Reproductive Health Quality of Care Towards a Right-based Approach

(An expended abstract)

by

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Introduction

Family planning was started in China as a population control oriented programme with a very clear demographic goal. Changes of the programme have happened since the early 1990s toward a more client-centered one. Family planning/reproductive health quality of care pilot project started in 1995 in several counties of eastern China, more than 800 counties claimed that they are practicing a quality of care approaches now. In year 2003, messages were sent on reforming the FP/RH service in a right-based approach by the National Population and Family Planning Commission of China, which in some way responded the promotion by the central government to emphasis a good governors in all sectors with the principle of "put people first."

There have been discussions about the right-based approaches lately, but how to assess programmes from client perspective is still in exploration. This paper will discuss the possibility and feasibility of utilizing existing data to make assessment in a right-based and client-centered framework, and current situation in will be analyzed.

In the full paper, the author will review the evolution of family planning programmes and the related assessment tools available.

Research Hypothesis and Framework

It has been a great change in the orientation, the goal, and the approaches of family planning/reproductive health service in China. The hypothesis for this research is that the changes should be observed at the end, that is, at the outcome of individual level. If the changes made any difference, it should be observable from a woman's contraceptive use, service use, and other reproductive health related status. The paper will therefore exam the changes during the last decade following a right-based framework from client perspective.

The framework for assessing status and changes will focus on a goal of achieving reproductive intentions in a healthy manner by each individual, for old or young, married or single, highly educated or illiterate, from rural or urban. The outcomes to be examined are contraceptive use and the process of making the choice (including counseling and decision making), contraceptive side effects and treatment, induced abortion and post-abortion care, maternal health care, and knowledge related to contraception and STD/HIV/AIDS prevention.

Data and Methodology

The data used for this research is mainly from national surveys in year 1988 and 2001 in a sampling scheme that is representative nationwide. The major contents of the surveys are:

Survey	Key information collected		
1988 Fertility and Contraception Survey	-Current contraception use -Contraceptive side effects -Child birth -Induced abortion	-Contraception history -Marriage -Mortality -Migration	
2001 Family Planning and Reproductive Health Survey	-Current contraception use -Contraceptive side effects -Child birth -Induced abortion	-Prenatal care -Use of family planning service -Knowledge about STDs/AIDS prevention	-Where and by whom the baby was delivered -Whether counseling was provided before decided which contraception to use -Had ever discussed contraception with husband -Gynecological check up and treatment - and more

A more detailed list will be given in the full paper for all variables available from the two surveys used in this research.

Other smaller scale survey results will also be referred to make the picture more complete. The information and data from existing publications and research reports will also be used. Since the author has participated in national quality of care project assessment and monitor since 1998, personal experience from the field will also be utilized in the analysis and discussion.

The analysis will be mainly quantitative and descriptive, multivariate analysis will be used if necessary. Qualitative information will be used for explanation and interpreting the results as well as for in-depth discussion.

The Major Findings: Quality of Care from a Client Perspective

The full paper will discuss following issues on the current status and make comparisons over time if possible.

- Contraceptive use, method mix, the decision making process, and service received;
- Contraceptive side effects, treatment and knowledge;
- Induced abortion and post-abortion care received;
- Maternal check and delivery;
- Gynecological check-ups; and
- Reproductive health related knowledge and attitudes.

For a brief summary, it is found that

- Contraceptive mix changed over the last decade, more couple chose reversible methods compare to that of 1988, and more variety of methods available in 2001;
- More couples received counseling service and make their own choice on which contraceptive method to use, however there is still a gap between urban and

- rural, and a gap between poorly and better educated women;
- There is an increase in contraceptive prevalence during the decade, from 71.1% in 1988 to 86.9% in 2001, however the reported side effects increased from 12% to 30%;
- A decreasing of induced abortion rate was observed, about 2 per 100 women in the late 1990s, but the follow-up service for induced abortion improved slowly;
- More women had a prenatal check and more delivered baby in hospital in the late 1990s;
- Gynecological check-up is highly related to the local service capacity; and
- Reproductive health knowledge was found less related to individual characteristics but more related to the local service capacity, some knowledge has a clear geographic pattern, which implies the impact of education provided by programs.

Discussion

This part will discuss the changes observed during the last decade of 20th century in family planning and reproductive health programme in China, from a client perspective, and also discuss what have not been changed as expected and why. Gaps between expectation and reality will be identified, and future challenges will be suggested.

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(short abstract)

This paper uses national survey data mainly to assess the changes and impacts of family planning program on women's reproductive health outcomes. As the re-orientation of family planning program from fulfilling population target to meet people's RH needs, an assessment with a right-based approach and from client perspective is necessary. The paper describes the current status and changes over the last decade of 20th century mainly in quantitative format, on contraceptive use, method mix, the decision making process and service received; contraceptive side effects, treatment and knowledge; induced abortion and post-abortion care received; maternal check and delivery; gynecological check-ups; and reproductive health related knowledge and attitudes. The paper also discusses what have not been changed as expected and why. Gaps between expectation and reality will be identified, and future challenges will be suggested.