



Towards client-centred informed contraceptive choice in China

The impact of UNFPA CHINA Reproductive Health / Family Planning Country Project (CP4) in 32 Counties of China

Summary

The principal objective of the UNFPA Fourth Country Programme (CP4) was to implement a client-oriented informed choices approach to reproductive health/ family planning services for both men and women in 32 selected counties of China in accordance with the ICPD Plan of Action. The overall aim of the programme was to assist the government of China in implementing ICPD principles in the area of reproductive health and women's empowerment, specifically to meet unmet need through comprehensive and integrated client-centered reproductive health services. The long-term goal is to expand and make available quality oriented reproductive health services to Chinese men and women on a voluntary basis and in line with the principles, approaches and recommendations of the ICPD programme of action. As a part of the project implementation in 32 counties of 22 Chinese provinces, the State Family Planning Commission (SFPC) carried out a baseline (1998), midterm review (2001) and an endline survey (2002). These assessed and monitored changes in indicators related to reproductive health and family planning and measured the impact of the programme interventions. This fact sheet summarises the key findings of the baseline and endline surveys.



Panel members at the 'National Conference on China/UNFPA RH/FP Project Review on CP4 and Orientation for CP5' held during April 8-10, 2003 in Nanjing, China. Seen from left to right; Li Bohua, Eve Lee, Siri Tellier, Zoë Matthews & Sabu Padmadas

Key findings

Reproductive health knowledge

- Between the baseline (1998) and endline (2002) surveys, knowledge of any modern method increased from 41% to about 86% and that of any modern reversible methods increased from 36% to 83%.
- By the endline period, more than 90% of unmarried women were aware of at least 3 contraceptive methods.

Improving Access to Reproductive Health Services

- Most women in the endline survey were aware that sharing utensils, public bathing, hair cutting, or shaking hands are not routes of HIV/AIDS transmission and about 90% of those who had heard of AIDS knew that condoms help to prevent HIV/AIDS.

Contraceptive use

- Contraceptive prevalence was high at between 87-89%; female sterilisation declined by 16% and IUD use increased significantly by 20%. Condom use was low overall although it increased appreciably from 1.7% to 3.8% between the baseline and endline surveys.
- Contraceptive service provision and utilisation increased substantially in both county and township level FP facilities.
- Although provision of follow-up care after IUD insertion increased significantly between the baseline and endline surveys, about 16% reported not receiving a follow-up visit after IUD insertion.
- The percentage of women who reported having made contraceptive decisions jointly with their husbands increased from 27% to about 70%; about 20% made decisions on their own. Health workers were more inclined to offer a range of methods where the decision making power was identified as being with women or couples.

Birth permits, fertility and induced abortions

- Birth permits ceased to exist after 1998 and had been replaced by reproductive health service certificates.

- Fertility rates are low (TFR: 1.3) and women are more inclined to postpone childbearing to the later reproductive years.
- Concomitant to the improvements in service provision, the frequency of induced abortion declined, as measured through women's reports. However, roughly 30% of women in the endline survey reported that they had not received any follow-up visit after an induced abortion.

Maternal & child health care

- The percentage of women aged 25-39 years who had attended for any organised gynaecological check-up doubled from 32% to 68.2% between the baseline and endline surveys.
- The average frequency of prenatal checkups was 4.5 times in the baseline survey, which rose to 5.9 in the endline survey. About 75% initiated prenatal care within the first three months of pregnancy in the endline period when compared with a figure of 50% in the baseline survey. Yet, about 16% of women doubted whether prenatal check-up was necessary.
- Delivery at home dropped sharply from 47.3% to 18.9% between the baseline and endline surveys. Most postnatal visits were initiated in the first week after delivery, irrespective of the place of delivery.

Conclusion

The surveys demonstrated significant improvements in reproductive health care knowledge, utilisation and service provision in the interval between baseline and endline periods.

Full reference: CPIRC & DSS (2003) China/UNFPA RH/FP End of Project Women Survey Report: Key Findings, China Population Information and Research Centre, Beijing & Division of Social Statistics, University of Southampton, UK, September 2003.

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