

Evaluation of the Decision Making Tool for Family Planning Clients and Providers: An Abstract Report of Findings from Nicaragua

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TABLE OF CONTENTS

I	Executive Summary	1
II	Introduction and Background	2
III	Study Objectives	3
IV	Methodology	3
	Overview of study procedure	3
	Study design, study sites, and target population	3
	Study Procedure	4
V	Results	6
	Continuation Rates of Family Planning Methods	7
	Counseling Experiences at Method Initiation	9
	Client Knowledge of Methods	13
	Clinic Variation in the Use of the DMT Flipchart	15
VI	Discussion	17

INDEX OF TABLES

Table 1: Distribution of Clients by Study Sites and Data Collection Instruments	6
Table 2: Baseline Information about New Users in Experimental and Control Groups.....	7
Table 3: Overall Continuation Rates by Method and Clinic Type	7
Table 4: Method Specific Continuation Rates by Method and Clinic Type.....	8
Table 5: Continuation Rates of Injectable Users by Clinic Type	8
Table 6: Percent of Clients Who Reported that Provider Explained Well How to Use Method And Discussed if Method was Good for Her by Clinic And Method Type	9
Table 7: Percent of Providers Who Discussed Side Effects and Advantages/ Disadvantages of Method Use by Clinic and Method Type	10
Table 8: Percentage of Experimental and Control Clients Who Were Exposed To Flipcharts at Clinic Visits	11
Table 9: Percent of Clients Who Reported that Provider Explained Well How To Use Method and Discussed if Method was Good for Her by Clinic, Method, and Exposure Type	11
Table 10: Percent of Clients Who Reported that Provider Discussed Side Effects, Advantages and Disadvantages of Methods by Clinic, Method, and Exposure Type	12
Table 11: Overall Continuation Rates by Method and Exposure Type	12
Table 12: Method-specific Continuation Rates by Method and Exposure Type.....	13
Table 13: User Knowledge of Side Effects and Danger Signs of Pill Use at Clinic Intercept by Clinic Group and Exposure Type	14
Table 14: User Knowledge of Side Effects and Danger Signs of Injectable Use at Clinic Intercept by Clinic Group and Exposure Type	15
Table 15: Distribution of Experimental Clinics that Used DMT Flipchart, as Reported by Clinic Clients.....	16

INDEX OF APPENDIX

Appendix A: Client Intercept Interview..... 18
Appendix B: Client Home Interview 23

I. Executive Summary

Johns Hopkins University's Center for Communication Programs (JHU/CCP) and Family Health International (FHI) collaborated on a study of quality of counseling and contraceptive behavior using the Decision Making Tool (DMT) developed for family planning providers. The DMT was developed by the WHO's Department of Reproductive Health and Research and JHU/CCP's staff to promote client's informed choice and participation in family planning service delivery; enable providers to apply evidence-based best practices during client-provider interaction; and provide the technical information necessary for optimal delivery of contraceptive methods. FHI oversaw implementation of the client-based component of the study that examined the impact of the DMT on method continuation, client knowledge, client satisfaction, and counseling experiences.

The study was a quasi-experimental design in which clients were recruited from study sites selected by JHU/CCP and designated as experimental or control sites. Experimental health facilities included providers who were trained on the use of the DMT and instructed to use it during the study period with all new users of the pill, injectable, and Standard Days Method (SDM). Control clinic providers received no training, but the staff was aware of the study and furnished a designated provider to work with data collectors.

Profamilia promotoras, trained by staff at the Center for Programs in Communication (CPC/Nicaragua), interviewed pill, injectable, and SDM users who were new to the method, switching to those methods from another, or had taken a hiatus of six months or more from those methods. These clients were interviewed at the clinic and then five to eight months later at home. The clinic interview solicited information on counseling experiences and knowledge of the method. The home interview obtained repeat information on knowledge of the method, in addition to satisfaction with the method and whether the client continued to use family planning.

Key findings

Analyses of overall and method-specific continuation rates revealed no differences between experimental and control clinic clients. Analyses of counseling experiences, however, yielded significant differences between these treatment groups on whether the provider explained well how to use the method and if s/he discussed whether the method was good for the client. Significant differences between experimental and control groups were also found in favor of the experimental groups on the discussion of advantages and disadvantages of the methods. Sub-analyses of these counseling experiences yielded robust findings when client exposure to the flipchart was included. As such, continuation rates were re-analyzed with the flipchart exposure variable, but both overall and method-specific continuation rates remained non-significant. Analyses of knowledge and client satisfaction, also including exposure to flipcharts, yielded little to no significant results, but knowledge of method in general was very low while satisfaction with contraceptive method was fairly high.

There was no impact of the DMT on continuation rates, whether we analyzed the data comparing experimental versus control groups, or exposure versus non-exposure to the flipchart. We did, however, detect an immediate quality impact on counseling. Nevertheless, even with better quality counseling, there was no impact on clients' knowledge of method use. An exploration into the proportion of experimental clinic clients who were exposed to the DMT flipchart revealed that in many cases, clients who should have been counseled with the flipchart were not. We also discovered that 15% of control clients were also exposed to flipcharts.

II. Introduction and Background

The World Health Organization (WHO) has supported the development of a Normative Model of Client-Provider Communication to provide a theoretical foundation for improving family planning counseling. Drawing upon this model, the Promoting Family Planning team of WHO's Department of Reproductive Health and Research (RHR) and the Johns Hopkins University Center for Communication Programs (JHU/CCP) created the Decision Making Tool (DMT) flipchart.¹ The flipchart seeks to improve the quality of counseling by 1) promoting client's informed choice and participation in family planning service delivery, 2) enabling providers to apply evidence-based best practices in the client-provider interaction, and 3) providing the technical information necessary for optimal delivery of contraceptive methods. The flipchart has been thoroughly reviewed by multiple groups of international experts including specialists on client-provider interaction and family planning technical experts with field experience in international service provision. Short-term field testing has been undertaken in Indonesia and Mexico to examine the flipchart's usefulness and acceptability among providers in different cultural and service delivery settings.

This report, based on a collaborative effort between JHU/CCP and Family Health International (FHI), describes a field test of the flipchart in Nicaragua where the usefulness and effectiveness of the tool was assessed. The evaluation in Nicaragua was conducted over a longer period of time than the short-term field tests in order to assess impact on the providers' performance and clients' contraceptive behavior over time. Accordingly, the study had two components: a quality of counseling component--implemented and monitored by JHU/CCP—that assessed provider communication, client participation, the decision making process, and technical information giving. FHI oversaw a family planning method continuation study that was an add-on to JHU/CCP's study. The collaborative effort focused on the following questions:

1. Did training and the use of the DMT have an impact on the quality of counseling?
2. Were clients more satisfied with counseling conducted via the DMT?
3. Did the DMT affect overall and method-specific continuation rates and other client-related experiences?

As the lead on the method continuation study, FHI carried out research addressing the third question: the impact of the DMT on method continuation and related client experiences. This component was linked to the study on quality in that the family planning clients who were recruited and followed-up by FHI were intercepted at clinics that participated in JHU/CCP's study on quality of counseling. Both studies interviewed family planning clients in intercept interviews, but they were two distinct and separate samples of women and different issues were addressed. A description of the complete study plan, approved by the institutional review board at the Johns Hopkins University, may be obtained from Dr. Young-Mi Kim at JHU/CCP.²

¹ Peterson HB et al., Norms and guidelines for use of methods of fertility regulation, in: World Health Organization, Department of Reproductive Health and Research, Annual Technical Report 2003, Geneva: World Health Organization, 2004, pp 71-76.

² Dr. Young-Mi Kim, Senior Research and Evaluation Officer, Center for Communication Programs, School of Hygiene and Public Health, The Johns Hopkins University, 111 Market Place, Suite 310, Baltimore, MD. 21202-4012, Tel: (410) 659-6300.

III. Study Objectives

There were two objectives of this study:

- To determine whether or not new family planning clients counseled by providers trained in the use of the DMT flipchart--versus clients who were not--were more likely to continue using a family planning method up to eight months after method initiation;
- To determine if the quality of counseling was better among women who received services from a trained provider.

IV. Methodology

Overview of study procedure

In order to assess method continuation rates and quality of counseling, data were collected from family planning clients at two time periods. Quality of counseling was operationalized by assessing women's knowledge of their family planning method right after their initial visit to the clinic and later at a home interview and by obtaining their experiences with counseling at the clinic. Study participants who selected the pill, injectable, or the Standard Days Method were intercepted and interviewed at experimental and control clinics at Time 1 and then at home five to eight months later at Time 2.

Study design, study sites, and target population

The study had a quasi-experimental design in which Ministry of Health facilities in Carazo, Chinandega, and Matagalpa were assigned to an unequal number of experimental and control groups due to the difficulty of recruiting matched control sites after experimental clinics were initially selected for JHU/CCP's quality of counseling study. Characteristics of the control clinics (e.g., urbanicity and client volume) were matched with one or more of the experimental sites in each health department. Consequently, there was a smaller number of control than experimental sites overall.

The Ministry of Health (MINSa) and Johns Hopkins CCP staff selected at least one but not all family planning providers in experimental clinics to be trained on how to use the DMT flipchart. Johns Hopkins strongly encouraged these trained providers to use the flipchart with each and every new family planning client for three to five months after training to ensure that the planned intervention of client exposure to the flipchart was carried out. FHI, in turn, recruited any client who met the criteria in control clinics and only the clients of trained providers in experimental clinics until quota was reached at each study site. This strategy was expected to ensure that clients of untrained family planning providers in experimental clinics would not be inadvertently included in the study. A designee in control clinics was also necessary, since the clinic's cooperation with the data collectors was required and facilitated by having a specific point person at these sites where the DMT flipchart was not used.

New users, defined as someone: 1) new to family planning (novice); 2) switching from one method to another (switcher); or 3) who had taken a hiatus from family planning for six months or more (re-initiator) were recruited. These new users were screened to ensure that they left the clinic with the pill, injectable, or the SDM; were at least 18 years of age; were counseled by one of the designated providers if from an experimental clinic; were permanent or potential long-term members of their community; and lived within one-half hour's travel time from either the clinic or the home of the data collector. Recruiting individuals who planned to stay in the community for some time and who lived near the clinic or the data collector was expected to expedite and facilitate administration of the home interview several months later.

Study Procedure

Training

Profamilia promoters of family planning (henceforth called “promotoras”) were selected to conduct intercept interviews at MINSA clinics and home-based interviews (instead of MINSA promotoras), because they tend to have a higher level of education and command the respect and confidence of women in their communities. Moreover, pilot testing in August 2004 proved them adept at administering the data collection instruments developed for this study. However, promotoras from MINSA did play a role in data collection by encouraging women with an unmet need for family planning to visit their local health facilities--potentially boosting the numbers of new users when Profamilia promotoras were recruiting for the study. Profamilia promotoras were trained by staff of the implementing agency, Centro para Programas de Comunicación/Nicaragua (CPC/Nicaragua—Center for Communication Programs) headquartered in Managua. Promotoras were trained to recruit clients, obtain informed consent, and administer the brief intercept survey at the study sites. At each study site, one promotora who was a member of the community in which the health facility was located was assigned to that site and expected to recruit the required number of new users—usually 20 to 25 women.

Profamilia promotoras were then trained to administer the home interview several months after conducting the intercept interview at the study clinics. Because the promotoras were themselves members of the community, a large proportion of clients were expected to be successfully located and interviewed.

The CPC/Nicaragua trainers also coordinated the activities of three Profamilia supervisors who were charged with managing a total of 71 promotoras from the three health departments.³ These Profamilia supervisors met with their promotoras on a weekly basis during data collection periods, provided ongoing support, and collected the questionnaires from them every week. These supervisors in turn communicated regularly with the staff of CPC/Nicaragua, sending the data collection forms to Managua for revision and data entry every week during both data collection phases.

Data collection

One month after the flipchart had been adopted for use in experimental clinics, new users were recruited and interviewed at both experimental and control clinics. This data collection took place between September and December 2004. All study participants—control and experimental groups alike--were asked if the provider used any flipcharts with them during counseling. The question was posed in that manner, because during the course of instrument development, JHU/CCP determined that a UNFPA flipchart for counseling in family planning was already being used in the study areas. Accordingly, we designed our questionnaire to capture exposure to either the DMT or UNFPA flipcharts. To help clients recall and discriminate between the flipcharts, promotoras were instructed to show them illustrations of both types of flipcharts during the interview. We were able to determine which providers (according to family planning clients) actually used the DMT or UNFPA flipchart during counseling.

Outside the clinics, Profamilia promotoras solicited an immediate assessment of new users’ counseling experiences and asked them knowledge questions on their chosen family planning method. The knowledge questions were based on essential information that the new user should have received about their method. Some knowledge questions were more basic than others, as the

³ Carazo does not have a Profamilia office, but there are a number of trained Profamilia promotoras based there whose numbers were augmented by promotoras from other NGOs in that health department.

items included in the questionnaire were selected for their ability to obtain variance in the response of clients. Very basic items such as how often one should take the pill were not included in the instrument, as little deviation from the correct answer was expected from such an item (See Appendix A).

Since the main variable of interest was continuation rates, women who left the clinic with oral contraceptive pills, injectables, or the Standard Days Method (SDM) provided contact information and the best place and time to contact them in order to be re-interviewed at a later date. Follow-up of these clients was done on a staggered basis, with participants interviewed at home or at an alternate location between five and eight months after their initial clinic interview (February to May 2005). During the home interview, information was collected on: 1) method continuation up to that point, 2) a repeat of the items on basic knowledge of use of the method, and 3) client satisfaction. Clients were asked about satisfaction with the method in a couple of ways. The questionnaire items included a direct and an indirect assessment of satisfaction, which were expected to go beyond a simple affirmative or negative response to whether or not she was satisfied with the method. Clients were asked how they would rate their method on a scale from 1 to 10, with 1 being not at all satisfied and 10 being very satisfied. Because we were concerned that some women might not understand the numeric concept, we superimposed a ladder on the numbers with a smiling face at 10 and a frowning face at 1. We also asked clients whether or not they would recommend their method to a friend or family member (see Appendix B).

Analyses

FHI staff worked with CPC/Nicaragua staff to clean and verify the datasets before analyses. The Biostatistics Division at FHI also independently verified variable creation and the datasets, in addition to corroborating the results of initial analyses conducted by the primary FHI analyst.

Clients within experimental and control clinics were the units of analysis, where the focus was primarily on comparing the continuation rates of new users whose family planning provider received DMT flipchart training with those whose providers did not. A chi square test for association was used to assess the likelihood of continuation of a method. Two types of continuation were determined: overall and method-specific continuation. This was done to distinguish between family planning clients who started with one method but may or may not have been using the same contraceptive device when interviewed months later at home. In addition to our intent-to-treat analyses (experimental vs. control comparisons), we conducted sub-analyses that included client exposure to flipcharts for pill and injectable clients only. The number of SDM clients was so small that it was not possible to include them in sub-analyses of flipchart exposure.

For outcomes other than continuation rates, overall tests of association of levels with client groups were done with significance levels set at 0.05. Thus, knowledge of method, client satisfaction with method, and counseling experiences were compared among oral contraceptive and injectable users and were distinguished by exposure or non-exposure to the DMT (or UNFPA) flipchart. Because knowledge was assessed at both Time 1 and Time 2, we also looked at change in knowledge from the intercept to the home interview for clients who used the same method throughout the study.

V. Results

A total of 1,633 new users were recruited at control and experimental clinics in the three health departments or SILAIS, and 1,472, or 90% of the original sample were contacted for follow-up. Table 1 presents the distribution of clients by SILAIS (health department), clinic group (experimental or control), number of clinics, and interview type.

Table 1: Distribution of Clients by Study Sites and Data Collection Instruments

Health Department	Clinic Group (experimental vs. control)	Number of Clinics	Number of Clients Interviewed with Data Collection Instrument	
			Intercept Interview	Home Interview
<i>Chinandega</i>	Control	12	285	267
	Experimental	19	434	402
<i>Carazo</i>	Control	6	141	120
	Experimental	12	277	246
<i>Matagalpa</i>	Control	6	170	165
	Experimental	10	326	272
Total	Control	24	596	552
	Experimental	41	1,037	920

Baseline information on control and experimental group clients are presented in Table 2. For the most part, both groups of women shared similar profiles, though there were more single women among control group participants than among experimental participants. Also of note, about 42% of control and experimental users received Depo Provera, while about 24% received one-month injectables and between 28% and 31% obtained oral contraceptive pills. Thus, the three-month injectable was the most popular form of contraception among these methods, and more than twice as popular as pills.

Table 2: Baseline Information about New Users in Experimental and Control Groups

	Control (n=596)	Experimental (n=1,037)
Age (mean years)	25.6	24.8
Marital status (%)		
Single	14.4	9.8
Married	84.2	88.7
Separated/Divorced	.7	.9
Unknown	.7	.6
Number of children (mean)	2.3	2.0
Educational attainment (%)		
None	4.7	5.8
Primary school	55	45.8
Secondary school	23.8	30.7
University	3.4	3.8
Unknown	13.1	14
Status at study initiation (%)		
New user	24.3	27.4
Switcher	57.1	51.1
Re-initiator	18.5	21.3
No response	.17	.19
Method adopted at 1st visit (%)		
Neogynon (pill)	5.2	2.8
Lo-Femenal (pill)	26.3	25.7
Depo-Provera (3 month injectable)	42.1	43.8
Norigynon (1 month injectable)	23.3	24.3
Mesigyna (1 month injectable)	0	.1
Standard Days Method	3.0	3.4

NB: Totals do not sum to 100 because of rounding

Continuation Rates of Family Planning Methods

Results for overall method continuation are presented in Table 3 by clinic type (experimental vs. control) and method type. The contraceptive methods shown are those that clients left the clinic with after their initial visit. They may not have been using the same method when interviewed at home between five and eight months later, however.

Table 3: Overall Continuation Rates by Method and Clinic Type

	Experimental Clinic	Control Clinic	p value
Method Initiated at Clinic	% continuation	% continuation	
<i>Pill</i>	79	82	.52
<i>Injectable</i>	82	88	.05
<i>Standard Days Method</i>	63	67	.82

The results indicate that there are no differences between the experimental and control group continuation rates for pill and SDM users. For injectable users, the difference between the experimental and control groups is marginally significant at .051, but the finding is not in the expected direction.

We also examined the method-specific continuation rate of clients who used one type of contraceptive method throughout the study to determine whether there were significant differences between the experimental and control groups.

Table 4: Method-Specific Continuation Rates by Method and Clinic Type

	Experimental Clinic	Control Clinic	p value
Method used throughout study	<i>% continuation</i>	<i>% continuation</i>	
<i>Pill</i>	57	62	.49
<i>Injectable</i>	73	79	.14
<i>Standard Days Method</i>	37	44	.64

As illustrated in Table 4, method-specific continuation rates were generally lower than overall rates, but like the latter, method-specific continuation rates demonstrated no significant differences between control and experimental groups. Since both one-month and three-month injectables were combined for this analyses, we examined the continuation rates of clients who initiated family planning with the one-month injectable, Norigynon or the three-month formulation, Depo Provera (there were only a few users of Mesigyna) to see if there were any differences among those who continued with any family planning method, another injectable, or the same injectable brand. Table 4 shows that continuation rates are fairly high among these injectable users who continued with any family planning or any injectable method. However, continuation rates for users of the same injectable they started with are lower overall with a dramatic decrease for users of the one-month injectable, Norigynon. Obviously, it would be easier to stop using a one-month injectable than the three-month in a six-month follow-up study, which probably accounted for a higher discontinuation rate for Norigynon than Depo Provera users.

Table 5: Continuation Rates of Injectable Users by Clinic Type

	Percent Continued with any FP Method		Percent Continued with an Injectable Method		Percent Continued with the Same Injectable Method	
	Experimental	Control	Experimental	Control	Experimental	Control
Started study with:						
<i>Depo Provera</i>	84	88	77	80	69	70
<i>Norigynon</i>	79	90	65	77	39	35

Why were continuation rates for experimental clinic clients not significantly higher than control clinic clients?

We had anticipated that use of the DMT flipchart would confer benefits beyond the immediate interaction between provider and client as measured by JHU/CCP in their study of quality. In an effort to investigate the reason(s) for our lack of significant findings, we decided to examine our data on counseling experiences as reported by our sample of family planning clients. For clarity, the data on counseling experiences were taken from the intercept interview. As a new user, it was more likely that a provider would use the flipchart during counseling, and the information would be freshest in the client's mind right after leaving the clinic.⁴ First, we examined who picked the method that the client left with that day. We also looked at several questions that revealed the type of method use information given to clients and that could have had a bearing on continuation rates. The results are described below.

⁴ In home interviews, it was not clear to which clinic visit the client referred and there could be no guarantee or certainty on if and how the flipchart was used on a particular occasion.

Counseling Experiences at Method Initiation

Who picked the counseling method?

When asked who picked the method that they left with that day, most clients said that they did. A fair number also said that they and the provider picked the method together, while a small proportion said that the counselor picked the method alone. This was the case for both experimental and control clinics. In other words, there were no significant differences ($p=.09$) between experimental and control groups on this issue.

Did the provider explain well how to use the method and discuss if the method was good for you?

When asked if the provider explained how to use the method well, we found a significant difference between experimental and control groups for injectable and pill users. We also obtained a significant difference between the clinic types for injectable and pill users when clients were asked if the provider discussed whether the chosen method was a good one for them. In these cases, clients in experimental groups were more likely than those in control groups to report that they had received this information from the provider. No differences were found for SDM users, as all clients who selected that method reported that providers gave them this information.

Table 6: Percent of Clients Who Reported that Provider Explained Well How to Use Method and Discussed if Method was Good for Her by Clinic and Method Type

Counseling-related Question	Experimental Clinic	Control Clinic	p Value
	%	%	
<i>Did provider explain use of method well?</i>			p<.001
Pill	95	94	
Injectable	95	87	
Standard Days Method	100	100	
<i>Did provider discuss if method was good for client?</i>			p=.05
Pill	92	85	
Injectable	92	86	
SDM	100	100	

Did provider talk about side effects and advantages and disadvantages?

Results for pill and injectable users on whether providers talked about side effects revealed no significant differences between experimental and control groups. By contrast, there were significant differences between the experimental and control groups with regard to whether or not providers discussed advantages and disadvantages (marginal) of the method with clients. Again, experimental group clients were more likely than control group clients to report that they received information on advantages and disadvantages of their method.

Table 7: Percent of Providers Who Discussed Side Effects and Advantages/Disadvantages of Method Use by Clinic and Method Type

Counseling-related question	Experimental Clinic	Control Clinic	p Value
	%	%	
<i>Did provider speak about side effects of the method?</i>			p=.42
Pill	86	86	
Injectable	89	82	
SDM	---	---	
<i>Did provider speak about advantages of the method?</i>			p=.05
Pill	94	83	
Injectable	93	86	
SDM	100	100	
<i>Did provider speak about disadvantages of the method?</i>			p=.06
Pill	91	79	
Injectable	91	83	
SDM	97	94	

Were our findings affected by inconsistent flipchart use during family planning consultations?

As described earlier, our findings for continuation rates and counseling questions were mixed. We surmised that the effects on analyses may have been diluted by some providers not using the flipchart during all consultations with family planning clients. Accordingly, we decided to conduct subanalyses of the counseling questions, eliminating SDM users due to their small numbers and employing the variable, exposure to flipchart. First, we assessed exposure in both experimental and control groups to determine the incidence of UNFPA and DMT flipchart use. Table 8 illustrates the level of exposure to flipcharts during initial and subsequent clinic visits. That is, it shows whether clients reported never being counseled, sometimes being counseled, or always being counseled with a flipchart. It does not distinguish between the UNFPA and DMT flipcharts, since we cannot be sure that the flipcharts were correctly identified by family planning clients. For simplification, we combined partial and total exposure to any flipchart to create a “flipchart exposure” variable, while eliminating the “unknowns” from further analysis. The table shows that an acceptable proportion of experimental group participants (75%) were indeed exposed to them. We also discovered that 15% of control group clients reported having been exposed to flipcharts as well.

Table 8: Percentage of Experimental and Control Clients Who Were Exposed to Flipcharts at Clinic Visits

	Control Group Clients (N=596)	Experimental Group Clients (N=1,037)
Level of Exposure to Flipcharts (%)		
<i>No exposure</i>	78	13
<i>Partial exposure</i>	3	39
<i>Total exposure</i>	12	36
<i>Unknown</i>	8	11

NB: Totals do not sum to 100 because of rounding

Did the provider explain well how to use the method and discuss if the method was good for you?
As Table 9 shows, re-examining these counseling-related questions by flipchart exposure yields significant differences between women who reported being exposed and those who did not. Within both experimental and control groups, clients who were exposed to a flipchart were more likely to report that their providers explained the use of methods well and discussed whether the method was a good one for them.

Table 9: Percent of Clients Who Reported that Provider Explained Well How to Use Method and Discussed if Method was Good for Her by Clinic, Method, and Exposure Type

Counseling-related Question	Experimental Clinic			Control Clinic		
	<i>Flipchart exposure</i>	<i>No flipchart exposure</i>	p value	<i>Flipchart exposure</i>	<i>No flipchart exposure</i>	p value
<i>Did provider explain use of method well?</i>			p<.01			p<.01
Pill	98	85		99	92	
Injectable	97	87		96	81	
<i>Did provider discuss if method was good for client?</i>			p<.01			p<.01
Pill	97	76		91	81	
Injectable	97	75		96	79	

Did provider talk about side effects and advantages and disadvantages of the method?
When we re-examined whether providers talked about side effects and advantages and disadvantages of the method, we found that clients exposed to flipcharts in experimental and control groups were significantly more likely to report that providers gave this information to them (see Table 10).

Table 10: Percent of Clients Who Reported that Provider Discussed Side Effects, Advantages and Disadvantages of Methods by Clinic, Method, and Exposure Type

Counseling-related Question	Experimental Clinic			Control Clinic		
	Flipchart exposure	No flipchart exposure	p value	Flipchart exposure	No flipchart exposure	p value
<i>Did provider discuss side effects of method?</i>			p<0.01			p<0.01
Pill	92	64		97	79	
Injectable	94	67		96	72	
<i>Did provider discuss advantages of method?</i>			p<0.01			p<0.01
Pill	98	79		91	78	
Injectable	98	74		96	78	
<i>Did provider discuss disadvantages of methods?</i>			p<0.01			p<0.01
Pill	96	76		94	71	
Injectable	96	69		95	73	

How did clients feel about the flipchart?

In addition to asking clients about the type of information they received from the provider, we solicited their opinion on the flipchart itself. We asked them if the flipchart helped them to understand counseling and if it helped them decide on a method. Naturally, only women who reported that they were exposed to a flipchart could respond to these questions, and their responses were quite positive whether they were in the control group (i.e., women inadvertently exposed to flipcharts) or the experimental group. In the experimental group, 96-98% of women said that the flipchart helped them to understand counseling, while 88-98% said so in the control group. These differences were not significant (p=.89). Between 84% and 93% of women in the experimental group reported that the flipchart helped them to decide on a method, while 88-93% in the control group did so. Again these findings were not significant (p=.34).

Does flipchart exposure within experimental and control groups affect continuation rates?

Since including the flipchart exposure variable in the analysis revealed that there were significant differences in counseling experiences, we also re-examined continuation rates in light of flipchart exposure. Table 11 presents overall continuation rates for experimental and control group participants by method and exposure type.

Table 11: Overall Continuation Rates by Method and Exposure Type

Method initially selected	Experimental Group			Control Group		
	Flipchart exposure	No flipchart exposure	p value	Flipchart exposure	No flipchart exposure	p value
<i>Pills</i>	77	85	.14	73	87	.04
<i>Injectables</i>	81	84	.41	89	88	.84

Even after including the flipchart exposure variable in the analysis, the table shows that there is no impact of the flipchart on continuation rates. There was only one significant difference within the

control group at $p=.04$ between pill users exposed and not exposed to flipcharts. That result describes the trend of the other comparison groups, as it appeared that clients who were not exposed to any flipchart had higher continuation rates than those who claimed to have been exposed to flipcharts. Thus, all of the estimates went in an unexpected direction.

The findings were similar when method-specific continuation rates were examined. In Table 12, the continuation rates are lower than reported for overall continuation, but again, there seemed to be no advantage to being in the experimental group. Moreover, exposure to a flipchart for these clients who used a single method throughout the study period did not increase continuation rates relative to those who were not exposed to a flipchart.

Table 12: Method-specific Continuation Rates by Method and Exposure Type

Method used throughout study	Experimental Group			Control Group		
	Flipchart exposure	No flipchart exposure	p value	Flipchart exposure	No flipchart exposure	p value
<i>Pills</i>	56	60	.59	57	64	.52
<i>Injectables</i>	73	72	.94	81	77	.42

Client Knowledge of Methods

Even though continuation rates were not affected by exposure to the flipchart, we wanted to determine whether or not we would still get positive outcomes on knowledge for women who were exposed to the flipchart. We assessed use-related knowledge of pill and injectable clients at the clinic intercept and months later at the home interview. Pill and injectable users were asked to identify side effects and danger signs associated with the use of their method. In fact, most discontinuers in this study reported that health problems or side effects prompted them to stop using their method. These findings are in line with earlier research on Depo Provera.^{5,6}

Pill users were also asked to name the correct course of action to take if they missed a pill, while injectable users were asked what to do if they were late for an injection. The results are described below.

Pill user knowledge

Pill users identified nausea, spotting/bleeding, headaches, weight change, and breast tenderness as common side effects of pill use. They also identified abdominal pain, headaches, loss of vision/blurriness, and yellow skin and eyes as danger signs of pill use. We determined how many women interviewed at the clinic knew at least 3 of 5 side effects and 3 of 4 danger signs (see Table 13).

⁵ Canto De Cetina, T.E., Canto, P., & Ordonez Luna, M. (2001). Effect of counseling to improve compliance in Mexican women receiving depot-medroxyprogesterone acetate. *Contraception*, 63 (3), 143-146.

⁶ Lei, Z.W., Wu, S.C., Garceau, R.J., Jiang, S., Yang, Q.Z., Wang, W.L., & Vander Meulen, T.C. (1996). Effect of pretreatment counseling on discontinuation rates in Chinese women given depo-medroxyprogesterone acetate for contraception. *Contraception*, 53 (6), 357-361.

Table 13: User Knowledge of Side Effects and Danger Signs of Pill Use at Clinic Intercept by Clinic Group and Exposure Type

	Experimental Group			Control Group		
	Flipchart exposure	No flipchart exposure	p value	Flipchart exposure	No flipchart exposure	p value
Knowledge of pill-associated ailments (%)						
Knew 3 of 5 side effects	22	9	p<.01	13	8	p=.37
Knew 3 of 4 danger signs	9	3	p=.13	4	2	p=.23

As the table illustrates, not many women were familiar with most of the side effects and danger signs associated with pill use. The only significant finding was the difference between the flipchart exposed and non-exposed within the experimental group, where women who were exposed to the flipchart were more likely than those not exposed to the flipchart to know 3 of the 5 identified side effects.

At the home interview, these same questions were asked of the pill users. Clients' knowledge was still low, but in some cases higher than at the intercept interview (data not shown). When we examined change between knowledge at intercept and at the home interview, we found no significant differences between these time periods.

The last pill knowledge item was what to do about missed pills. Three options were identified as correct responses to the question, "What should you do if you forget to take a pill": Take a pill as soon as you remember; Take two the next day; Continue to take pills as usual, one each day. Most pill clients mentioned one or the other response (between 90% and 99%), so the proportion of correct answers was high for both clinic and home interviews. There were no significant differences between experimental or control groups, or within those, between women exposed or not exposed to flipcharts.

Injectable user knowledge

Injectable users identified change in menstrual cycle, headaches, change in weight, breast tenderness and changes in mood as side effects of injectables, and we determined the proportion who knew at least 3 out of 5 of these. Heavy bleeding, headaches, yellow skin and eyes, grave illness, chest and body pain were identified as danger signs at the clinic intercept. The home interview instrument was a little different in that the identified danger signs were heavy bleeding, headaches, severe abdominal pain, injection site pain and bleeding, and depression. In both cases, however, we determined whether injectable users knew at least 3 of the 5 danger signs. Table 14 presents the results for the clinic interviews.

Table 14: User Knowledge of Side Effects and Danger Signs of Injectable Use at Clinic Intercept by Clinic Group and Exposure Type

	Experimental Group			Control Group		
	Flipchart exposure	No flipchart exposure	p value	Flipchart exposure	No flipchart exposure	p value
Knowledge of injectable-associated ailments (%)						
Knew 3 of 5 side effects	14	7	p=.05	16	9	p=.20
Knew 3 of 5 danger signs	13	8	p=.38	7	5	p=.64

For injectable users, knowledge of side effects and danger signs associated with the method was also low. The only significant finding was in the experimental group, where those who were exposed to the flipchart were more likely than those not exposed to be able to identify at least 3 side effects of injectable use (p=.05).

At the home interview, knowledge remained expectedly low, but again with slight increases from clinic intercept to home interview (data not shown). The slight increases in knowledge from the clinic to the home interview did not represent significant changes.

The final injectable knowledge question asked women what to do if they were late for an injection. Two courses of action were identified: use condoms or be abstinent. When we examined clients' responses at the clinic interview, we discovered that more than half were able to identify at least one of these actions. We found significant differences between the flipchart exposed and non-exposed in both experimental and control groups. That is, women exposed to the flipchart were more likely to be able to identify--at the time of the clinic interview--at least one of the courses of action to take when late for an injection. No such differences were found when we examined the home interview responses.

Clinic Variation in the Use of the DMT Flipchart

We decided to look beyond merely determining which clients claimed to be exposed to a flipchart to looking at experimental clinics that should have used the DMT flipchart and how many of their clients actually said they were exposed to it. Table 15 illustrates that there was a mixed bag in the use of the DMT flipchart in clinics, with large and small experimental clinics varying in the proportion of clients exposed to the flipchart. In some cases, less than half of the clients who should have been exposed to the flipchart reported being counseled with it. However, some experimental clinics did use the flipchart more than 50% of the time with new family planning users.

Table 15: Distribution of Experimental Clinics that Used DMT Flipchart, as Reported by Clinic Clients

Clinic Clients' Level of Exposure to the DMT flipchart			
0-24%	25-49%	50-74%	75-100%
Ruben Dario (n=2)	Muy Muy (n=59)	San Dionisio (n=51)	Policlínica Trinidad Guevara (n=35)
El Rodeo Esquipulas (n=3)	Marvin Corrales (n=49)	Raquel Margarita Solano (n=20)	San Isidro (n=55)
Sebaco (n=8)	San Marcos (n=24)	Potosí (n=20)	El Rosario (n=25)
Terrabona (n=35)	La Cruz (n=63)	Roberto Cortez (n=20)	La Pita (n=18)
Morazán (n=17)	Raymundo García (n=19)		La Vainilla (n=14)
	Oscar Romero (n=20)		Jinotepe (n=23)
	Pierre Cross-Geans (n=58)		Casares (n=18)
			Diriamba (n=25)
			Villa Madre Proletaria (n=20)
			La Conquista (n=24)
			La Paz (n=23)
			José Rubí (n=19)
			Lucrecia Lindo (n=24)
			Esquipulas (n=27)
			Las Pilas (n=15)
			Carolina Osejo (n=27)
			Jiquillo (n=12)
			Tonalá (n=33)
			El Realejo (n=5)
			Julio Durán (n=32)
			Erick Ramírez (n=31)
			Puesto de Salud Tololar (n=30)
			Carlos Fonseca (n=31)
			Centro de Salud José Schendell (n=17)

VI. Discussion

This study showed that the clients of providers who were trained in the use of the DMT flipchart did not have higher overall method or method-specific continuation rates. However, the clients of the trained providers did report, using several measures, that they had a better counseling experience. Our findings are therefore in line with other researchers who have found that it is possible to increase the quality of family planning services, but that such interventions are not associated with higher continuation rates. For example, research conducted in Egypt⁷ and Peru⁸ under the FRONTIERS project and in the Philippines and in Senegal⁹ shows that quality can be improved, but that there is no impact on continuation rates. In addition, in line with our findings, León in a sub-group analysis for Peru found that not all providers implemented the intervention to improve quality as intended, and that a high proportion did not use the counseling job aid designed for that project.¹⁰

What might account for the failure to find an improvement in continuation rates? Many factors influence continuation rates with side effects often cited as the main reason for discontinuation. For example, research in Egypt showed that menstrual disturbances were the most important reason for discontinuation of injectables.¹¹ While good counseling may make women more aware of what they might expect in the way of side effects and what to do if they are experienced, women may still decide that they do not want to tolerate them.

In this study, continuation rates were low. After no more than five to eight months after starting the pill, only about 60% of new users were continuing with this method. About 20% had, however, switched to another method. For women on the one-month injectable, continuation rates were slightly higher. Continuation rates of the three-month injectable were higher as women had less opportunity, given the short follow-up period, to discontinue.

Even though women in the experimental group and particularly those women exposed to the DMT flipchart reported a better counseling experience, that experience did not translate into more knowledge about the method that the woman was using--either when she received it or months after she started using it. Therefore, to the extent that side effects may have affected continuation rates, counseling does not appear to have helped women deal with these side effects, as those with knowledge about side effects were no more likely to continue than those without such knowledge.

It may be argued that women deserve good counseling to help them make a good decision about what method to use, how to use it, and what to do about side effects. However, at least insofar as to how this tool was used in clinics in Nicaragua, we may conclude that it did not affect continuation rates, nor did it affect the knowledge that women may need to deal with side effects that often lead to discontinuation.

⁷ Nawar, L., Kharboush, I., Ibrahim, M.A., & Adamchak, S. (2004). Impact of Improved Client-Provider Interaction on Women's Achievement of Fertility Goals in Egypt. Final Report. Population Council, New York.

⁸ Population Council, Frontiers in Reproductive Health, Program Brief No. 3 (2003). Enhancing Quality for Clients: The Balanced Counseling Strategy. Population Council, New York.

⁹ Population Council, Frontiers in Reproductive Health, OR Summary No. 30. (2002). Services Improve Quality of Care but Fail to Increase FP Continuation. Population Council, New York.

¹⁰ Population Council, Frontiers in Reproductive Health, OR Summary No. 38. (2004). Peru: Targeted Counseling Enhances Client Knowledge and Contraceptive Use. Population Council, New York.

¹¹ Tolley, Elizabeth; Loza, Sarah; Kafafi, Laila; Cummings, Stirling. "The Impact of Menstrual Bleeding on Contraceptive Discontinuation: Findings from a Longitudinal Study in Cairo, Egypt". International Family Planning Perspectives, March 2005; 31(1):15-23.

Appendix A: Client Intercept Interview

ID Code:

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Dept Clinic Provider Client

Intercept interviews with Family Planning Clients.

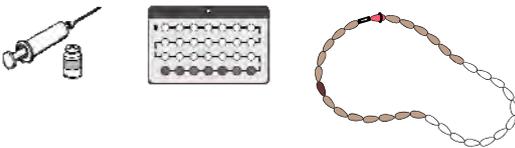
Dept: _____ Municipality: _____ Health Clinic: _____

Community (only Matagalpa) _____

Interviewer: _____ Date: _____ / _____ 2004
Day / Month

1. Clinic record # (record the number from the card or ask her provider):	
2. Age	
3. Marital Status	Single 1 Married or in union 2 Separated / Divorced / Widowed 3
4. Number of children	
5. Do you want to have more children?	Yes, soon 1 Yes, but later 2 I don't want more children 3
Interviewer: Review the type of client from the screening form. Confirm it with the client.	
I. The client is new to this clinic	<input type="checkbox"/> → 7
II. She has never used Family Planning	<input type="checkbox"/> → 7
III. She changed her method	<input type="checkbox"/> → 7
IV. There was a lapse of 6 months or more when she didn't use Family Planning	<input type="checkbox"/> → 6
6. Why did you stop using a Family Planning method during that time (only ask Type IV client).	

<p>7. Which method did you leave with today? (verify with her card)</p> 	<p>Neogynon.....1 Lo-Femenal.....2 Depo-Provera (3 months)3 Norigynon (1 months).....4 Standard days method (cycle beads).....5 Other (Specify).....98</p>	
<p>8. Is this the method that you wanted?</p>	<p>Yes 1 No..... 2</p>	<p>If the answer is ‘Yes’ go to question #11.</p>
<p>9. Which method did you want?</p>		<p>If the client says that she didn’t have a method in mind, go to Q11.</p>
<p>10. Why didn’t they give you the method you wanted?</p>		
<p>11. Is this a new Family Planning method for you?</p>	<p>Yes 1 No..... 2</p>	
<p>12. Do you think that your husband/partner is in agreement with your using this method?</p>	<p>Yes 1 No 2</p>	<p>→/Why not? _____ _____ _____ _____ _____</p>
<p>13. Are you having your period today?</p>	<p>Yes 1 No..... 2</p>	
<p>Now, I would like to ask you about your visit to the health clinic.</p>		
<p>14. Did you pick this method by yourself, did the health care provider pick it for you, or did you both pick it together?</p>	<p>Picked herself1 Provider picked2 Both picked3</p>	
<p>15. Did you and the health care provider talk about the advantages of this method?</p>	<p>Yes 1 No..... 2</p>	
<p>16. Did you and the health care provider talk about the disadvantages of this method?</p>	<p>Yes 1 No..... 2</p>	
<p>17. Did you and the health care provider talk about whether this method was good for you?</p>	<p>Yes 1 No..... 2</p>	
<p>18. During your conversation with the health care provider, did you talk about STIs or AIDs?</p>	<p>Yes 1 No..... 2</p>	

<p>19. Did the doctor/nurse explain well how to use the method that you left with or received today?</p> 	<p>Yes.....1 More or less.....2 No.....3</p>	
<p>20. Do you feel confident that you know how to use this method?</p>	<p>Yes 1 Unsure 2 No..... 3</p>	
<p>21. Did the doctor or nurse ask if you had a health problem that would prevent you from using a Family Planning method?</p>	<p>Yes 1 No..... 2</p>	
<p>(Don't ask bead users this question) 22. Did the doctor or nurse talk about side effects of the method you left with today?</p>	<p>Yes 1 No 2</p>	
<p>(Don't ask bead users this question) 23. Did the doctor or nurse tell you what to do if you experienced side effects?</p>	<p>Yes 1 No..... 2</p>	
<p>24. Did they talk about when you ought to return for your next appointment?</p>	<p>Yes 1 No..... 2</p>	
<p>25. In general, did you understand the doctor's or nurse's explanations?</p>	<p>Yes1 More or less.....2 No.....3</p>	
<p>26. Today, were you seen by a nurse, a doctor, or both?</p>	<p>Only a nurse 1 Only a doctor 2 Both 3</p>	
<p>27. Did the doctor or nurse show you any of these flip charts (Show the photo copies of the Flip charts and record the client's response)</p>	<p>None0 WHO Flipchart1 UNFPA Flipchart2 Both3</p>	<p>→ Go to the section on pills, injectables, or cycle beads</p>
<p>28. Did the flipchart help you to understand counseling in Family Planning?</p>	<p>Yes 1 No..... 2</p>	
<p>29. Did the Flipchart help you to decide on a method?</p>	<p>Yes 1 No..... 2</p>	

PILLS		
<p>30a. Which side effects of the pill do you know?</p> <p>(DO NOT READ THE ANSWERS)</p>	<ul style="list-style-type: none"> -Nausea (desire to vomit, acid stomach)1 -Spotting, bleeding between menstrual periods2 -Light headaches3 -Small increase or decrease in weight4 -Breast Tenderness5 -Other (specify)98 <hr/> <p>-Doesn't know/Didn't respond .. 99</p>	
<p>30b. Do you know which are the danger signs of pill use that requires an immediate visit to the health clinic?</p> <p>(DO NOT READ THE ANSWERS)</p>	<ul style="list-style-type: none"> -Constant, serious pain in the stomach1 -Intense headaches2 -Brief loss of vision, blurriness ...3 -Yellow skin or eyes4 -Contract grave illness.....5 -Other (Specify)98 <hr/>	
<p>30c. .What should you do if you forget to take a pill?</p> <p>DO NOT READ THE ANSWERS</p>	<ul style="list-style-type: none"> -Take a pill as soon as you remember1 -Take 2 the next day.....2 -Continue taking a pill as usual, one each day.....3 -Other (Specify)98 <hr/>	
INJECTABLES		
<p>31a. What are the side effects of injectables that you know?</p>	<ul style="list-style-type: none"> -Changes in menstrual cycle.....1 -Light head aches.....2 -Slight increase or decrease in weight3 -Breast tenderness4 -Changes in mood5 -Other (Specify)98 <hr/>	

31b. Do you know the danger signs of injectables that require an immediate visit to the health clinic?	-Heavy and prolonged bleeding ...1 -Intense headaches2 -Yellow skin and eyes3 -Contract grave illness4 -Constant, serious pain in chest or legs5 -Other (Specify)98 _____ -Don't know/no response99	
31c. What should you do if you return late for your injection appointment?	Use condoms.....1 Avoid sexual relations until you get the injection2 -Other (Specify)98 _____	
CYCLE BEADS / STANDARD DAYS METHOD		
32. Did the doctor or nurse talk to you about how your husband/partner can participate in the use of this method (cycle beads)?	Yes 1 No..... 2	
33. Did the doctor or nurse explain how to know if you have a short or long menstrual cycle?	Yes 1 No..... 2	If she says 'Yes' verify by asking Can you explain how?***
34. Did the doctor or nurse explain what to do if you have a short or long menstrual cycle?	Yes 1 No..... 2	If she says 'YES', verify by asking, what did s/he say you had to do?***

** The correct response is: "I have a short cycle if my period starts before the darkest brown bead and it is long if my period doesn't start after the last brown bead."

*** The correct response is: That I have to return to the clinic to see if I can continue the method.

The interview is finished. Thank you for your time and for letting me speak with you.

Appendix B: Client Home Interview

Questionnaire number: _____

Interviewer Name: _____

Date: _____

Good day, Ms. _____. In (*month of initial interview*)_____ you visited the health center to obtain a family planning method and you agreed to participate in a study on the use of family planning methods.

Thank you for agreeing to participate in our study and for allowing me to interview you in your home. I would like to ask you about your method of family planning, your experience and satisfaction with the method, and the services you have received in the health center.

I would like to speak with you about your method of family planning during the months since we last saw each other.

Interviewer: Ask the client to give you her family planning card so that you can fill in Table 1 on the next page.

Column 1. Date of Visit: In Month 1, write the month in which you interviewed the client last year. Then continue with subsequent visits according to the family planning card or the information you obtain (*from asking the client questions*) until the month of April or May, 2005.

Column 2. Reason/motive for the clinic visit: Ask the client what was the reason for her visit to the family planning provider at the clinic that day (Write in the space indicated).

Column 3. What method of family planning was the client using when she left the clinic that day? Write in the name of the method.

Column 4. Switched methods or stopped using family planning. **In this column you need to be careful and pay attention to whether or not on the family planning card you notice that the client has switched methods or stopped using family planning. Write it in the column indicated whether she has switched methods or stopped using family planning. If she didn't switch or didn't stop using family planning, leave Column 4 empty and do not ask the question in Column 5.**

Column 5. Why did she switch methods or stop using family planning? **If in Column 4 you wrote that the client switched methods or stopped using family planning, then ask the reason and write everything that the client tells you in the column indicated.**

Column 6. Was the WHO flipchart used? **This questions should only be asked of clients who (*visited clinics*) where they have the WHO flipchart. Show the flipchart to the client to help her remember whether they used it during her follow-up visits to the clinic. (Write "Yes" if it was used or "No")**

I. FOR THE CLIENT WHO WITHDREW FROM OR DID NOT RETURN TO THE CLINIC

A) FILL IN TABLES 1 AND 2.

B) AFTER FILLING IN THE TABLES, ASK THE FOLLOWING QUESTIONS IN THE SURVEY:
GENERAL INFORMATION (A, B, C)
QUESTIONS 1 THROUGH 19

THAT IS, DO NOT ASK QUESTIONS IN THE SECTION ON KNOWLEDGE OF METHODS (QUESTIONS 20 TO 44)

II. FOR CLIENTS WHO ARE NO LONGER USING FAMILY PLANNING, DO NOT ASK THE QUESTIONS IN THE SECTION ON KNOWLEDGE OF METHODS (QUESTIONS 20 TO 44)

III. IF THE LAST FAMILY PLANNING METHOD THAT THE CLIENT USED WAS A TEMPORARY METHOD (e.g., CONDOM), BUT THE METHOD SHE IS ACTUALLY USING IS THE PILL, THE INJECTABLE OR CYCLE BEADS, ASK THE (*RELEVANT*) QUESTIONS IN THE KNOWLEDGE SECTION ON METHODS (QUESTIONS 20 TO 44).

**CLIENT WHO WITHDREW OR NO LONGER GOES TO THE CLINIC
TABLE # 2**

Continuing to use FP?		Method	Where did you obtain method (if not at clinic)
No	Yes		

I would like to ask you some general questions about yourself:

A	Have you ever attended school?	Yes1	→ C	<input type="checkbox"/>
		No.....2		
B	What was the highest level of schooling that you attained?	Primary school.....1		<input type="checkbox"/>
		Secondary school.....2		
		University level.....3		
C	What is your marital status?	Married.....1		<input type="checkbox"/>
		Common law status2		
		Single/Never married.....3		
		Divorced/Separated..4		
		Widowed.....5		

Now I would like to ask you some general questions about your experience with your family planning method and the services you have received:

Section I: Selection and receipt of initial method

1	It has been some months since we saw each other at the clinic, Do you remember if you had thought about a method you wanted to use before you came to the clinic for family planning counseling?	Yes 1	} 4	<input type="checkbox"/>
		No..... 2		
		Don't remember.....99		
2	Which method had you thought about?		<input type="checkbox"/>
3	Did they give you that method?	Yes 1	→5	<input type="checkbox"/>
		No..... 2		
4	What method did you leave the clinic with that day?		<input type="checkbox"/>

Section II: Client Satisfaction with the Method: (Interviewer: verify the last method used in the previous table)

5a	According to our discussion, I see that you are currently using the family planning method _____ (write the method) <u>Are you satisfied with this method?</u> (For clients who continue visiting the clinic and use family planning method)	Yes.....1 No.....2		<input type="checkbox"/>
				→6a

5b	<p>According to our discussion, I see that you have not returned to the clinic. What was the last family planning method that you used at the clinic _____ (write the method)</p> <p><u>Were you satisfied with the last method you used (at the clinic)?</u> (For clients who withdrew from clinic but continue to use family planning method)</p>	<p>Yes 1 No..... 2</p>	<p><input type="checkbox"/></p> <p>→6a</p>
5c	<p>According to our discussion, I see that you no longer use a family planning method. What was the last method you used _____ (write the method)</p> <p><u>Were you satisfied with the last method you used?</u> (For clients who withdrew from clinic and no longer use family planning method)</p>	<p>Yes..... 1 No..... 2</p>	<p>→6a</p>
6a	<p>If I asked you to classify how you feel or felt about the method from a rating of 1 to 10, what number would you say (<i>describes how you feel/felt about the method</i>). (Interviewer: Use the ladder of smiles to explain how the scale works).</p>	<p>..... 1 2 3 4 5 6 7 8 9 10</p>	<p>} 7</p>
6b	<p>IF THE CLIENT SAYS '5'OR LESS, ASK "What is it that you do not or did not like about the method?"</p>	<p>..... </p>	<p><input type="checkbox"/></p>
7	<p>Would you recommend this method to a family member or friend?</p>	<p>Yes..... 1 No..... 2</p>	<p><input type="checkbox"/></p>
8	<p>This question should only be asked of clients who are currently using a family planning method: Do you want (<i>intend</i>) to continue using this method?</p>	<p>Yes 1 No..... 2 If not why not?</p>	<p><input type="checkbox"/></p>

Now, I would like to ask you some questions about your visits to the clinic.

9	<p>During your visits to the clinic to obtain your method of family planning that you are using now or that you last used, who picked the method for you?</p> <p>READ THE OPTIONS Did you pick the method on your own, was it the person who counseled you, or did you pick the method together?</p>	<p>Client picked alone 1 Counselor picked 2 Client and Counselor picked together 3</p>	<p><input type="checkbox"/></p>
10	<p>Did you ask questions during your counseling sessions with the family planning provider(s)?</p>	<p>Yes 1 No 2</p>	<p>→ 13 <input type="checkbox"/></p>
11	<p>Did you feel comfortable asking questions during the visits?</p>	<p>Yes 1 Somewhat 2 No 3</p>	<p><input type="checkbox"/></p>
12	<p>Did the doctor or nurse answer all your questions during the family planning counseling session?</p>	<p>Yes 1 Somewhat 2 No 3 DK/Don't remember 99</p>	<p><input type="checkbox"/></p>
13	<p>During your conversation with the doctor or nurse, did they talk about STIs or AIDS?</p>	<p>Yes 1 No 2 DK/Don't remember 99</p>	<p><input type="checkbox"/></p>
14	<p>Did they explain that the condom is the only method that protects against AIDS and other sexually-transmitted diseases?</p>	<p>Yes 1 No 2 DK/Don't remember 99</p>	<p><input type="checkbox"/></p>
15	<p>Did you obtain sufficient information during your family planning counseling session to be able to use correctly the method that you are currently using or the last method that you used?</p>	<p>Yes 1 Somewhat 2 No 3 Not applicable..... 97 DK/Don't remember 99</p>	<p><input type="checkbox"/></p>
<p>Don't ask questions 16, 17, 18, and 19 for Cycle Bead users</p>			
16	<p>When you returned for follow-up visits, did you speak with the doctor or nurse about side effects that you were having with the method that you are currently using or that you last used?</p>	<p>Yes 1 No 2 Not applicable..... 97 Did not return..... 99</p>	<p><input type="checkbox"/> } Go to the Next Section</p>
17	<p>What were these side effects?</p> <p>.....</p>		<p><input type="checkbox"/></p>
18	<p>Did the doctor or nurse help you to resolve these problems (<i>side effects</i>)?</p>	<p>Yes 1 Somewhat 2 No 3</p>	<p><input type="checkbox"/> → Go to the next section</p>

19	did the doctor or nurse recommend to help resolve the problems (<i>side effects</i>)?	<input type="checkbox"/>
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Now I would like to ask you some specific questions about the method that you are using.

Interviewer:

Go to Section III for pill clients

Go to Section IV for injectable clients

Go to Section V for Cycle Bead clients

A. IF THE CLIENT NO LONGER USES FAMILY PLANNING, TERMINATE THE INTERVIEW

B. IF THE LAST METHOD OF FAMILY PLANNING USED IS A TEMPORARY METHOD, BUT THE METHOD THAT SHE USES IS THE PILL, INJECTABLE, OR CYCLE BEADS, GO TO THE (*RELEVANT*) KNOWLEDGE SECTION.

Section III: PILL users: (Eugynon, Neogynon, Microgynon, Lo-Femenal, Mini Pill)

20	How often do you take the pill?	Once per day..... 1 Other response..... 2 DK/No response 99	<input type="checkbox"/>
21	Which side effects of the pill do you know of? DO NOT READ: Circle the points mentioned by the client	-Nausea (urge to vomit, acidic stomach)1 -Spotting and staining between menstrual periods2 -Light headaches.....3 -Slight increase or decrease in weight4 - Breast tenderness.....5 -Other (specify)98 -DK/No response.....99	<input type="checkbox"/>
22	What should you do if you forget to take a pill? DON'T READ; Circle the points mentioned by the client	Take a pill as soon as you remember.....1 Take two the following day 2 Continue taking pills as usual, one each day 3 Other (specify)..... 98 DK/No response 99	<input type="checkbox"/>

23	<p>Do you know the serious problems that can be caused by the pill for which you have to return immediately to the clinic to see the doctor or nurse?</p> <p>DON'T READ; Circle the points mentioned by the client</p>	<p>Abdominal pain 1 Chest pain 2 Yellow skin or eyes 3 Intense and persistent headaches.....4 Blurry vision or loss of vision5 Sharp pain or swelling in the legs . 6 Other (specify)..... 98</p> <hr/> <p>DK/No response 99</p>	<input type="checkbox"/>
24	<p>Do you believe that your husband/partner would agree with your use of this method?</p>	<p>Yes.....1 No 2</p>	

We've reached the end of the interview. Thank you very much for allowing me to chat with you today. Your participation in this study will help to improve services for family planning clients in Nicaragua.

Ask questions 25, 26, and 27 of all injectable users, regardless of the injectable (particular brand) that they may use.

Section IV: INJECTABLE clients: (Mesigyna, Norigynon, Depo Provera)

25	<p>How long does Mesigyna protect against pregnancy?</p>	<p>One month 1 Other response 2 DK/No response99</p>	<input type="checkbox"/>
26	<p>How long does Norigynon protect against pregnancy?</p>	<p>One month 1 Other response 2 DK/No response99</p>	<input type="checkbox"/>
27	<p>How long does Depo Provera protect against pregnancy?</p>	<p>Three months 1 Other response 2 DK/No response99</p>	<input type="checkbox"/>
28	<p>Which side effects of injectables do you know of? DO NOT READ: Circle the points mentioned by the client</p>	<p>-Change in menstrual cycle 1 -Light headaches..... 2 -Slight increase or decrease in weight3 -Breast tenderness.....4 -Mood changes5 -Other (specify)98</p> <hr/> <p>- DK/No response99</p>	

29	<p>Do you know the serious problems that can be caused by injectables for which you have to return immediately to the clinic to see the doctor or nurse?</p> <p>DON'T READ; Circle the points mentioned by the client</p>	<p>Severe pain in lower abdominals.....1 Intense and persistent headaches.....2 Heavy bleeding..... 3 Pus, prolonged pain or bleeding at the injection site..... 4 Depression 5 Other (specify).....98</p> <hr/> <p>DK/No response99</p>	
30	<p>What should you do if you return late for your next injection?</p> <p>DON'T READ; Circle the points mentioned by the client</p>	<p>Use condoms1 Avoid sexual relations until you get the injection2 Other (specify).....98</p> <hr/> <p>DK/No response99</p>	
31	<p>Have you always returned on time to receive your (<i>next</i>) injection?</p>	<p>Yes..... 1 No 2 Don't remember.....99</p>	<p>→ 35 → 35</p>
32	<p>How many times have you returned late to the clinic for your injection?</p>	<p>_____ times</p>	
33	<p>What did the doctor or nurse do when you returned late for your appointment (<i>injection</i>)?</p>	<p>..... </p>	
34	<p>How much time had passed since your appointment (<i>at the clinic</i>)</p>	<p>_____</p>	
35	<p>Do you believe that your husband/partner would agree with your use of this method?</p>	<p>Yes.....1 No.....2</p>	

We've reached the end of the interview. Thank you very much for allowing me to chat with you today. Your participation in this study will help to improve services for family planning clients in Nicaragua.

Section VI: CYCLE BEAD clients			
36	<p>What do you do on the day your period starts?</p> <p>DON'T READ: Ask, "Anything else?"</p>	<p>Note it on the calendar..... 1 Put the ring on the red bead..... 2 Put the ring on the red bead and note it on the calendar 3 Nothing 4 Other.....98 (specify _____) _____) DK/No Response.....99</p>	

37	<p>What do you do when you're on the white bead (<i>days</i>)?</p> <p>DON'T READ: Ask, "Anything else?"</p>	<p>Abstain (Don't have sexual relations).....1 Use condoms2 Abstain but have condoms on hand just in case3 Nothing4 Other98 (specify _____) _____) DK/ No Response99</p>	
38	<p>How do you know if you have a short or a long menstrual cycle?</p> <p>DON'T READ</p>	<p>It is short if bleeding starts before the darkest brown bead.....1 It is long if bleeding does not start after the last dark bead.....2 The client gives both answers3 Other98 (specify _____) _____) DK/no response99</p>	
39	<p>What should you do if you have a short or a long menstrual cycle?</p> <p>DON'T READ</p>	<p>Consult the clinic (<i>doctor</i>)1 Discontinue the method.....2 Wait until bleeding starts.....3 Don't do anything4 Other98 (specify _____) _____) DK/No Response99</p>	
40	<p>What do you do if bleeding comes before (<i>you reach</i>) the darkest bead?</p> <p>DON'T READ</p>	<p>Consult the clinic (<i>doctor</i>).....1 Go to the red bead2 Don't do anything.....3 Other98 (specify _____) _____) DK/No Response99</p>	
41	<p>What do you do if you have finished moving the ring to all the beads but your period has not started?</p> <p>DON'T READ</p>	<p>Consult the clinic (<i>doctor</i>).....1 Wait until bleeding starts.....2 Don't do anything.....3 Other98 (specify _____) _____) DK/No Response99</p>	

42	<p>What do you do if one day you forget whether you had already moved the ring (<i>to the next bead</i>)?</p> <p style="text-align: center;">DON'T READ</p>	<p>Review the calendar and count the days.....1 Move the ring to the next day.....2 Don't do anything.....3 Other (specify: consult doctor, abstain, etc.).....98 _____99 DK/No Response99</p>	<input type="checkbox"/>
43	<p>Did your spouse (<i>partner</i>) participate in the use of this method?</p>	<p>Yes.....1 Somewhat2 No3</p>	<p>→ STOP HERE</p>
44	<p>How did your spouse (<i>partner</i>) participate in the use of this method?</p> <p>DON'T READ: Circle the points mentioned by the client</p>	<p>He moves the ring.....1 He remembers to move ring2 He abstains3 He uses condoms4 He buys condoms5 He marks (<i>keeps track on</i>) the calendar6 He does nothing.....8 Other98 (specify _____) _____99 DK/No Response99</p>	<input type="checkbox"/>

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