



Reproductive Health Awareness, Attitudes and Behaviour

Highlights from the Quantitative Evaluation

Quality of Care in Reproductive Health/Family Planning Project
UNFPA China Fifth Country Programme 2003-05



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RH Awareness, Attitudes and Behaviour

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This report presents the key findings of the Reproductive Health (RH) and Family Planning (FP) component project within the China/UNFPA Fifth Country Programme [CP5] of assistance. The project was implemented over a period of roughly 2.5 years, in 30 selected counties of 30 provinces, covering the east, centre and west of China embracing a variety of geographic and social criteria. *The objective of the project, in line with the ICPD Programme of Action, was to put in place improved access for women and men to quality, integrated client centred RH/FP information and services on a voluntary basis.* Thus developing a model in selected counties from which lessons can be drawn for application at the national level. The project was the result of the joint collaboration of the National Population and Family Planning Commission (NPFPC), the Ministry of Health (MOH) and the United Nations Population Fund (UNFPA).

The project aimed to raise awareness of a range of issues related to reproductive health, change attitudes towards those issues, and ultimately modify behaviour among policy makers, reproductive health service providers and three target groups; never-married females aged 15 to 49, currently-married

females aged 15 to 49, and currently-married males aged 20 to 59. A major part of the project's impact has been evaluated through a base-line survey (September 2003) and end-line survey (November 2005) of women (and husbands), facilities, and service providers. This extract summarizes some interesting project indicators from the main evaluation report¹ to highlight what has been achieved.

AWARENESS of HIV/AIDS prevention methods and contraceptive methods

Two key aims of the project were to ensure quality reproductive health services through voluntary informed access to a wide range of contraceptives and raise awareness among men and women of reproductive ages regarding HIV/AIDS. *General awareness of HIV/AIDS was already high in the base-line survey (over 80%) and has further increased in the end-line survey*, although around 7% of the target groups remain unaware of it. Among those who were aware, figure 1 shows the level of knowledge of at least three of the four correct transmission routes for the three target groups.

Figure 1: Awareness of at least three transmission routes for HIV

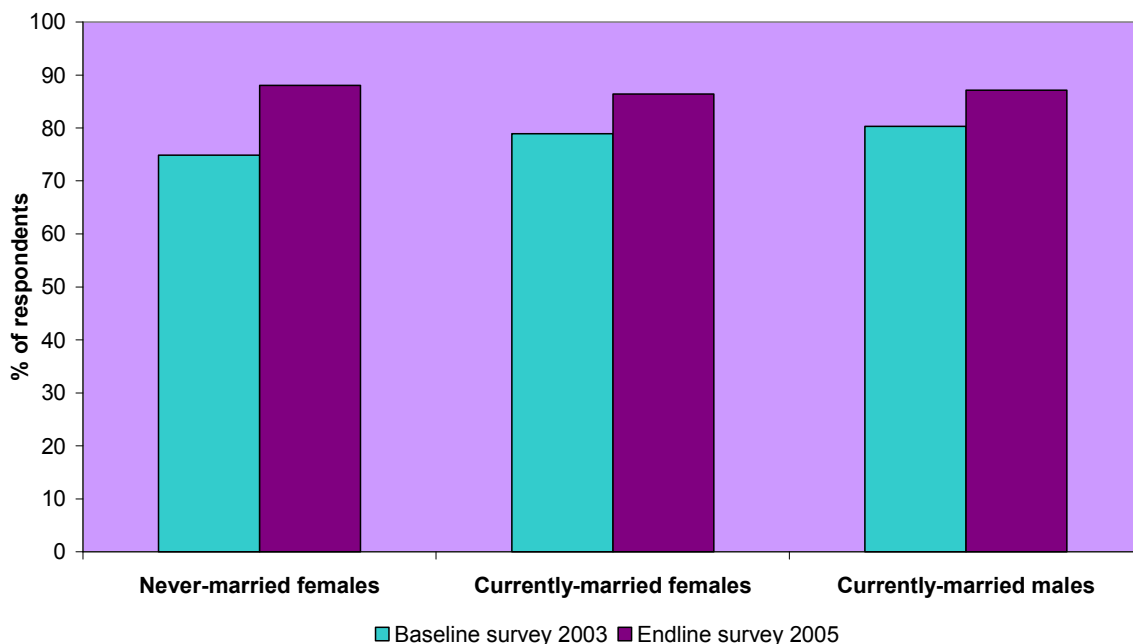


Figure 1 shows the project has had a positive impact with levels well above the targets set for the project. However, there remains a significant proportion of

the population, over 10%, with poor knowledge of correct transmission routes. In addition, further analysis¹ suggests there are still misconceptions

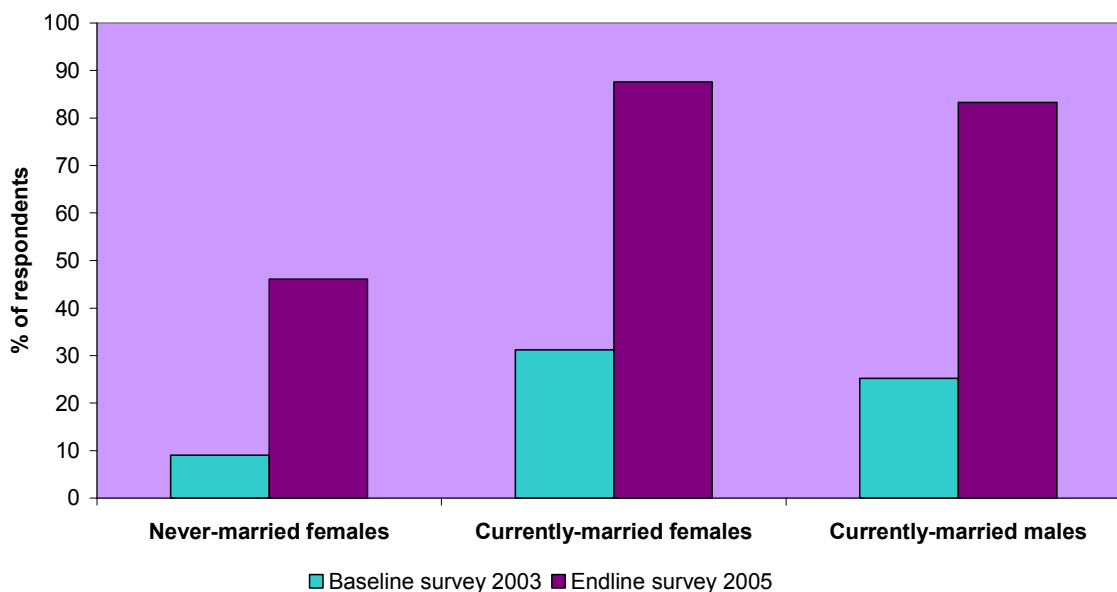


regarding incorrect transmission routes. The awareness of STIs has also improved when the base-line and end-line surveys are compared,¹ although levels are still generally lower than for HIV/AIDS across the three target groups.

Awareness of contraceptive methods in China is generally very high among the target groups. It was over 99% for any method among currently-married females and well over 90% for currently-married males in both the base-line survey and end-line survey. Among never-married females it was also over 90% in the end-line survey, a considerable increase from the 60% in the base-line survey. Figure 2 highlights the awareness of five or more methods of contraception among those who had heard of any method.

Figure 2 demonstrates that while awareness of five (or more) methods was relatively low in the base-line survey for all groups, there have been strong increases during the project as reflected in the figures for the end-line survey. **Particularly impressive, is the five-fold increase in awareness among never-married females, a group that has traditionally been neglected by the family planning programme in China**, although their awareness is still considerably less than their married counterparts. It is also noticeable that while awareness of any method for never married females is comparable to currently married males in the end-line survey, figure 2 shows they do not have the same depth of knowledge.

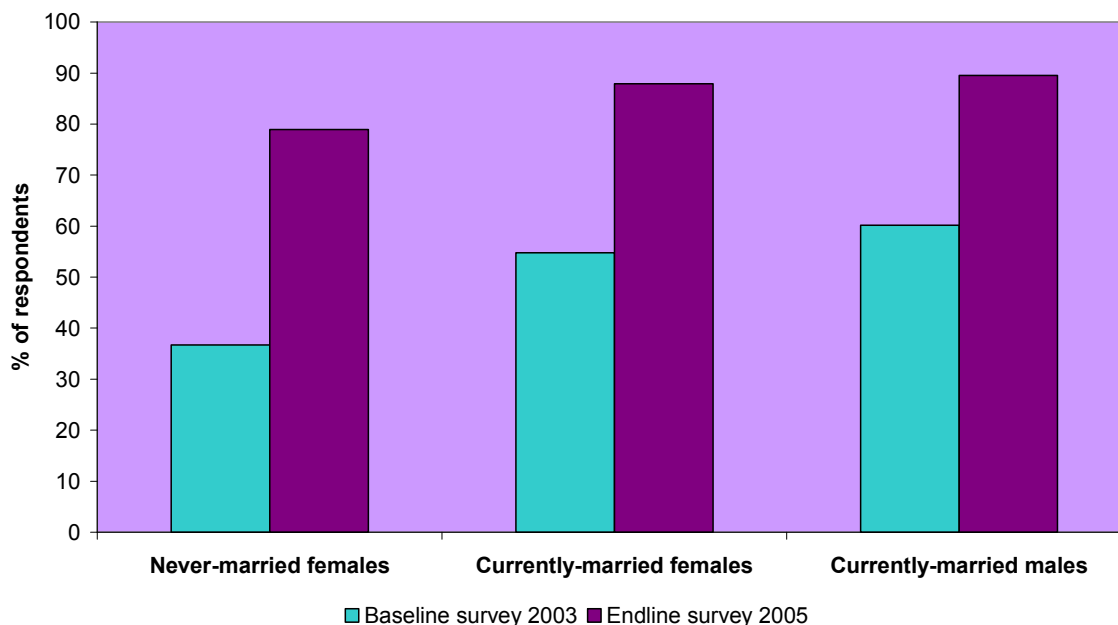
Figure 2: Awareness of five or more methods among those who have heard of any methods



Bringing these two aspects together, the final issue considered here is the awareness that condoms can prevent the spread of HIV/AIDS. Among those that were aware of HIV/AIDS, awareness that sexual intercourse is a potential transmission route is generally very high (over 90% in the end-line survey¹). Figure 3 shows for those who were aware of HIV/AIDS if they were also aware that condoms can prevent transmission. This does not control separately for awareness of condoms as this is high across all groups¹.

The results in figure 3 are encouraging when comparing the base-line with the end-line. **The target for the project was that 70% of the target populations should be aware of three methods to prevent HIV/AIDS transmission and combining figure 3 with figure 1 suggests this has been achieved.** However, figure 3 also demonstrates that there is some way to go. Clearly, not all those who are aware that sexual intercourse is a transmission route realise that using a condom can effectively prevent transmission by this route, particularly among the never-married females.

Figure 3: Awareness that condom prevents HIV/AIDS



ATTITUDES of Service Providers to Offering Informed Contraceptive Choice

Another key aim of the project was to shift the family planning programme from an institutional based approach to a client centred approach with an emphasis on informed choices by offering a wide range of methods to individuals and couples, without coercion or discrimination. The surveys demonstrate the attitude of the service providers both from their own reporting as well as from the client's perspective (married women). From the service provider perspective, only the family planning system is considered. This is the main source of family planning methods for married females as the services are provided at no cost to the clients, while in the main health system nominal fees are charged. Figure 4 shows the percentage of service providers who report they always provide information and let clients choose the methods by themselves.

Figure 4 demonstrates that service providers were in general positive towards the concept of informed choices prior to the project (base-line figures of around 70% across the regions) and this has increased over the life of the project to beyond the target set for the project with service providers reporting near universal levels of support for informed choice.

One advantage of collecting information from service providers and clients is the opportunity to compare the reported attitude of service providers with the reported experience of clients. The base-line survey estimated that 82% of current users (currently-married females only) had made the decision to use their method either by themselves or with their partner. This increased to 89% in the end-line survey supporting the change reported by service providers in figure 4. Figure 5 demonstrates how this increase in decision making by the woman or couple is counter-balanced by a reduction in the role of health professionals.

Additional analysis¹ of specific methods shows that these changes are not constant across the range of methods. For example, among women who had been sterilized in the two years prior to each survey, the respondents reported that they had made the decision themselves or with their partner in about 75% of cases; the remainder being partly influenced by the local family planning worker. While this is an important point, additional change is expected over the next country programme as the local family planning workers will be more integrated in the service provider training.



Figure 4: FP service providers who always provide information and let clients choose the method by themselves by region

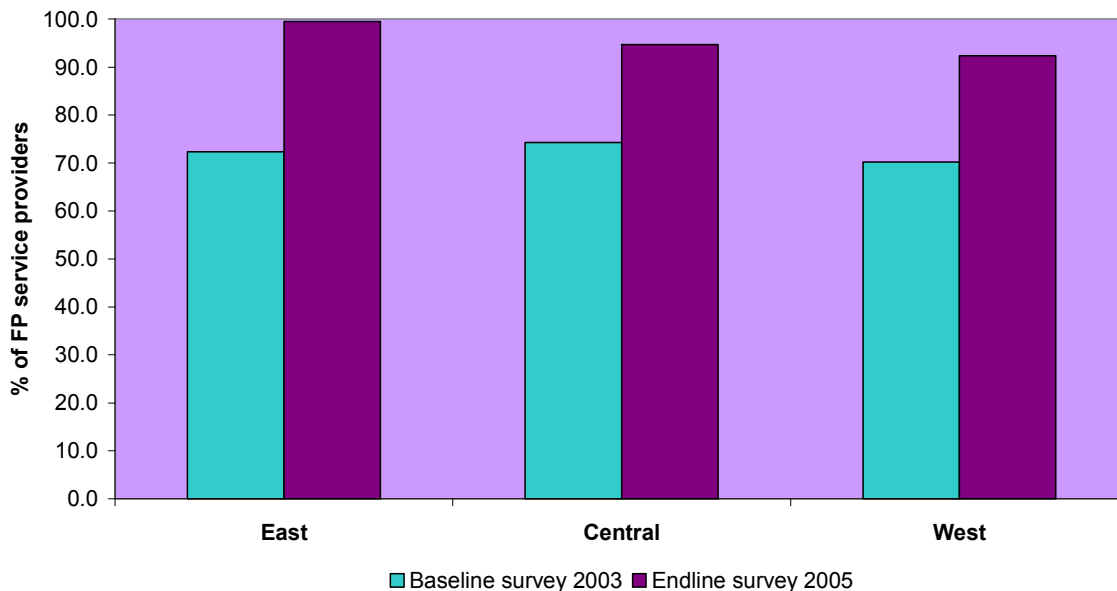
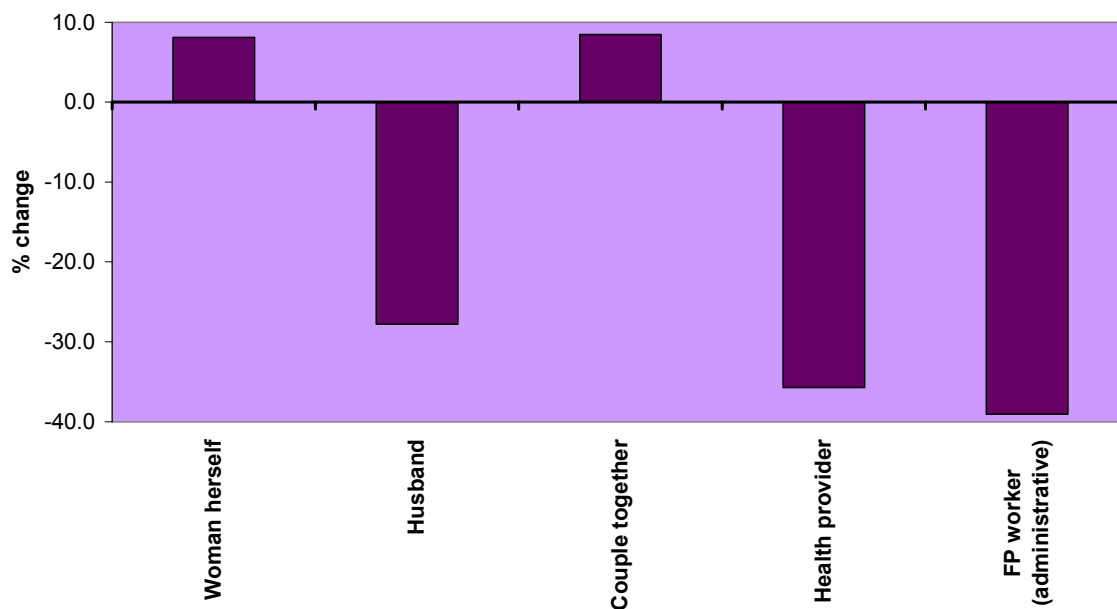


Figure 5: Method decision making
(% change between the two years preceding each survey)



Contraceptive and Reproductive Health BEHAVIOUR among Married Women

Clearly, the project cannot simply be about increasing awareness and changing attitudes;

ultimately the changes should be reflected in the behaviour of the target groups. Within the key areas of contraceptive use, seeking antenatal care when pregnant, treatment behaviour for RTIs and use of abortion services, all of the changes observed in behaviour are modest (and realistic) but with only two

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years for the programme big changes in behaviour cannot be expected.

Contraceptive use among married women was high, as expected, at around 90% in both surveys. This is higher than the national figure for China of 84%² reflecting the relatively high levels of economic development in the project counties. This is also high when compared internationally², for example India (48%), Bangladesh (58%), Mongolia (67%), Vietnam (79%) and the UK (84%). The table below shows the method mix among women who commenced their

current use in the two years prior to each survey. The table shows a small shift away from IUD and female sterilization, the methods traditionally associated with the family planning programme in China, to condom use. ***Given the other emphases of the project on preventing the spread of HIV/AIDS and STIs more generally it is encouraging to see the increase in condom use.*** However, it is expected that as the concept of informed choice becomes embedded within the system, users should gradually opt for a wider range of methods.

Contraceptive mix among currently married females

Method	Baseline (Jul 01-Jun 03)	Endline (Oct 03-Sep 05)
Oral pill	4.2	4.0
Condom	25.4	33.1
IUD	52.3	49.0
Norplant	1.4	0.6
Injections	0.1	0.2
Spermicide	0.6	0.9
Female sterilization	13.9	10.4
Male sterilization	0.9	0.4
Withdrawal	0.6	0.7
Rhythm	0.6	0.5
Total	100.0	100.0
No. of respondents	1012	969

The second aspect of reproductive health behaviour considered is uptake of antenatal care. Uptake of at least one visit during a pregnancy in the two years prior to each survey was generally high, 92% in the base-line and 97% in the end-line. However, for antenatal care to be effective, the timing of the first visit is crucial. Further analysis¹ shows that the percentage initiating their first visit in the first trimester remains at around 70%. In addition to timing of the first visit, more than one visit is required. Figure 6 shows the percentage of married women initiating three or more visits during the pregnancy and here the results are more promising. When the base-line survey is compared with the end-line there is improvement in both the Central and West Regions to levels comparable with the East. ***The target for the project was a 20% increase in the West Region and while that has not been achieved the 12% increase is certainly non-trivial.*** The final component of antenatal care refers to the specific components received during each visit. Additional analysis¹ shows an improvement across all the main components of care between the base-line and end-line surveys.

The third aspect of reproductive health behaviour considered is treatment seeking behaviour by married-women who reported symptoms related to RTIs. The results from the surveys¹ suggest a reduction in the number of women reporting symptoms and an increase in seeking treatment when symptoms are reported. ***In the end-line survey around 50% of married women reported seeking treatment for reproductive ill-health symptoms, an impressive increase when compared to the 24% reported in the base-line survey.*** However, there are still 50% who report symptoms and have not sought care, and this will need to be addressed in the next country programme.

The final area considered here is the use of abortion services. As women may be unfamiliar with their new methods, it is not unreasonable to expect that use of abortion might rise when there is a shift towards more choice in family planning methods. To assess this, the abortion ratio (number of abortions / number of live births) is calculated for the two years prior to each survey. This dropped slightly, although not statistically significant, from 0.34 to 0.30. This level is

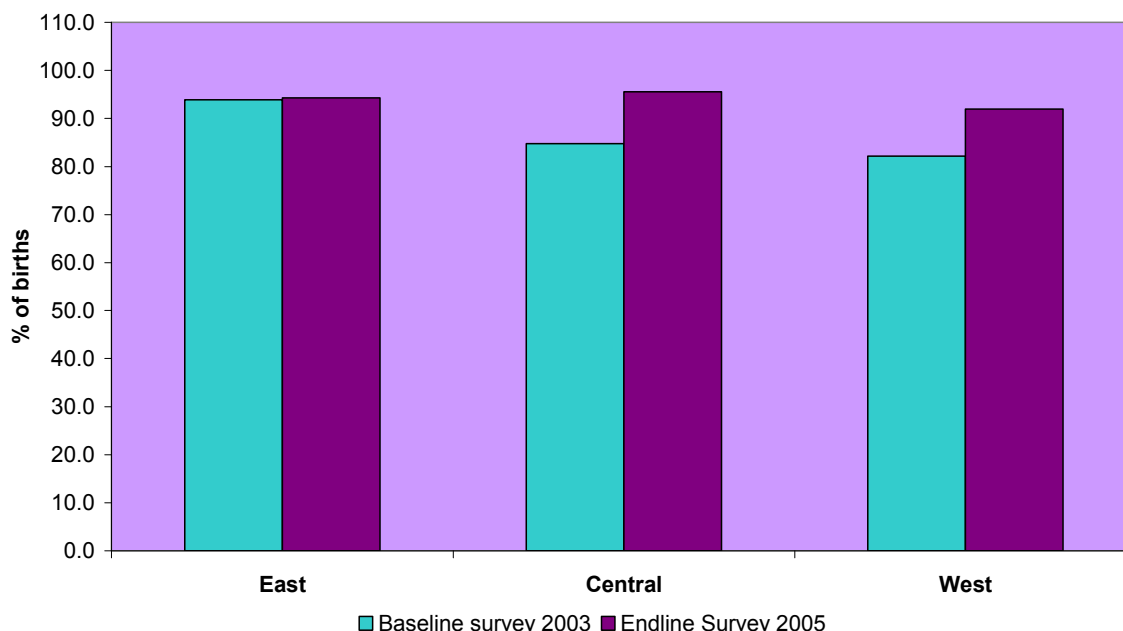


comparable to that of developed countries such as the USA³ and the UK⁴. In the longer-term, given that contraceptive use is so high, one might expect this ratio to fall as women become more effective in the use of their chosen methods. *In fact, the 35% reduction already seen in the West region¹ is statistically significant even though the numbers of abortions are relatively small.*

In relation to induced abortion, the focus of the project is on prevention of abortions and ensuring the quality of care when they do occur. Detailed analysis¹ shows an improvement in terms of follow-up although nearly 50% of women still received no follow-up consultation after the procedure in the end-line

survey. In terms of contraceptive advice given at the time of the procedure, 87% of women in the end-line survey reported receiving suitable advice and this is in line with the 93.6% of family planning service providers who reported providing such advice. Overall, around 75% of women reported they were satisfied with the services they had received. Crucially, the data on abortions are only for married women and one can only speculate what the situation might be among the never-married (younger) women. More work is needed to understand the needs of this group as they tend to participate in more risky sexual behaviour than their married counter-parts⁵ and this is part of the focus of the next country programme.

Figure 6: Mothers initiating three or more antenatal visits by region



Conclusions

The highlights presented here, and the detailed analysis¹, show that the reproductive health and family planning project of the fifth country programme has generally been successful in achieving its targets. There is positive evidence of a move towards an informed choices environment for contraceptive use from both the service providers and the clients. On the issue of HIV/AIDS, awareness and knowledge have increased although the surveys show that misconceptions regarding incorrect transmission routes are still high. In addition, the considerable number of people represented by the 7% who remain

unaware of HIV/AIDS should not be forgotten. More broadly, the detailed evaluation¹ shows improvements in knowledge of STIs/RTIs and in those seeking treatment when symptoms are present. The quality of services for those seeking treatment, as implied by the responses from service providers, has also improved. In terms of pregnancy care, the uptake and quality of antenatal care has improved. *While the abortion ratio for married women has essentially remained constant over the period on the project, there has been an improvement in the quality of abortion services*, although there is still clearly room for further improvement.

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⁴Ratio calculated from figures published via the UK Office for National Statistics. <www.statistics.gov.uk>, accessed 20 August, 2006.

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This summary report was prepared by the evaluation team from the China Population and Development Research Centre (P.R. China), the National Centre for Women and Children's Health of the Chinese Centre for Disease Control (P.R. China), and the University of Southampton (UK).

Contact Information

China Population and Development Research Centre [CPDRC]
PO Box 2444, Beijing 100081, PR China
Tel: + 86 10 62 173519
Fax: + 86 10 62 172101
email: info@cpirc.org.cn
[www.cpirc.org.cn]

National Centre for Women and Children's Health [NCWCH]
Chinese Centre for Disease Control and Prevention
Building A, No. 13, Dongtucheng Road
Chaoyang District, Beijing 100013, PR China
Tel: +86 10 64 299211
Fax: +86 10 64 296782
email: UNFPA@chinawch.org.cn
[www.chinawch.org.cn]

Southampton Statistical Sciences Research Institute [S3RI]
University of Southampton
Highfield
Southampton SO17 1BJ
UK
Tel: +44 23 8059 3216
Fax: +44 23 8059 5763
email: enquiries@s3ri.soton.ac.uk
[www.s3ri.soton.ac.uk/projects/proj-unfpa.php]