

# Quality of Care Through Users' Eyes: A Case Study at One Reproductive Health Center in Nicaragua

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# Background and Significance



International Conference on  
Population and Development,  
Cairo, Egypt 1994

*Reproductive health is a state of complete  
physical, mental and social well-being and not  
merely the absence of disease or infirmity, in all  
matters relating to the reproductive system and  
to its functions and processes*

*(ICPD Final Programme of Action, para 7.2)*



# Background and Significance

## Quality of Care

Client-centered services based in human rights <sup>1</sup>

- Humane and individualized
- Traditionally underserved populations
- Address contextual factors

Empowerment <sup>2</sup>

- Vital for reproductive health
- Political right versus medical issue

<sup>1</sup> UNFPA 2004, RamaRao S and Mohanam R 2003; <sup>2</sup> Blanc AK 2001, Datta B and Misra G 1997

# Research Questions

- What do female users' of one reproductive health center in Nicaragua perceive to constitute good quality of care and how do they compare or contrast with that of providers?
- How do women's experiences at the clinic affect their sense of self?



# Research site: Nicaragua



- MMR – 148 per 100,000 live births <sup>1</sup>
- Highest teen pregnancy rate in L.A. <sup>2</sup>
- Only half of women report receiving any sexual education <sup>3</sup>; One-quarter have access to RH services <sup>4</sup>
- Second poorest country within the W. Hemisphere <sup>5</sup>

6

<sup>1</sup> Pizarro A 2004, PPFA 2007; <sup>2</sup> World Bank 2003, Fonseca R 1998; <sup>3</sup> PPFA 2007; <sup>4</sup> World Bank 2003; <sup>5</sup> World Bank 2007; <sup>6</sup> <http://www.sunshinestates.net/images/nicaragua/nicaragua-map-overview.gif&imgrefurl=http://www.sunshinestates.net/property-investments/nicaragua-maps.html>

# Research site: Reproductive Health Center in Managua



- Research and political action
- Information, Education and Training

population and development policies, sexual and reproductive health and rights, adolescence, STI and HIV/AIDS prevention, gender violence

- Community Work
- Medical Care



# Methods

- Qualitative descriptive research
- 20 Client Semi-Structured Interviews (snowball sampling):
- 2 Focus Groups (purposive sampling)
- 14 Key Informant interviews (purposive sampling)
- Participant Observation (27 hours)
- Data Analysis:
  - Atlas.ti

# Research Questions

- What do female users' of one reproductive health center in Nicaragua perceive to constitute good quality of care and how do they compare or contrast with that of providers?



# Findings: Question 1

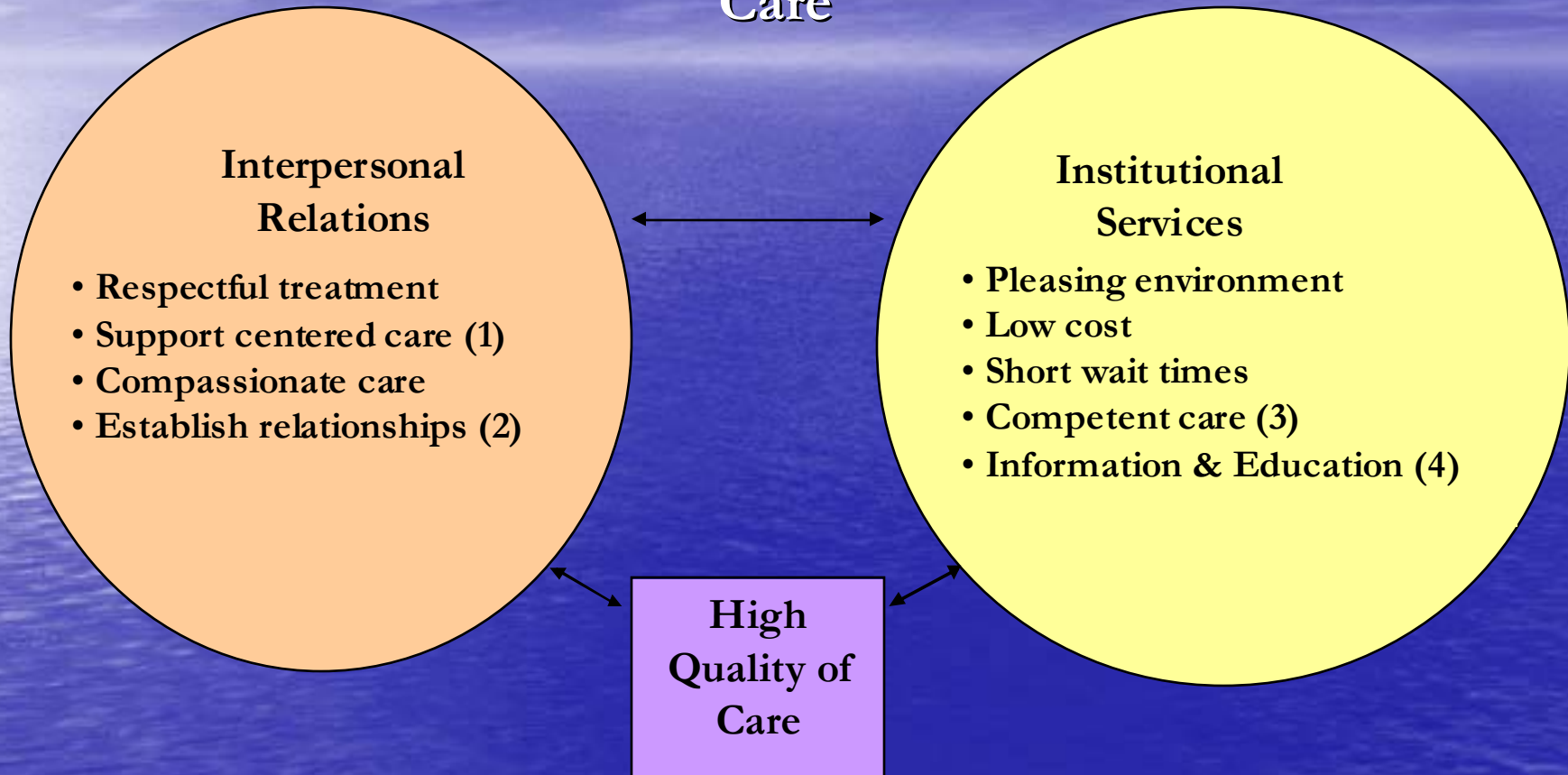
## High Quality of Care

*"In no other place have I felt so good as here"*

*"The care here is different. I have gone to various clinics and I've liked this one better and I have stayed here...for the care, more for the care and the treatment that they give one here"*

# Findings

## Women's Perceptions of Quality of Care





# Findings

## Interpersonal relationships

### 1. Support-centered care

#### *Provide solutions*

“They give us the opportunity to grow and learn many things by involving themselves...They look to see how to help us and give solutions to life”  
(Interview #9)

#### *Give opportunity for self-expression*

“...the doctors give me the confidence to unburden myself, of talking. Therefore I have [learned] how to speak...speak of my personal things because [before] I was embarrassed” (Interview #18)

#### *Advise and encourage*

“You come and feel bad and she says [that] I’m going to leave this [depression] and [that] I’m going to move forward. Many times when you come you feel helped by them.....I felt good that she looked at me and gave me her opinion...I value it much and I took it....They give you good advice and I take it...how you have to carry on.” (Interview #17)

# Findings

## Interpersonal relationships

### 1. Support-centered care

“women bring many problems that at times [they] don’t talk to other people about. One may come in for a problem with her breasts and then suddenly the user brings up a problem she may have [ such as] sexual relations with her partner. And then an exchange [occurs] or some knowledge...or experience.... And you....resolve other problems that she brings” (Interview #9)



# Findings

## Interpersonal relationships

### 2. Establishing relationships

#### *Being treated by a female doctor matters*

“Women understand you because we have the same problems, the same body... the same feminine organs. Then it is more delicate care, more professional because woman to woman one “understands..”

(FG participant, promoter/user group)

#### *They generate trust*

“The first thing the doctor does is make me feel trusting because it is something rather intimate. If...when I [enter] the...first thing that she says is ‘don’t feel so bad’ and ‘when was your last [sexual][ relation? You feel [she] is someone [who] you can really trust, tell her all your things because not everyone [inspires] trust and this is good. She makes one feel this way...”

(DCA Interview #3)

# Findings

## Institutional Services

### 3. Competent care

“Here I feel confident....[it] is trustworthy or perhaps it is the environment. I don't know but one feels this way” (Interview #16)

“She has helped me. Before I was afraid of many things...At the moment of the pap smear I didn't like to do it because I was afraid. I felt that it hurt me. I have done it in another [center] and I felt that...he hit me...Here the doctor comes, she attends me and really I have not felt any pain nor [does it] annoy me when she has done it” (Interview #18)



# Findings

## Institutional services

### 4. Information and Education

“I approach the reason why the user came in. I detect if she is living or not living with problems of violence....At times [she] may not say my partner hits me or she suffers...nevertheless, many times her attitude and form of being ....[implies it] such as being sad or quiet.....She may be pregnant so then [I] approach the importance of prenatal care. If a youth hasn't begun to be sexually active, I approach aspects of her sexuality and the [importance] of taking care of her health. If it is a woman in menopause, I'd talk about aspects of hot and cold flashes, annoyances [and] irritations”

(Key Informant #6)

# Major finding for first research question

- Quality of Care is a complete vision of respecting and empowering women so they may get to know themselves and their bodies, and safeguard their health and that of their families.
- Interpersonal relations are key



# Findings: Question 2

- How do women's experiences at the clinic affect their sense of self?
  - Self-Development
  - Improved Self-Care
  - Developed Sense of Autonomy

# Findings: Question 2

- **Self-Development**

- **Understand bodies and learned new ways of being**

“..they taught me to be another way. How to treat [people], how to relate with society....”

“I owe almost all to [the center] in the way I have developed as a woman, as a person, as the woman I am....”

- **Learned self-expression**

“.. I was embarrassed to express myself to him....I feel I have the same rights [now]”

“Here I learned to speak”

- **Gained self-confidence/ self-esteem**

“...they help you to be your own person, without doubting everything”

“I learned to..respect myself and to leave all those others who [don't]..”



# Findings: Question 2

- **Improved Self-Care**

- **More concerned about health**

“..[the center] makes a woman feel that you have to first [care] for your health and take care of yourself, care for your children. It’s not a question of only having kids and [more], and having them without thinking about the future”

- **Learned how to take better care of their health and of their families**

“.. They always have the television turned on and I look at programs [regarding] how to treat your spouse, how to educate your children.....So many things I have learned..”

# Findings: Question 2

- **Sense of Autonomy**

- **Express agency in decision-making**

“I would like [to have another] because I have two females and I’ve longed for a boy. But I’m going through a situation that has unbalanced me..[and] I have to take care of myself..”

- **Feel liberated**

“..they have made me feel that I am the owner of my own acts. I can decide....”

- **Stand up for themselves**

“.. I feel that I have the same rights as him. I have my own opinion. I have the right to [give my] opinion and tell him ‘No....you don’t have the right to tell me what I [should] do with my *reales* because I also work..’”



<b>Categories of impact</b>	<b>Interviewees (range of time as user)</b>	<b>Focus groups PU – promoter/user WC – workshop/chat</b>
<b>Self-Development</b>		
Understand bodies and learned new ways of being	<b>3-13 years</b>	<b>PU</b>
Learned self-expression	<b>2-13 years</b>	<b>PU</b>
Gained self-confidence/ self-esteem	<b>2-13 years</b>	<b>PU</b>
<b>Improved Self-Care</b>		
More concerned about health	<b>6 mos-13 years</b>	<b>PU and WC</b>
Learned how to take better care of their health and of their families	<b>6 mos - 11 years</b>	<b>PU and WC</b>
<b>Sense of Autonomy</b>		
Feel liberated	<b>12-13 years</b>	<b>PU</b>
Stand up for themselves	<b>11-13 years</b>	<b>PU</b>
Express agency in decision-making	<b>2-13 years</b>	<b>PU and WC</b>

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## Key Findings: Question 2

- Interpersonal relations (respectful treatment, compassionate care, support-centered care, establishing relationships with doctors and staff) play a large role in women's experiences of self-development, self-care and sense of autonomy.

# Conclusions

- Interpersonal relations:
  - dominant factor in women's perceptions of quality of care
  - key role in women's experiences of self-development, improved self-care and developing a sense of autonomy
  - necessary to enhance client's experiences of quality of care



# Thank you!!

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