

3<sup>rd</sup> International Conference on

# Reproductive Health and Medicine

May 21-22, 2018 | Vienna, Austria

## Perceptions of women regarding the quality of family planning services in low income urban areas of Karachi, Pakistan

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**Background:** The definition of quality for health care is diverse. The International Conference on Population and Development (ICPD), Program of Action (PoA) defines quality of care (QoC) for reproductive health (RH) as, “ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services”. In addition to that, Judith Bruce defines quality of care for family planning (FP) as, “the way individual couples/clients are treated by the health system provided services”. The slow pace of increase in contraceptive prevalence rate (CPR) and more than half of the population in reproductive age (15–49 years) in Pakistan is indicative of an increase in future population growth. On the other hand, the high rates of discontinuation of FP method (37%), contraceptive switch (12%), (7% in five proceeding time) resulting in unwanted pregnancies (9%) raise the issue of Quality of FP care services. It is crucial to improve quality of health care for filling in the gaps related to FP services provision.

**Methods:** We conducted a Qualitative study to explore and understand the perceptions of women who were family planning users and past-users regarding the quality in general, (daily purchases) quality in healthcare and quality in family planning. Four focus group discussions (FGDs) and 12 in-depth interviews (IDIs) were carried out with the married women of reproductive age group.

**Results:** Women defined ‘Quality for daily purchases as good in looks, durable, and enough choice to select, should not harm and satisfy their needs. For health care in general they defined quality as “being treated with Respect”. For family planning services the quality of services was considered poor because of unfriendly attitude of providers, women not given enough choices, incomplete or lack of information on side effects of methods, in adequate time given by providers, incompetent skills of providers, hiding the facts and not addressing their fears for FP methods properly.