EXPERIENCE COMMUNICATION

Improving Demand-oriented Quality Care in Family Planning

—A Review of Practice and Experience in Family Planning Programme of

Qianjiang, Hubei

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With the mainstreaming being the demand from the people at reproductive age, we systematically analyzed the ideas and ways to implement quality care (QC) in family planning (FP) in Qianjiang, including advocating the conception of quality care, carrying out health education and counseling, strengthening capacity building of service system and reforming measurement of the evaluation and other aspects. The demand-oriented QC in FP has met personalized and verified demands from people of reproductive age satisfactorily, and kept the fertility rate at a lower level while uplifting satisfaction of the public. The demand-oriented QC in FP in Qianjiang county proved to be a successful and great worth practice.

The Qianjiang county lies in south-central Hubei Province, occupying 2 000 km² of land. By the end of 2002, the whole population of the county amounts to 1 013 thousands, among whom 266.4 thousands were women at reproductive age. The county was chosen as one of the sites of the Fourth Cycle Project for Collaborating Programme between the Chinese government and UNFPA in 1998 and was designated as pilot site for National Project of Quality Care (QC). Ever since its very first designation, the county has consistently followed the concepts and recognition of the 1994 Cairo ICPD and integrating the practical situation in China[1]. By advocating new idea and concepts, the county has been implementing demand-oriented QC in family planning (FP) and facilitating the change of FP model from the traditional pure management to comprehensive FP service and has made fairly considerable progress.

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Methods & Results

Meet increasing demands for reproductive health knowledge through conducting reproduction health education and consultation

In order to carry out FP/reproductive health (RH) education and counseling service effectively, the Qianjiang county has allocated enough fund for FP and RH education. A portion as high as 91.5% of women at reproductive age have received printed materials or attended lectures and 2,645 person times have obtained face-to-face counseling service in primary FP stations/institutes/service centers. Through printed education materials and counseling service, the self-protection awareness and capability of the public have increased dramatically. Statistics showed that, compared in 1998 with in 2002, the proportion of mass knowing five or more contraceptive methods, knowing how to prevent three or more common gynecologic diseases, and knowing the ways of transmission and prevention of STDs/AIDs rose from 55.5% to 85.76%, 42.7% to 84.06%, and 23.9% to 77.8%, respectively (Figure 1).

Meet demands for verified contraceptive methods and personalized RH service

A standard procedure has been formulated to fulfill the need of informed choice in contraception, i.e., encouraging couples to express their thoughts freely, listening to intention of spouses for contraceptives, coordinating for necessary arrangements, guiding contraceptive usage and provide as many contraceptive methods and devices as possible. In 2002, the rate of informed choice practice for contraceptive method was 97.02% in the whole county. The QC has considerably improved the acceptance and continuous use of contraceptive methods. In 2002, the rate of comprehensive contraceptive use in the whole county was 94.67%, and continuous rate of contraceptive methods was 88.42%. Informed choice has brought big change to the contraceptive model, e.g. compared in 2002 with in 1997, the
proportion of clients who chose sterilization has declined from 56.87% to 45.00%, those who chose IUD increased from 41.19% to 48.12%, those who chose contraceptive pills and condoms increased from 1.94% to 6.88%. Among couples the male condom has increased by 2.18%. More and more clients could find or shift to the appropriate method for him/herself [1]. In 2002, 39,923 sets of oral contraceptive pills, 11,555 external contraceptive membrane/drugs, 298 boxes of injectables and 93,907 parcels of condoms were distributed, and 2,091 operations for contraception had been performed in all FP sites and stations, 62.17% of those operation were IUD inserted/taken out (Figure 2).

In the meantime, with cooperation from the public health and FP departments of the government, regular surveys on the RH/FP status of women at reproductive age were conducted at the beginning of every year. According to the RH/FP status, those women were classified into 3 groups and 10 sub-groups respectively, namely, 1) the group of RH education on marriage and fertility, including women being unmarried, married but not being pregnant, being pregnant, postpartum and sterilized; 2) the group of contraceptive education, including couples who need contraception, or using contraceptives after operations, and need following-up; 3) the group of RH service, including those who suffered from common gynecological diseases, from STDS/AIDS, and from complications of sterilization and other FP operations. Then technical service workers in village, town and county level paid following-ups to clients and provided convenient, considerate and in-time service to them. Since 1998, the whole county has established RH service files for 156,000 family; offered gynecological disease treatment for 143,000 women, who accounted for 51.8% of the total women at reproductive age; and delivered MCH care for 150,500 person times. In 2002, the follow-up rate for FP operations reached 94.9%. By these means, the personalized service satisfied needs from women at reproductive age in most families of the Qianjiang county.

Establishment of a service and management information network

An available information network of service and management is an effective way to promote efficiency and specificness of the RH service and management. To establish a
general information network of women at reproductive age, the Qianjiang county allocated purpose-special funding to purchase personal computers (PCs), specific software for both the County FP Bureau and primary FP offices, and set up a comprehensive network across the township and county. Till the end of 2002, the information of more than 260 000 women at reproductive age had been enrolled in the network. These women constituted 96% of all women at reproductive age in the county and had detailed record on diagnostic and therapeutic process of pregnancy, delivery, contraception and other gynecological diseases. The data was updated after every following-up with timely information feedback came from all levels of the network. The modernization of the management information system has freed primary FP/RH staff from fussy daily routine job so that they could serve the mass better.

**Improving satisfaction among people at reproductive age and stabilizing the low fertility level**

QC has greatly improved the reproductive health of the public. The unwanted pregnancy rate has dropped dramatically (Figure 3). In 2002, the unwanted pregnancy rate decreased to 0.12% and the prevalence rate of various gynecological diseases decreased from 50.2% in 1998 to 22.2% in 2002 (Table 1). In the meantime, the satisfaction of the public toward FP program was on the rise, from 55.5% in 1998 to 85% in 2002. Among all 25 towns, the number of township with satisfaction rate over 85% increased from 5 in 1998 to 16 in 2002 (Table 2).

![Figure 3](image)

**Table 1** Prevalence rate of gynecological diseases among women at reproductive age

<table>
<thead>
<tr>
<th>Year</th>
<th>Subjects</th>
<th>Cases</th>
<th>Prevalence rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>6 807</td>
<td>3 418</td>
<td>50.2</td>
</tr>
<tr>
<td>1999</td>
<td>6 117</td>
<td>2 837</td>
<td>46.3</td>
</tr>
<tr>
<td>2000</td>
<td>9 333</td>
<td>3 878</td>
<td>41.6</td>
</tr>
<tr>
<td>2001</td>
<td>9 466</td>
<td>2 349</td>
<td>24.8</td>
</tr>
<tr>
<td>2002</td>
<td>8 778</td>
<td>1 947</td>
<td>22.2</td>
</tr>
</tbody>
</table>
Table 2 Number of township with different satisfaction rate in Qianjiang county (1998–2002)

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;80%</th>
<th>80%~85%</th>
<th>&gt;85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>12</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>1999</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>2000</td>
<td>10</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>2001</td>
<td>4</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>2001</td>
<td>3</td>
<td>6</td>
<td>16</td>
</tr>
</tbody>
</table>

QC in FP/RH achieved its ultimate goal in the high coincidence of stabilizing the low fertility level and improving satisfaction of the public. Ever since the county conducted QC program, the fertility rate remained at a stable low level. The fertility rate was 20.13‰ in 1990 while that during 1993–1997 is 10.98‰ at average and remained a lower level in recent years. In 2002, the fertility rate was only 7.08‰ and natural growth rate was only 2.62‰.

**Experiences**

As the direction for development of FP, QC of FP/RH practiced person- and client-centered theory and shifted the concern of FP work from quantity to quality. The person-centered theory was based on the need of a person and development for an individual. Therefore, the fundamental task of FP work is to meet the needs of the mass[2].

As a comprehensive systematic programme, QC project couldn’t develop smoothly without adequate and sufficient back-up from regulations, technique and service.

**Advocating the QC concept**

The key for the success of QC project lies in the recognition of importance by different departments of the government at all levels. The QC in FP was advocated by informed and free-will choice of contraceptive methods, the combination of family planning and reproductive health, promoting responsible sex behaviours, respecting clients’ rights, protecting the confidentiality for the participants’ privacy, and free of any kind of forced participation. The Qianjiang county regularly organized training course and discussion on these concepts and ideals among project managers at all levels to speed up the renewal of their mind and thus bring the theory into daily practice and refresh the traditional work routines of FP. The following three goals have been achieved, which constituted important parts of Qianjiang’s experience.

**From ordering to guiding**

Since 1998, Qianjiang has ceased the quota of new-born for township, and township has cancelled FP certificate (permission for birth). The traditional birth-permission control was replaced by a more flexible approach, which allowed the people at reproductive age to
decide freely when to have baby and how many baby they would like to have, as long as they obeyed the national law. Meanwhile, the government’s role of being a guider has been strengthened in the following aspects: 1) counseling for family planning policy, communicate national FP law and regulations to the public through media and primary FP staff; 2) advocating new reproduction concepts, launch the campaign promoting new style and practice in marriage, to combine FP and poverty alleviation together and draw the public attention to borne and raise fewer and healthier baby, get rich faster, and establish a happy and harmonious family in order to change the reproduction mindset of the public; 3) leading for reproductive behaviour, popularizing the knowledge of borne and raise healthier baby, improving education for the children, and advocating responsible reproductive behaviour, in order to make the national FP policy into self awareness of the public. In the passed 5 years, nearly 4 000 couples have given birth to and raised their baby according to their own free will.

**From blocking-out to opening-up**

Ensure the public’s right of informed choice and improve the publicity of FP management. The Qianjiang county’s experience was well resembled in two aspects. The first one is the publicity/accessibility of population and FP information. These information include not only national FP policy, but function mechanism, advantages and disadvantages of various contraceptive methods and other knowledge related to marriage and reproductive health. The emphasis has been shifted from **telling the public what should be done** to **telling the public why this should be done**. Second one is the opening-up of government service and management. On one hand, by organizing workshop for leaders of township, village and the public, and delivering *A Letter to People of Reproductive Age*, so that the tenet, principle and main activities of the QC project were conveyed to the public, and the project could attract active participation and obtain support from them; while on the other hand, holding informal discussion with the public and conducting surveys to collect advises and suggestions and accept monitoring and evaluation from them, thus inciting all FP staffs to promote the quality of management and service of QC project.

**From management to service**

Improve public health and safeguard the development right of the public. One of the fundamental task of the Qianjiang county government is to improve reproductive health of the public, i.e., to replace traditional management and administration with family- and public-demand-centered QC in FP. Since the beginning of the project, the government set the quality-, service- and management for service-centered principle and drafted a scheme for implementing QC in RH/FP project. The scheme is centered on public-satisfaction and took it as an important yardstick to evaluate the project, and promote the change of role of the primary FP workers from administrators/managers to service providers.

**Health education and counseling of various forms**

Effective health education and counseling could help the individual to seek the most
suitable health service and enable them to apply their rights to obtain quality health service. It could be helpful to increase public’s expectation on service and encourage people to ask for more contraceptive service. To meet the need for QC in FP/RH, the Qianjiang county adjusted and standardized the strategies for health education and counseling service.

**Formulating four contents for RH education**

From publicizing FP policies to focusing on counseling and education of contraception and reproductive health, the contents for RH education have been formulated to: 1) RH/FP knowledge; 2) Adolescent RH/puberty knowledge; 3) Population and FP information; 4) RH/FP rights and obligations of the public.

**Developing four channels for RH education**

The sole effort of FP departments in publicizing family planning service and policy was expanded to cooperation with multi-departments of government, multi-dimension (including non-governmental organizations, NGOs), which utilized the various social resources. 1) Commonweal programmes were launched through mass media such as newspaper, television, and radio, e.g. the county FP commission strengthened its collaboration with mass media and launched a special RH/FP program called *Clinic on Air*, which was broadcasted regularly through radio; 2) Training courses on population and FP theory were held at different levels; 3) RH/puberty education for adolescents were provided in middle schools all over the county. The textbooks were edited/compiled and printed by FP and education department and delivered to all junior and senior middle schools; 4) Transferring of new technique and other knowledge among technical service providers was organized by FP administration and technical service department.

**Promoting four forms of RH education**

Change the health education model on knowledge transferring, from the traditional lecturing, infusing model to a bilateral, interactive, and participating one; from incidental, concentrated, universal one to regular, pertinent, and specific one.

The four forms are: 1) Personal counseling. On one hand, technical service provider and primary contraceptive distributors could answer various questions, remove doubts and provide personal guidance and assistance to clients, while on the other, FP service stations at town and county set up a room for private conversation and whispering hotlines to provide personal counseling; 2) Peer education. Family Planning Association (FPA) members actively participated in FP activities in those natural villages as FPA public service team, who conveyed RH/FP knowledge in daily communications with their relatives, friends, and neighbours; 3) More audio-video show. People at reproductive age were encouraged to borrow RH/FP tapes, videos and VCDs in informed choice and contraception for free; 4) Exhibition with pictures and models. Different kinds of posters and models exhibited in service stations, such as contraceptive drugs and devices exhibition ark (tank), contraceptive method guide clips, and model apron for human reproductive system. Other vivid models
were also exploited, for example, the public was organized to observe micro-organism (trichomoniasis) under the microscope to gain a first-hand impression of gynecological disease.

**Sticking to four principles**

The four principles are: 1) Female involvement was emphasized while male participation was not neglected. Attention was also paid to male participation and male contraceptive method promotion; 2) Stress were put on these key sites with an overall view of the whole county, in order to ensure the thorough implementation of the project; 3) Lecturing was the major means of communicating with the client, yet meanwhile the client were also encouraged to ask questions; 4) Emphasis was put on rural areas while urban areas were not left aside.

**Strengthening infrastructure of technical service system**

High quality technical service is the main approach of QC. The Qianjiang county synchronizes constructing and capacity-building of the technical service system, consolidating the infrastructure construction, providing training and education for technical service staff, and improving comprehensive service environment.

**Strengthening construction of service sites**

A network enlisting all sites, villages, townships and county was set up, with the county FP station as the center of network, FP stations at town as the executers, village RH/FP service centers as primary centers and public service groups of the FP Association as the provision spots. In recent years, all 12 FP stations were reconstructed, and a series of medical instruments were bought, which received fund of about 1 million Yuan from the provincial FP Commission, and over 2 million Yuan from the county and township. The offices and departments in these FP stations were adjusted; *RH Education Room, Contraceptive Service Room, Healthier Baby Room, Sex Health Care Room,* and *Counseling Service Room* were set up, in order to create a cozy environment for the clients for accepting RH/FP service.

**Strengthening technical training for service providers**

FP working staff were selected to participate in QC training courses organized by the National QC Project Office, and FP bureau/station of county and township worked to offer technical knowledge training for FP staff at all levels in order to ensure that every technical personnel had studied full-timely for one month in a year. Since the project was implemented, 32 person times participated in the national project training, 48 persons were chosen and sent to study in higher technical service centers, 26 training courses has been held for the technical service staff—in the courses a total number of 854 person times of FP workers were trained. Among all 102 technical service providers in the whole county, there are 8 vice chief physicians and 19 attending physicians. All technical service providers have passed professional examinations and obtained the certification for their practice. The above-mentioned training constitutes solid technical back-up for the further implementation of the QC project.
Attempts to reform the FP monitoring and evaluation system

Reforming of the current FP monitoring and evaluation system is an urgent need of QC in FP. The former system value too much on the management, quantity, fertility result, yet look down upon service, quality and procedure. These artificial imbalances have to be removed in the new monitoring and evaluation system. The Qianjiang county has conducted some useful reforms and explorations in establishing a new system, which are oriented from local FP situation.

The evaluation index was formerly centered on fertility rate, but now it is based on the satisfaction of the public (Figure 4). The evaluation was formerly carried out every half a year or at the end of a year, but now it has become comprehensive and the stress is on the regularity and systemization. Visit to townships was paid every month, questionnaire surveys were carried out quite often by the county FP station. In recent years, 2 560 subjects were enrolled in questionnaire surveys, 70 pieces of reasonable suggestions were collected and reflected in practice.

Figure 4 Indexes in target management evaluation system after 1998

In the early part of 2002, the Qianjiang county has launched a new round of reform on target management evaluation. In the evaluation, the county FP station only assigned 1~2 key indexes for villages and townships. On the base of wide public survey and careful analysis of the demands from the people at reproductive age, the work plans were drafted from lower to higher FP stations and then executed. The county FP station was responsible for evaluating the effectiveness reported by the primary FP stations and sites, and thus played a steering role in meeting the needs of the public on daily work, in order to encourage
Summary

There have been significant achievements in the implementation of demand-driven QC project in FP in the Qianjiang county. The project has brought tremendous changes to the concepts of FP in both staff and the public, especially the family-centered concepts, promoting the comprehensive development of individual have set root in project managers and technical service staff, QC in FP/RH has become the mainstream of FP work. Compulsory propaganda has vanished, new knowledge of marriage, child-bearing-and-raising, FP and RH have become more and more popular; the restriction for child bearing has been cancelled while more and more couples choose to obey the national law on child bearing out of their own will; disputes between the leaders of village and township and the public become rare, more and more people tend to help each other in daily work, life and reproduction affairs. All in all, the national policy of FP is been implemented in a placid, tranquil environment.

References

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