

Quality and Costs of Family Planning as Elicited by an Adolescent Mystery Client Trial in Nigeria

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ABSTRACT

Results are presented from a rural reproductive health project in Delta State of Nigeria. A baseline survey of Family Planning clients revealed that only 2 percent of adolescents were utilising the services. Therefore four adolescents, two males and two females posing as two couples, were used as mystery clients to assess providers response to adolescents, as well as the adolescent perspectives on the quality and costs of the family planning services in the clinics they visited. This was complemented with a participatory rural appraisal of the communities. The adolescent mystery clients reported that some providers were surprised to see them, were judgemental, and engaged them in religious counselling. The adolescents found the services unsatisfactory, but the costs were affordable. In the participatory rural appraisal, the communities found the cost of contraceptives affordable despite a recent price increase of 20–150% across the different contraceptives. Emerging practices that were detrimental to adolescent reproductive health were also discovered and innovative approaches for promoting access to reproductive health information by out-of-school adolescents through the use of artisan trade associations and home videos are suggested. (*Afr J Reprod Health* 1998; 2(1):49–60)

RÉSUMÉ

Expérimentation utilisant un adolescent comme client improvisé. Les résultats nous proviennent d'un projet en santé reproductive réalisé dans l'état du Delta, au Nigéria. Une enquête de base portant sur des patients de services de planification familiale a révélé que seulement 2% des adolescents fréquentent de tels services. Aussi, quatre adolescents, deux gar(ons et deux filles se faisant passer pour deux couples, ont été utilisés comme clients improvisés afin d'évaluer la réaction des agents de planification familiale face aux adolescents et de voir la fa(on dont ces derniers percevaient la qualité et les couts des services de planification familiale dans les cliniques qu'ils visitaient. Ce test était complété par une évaluation participative des membres de ces communautés rurales.

Les patients improvisés ont reporté que certains des agents étaient étonnés de les voir, les avaient jugés et leur avaient donné des conseils d'ordre religieux. Les adolescents avaient estimé les services insatisfaisants jugeant cependant que leurs coûts étaient abordables. Au cours de l'évaluation participative rurale, les membres des communeautés ont jugé que le prix des contraceptifs étaient abordables et ce en dépit de la récente majoration de prix de 20 à 150% sur les divers gammes de contraceptifs. Certaines pratiques émergeantes qui sont nuisibles la santé reproductive des adolescents ont été mis en évidence et des approches innovatives ont été recommandées afin de faciliter l'accès à l'information sur la santé reproductive des adolescents non-scolarisés et ce, en ayant recours aux associations d'artisans et aux vidéos amateurs. (*Afr J Reprod Health* 1998; 2(1):49–60)

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mobilisation and allocation of resources for population policy implementation, which estimates that up to two thirds of the costs be borne by national governments themselves and one third from external sources, is recommended to be followed by all stakeholders in the implementation of Nigeria's Population Programme.

There is also the need for researchers to formulate a framework that includes costs of services explicitly in the quality of care. A quality framework that does not have a specific measure for costs, and only acknowledges cost from the perspective of its relationship to quality, is inadequate.

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