

Bolivia:

***Access to and Use of
Reproductive Health Services
in El Alto***

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**This summary highlights findings from a larger scientific report
and includes recommendations from in-country researchers.**

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I. Introduction

Migration from rural to urban areas in the Bolivian highlands, which has increased in recent years, presents new challenges for the provision of sexual and reproductive health services. In rural areas, traditional healers provide care for many health problems, births take place at home (often unattended) and modern medical centers are scarce. In an effort to improve access to and increase the use of reproductive health services among this migrant population, Programas para la Mujer (PROMUJER), a nongovernmental organization based in La Paz, conducted a study to identify barriers to services and to assess the quality of the existing services.

The study took place in 1994 in the Altiplano region, specifically in the city of El Alto and in five rural provinces. This study included 18 focus groups, with men and women questioned separately, in-depth interviews with approximately 100 men and women, and a situation analysis of sexual and reproductive health services in El Alto. FHI conducted a secondary analysis based primarily on the situation analysis to examine three specific elements of quality of care in the provision of family planning: 1) interpersonal relations between providers and clients, 2) the availability of methods, and 3) the acceptability of services. By identifying system deficiencies and barriers, changes can be made to improve utilization and help women achieve their reproductive goals.

The United Nations Population Fund (UNFPA) provided financial support for the field work, and the Women's Studies Project of Family Health International (FHI) offered limited technical assistance.

II. Background

El Alto is a large urban center adjacent to the capital, La Paz. Its population growth is estimated at 9 percent, attributed mainly to migration from surrounding rural areas. Contraceptive prevalence is not high (approximately 30 percent), but the use of modern methods is quite low (approximately 10 percent), resulting in a large proportion of unwanted pregnancies and abortions. Data from La Paz show that 60 percent of current pregnancies or pregnancies that occurred in the past three years were unwanted or mistimed.

In 1994 PROMUJER identified significant barriers that migrant populations faced in trying to access reproductive health services. These barriers were either created or worsened by existing structural and socioeconomic conditions.

A. Study Goals and Objectives

The overall goal of this project was to better understand the use and non-use of reproductive health services in the Altiplano region of Bolivia. Specific objectives were to:

1. Identify barriers to reproductive health services.
2. Assess the quality of care as provided by private and public health care facilities.
3. Identify the reproductive needs of the migrant population living in El Alto.
4. Make recommendations for PROMUJER's training in reproductive health, based on the results of this study, to better meet the needs of PROMUJER participants.

FHI's primary analytical contribution focused on the second objective and examined specific elements of the quality of care in the provision of family planning, from the perspective of service directors, providers, pharmacists, and users of the services. Nonusers were also interviewed in an effort to identify possible barriers that preclude women from ever seeking services.

B. Study Design

The study design consisted of three methodologies (focus groups, in-depth interviews and a situational analysis) carried out with men and women in five rural communities and in the city of El Alto. Two criteria were used to select the rural sites: 1) communities from which many PROMUJER participants migrated, and 2) areas where there are health services or activities provided by the Ministry of Health.

Study participants for both focus groups and in-depth interviews were selected based on the following criteria: 1) they were married or living together in a stable relationship, 2) they were sexually active, and 3) they had at least one living child. The criteria for participants living in El Alto were that they were not natives of the city but had lived in the city for at least five years. Some participants were affiliated with PROMUJER, others were not. Male study participants were not necessarily the husbands of the women in the study.

Focus group discussions. Local men and women were recruited to talk about several topics, including their opinions about life in rural versus urban areas, their beliefs and knowledge about health in general, and about their knowledge and practice of reproductive health and family planning. Ten focus groups were held in rural areas and eight in El Alto.

In-depth interviews. In-depth interviews about similar topics were also conducted, 59 in rural areas and 51 in El Alto.

Situational Analysis. Researchers collected data from 93 service delivery points (SDPs) in El Alto. These constitute almost all of the reproductive SDPs in the city. The study collected the following:

1. inventories of the 47 pharmacies and health facilities
2. interviews with 36 center directors (17 public and 19 private)
3. interviews with 85 contraceptive providers
4. exit interviews with 217 clients
5. interviews with 215 nonusers
6. interviews with 46 pharmacists

The inventory collected data on minimum equipment in obstetrical-gynecological units, as well as predelivery and delivery rooms; availability of essential medicines; and information, education and communication (IEC) and service statistics in each of the 47 health centers.

Directors were asked about the health care infrastructure, availability of services and personnel, IEC activities, and health regulations and policy. Directors were interviewed because of their managerial positions and their knowledge of institutional policies and services. In cases where the director was also the provider, the provider interview was administered. Only those providers who were responsible for reproductive health services were selected. The provider group, which included doctors, nurses and auxiliaries, was questioned on opinions about service quality and about clients' perceptions of the services.

Users and nonusers of health facilities were asked about their opinions of reproductive health, their contraceptive practices, and their perceptions of the services. Users were identified and interviewed at the health facility. To qualify as a nonuser, women or men reported that they had never gone to a health facility for reasons related to reproductive health.

The person responsible for each pharmacy in El Alto was interviewed on reproductive health training and information, inventory, and general facility information.

From these data sources, several indicators were selected to reflect the three quality variables of interest: 1) interpersonal relations, 2) availability of information and contraceptive methods, and 3) acceptability of services. The information obtained was organized in descriptive and comparative tables. These were arranged according to study participant group (i.e., directors, providers, users, and nonusers), and stratified by type of institution (governmental versus nongovernmental). The testimonies in the focus group discussions were used to enhance the quantitative data. EpiInfo was used to analyze the data, and a Chi square statistic was used to test association. A p-value less than .05 indicates a significant finding.

III. Results

A. *Interpersonal Relations*

The majority of providers in both public and private facilities believe client treatment is good (83 percent and 98 percent, respectively). A smaller proportion, but still the majority of public and private sector users, agree (57 percent and 75 percent, respectively). On the other hand, half of nonusers perceive treatment of clients as average, 22 percent as bad, and only 12 percent as good.

The majority of users, 64 percent in the public sector and 72 percent in the private sector, believe clients are treated equally, compared to only 9 percent and 3 percent, respectively, who do not believe so. The rest did not know or did not answer. In contrast, the majority of nonusers (48 percent) perceived treatment to be unequal. When looking at the issue more closely, researchers found that those who wore traditional dress, such as the *pollera*, were likely to feel they were not treated equally.

When asked if providers give explanations prior to physical examination, almost all providers and approximately three-fourths of users, regardless of type of facility, answered “yes.” However, not all women were satisfied with the information they received, as this woman testified: “They give you an exam and then they never tell you what ails you. Many times you ask, ‘What is it that I have?’ and they say, ‘Why do you want to know?’ That’s the answer you get.”

Seventy-three percent of clients claim to have asked questions during visits. Almost all reported receiving an answer, and four out of five said they understood what they were told. The rest said they understood very little or nothing.

B. *Availability of Information and Contraceptive Methods*

Inventory data suggest that method availability in El Alto must be strengthened. Although 64 percent of center directors believe that the demand for reversible methods is always met, nearly half of the 36 directors report that they do not have *any* methods available. None of the public facilities reported having all five methods (pills, intrauterine devices, injectables, condoms, and spermicides).

The Ministry of Health, which is in charge of resupplying the government centers, still prohibits the use of injectables for general use, and its provision is tightly regulated by registries and inventory. Furthermore, three of 19 non-governmental sites have a religious affiliation, and, thus, lack modern methods. Sterilization is only available in the two government hospitals.

Historically, spousal consent was required of all women requesting reversible methods. This posed a significant barrier to women interested in contracepting and is no longer required, although consent is still recommended for voluntary sterilization. The data show that, of the 26 times user consent was requested, 23 were from women requesting sterilization, suggesting that providers are complying with the new norms.

Adding to the problem of method availability is lack of adequate counseling services. Eight of the 36 centers do not offer services to individuals coming to the facility alone. Only five of 19 nongovernmental facilities report offering counseling to adolescents. None of the public sector directors was aware of whether they provided such services.

A majority of service providers (84 percent) claim to have enough time for counseling, and 60 percent report having the necessary audiovisual materials to supply information. However, users report that they were shown such materials in 13 percent of the visits.

C. Acceptability of Services

In general, providers and clients have different perceptions of waiting times. Providers said waiting times were shorter than clients did. On the other hand, a greater proportion of providers also felt that the consultation itself was longer than what clients perceived: About 30 percent of providers estimate their client consultations to be longer than 15 minutes compared to 16 percent of clients.

Data confirm an inverse relationship between waiting time and satisfaction with the services. Three-quarters of the users who waited less than 45 minutes reported being satisfied. Among those who reported being unsatisfied, almost half (45 percent) reported waiting longer than an hour.

When evaluating the health services infrastructure, researchers found that five public centers do not have running water, and two do not have electricity. All private centers have both utilities. Only seven centers have more than three exam rooms for counseling and services. One client commented: "I am afraid to talk to the doctor sometimes because there isn't an appropriate place to do so, to talk about our problems, or the illnesses that are bothering us."

In spite of these deficiencies, 86 percent of users reported feeling satisfied with the care received. Approximately half reported that they received good treatment and counseling, that they trusted the provider and that they shared a mutual understanding with the health worker. One-third of users thought the provider was a good professional who explained things well, in language that was easy to understand. One woman said, "I prefer to go [to the health clinic], even though it is far away because they treat me kindly. They talk to me, they explain things – everything. And when I don't understand or don't know, he [the doctor] explains to me ... I am thankful to this doctor, because even though it is far, other people do not treat me as he does. Even though I have to pay, that's okay."

When asked about ways to improve service quality, 40 percent of the directors suggested improving infrastructure and equipment. They also suggested increasing IEC activities and improving pricing policies. (More than 80 percent of providers agreed with this latter suggestion.) Seventeen percent of directors and only 6 percent of providers mentioned better treatment as a way to improve services.

Users and nonusers had a different perspective. The majority mentioned better treatment as the way to improve services and attract new clients (more than half of users, and 82 percent of nonusers). They also recommended improvements in infrastructure and equipment (41 percent of users and 36 percent of nonusers.)

IV. Conclusions and Recommendations

To address the needs of the growing migrant population, service providers should be vigilant about the special characteristics of the community they serve. A recently arrived man or woman may require extra time from providers to assure that they receive quality care.

Looking at quality from different perspectives provides a broader and more accurate view of the practices and circumstances that limit utilization of reproductive health services.

Providers may overestimate the quality of their sexual and reproductive health services, but are themselves critical of certain aspects of services. Clients are generally satisfied with the services and counseling they receive. Nonusers perceive the quality of care as relatively poor and perceive discrimination.

Quality seems to be adversely affected by deficiencies in the health infrastructure and in socioeconomic conditions. Poor contraceptive method mix or total absence of reversible methods at the centers may be discouraging clients from seeking services. Lack of modern methods may place women at a high risk of unwanted pregnancy or vulnerable to sexually transmitted diseases, which could lead to further distrust in the services.

The demand for family planning services in El Alto indicates that the community is motivated to avoid pregnancy. This motivation may be curtailed by institutional policies which, deliberately or not, deny counseling services to individuals, especially those at high risk, such as adolescents.

Clients in need of contraceptive services also could be hindered by other barriers such as long waiting times. As the data suggest, waiting times and client satisfaction are inversely related. Dissatisfied users may negatively influence others in the community.

Many of these issues which are creating barriers to services can be addressed immediately at the institutional level, without great investment. Other structural problems, such as lack of electricity and potable water, will require more involvement from local authorities and governmental institutions. Based on study findings, researchers made the following suggestions to improve health services and policies.

- Providers should be encouraged (and receive training) in how best to interact with clients, including information that will help them treat clients in a more equal, warm, and humane manner without ethnic, gender, or class distinction.
- Providers should offer counseling to every person who seeks services, especially individuals coming to the centers alone and to adolescents.

- Providers should create a private counseling environment so that users will feel more comfortable in sharing their concerns and asking questions.
- Local officials should promote the different services available in the community.
- Health programs should look for ways to reduce client waiting times and make visits more efficient.
- Health policy-makers should offer technical training programs to update providers on reproductive and sexual health topics, as well as encourage them to eliminate unnecessary medical barriers.
- Providers should motivate users so that they can act as promoters of reproductive health services in their communities.
- Health programs should seek economic support from governmental and nongovernmental agencies to improve facility infrastructure and medical equipment. Program managers and providers should participate in municipal committees to solve problems related to electricity and potable water.

For improvements to be effective, constant evaluation of the services is essential, as is long-term commitment of program directors. This will only be achieved with the opinion and participation of all involved: providers, users, and other community members.

V. Study Details

The researchers responsible for this study were Carmen Velasco, Claudia de la Quintana, Gretzel Jové, Luz Angela Torres and Patricia Bailey. Technical assistance was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U.S. Agency for International Development. The field work was supported by the United Nations Population Fund (UNFPA).