Reproductive Health Research
Opportunities and Choices

University of Southampton

UNFPA

Quality of Family Planning services in Malawi: What can exit interviews tell us?

Introduction

Women and men are influenced in their choice of health provider by many factors, including cost and accessibility. Quality of provision has also been identified as an important driver of service utilisation, and where deficient can represent a barrier to utilisation. Exit interviews allow information to be collected about a consultation that has just occurred, when the experience is still fresh in the mind of the client.

Research Aims

The aim of the present study was to collect information about clients' experiences of receiving services, of receiving advice about problems from contraceptive use and of counselling.

Research Methods

161 exit interviews were conducted with clients from clinics in six districts of Malawi. Between 4 and 7 clients were interviewed as they left one of 28 health facilities. There was a mix of government hospitals and health centres (about half the sample), mission hospitals and health centres, private health centres and clinics of Banja la Mtsogolo.

Clients were invited to participate and those who consented were interviewed individually out of sight or hearing of the provider, sometimes some distance from the clinic.

Findings

Characteristics of clients interviewed

It had been intended that men and women would be recruited. In the event only one man agreed to participate. 93% were currently married and the mean age was 26. 22 respondents were employed while 66% reported that their spouse was employed. 17% were Catholic, 56% other Christian and 21% Muslim. The ethnic distribution was Chewa (29%), Tumbuka (20%), Yao (21%), Lomwe (12%) and Ngoni (7%).

Participants had a slightly different educational profile to women included in the 2000 Malawi DHS: in the present study 25% were educated to secondary standard or above, compared to 11% in the DHS. This reflects the known relationship between contraceptive use and education.

With regard to living conditions, 44% had piped water and 37% used a borehole supply. 70% had pit latrines and 8% had flush toilets. 84% did not have electricity, 7% had a telephone, 85% had access to a radio, 9%

television, 67% had a bicycle in the household, half had galvanised sheet roofing and cement flooring, 63% had their own farm land and 32% owned a business or cottage industry.

Reproductive status

The mean number of children among the participants was three. 28% had experienced loss of a child. Just over half desired more children; of these, 65% intended to defer childbearing for 2 years or more. Current use of family planning was dominated by Depo Provera (79%) followed by the oral contraceptive pill (16%). Of those receiving a new method the popularity of Depo Provera was even more evident (89%).

Using the service

Just over 80% had previously used services at the same facility. The commonest means of hearing about the facility was via family or friends (57%), especially among 'first timers' (62%). Advertisements were only responsible for around 10%. One fifth had switched from one facility to another. Of the 12 BLM clients who had switched, 11 had done so from government or private facilities rather than other BLM clinics. Most users were within an hour's travel range of the facility, usually on foot with only 15% using public transport at a typical cost of K10-K20. Proximity was the most common reason for choosing a facility (69%) followed by quality of care (15%). 24% of clients had paid for family planning services with a median charge of K40. The majority of those paying K15-K80 thought the cost was acceptable. At government facilities the mean wait was 32 minutes while at non-government facilities it was 18 minutes. One quarter of respondents regarded the waiting time as too long and another quarter reported it as too short!

The majority of clients were satisfied with the method they received. 11% of those who received the injection and a quarter of those who received the pill expressed a preference for other methods: 11 would have preferred Norplant and 4 would have preferred female sterilisation. 84% had had the opportunity to discuss a range of methods and more than two methods had been discussed with 94% of clients. 34% of consultations had included mention of eight methods. Reasons for not receiving a preferred method were that the client changed her mind during the consultation, the desired method was not available, the provider had identified a contraindication and, in one case, a provider had been absent.

Deficiency in information about use of methods was reported by 14% of first time users, and 38% had not been told about side effects. 90% felt they had received enough information to make a choice. Users' specific knowledge of methods was generally good with some misconceptions, for example that vasectomy protects against HIV (8%) or that there are no side effects with the pill (36%).

Examinations, procedures and results had been explained to clients in only 70% of cases. Privacy was not maintained in 8% of consultations but 94% had confidence that their health information would be kept confidential. Overall, 98% reported that they had been well treated.

Conclusions

Satisfaction with services is high. Points for attention include dispelling misconceptions and explaining examinations.

Acknowledgement: This projected was also supported by the Malawi Ministry of Health's Department for Population Services and the University of Malawi's Demographic Unit.

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