

Background

China has established a nationwide contraceptive service supply network since the 1970s, providing various contraceptive methods to people of reproductive age free of charge. China's essential public health service package was launched in 2009. The standard package was initially designed to cover 10 sub-categories of public health, such as health care for children aged 0-3 years and maternal health services. In 2019, the package was extended to include 29 sub-categories of public health and the provision of free contraceptive services was included.

Despite the inclusion of free contraceptive services into the package, in recent years, the uptake short-acting contraceptive methods (especially condoms) as a proportion of total method mix has increased rapidly in China, whilst the proportion of long-acting reversible contraceptive methods has continued to decline (Zou et al. 2018). Meanwhile, the incidence of induced abortions has remained high in China. This indicates that there is an unmet need for contraceptive services among people of reproductive age, and the basic contraceptive service within the public health system needs to be strengthened.

In 2021, the China Population and Development Research Center and the United Nations Population Fund China jointly carried out a study on the implementation status of basic contraceptive services.

Main Questions

See Figure 1, the research aims to understand the implementation status of the basic contraceptive service, the gap between supply and demand sides and influencing factors. The main questions include: what policy documents are issued for procurement and management of contraceptives at the provincial level. What roles and responsibilities that different departments, institutions, personnel at county, township, community and village level undertake for the management, distribution, and provision of free contraceptive services, and what are barriers and challenges. For women of reproductive age, what are their awareness and knowledge regarding contraceptive methods, and what contraceptive methods they use.

Methodology

Following a comprehensive literature review, from October to December 2021, a field study took place in three counties in Hebei, Hunan and Yunnan provinces, and each county was selected as case studies to represent the eastern, central and western regions of China.

The policy documents, management plans, service records of different levels (province, prefecture, county, township, community) were collected.

Ten focus group discussions were conducted among health service personnel at different levels with a total of 55 participants.

In-depth interviews were conducted with 72 women of reproductive age, majority married women (including 6 unmarried, those married but not having children, having one child, two children, three children) in three study counties.

Onsite visits were conducted to service institutions at different levels to observe the environment, layout, setup, content and process of free contraceptive services provided by institutions.

Key Findings

Positive progress:

1. The working standards formulated by the National Health Commission have become the basis and guide for the free contraceptive services across the country.
2. Some provinces have developed an information and management platform for free contraceptive service to integrate services provision and management in one information system.

Gaps:

1. The usage of contraceptive methods is mainly concentrated in IUD and condoms, especially the use of condoms is on the rise. Among all 72 women interviewed, 13.9% (10) of women currently do not use any contraceptives, 65.3% (47) of women reported currently using condoms as their methods, among which 11 women switched methods from IUDs to condoms; 12.5% (9) women use IUDs, and 8.3% (6) women switched methods from condoms to IUD/sterilization.
2. The public has limited knowledge about contraception, which makes it difficult for informed choice.
3. The acquisition of knowledge for women on contraceptive methods is fragmented, and promotion of comprehensive information and individualized counseling have not been effectively integrated.

Constraints:

1. Local governments at different levels tend to regard contraceptive services as population control, and lack awareness of "free contraceptive services are critical to promote reproductive health".
2. Personnel to provide free contraceptive services at the grassroots level is constantly changing, and the lack of or limited awareness of various contraceptive methods results in insufficient counseling services to enable informed choice.
3. The integration of contraceptive consultation and services with other reproductive health services such as pre-pregnancy health examinations, prenatal care, and postpartum visits can be strengthened.

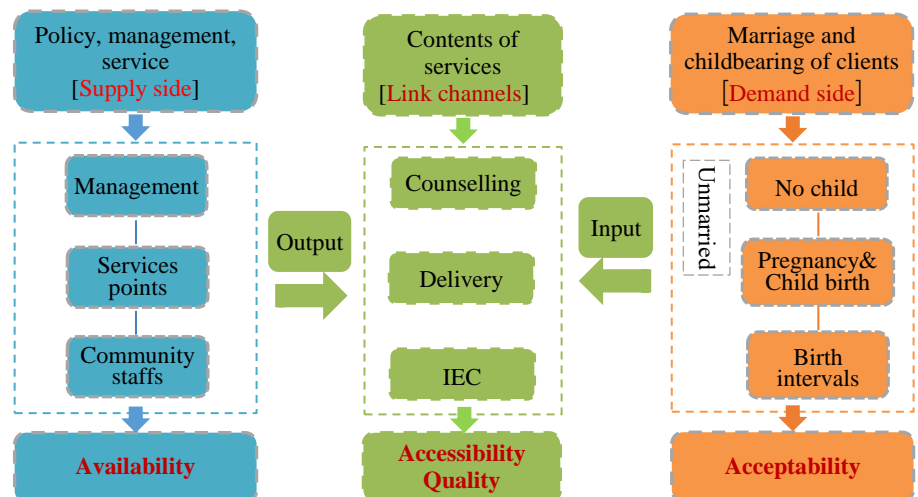


Figure 1 Research framework on status of contraceptive service provision and acceptance