A Global View on Family Planning

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Outline

Family Planning Matters

Quality & Contraceptive Use

Current Research & Implications
Family Planning Matters
Family Planning Matters
Family Planning Matters

- Use
- Unintended Pregnancy
- Maternal Mortality
- Infant Mortality
- Unsafe Abortion
High Unmet Need for FP

*Unmet need* =

1.) wish to avoid or delay pregnancy
2.) not using any contraception

23% of women of reproductive age in Africa
Reasons for Unmet Need

In developing countries, married women’s reasons for not using contraception despite wanting to avoid pregnancy predominantly fall into four categories.

Financial & Geographic Access = Less Influential

Quality-Related = More Influential

*Includes a small proportion of women citing inconvenience of use of method. NOTES: The value for each bar is an unweighted average of responses in 52 countries. Percentages add to more than 100% because some women cite more than one reason.

www.guttmacher.org
Quality of Care & Contraceptive Use
Review: Family Planning Matters

- Use
- Unintended Pregnancy
  - Maternal Mortality
  - Infant Mortality
  - Unsafe Abortion
Quality and Use

- Quality
- Use
- Unintended Pregnancy
- Maternal Mortality
- Infant Mortality
- Unsafe Abortion
Quality and Use

Quality \rightarrow FP Use
What happens at the facility?
Quality & Use: Current Research
Quality and Use Research

Research #1: Measurement concerns for Quality

Research #2: Identifying hidden barriers

Quality \rightarrow FP Use
Approach #1: Measuring Quality
Defining Quality of Care

1. Choice
2. Information
3. Competence
4. Respect
5. Follow-up
6. Integration

Quality

* 1990, Judith Bruce
Measuring Quality of Care

- Facility Audit
- Observation
- Family Planning Situation Analysis
- Provider Interview
- Client Interview
Measurement Concerns

Courtesy bias

Imperfect recall

Accuracy of provider interview

Hawthorne effect

"I usually do not have this much time for clients, but in view of your presence, I had better try to do an especially good job"
Objective and Hypothesis

**Aim:** Test the validity of standard quality measures

**Hypothesis:** Standard tools provide inaccurate data

**Rationale:** Standard tools are widely used
The Mystery Client Method

“Undercover” data collectors
Data Collection Instruments

Observation guide

Client questionnaire

Provider questionnaire

Mystery client checklist

Standard measures of quality

Referent measure of quality
Study Population

19 public & private facilities

East District Kisumu, Kenya

Census of medium to high volume
Data Collection

6 mystery clients

Objective checklist

Mixed methods

<table>
<thead>
<tr>
<th>INFORMATION GIVEN TO USER</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Did the provider try to help you select a method?</td>
</tr>
<tr>
<td>□ YES</td>
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<tr>
<td>□ NO</td>
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<tr>
<td>8. Check any side effects your provider mentioned for your method.</td>
</tr>
<tr>
<td>□ NAUSEA</td>
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<tr>
<td>□ HEADACHE</td>
</tr>
<tr>
<td>□ BLEEDING BETWEEN PERIODS</td>
</tr>
<tr>
<td>□ HEAVY BLEEDING</td>
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<tr>
<td>□ WEIGHT GAIN</td>
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<tr>
<td>□ MOOD CHANGE</td>
</tr>
<tr>
<td>□ NO PERIOD</td>
</tr>
<tr>
<td>□ FEELING TIRED</td>
</tr>
<tr>
<td>□ FEELING DIZZY</td>
</tr>
<tr>
<td>□ DECREASED SEXUAL APPETITE</td>
</tr>
<tr>
<td>□ OTHER _________ (SPECIFY)</td>
</tr>
<tr>
<td>□ NONE</td>
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<tr>
<td>9. Did the provider suggest ways for you to handle these side effects?</td>
</tr>
<tr>
<td>□ YES</td>
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<tr>
<td>□ NO</td>
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<tr>
<td>11. Did your provider discuss possible warning signs that might indicate the need to stop your method such as severe abdominal pain?</td>
</tr>
<tr>
<td>□ YES</td>
</tr>
<tr>
<td>□ NO</td>
</tr>
</tbody>
</table>
Data Analysis

Sensitivity

Specificity

Positive Predictive Value

Negative Predictive Value
So what did the mystery clients discover?
Mystery client results

1. Low Specificity:

Providers offering low quality were often classified as offering high quality

2. Low Positive Predictive Value:

Providers classified as offering high quality care often were offering low quality care
Implications of Validation Results

Quality of care is overestimated

We can’t answer important questions:

– Are quality & use related?
– Has quality improved?

We should rethink data collection tools

– More use of mystery client methodology
Fitzpatrick A, Tumlinson K. Strategies for Optimal Implementation of Simulated Clients for Measuring Quality of Care in Low- and Middle-Income Countries. Published online January 26, 2017.
#1: Measuring Quality

#2: Hidden Barriers

Approach #2: Hidden Barriers
Defining Quality

1. Choice
2. Information
3. Competence
4. Respect
5. Follow-up
6. Integration

= Quality

* 1990, Judith Bruce
Measuring Quality of Care

- Facility Audit
- Family Planning Situation Analysis
- Observation
- Provider Interview
- Client Interview
What is hiding in the *blindspot*?
Methods

Mystery Client Qualitative Data

- 6 mystery clients
- 19 public and private facilities, Kisumu, Kenya

In-depth Provider Interviews

- 20 public and private health-care providers
- Nairobi and Kisumu, Kenya
“The provider was so rude... Women were really complaining. The provider yelled at the clients... If she wanted to, she could tell everyone to just go home and come back another day.”
Unofficial fees

“It really happens a lot... some health care providers have the mentality that this patient has to pay something so that I get my transport... despite the fact that you’re being paid. Some patients are informed and know they should not be charged. But most patients lack that information.”
“Sometimes... the facility can be open but the healthcare provider is not in place. Maybe they report at 11am and leave at 4pm. It’s very common because of lack of self-commitment... It’s very common.”
Implications

Standard Tools Miss Big Barriers

- Verbal Abuse
- Informal Fees
- Absenteeism

New Approaches Needed

- Mystery Clients
- Unannounced Visitors

Training Doesn’t Address Motivation
“Of particular interest to Performance Improvement practitioners, knowledge and skills surfaced as important in only three of eight possible cases – the least influential factor overall.”
Take Home Messages
Family Planning (FP) Saves Lives
Millions of Women Have Unmet Need
Quality May Play an Important Role BUT
Accurate Measures are Needed:
  – Greater Use of Mystery Clients
  – Abuse, Bribery, Absenteeism
“Training Alone is Not Enough”
Next Steps: Understanding Provider Motivation
Thank You & Questions

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Supplemental Slides
Discontinuation

Absent of any changes in pregnancy intention

30-50% discontinue in one year

Among adolescents (15-19), discontinuation:

- Ranges from **28 to 64%**

- Is consistently **higher than non-adolescents**
Unmet Need & Discontinuation

Contraceptive Prevalence

- New Users
- Duration

38% of women with unmet need previously used FP

The Leaking Bucket Phenomenon in Family Planning

Illustration by Sun Ae Lee, Population Council

(Jain 2014)
Validation Statistics

Referent: Simulated Client Data (TRUTH)

Standard Instruments (TEST)

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<thead>
<tr>
<th>Providers offering quality services</th>
<th>Providers not offering quality services</th>
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<tbody>
<tr>
<td>TP</td>
<td>FP</td>
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<tr>
<td>FN</td>
<td>TN</td>
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</table>

Instrument reports quality services

Instrument doesn’t report quality services

Sp = Among providers not offering high quality, what proportion are classified as low quality by standard instruments?

PPV = Out of all providers who are classified as high quality, what proportion offer quality services?
<table>
<thead>
<tr>
<th>Quality of Care Indicator</th>
<th>Client Interview</th>
<th>Observation Guide</th>
<th>Provider Interview</th>
<th>Client Interview</th>
<th>Observation Guide</th>
<th>Provider Interview</th>
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<td>+ Predictive Value</td>
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- Specificity is generally low
- Positive predictive values are generally low
- True across all 3 instrument
- True across all 6 aspects of quality of care except method choice