

Abstract

Health systems' responsiveness is a measure of the performance of a health system of a country in relation to meeting the non-medical expectations of its service seekers. The assessment of responsiveness is made by the service seeker based on experiences with healthcare systems. The concept was first described by the World Health Organisation in the late 1990s and was detailed as a multi-domain concept. Though increasingly recognised as important in the provision of health services, there is little information about the level of responsiveness of the health systems in Sri Lanka in relation to meeting nonmedical expectations of the service seekers.

The objective of this study was to identify the domains of responsiveness relevant to the healthcare delivery in Sri Lanka, to develop a valid and reliable tool to assess the health systems' responsiveness, to assess the health systems' responsiveness in relation to family planning (FP) service provision and to determine the correlates of 'good' responsiveness. The FP service was selected as the health care service due to its sensitive nature in Sri Lanka where nonmedical aspects are as equally important as the medical aspects. During the development of the Health Systems' Responsiveness Assessment Questionnaire (HESRAQ), both qualitative and quantitative methodologies were used. The clients of FP, clients with unmet need in FP and FP service providers from Gampaha district were among the stakeholders involved in the instrument development process. Ethical clearance was obtained to conduct the study.

The domains of health systems' responsiveness relevant to the local context were explored with a review of literature, eight focus group discussions and 48 in-depth interviews which led to the identification of 15 domains. Modified Delphi method was used in two iterations among 40 participants to come to a consensus on the final set of domains. Eight domains were then finalised and under these domains 92 items were generated based on a literature survey, FGDs and in-depth interviews. A group of ten experts selected 51 out of the generated items based in their expertise in community medicine, family planning service provision, medical administration, and health systems' responsiveness. These items were further reduced with a

factor analysis carried out obtaining the views of 255 clients of FP on the importance of the 51 items in assessing responsiveness using a cross sectional survey. Twenty eight items were selected for the final instrument HESRAQ in the factor analysis. A cross sectional survey with the participation of 200 clients of FP was conducted to validate the HESRAQ. These respondents assessed the responsiveness of family planning services with the HESRAQ and confirmatory factor analysis was carried out with the data using LISREL 8.8. A six domain model with the 28 items was confirmed for the HESRAQ as valid for the assessment of responsiveness.

The assessment of health systems' responsiveness was carried out in 38 randomly selected registered FP clinics in Colombo district with the participation of 1520 respondents using HESRAQ. The socio demographic information and correlates were also included in the study instrument which was administered to the clients by trained interviewers during exit from the clinics. To complement the findings of the study instrument on responsiveness, 38 in-depth interviews with clients of FP were conducted in the selected clinics.

The percentage rating of responsiveness as good or very good for the six domains were, being treated with dignity 88%; maintaining the confidentiality 84%; the ease of access to FP services 83%; the environment of the FP clinics 80%; communication 76% and the choice provided to the client to select a method as well as the service provider 72%. The overall responsiveness was rated to be 'very good' or 'good' by 83.4%. The in-depth interviews revealed complementing opinion on the health systems' responsiveness.

Ten significant correlates of 'good' responsiveness were identified with multivariate analysis. Two personal life related factors, i.e. being Sinhalese in ethnicity (OR=0.189, CI 0.062–0.579) and being currently occupied (OR=0.247, CI 0.104-0.587) were associated negatively with the assessment of responsiveness. The only family life related correlate associated with the assessment of responsiveness as 'good' was having a family income of less than Rs 40,000/= per month (OR=19.31, CI 4.70-79.27). Four correlates related to contraception, namely, the

contraceptive method being OCP or condoms (OR= 0.09, CI 0.02-0.31), the satisfaction with the current family planning method (OR=10.68, CI 4.80-23.74), the use of only one method within the past year (OR=6.69, CI 2.74-16.33) and the use of only one FP clinic within the past year (OR=9.91, CI 3.87-25.36) were associated with the assessment of responsiveness as 'good'. The three health service related factors were, the health service provider being a medical officer (OR=19.77, CI 3.59-108.88), the intention to use the clinic for FP services in the future (OR=14.24, CI 4.13-49.08) and the satisfaction with the overall services of the clinic (OR=69.07, CI 20.31-234.87), which were associated with the assessment of responsiveness as being 'good'.

Though health systems' responsiveness in general was rated by the majority as being 'good' or 'very good', some aspects of responsiveness, including the choice provided to the client and clarity of communication needs to be paid more attention in delivering the services. However, the study needs to be conducted other parts of the country as well as to other sectors providing family planning services to understand the health systems' responsiveness of family planning services in Sri Lanka.

Key words: Health systems' responsiveness, family planning services, correlates