for women and for men including health education, information education and communication (IEC), and training.
  - ± To evaluate statistically the effect of reproductive health services in terms of patient satisfaction with services provided and the gender sensitivity of the providers.

## Method

Four provincial hospitals and 4 district hospitals in the North, Northeast, Central and South of Thailand have been selected as samplings for this study. Data have been collected by surveys, observations & mapping of service delivery points to assess readiness and gender sensitivity of reproductive health services and interviews to clients and providers regards to their perception on quality of reproductive health services. Ten social and public health scientists were responsible for data collection. They have been trained for 1 week for interviews and observation techniques. The survey, observation and interview forms have been tried and tested in a public hospital in the nearby province of Bangkok. Data which have been collected included: readiness and standard of reproductive health services in terms of services provided, equipment, supplies and inventory, physical infrastructure, privacy & cleanliness, staff experience & training, use of IEC material & activities, record keeping and reporting, accessibility of services and supervision; quality of care in terms of hospital policy, effectiveness of communication between providers and clients, choices of contraceptive

methods, distribution of IEC materials for information exchange, technical competence of staff, mechanisms to encourage continuity of services and appropriateness and acceptability of services (satisfaction of clients towards reproductive health services); and gender sensitive services including interactions between providers and clients. Data have been analysed using SPSS program to demonstrate readiness, quality and gender sensitivity of reproductive health programs by using descriptive techniques and indicators.

## **Findings**

Reproductive health services in public hospitals in Thailand have been integrated into the existing maternal and child health and family planning services which make them more to be services for women particularly married women. There is no specific policies written to provide services according to men's and women's needs.

*The results of this study can be summarized as follows:*

- ← There is no policies specified in public hospitals to provide reproductive health services particularly for men and women. The services which integrated into maternal and child health programs are not sensitive to need of men or facilitate men involvement in reproductive health activities. The reproductive health services which more emphasizing on women also be on obstacle for choices in family planning method for men. There is non-existence of internal mechanism in public hospitals to ensure gender-based equity in reproductive health such as prohibition spousal consent.
- ↑ Providers in public hospital feel more comfortable to provide services, consultations counseling to female clients. Female clients feel less comfortable with providers who are opposite sex. They also significantly received more explanation from service providers before and after physical examination.
- The physical facilities for provision of reproductive health services for men and women in public hospitals do not have adequate visual and auditory privacy which lower level of effective interpersonal relations and make the services not gender-sensitive.
- ↓ When readiness of services has been considered, Thai public hospitals are in the high level of readiness in terms of infrastructure, facilities and equipment. Supplies & logistics, IEC materials & activities, records keeping & reporting are in the medium level of readiness. The readiness in provision of services which should be improved are mechanisms to know client opinions

on services provided (such as convenient clinic hours, satisfaction etc.), additional training for staff on reproductive health, more frequent and regular supervision and provision of clinic hours which are convenient for men.

- When quality of services has been considered in terms of interpersonal relations between providers and clients, men clients significantly reported that they received less explanation before and after physical examinations compared to women. Mechanisms to encourage continuity in family planning use are in high level. The components of quality of services which can be improved including: choice of methods and exchange of information between providers and clients by using IEC materials.
- ± When clients satisfaction has been used to measure impact of reproductive health services in general, there is no different between men and women. Both sex feel satisfactorily of hospital services in a high level.

### **Recommendations**

- ← Facilitate for formulation of reproductive health policies at health facility level to be specified and responded to need of men and women.
- ↑ Provide additional training or refresh training on reproductive health to hospital staff which gender relationship and gender-sensitive services are included.
- Facilitate for production of IEC materials on each component of reproductive health, particularly men reproductive health and ensure effective distribution and easy accessibility of these IEC materials.
- ↓ Make reproductive health providers aware of different needs of men and women by increasing of explanation before and after physical examination particularly for men clients.
  - Advocate for provision of gender-sensitive reproductive health services by encourage female clients to be examined and consult with female providers or provide trainings to providers to understand and aware of gender relationship.
- ± Encourage for more and closer supervisions on reproductive health services at hospital level.
- " Providers have to improve choice of methods explanation to clients, as well as side effects of contraceptive methods.

- ≥ Encourage and advocate for regular assessment of reproductive health services at hospital level and involvement of hospital administrators and staff in the assessment process.