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PFHS 380.665 FAMILY PLANNING POLICIES AND PROGRAMS

Case Studies – Users Perspectives, Quality of Care, Medical Barriers and Contraceptive Choices

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Much has been learned about the development and implementation of family planning programs over the past four decades since the first national programs were first introduced. Many of these lessons have been integrated into the concept of Quality of Care (by Judith Bruce and others). A related issue concerns unnecessary “medical barriers” to contraceptive that has been well summarized by Shelton and others (1992). RamaRao and Mohanam (2003) provide a recent review of the considerable body of research on “quality” in family planning programs, looking at the multiplicity of strategies to study the effects of improvements in various elements of provider performance on various programmatic outcomes, and identifying the many questions that remain unanswered. A recent synthesis of many of these lessons into an overall programmatic strategy for new contraceptive introduction has been developed by the international donor community and is summarized in the article “A Strategic Approach to Contraceptive Introduction” by Simmons, et al. (1997). Some of the key points are summarized below.

A. Quality in Family Planning Programs - Sending a Message to the Client

1. Six elements of quality (Bruce, 1990)

- a. Choice of methods
- b. Information given to clients
- c. Technical competence of providers
- d. Interpersonal relations
- e. Mechanisms to encourage continuity
- f. Appropriate constellation of services

2. Attributes of high quality programs (Jain, Bruce, and Mensch, 1992)

- a. Providers offer an appropriate choice of methods to all clients.
- b. Providers do not promote or restrict unnecessarily any particular method.
- c. Providers are technically competent in screening clients for contraindications.
- d. Providers are competent in supplying clinical methods and are able to apply effective, aseptic techniques.
- e. Clients receive information on method options, as well as information on contraindications, common side effects, follow-up requirements, and duration of effectiveness of the method selected.

- f. Providers solicit information about clients' background, reproductive goals, attitudes, prior experience with contraceptives, and preferences to assist clients' choice process.
- g. Clients receive information on the possibility of switching methods or source of supply.
- h. Clients make a specific appointment for a follow-up visit or a specific plan for re-supply with providers.
- i. Clients are afforded privacy for examinations, information sharing, and personal interviews.
- j. Providers treat clients with dignity and respect.

B. Legal and Medical Barriers to Family Planning

1. Reproductive rights/women's status - do laws, regulations or practices facilitate or impede women's/couples' autonomy and rights to "determine the number and spacing of their children" and access to the means to achieve this?
 - marriage laws
 - abortion laws
 - coercive incentives or disincentives regarding childbearing
2. Delivery of family planning services and technologies - do laws/regulations unnecessarily impede the promotion or delivery of contraceptive methods and services?
 - import restrictions/tariffs on contraceptives
 - restrictions on specific methods
 - restrictions on advertising/promotion
 - restrictions on over-the-counter sales
 - restrictions on provider qualifications
 - barriers to private (for profit) sector service provision
3. Medical standards of practice - regulations/restrictions/protocols
 - limitations on method by age, parity, marital status
 - excessive tests, exams, screening protocols, follow-up schedules
 - limitations on what categories of personnel can perform specific procedure

C. Case Studies

The case studies given here were selected from a vast literature to give some recent practical illustrations of problems and issues that still confront family planning service delivery programs in different countries, and how these are identified, analyzed, interpreted and, in some cases resolved. You are encouraged to read all of the case



studies, however, for the class purposes, each group is required to read only two cases and present these to the class.

Required Readings for Class Discussion

(See last page for Group assignments for the discussion)

- Diaz M, Simmons R, Diaz J, Gonzalez C, Makuch MY, and Bossemeyer D. Expanding contraceptive choice: findings from Brazil. *Studies in Family Planning* 30 (1): 1-16, 1999**
- Goldberg HI, Toros A. The use of traditional methods of contraception among Turkish couples. *Studies in Family Planning* 25(2):122-128, March/April 1994.**
- Rajaretnam T, and Deshpande RV. Factors inhibiting the use of reversible contraceptive methods in rural South India. *Studies in Family Planning* 25(2): 111-121, 1994.**
- Saavala M. Understanding the prevalence of female sterilization in rural South India. *Studies in Family Planning* 30(4): 288-301, 1999.**
- Schuler, SR, Choque, ME, and Rance, S. Misinformation, mistrust, and mistreatment: family planning among Bolivian market women. *Studies in Family Planning* 25(4): 211-221, 1994.**
- Solo, J, Billings, C A-O, Ominde, A, and Makumi, M. Creating linkages between incomplete abortion treatment and family planning services in Kenya. *Studies in Family Planning* 30(1): 17-27, 1999.**
- Speizer IS, Htochkiss DR, Magnani RJ, Hubbard B, Nelson K. Do service providers in Tanzania unnecessarily restrict clients' access to contraceptive methods? *International Family Planning Perspectives* 26(1): 13-20. 2000.**
- Tuoane, 'M, Madise, NJ, and Diamond, I. Provision of family planning services in Lesotho. *International Family Planning Perspectives* 30(2): 77-86, 2004.**

Reference resources:

- Simmons, R, Brown, J, Diaz, M. Facilitating large scale transitions to quality of care: an idea whose time has come. *Studies in Family Planning* 33: 61-75. 2002.**
- RamaRao, S and Mohanam, R. The quality of family planning programs: concepts, measurements, interventions and effects. *Studies in Family Planning* 34(4): 227-248, 2003.**

Recommended Readings:

- Askew I, Mensch B, Adewayi A. Indicators for measuring quality of family planning services in Nigeria. *Studies in Family Planning* 25:268-283, 1994.**

- Brown L, Tyane M, Bertrand J, Lauro D, Abou-ouakil M, deMaria L. Quality of care in family planning services in Morocco. *Studies in Family Planning* 26(3): 154-168, 1995.
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- Cooperating Agencies Task Force on Informed Choice - Executive Summary. Informed Choice. July 1989..
- Dixon-Mueller R. The sexuality connection in reproductive health. *Studies in Family Planning* 24(5):269-282, September/October 1993.
- Fisher AA, de Silva V. Satisfied IUD acceptors as family planning motivators in Sri Lanka. *Studies in Family Planning* 17(5):235-242, September/October, 1986..
- Hardee K, Clyde M, McDonald OP, Bailey W., Villinski M. Assessing family planning service delivery practices: The case of private physicians in Jamaica. *Studies in Family Planning* 26(6): 338-349, 1995.
- Hollerbach P. The impact of national policies on the acceptance of sterilization in Colombia and Costa Rica. *Studies in Family Planning* 20:308-325, 1989.
- Huntington D, Lettenmaier C, Obeng-Quaidoo I. User's perspective of counseling training in Ghana: the "mystery client" trial. *Studies in Family Planning* 21(3):171-177, May/June 1990.
- Huntington D, Schuler SR. The simulated client method: evaluating client-provider interactions in family planning clinics. *Studies in Family Planning* 24(3):187-193, May/June 1993.
- Jain AK. Fertility reduction and the quality of family planning services. *Studies in Family Planning* 20(1):1-16 January/February, 1989.
- Jain A, Bruce J, Mensch B. Setting standards of quality in family planning programs. *Studies in Family Planning* 23(6):392-395, November/December 1992.
- Kols AJ, Sherman JE. Family Planning Programs: Improving Quality. *Population Reports: Series J, No. 48*, Baltimore, Johns Hopkins University School of Public Health, Population Information Program, October, 1998.
- Kaufman J, Zhirong Z, Xinjian Q, Yang Z. The quality of family planning services in rural China. *Studies in Family Planning* 23(2):73-84, March/April 1992.
- Keeney, GM. Assessing Legal and Regulatory Reform in Family Planning: Manual on Legal and Regulatory Reform. Policy Paper Series No. 1. OPTIONS II, The Future Group, Washington, D.C., January 1993
- Kim Y-M, Rimon J, Winnard K, Corso C, Mako IV, Lawal S, Babalola S, Huntington D. Improving the quality of service delivery in Nigeria. *Studies in Family Planning* 23(2):118-127, March/April 1992.
- Koenig MA, Foo GHC, Joshi K. Quality of care within the Indian Family Welfare Programme: a review of recent evidence. *Studies in Family Planning* 31 (1): 1-18, 2000.
- Lassner KJ, Janowitz B, Rodrigues CMB. Sterilization approval and follow-through in Brazil. *Studies in Family Planning* 17(4):188-198, July/August 1986.



- Lettenmaier C, Gallen ME. Why counseling counts! *Population Reports*, Series J, No. 36, December 1987. Population Information Program, Center for Communication Programs, Johns Hopkins University, Baltimore, MD 21202.
- Loaiza E. Sterilization regret in the Dominican Republic: looking for quality-of-care issues. *Studies in Family Planning*. 26(1): 39-48, 1995.
- Pariani S, Heer DM, Van Arsdol MD. Does choice make a difference to contraceptive use? Evidence from East Java. *Studies in Family Planning* 22(6):384-390, November/December 1991.
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- Trottier DA, Potter LS, Taylor BA, and Glover LH. User characteristics and oral contraceptive compliance in Egypt. *Studies in Family Planning* 25(5): 284-292, 1994.
- Tuladhar J, Donaldson P, and Noble J. The introduction and use of Norplant implants in Indonesia. *Studies in Family Planning* 29(3): 291-299, 1998.
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- Vera H. The client's view of high-quality care in Santiago, Chile. *Studies in Family Planning* 24(1): 40-49, 1993.



D. Class Discussion Assignments

Two articles are assigned to each group. All members of a group should be familiar with both assigned articles for the purposes of leading the class discussion.

Group 1 – Articles: Diaz, et al., 1999; Speizer, et al., 2000.

Group 2 – Articles: Goldberg, et al., 1994; Schuler, et al., 1994.

Group 3 - Articles: Rajaretnam, et al., 1994; Solo, et al., 1999.

Group 4 - Articles: Saavala, et al., 1999; Tuoane, et al., 2004

Points for discussion:

Why: Why was this research done - what was the rationale for this study? Why was this considered to be an important problem?

How: How was the study carried out? Were original data collected, was this a secondary analysis of existing data, or was this a critical/analytical review of published work? If original data were collected, was there an experimental design, or was this an observational study/record review? Do you detect any biases in the study design, the data collections or analysis, or the conclusions that lead you to question the findings? If so, what are they?

What: What were the questions and issues being addressed? What were the main (empirical) findings and conclusions of the study? Are they fully supported by the data given? Were there unanswered questions and directions for future research?

So What: Will the findings make any difference in family planning policies and programs in the country and/or internationally? Why, or why not?