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Client-Provider Interactions in Family Planning Services: Guidance from Research and Program Experience

INTRODUCTION

The 1994 International Conference on Population and Development called for significant improvements in family planning programs, emphasizing the importance of approaches that focus on meeting the needs of the individual. A growing body of research and program experience shows that approaches focused on improving quality of care are related to greater program effectiveness.[1] In particular, the quality of the client-provider interaction (CPI), along with other contextual factors of clients' lives, is associated with the adoption, correct use, and continuation of modern family planning methods and with the achievement of other health care objectives.

This paper is intended to provide guidance to family planning programs on how to improve the quality of CPI. It synthesizes the findings from research studies and program experiences, summarizing the lessons learned about the CPI process and content. To emphasize the importance of both the CPI process used and the content provided, this paper treats the two separately, even though in reality they are closely intertwined. Thus, the first part of the paper summarizes and provides evidence for the key principles underlying high-quality CPI. The second part identifies the information that is essential for informed choice. The last part of the paper outlines the implications of the findings for research, provider training, program management, and policy.

Because the majority of those who use family planning methods are women, the paper uses the term "client" to refer to women who receive services from clinics or community-based distributors. Much of the guidance in this paper applies also to special client groups—e.g., men, unmarried female and male adolescents, and pregnant, post-abortion, or postpartum women—and to special settings such as the workplace, refugee camps, or community groups. Although increasing numbers of programs offer information and services focused on these important groups and settings, discussion of their special needs lies beyond the scope of this document.

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Client-Provider Interactions in Family Planning Services: Guidance from Research and Program Experience

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KEY PRINCIPLES IN CLIENT-PROVIDER INTERACTIONS

Good client-provider interaction depends not only on the exchange of accurate information, but also on a process that creates an atmosphere of trust and allows sharing between the provider and client. The literature suggests that six principles underlie this type of process:

- Treating the client well;
- Providing the client's preferred method;
- Providing individualized care;
- Aiming for dynamic interaction;
- Avoiding information overload;
- Using and providing memory aids.

In the pages that follow, each of these principles is discussed in turn, providing the supporting evidence along with validated and practical suggestions for enhancing provider behavior.

Treating the Client Well

Research shows that clients are more likely to be satisfied with services if all staff members, not only the counselor, treat them with respect and friendliness. In turn, client satisfaction is associated with effective method use, method continuation, and positive "word-of-mouth" reports.[2] Conversely, poor CPI is associated with discontinuation and method failure. For example, research in Egypt found that client-centered (as opposed to physician-centered) consultations were associated with a three-fold higher level of both client satisfaction and method continuation, even though the client-centered sessions lasted only one minute longer on average.[3] Client-centered consultations elicited the needs and preferences of the client rather than simply telling the client what method to use.

This paper is a publication of the Maximizing Access and Quality (MAQ) Initiative—an initiative of the United States Agency for International Development (USAID), collaborating agencies, country partners, and other collaborators to apply state-of-the-art methods to maximize access to and the quality of family planning and other selected reproductive health services.

In an atmosphere of trust, the client and provider can explore the emotional sexuality- or gender-related aspects of method choice. To create such an atmosphere, providers should:

- Assure clients that all information will be kept confidential.
- Ensure visual and auditory privacy during counseling and family planning procedures.
- Encourage clients to ask follow-up questions about side effects or to clarify instructions.
- Listen and observe actively, seeking to understand clients' feelings as well as their medical and personal history.
- Use a friendly tone of voice, as well as body language that transmits warmth and interest (e.g., giving full attention, smiling and nodding when the client speaks).

Such encouragement is associated with positive outcomes. Both verbal and nonverbal communication skills are important in enhancing CPI.[4]

Providing the Client's Preferred Method

Informed choice remains the guiding principle: clients who already have a method preference should be given that method after screening and counseling, unless it is inappropriate for medical or personal reasons. Research shows that clients who receive the method they came for—and a large number do have a preference before meeting the provider—are significantly more likely to continue using the method than those who do not receive their preferred method.[5]

Programs that respond to a client's right to an informed and appropriate choice recognize that there is no single method good for all clients. There is great variation in what clients and their partners find essential, attractive, inconvenient, or intolerable about contraceptive methods. Some clients place highest value on effectiveness in preventing pregnancy, while others weigh a method's effectiveness against its potential impact on sexual relations, personal feelings, or health.[6] Not surprisingly, continuation is also significantly increased if there is prior couple agreement on the method; counseling couples has been shown to be more effective than counseling provided to the woman or man alone.[7]

To help clients choose a method that is right for them, providers should:

- Ask clients about their preference and try to identify the reasons underlying it. A client may request a specific method for the wrong reason. For example, it may be the only method she knows, she may have been pressured to get that method, or there may have been a campaign to promote that specific method.
- Inform clients who state a preference that other methods that act differently are available, and ask whether they would like to hear more about any or all of these methods.
- Help clients identify the factors they find most important in choosing a method.
- Offer counseling for couples.

Providing Individualized Care

Given that clients' lives and personalities (and their intentions, preferences, knowledge, beliefs, skills, needs, and concerns about contraception) vary greatly, the most effective counseling is tailored to each individual.[8] When providers discover individual characteristics, such as a client's difficulty with sticking to a routine, they can make specific recommendations. For example, one study conducted in the United States examined dropouts and pregnancies among oral contraceptive (OC) users and found that one-fourth to one-third of the OC users would have benefited from more counseling on use-related behaviors, such as how to develop practical strategies to remember to take the pill each day.[9] An analysis of data from Demographic and Health Surveys (DHS) found that first-time family planning users and users under age 24 have the highest dropout rates; these clients are likely to need extra support.[10]

Some clients may also need more information and greater reassurance about the overall safety risks, side

effects, and the personal health impacts of family planning methods. They may have deeply held beliefs and perceptions reinforced by family and community attitudes and rumors. Clarification of these ideas must be respectful. Otherwise, clients may not trust the provider's corrections of misinformation—or may not return for services.

In addition to individual factors, a client may be in a certain stage or situation in life that requires special attention from the provider. To tailor contraceptive counseling to the needs of different life stages and lifestyles, providers should:[11]

- Locate each woman and her fertility intentions on her reproductive life course. She may be a young, sexually active single woman who wants to avoid pregnancy, a breastfeeding married mother who wants to wait before the next birth, or an older woman who wants no more children.
- Recognize that intentions may change over time and may often be accompanied by ambivalence.
- Consider the degree of control that a woman exerts over her sexual encounters. For example, if a woman's partner opposes family planning, she may prefer a non-detectable method and may need to learn skills for discussing and negotiating reproductive matters with her partner. If her partner is controlling or violent, she may need to learn not only negotiation skills but also ways to deal with violence.
- Consider the nature of a woman's sexual activity. She may be in a mutually monogamous relationship. If her partner works elsewhere, she may have only intermittent, infrequent sex. Alternately, she may have multiple sexual partners and be in need of information on barrier methods or dual methods.

Aiming for Dynamic Interaction

Only counseling that is interactive and responsive can identify each client's needs, risks, concerns, and preferences within a life stage and life-situation context. However, some family planning providers make counseling a one-way activity. Their behavior may result from what they observed in their own schooling or from the social distance between providers and clients that makes it seem more natural to instruct a patient than to engage with an individual. For example, in one videotaped study of counseling, providers talked at length about each available method and then asked the client to choose one. If the client hesitated, the provider recommended a method. The providers rarely discussed reasons for a client to choose a particular method and almost never checked to see if the client understood the information given. The study concluded that providers' skills could be strengthened in the areas of eliciting the needs of clients, prioritizing information to make it more relevant to the individual client, and empowering the client to make a family planning decision.[12] This study and other research have given impetus to efforts to make counseling a more dynamic interaction.

Providers should:

- Spend less time telling and much more time asking, assessing, listening, encouraging, establishing rapport, and clarifying.
- Explain in advance that such interaction is intended to help the client make the best choice.[13]

Avoiding Information Overload

There are limits to the amount of information people can understand and retain. In one major study, the clients who received the most information were more likely to drop the method they received than were those who received less information.[14] This finding may indicate that clients are so overloaded with information that they do not understand the key points. Alternately, it may be that the provider so dominates the session with providing information that little time is left to help the client explore and choose the most suitable method(s). Emotional factors may also be involved: a provider-dominated session may lead to a lack of rapport and client dissatisfaction, factors inversely associated with remembering and adhering to a regimen. In the US, studies have found that half or more of the information and instructions given during medical visits could not be recalled almost immediately afterwards. These studies also found that involving the

client and tailoring the educational component to the individual's learning style engendered greater client satisfaction, adherence to therapies, and improved outcomes.[15] In addition, specific information that is organized logically is retained longer and more fully, especially if clients are encouraged to ask questions and repeat the instructions in their own words.[16]

Consequently, counseling should not be dominated by a detailed description of every method offered by the program. Instead, providers should:

- Start by informing clients that there are various methods available and that the counselor would be happy to describe any or all if the client so wishes.
- Focus on the client's selected method and be brief, non-technical, and clear.

This approach enhances understanding of the key information on that method (e.g., how to use it, what its side effects are) while leaving time for questions, clarification, and checking for comprehension.

Using and Providing Memory Aids

During the counseling session, posters, flipcharts, and illustrated take-home booklets—pre-tested for comprehension and cultural acceptability with client groups—can help the client understand key information while also reminding the provider to discuss important points. Use of take-home educational materials during counseling helps clients recall instructions later when they review the materials. Take-home booklets on family planning methods also help to disseminate accurate information to others, since clients often share the materials with their partners, relatives, and friends.[17]

Providers should:

- Use pre-tested educational materials during the counseling session.
- Let clients see and handle sample contraceptives, to increase understanding as well as comfort level.
- Provide clients with educational materials that they can take home for later reference and sharing with others.

KEY INFORMATION FOR CLIENTS CHOOSING A CONTRACEPTIVE METHOD

One challenge to ensuring good CPI lies in reconciling the need to avoid information overload, as described above, with the need to provide adequate information to ensure informed choice. According to the literature, the CPI should cover the following content:

- Understanding effectiveness;
- Knowing the advantages and disadvantages;
- Preventing sexually transmitted diseases (STDs);
- Using the method;
- Managing side effects;
- Knowing when to return and how to handle complications.

It is important to discuss the first three content areas when clients are making or reaffirming a method choice. The last three content areas cover information that is needed once the client has chosen a method. All six areas are discussed below.

Understanding Effectiveness

Counseling can help clients understand and weigh the effectiveness and other features of various methods.[18] Providers should:

- Explain the effectiveness of the method(s) in terms that are easily understood.
- Emphasize that client-controlled methods (e.g., oral contraceptives, barrier methods, natural family planning, and lactational amenorrhea method, also called LAM) can effectively prevent pregnancy but only if correctly and consistently used. Long-term and permanent methods have close to 100% effectiveness, although vasectomy is not immediately effective and clients need to use another method for the first 20 ejaculations after the procedure.
- For users of injectables, ensure that clients understand the importance of receiving the next injection at the time required.

- For clients choosing short-term methods, discuss how to plan for correct, consistent use, and offer information on how to use oral contraceptives as emergency contraception (EC) and/or on where to obtain pre-packaged EC.

Knowing the Advantages and Disadvantages

In addition to learning about a method's effectiveness and side effects, clients need information about its health risks and benefits and other important features. While these features are often called "advantages and disadvantages," it must be emphasized that such perceptions vary widely among individuals and couples. Some women may want the highly effective, continual protection of the IUD or implant, while others may feel uncomfortable about a foreign object in their body or may want control over their method. Some prefer the method with the fewest side effects, while others prefer a method that does not require application at the time of the sexual encounter. Sexuality matters: many clients may be concerned about the possibility that certain methods will cause extended bleeding or reduced libido.[19] Different clients assess the mode of application in different ways: some favor injections, others shun them; some reject implants because they may be seen and recognized by others; some cannot remember to take pills; some prefer condoms because they offer dual protection, against sexually transmitted diseases as well as pregnancy.

Providers should:

- Provide information about the health risks and benefits of methods.
- Discuss other features of each method, such as its effect on sexuality or its mode of application.
- Allow clients to weigh the different factors for themselves.

Preventing Sexually Transmitted Diseases

With the rising prevalence of sexually transmitted infections such as HIV, risk assessment and prevention messages related to STDs and HIV are becoming an integral part of family planning counseling. Many people—especially young adults or teens—may incorrectly believe that all contraceptives protect against STDs and HIV. A study in Jamaica found that only about 25 percent of adolescents knew that oral contraceptives did not provide such protection. The study also found that users of long-term and permanent family planning methods may be less likely to use condoms for protection, possibly because contraception is a higher priority or because they no longer associate having sex with the need for protection.[20]

As a result, providers should:

- Inform all clients as to whether their family planning method protects them against STDs and/or HIV or not.
- Advise clients that abstinence and the consistent use of condoms are the most effective means of protection against STDs.[21]
- Help clients assess their level of risk for STDs and HIV. Using sensitive language ("Many women may not be aware…"), providers should explain to clients that their partner's behavior may put the women themselves at risk.[22]

Clients who are at high risk need special encouragement, skills, and support to use condoms in addition to any other method selected. Counseling the couple may be the most effective approach. If counseling is not possible, helping clients build skills in condom negotiation and in communicating with partners about sex would be an effective addition to prevention messages.

Using the Method

Clients need brief, practical information on how to use their selected method, as well as a basic explanation of how the method works. (For example, some clients think that oral contraceptives need to be taken only when intercourse occurs.) Clear, specific instructions are associated with better client adherence and outcomes. Such instructions are essential for counseling on client-controlled methods such as oral contraceptives and barrier methods.[23]

Providers should:

- Help clients develop strategies for using methods consistently and correctly.
- Provide advice on what to do when a method fails or is used incorrectly (e.g., explain how to use oral contraceptives as emergency contraception when a client misses a pill).
- Offer reproductive health sessions or refer clients to sources of instruction that can help women use their methods correctly by increasing their knowledge about how pregnancy occurs and how contraception works.

Managing Side Effects

Clients need information about common side effects and how to manage or outlast them. The Demographic and Health Surveys (DHS) and other research identify side effects and perceived health problems as the major reasons clients give for stopping family planning use. Fear of these effects is also the major reason for not adopting modern methods in the first place.[24] One African study found that women who receive inadequate counseling about side effects are more likely to become family planning dropouts when they experience side effects, while those who are fully counseled on side effects are likely to continue use contraception—using the same method or a different, more acceptable method.[25] In China, women who received pre-treatment counseling about Depo-Provera (DMPA) side effects, along with ongoing support, were almost four times more likely to continue with that method than women not so counseled.[26] Women who experience side effects for which they are not adequately prepared may worry that their health is endangered or that the side effect, even if not dangerous, may be permanent and debilitating.[27] They may even blame the method for unrelated ailments. Such worry, followed by discontinuation, is likely to discourage others from using the method, since negative reports spread through word of mouth.[28]

Providers should:

- Identify what information/misinformation about methods is prevalent in the community and address these concerns through materials and counseling.
- Clarify respectfully any misperceptions that may exist. Many clients fear that there will be negative health and/or libido effects as a result of male or female sterilization, or hold misperceptions about health consequences due to menstrual disruption, the IUD traveling outside the uterus, or accumulation of pills in the body.
- Explain to clients what common side effects to expect, how long these effects may last, and strategies for dealing with these effects.
- Invite clients to return for advice if they encounter problems.
- Reassure clients that they can change methods if dissatisfied.

Knowing When to Return and How to Handle Complications

Clients need advice on when to return for follow-up or re-supply. They also need information about the signs of rare complications and how to seek immediate help should these occur.[29]

The provider should:

- Schedule return visits.
- Point out the signs of serious complications and explain what to do should they occur. (Give instructions in writing, if possible.)
- Tell clients that they are welcome to return to the clinic any time they have concerns, or if they want to change or drop the method.
- Help clients who choose implants to remember when it is time to remove the implant (periodic follow-up visits can help), and tell them they can have the implant removed earlier if they wish.
- Use the follow-up session to reinforce correct and consistent use of client-controlled methods and to

ask whether the client is experiencing any unpleasant side effects that need management.

- Use the follow-up session to uncover any changes that may require a change in methods. Such changes might include new medical contraindications, a change in life stage (e.g., a desire to become pregnant in six months), or a change in lifestyle (e.g., the client now has multiple partners).

IMPLICATIONS

The guidance provided above stems from a synthesis of the lessons learned to date about how to improve CPI. These lessons also point to several areas of need:

- Further research;
- Improvements in training;
- Effective program management for CPI;
- Policy that supports sound CPI.

Each of these areas is discussed below.

Further Research

To date, much of the research linking CPI with adoption, use-effectiveness, and continuation of family planning is correlative and retrospective. More prospective research is needed, especially quasi-experimental operations research to identify more precisely what good CPI "looks like" and how we can best achieve it. Topics needing additional research include:

- What is the relative significance of different components of CPI in bringing about the desired outcomes? These components include: the proper amount and kind of information, the operationalized definition of respect and friendliness, the best ways to prepare clients for normal side effects without unduly alarming them, how providers can make sure that clients understand instructions for using the method without being patronizing toward them, and what might be the core "package" of individualized counseling when providers have little time to spend.
- What is the significance of different client and provider characteristics—socioeconomic, demographic, gender, and personality factors—to outcomes?
- Should counseling sessions be shortened (by omitting information on all possible methods) or lengthened (to explore the client's special needs)?
- Is there a relationship between the time invested in a new user and the effective use and continuation of family planning?
- Can community-based organizations such as women's and men's groups effectively offer reproductive health and family planning information and counseling, reducing or reinforcing the work of hard-pressed service providers?
- What are practical ways to discuss risk and effectiveness—two important concerns in contraceptive choice—in ways that are meaningful and not frightening to clients?

This incomplete research agenda needs both sharpening and expansion.

Improvements in Training

While there is much more to know, lessons learned from the growing body of research on CPI have already been incorporated into some family planning/reproductive health training programs. There is nonetheless a need to develop, adapt, and disseminate curricula—both pre-service and in-service—that not only include elements of sound CPI but also emphasize a client-centered, dynamic interaction as the central approach.

Training in counseling has been shown to yield positive results for provider and client. Even radio-based distance education can improve providers' CPI performance.[30] Such training can recognize and reinforce providers' existing skills. Trainers can guide health workers through an interactive, participatory process that helps them avoid giving too much or too little information in favor of helping each client make an informed choice. In a pilot program in three sites in

Latin America, a three-day workshop was successful in training family planning providers to incorporate interactive counseling on sexuality, gender issues, and STD/HIV prevention. To supplement the workshop, on-site teams provided follow-up and on-the-job support. The preliminary findings show a positive response to the new orientation by both providers and clients. Later research will focus on family planning and STD/HIV outcomes.[31]

To be effective, training should be based on adult learning principles and should model the behaviors it recommends. It should be interactive and participatory; responsive to the knowledge level, skills, values, and emotions of individual trainees; practice-oriented; and varied to allow for differing learning styles. In addition to training in counseling, periodic contraceptive technology and STD/HIV updates can increase provider confidence in communicating complete and accurate information to clients.

Effective Program Management for CPI

Effective management of CPI goes beyond training workshops for selected staff members in a facility; ideally, it involves all staff members who interact with clients. Management of CPI includes clear guidelines, on-the-job training, training evaluation, midcourse corrections, and ongoing management support for CPI. Managers should revise job descriptions and performance evaluation indicators to reflect key areas such as listening and asking behaviors, informed choice, courtesy to clients by all staff members, efficiency that reduces waiting time, and other aspects of the quality of care. Top managers should communicate clearly to staff members that a client-centered program is a top priority and should demonstrate leadership in implementing it.[32]

CPI management should also attend to the products and services offered. Quality of care depends on a reliable supply of a wide range of methods without which the client's informed choice is severely constrained. Furthermore, programs should offer auxiliary services, or at least provide referrals, such as for treatment of STDs.

Policy That Supports Sound CPI

At an international meeting on counseling organized by AVSC International in 1992, participants emphasized that policies established by governments, donors, and service facilities can either facilitate or hinder sound CPI and informed choice.[33] Clear policies can establish that informed choice is the client's right and that sound counseling is the provider's reciprocal obligation. Programs that "push" long-term or permanent methods violate informed choice, whereas programs that make a range of methods available, supplemented by unbiased information about them, promote increased choice for clients. Programs whose regulations require family planning clients to obtain spousal approval or to have a certain number of children in order to receive a certain method severely limit informed choice.

Similarly, program objectives and evaluation indicators such as couple-years of protection (CYPs) must be used with care in order to be in accordance with informed choice. If viewed as method-specific quotas or targets, or if incentives are provided, providers are likely to feel pressure that interferes with counseling for informed choice.[34] For example, CYPs assign numeric scores to each family planning method according to its effectiveness in actual use, with the highest scores assigned to permanent and long-term methods and the lowest to barrier methods and natural family planning. Programs should never reward staff members for high aggregate CYP scores, since such rewards would promote high-scoring methods and therefore conflict with the goal of helping each client freely choose the most appropriate method.

To avoid this issue, programs should never state as an objective "to increase the *use* of long-term and permanent methods." Such an objective can easily be interpreted as a target independent of clients' profiles and preferences. A more client-friendly phrasing of an objective and its corresponding indicators would be "to increase the *availability* of long-term and permanent methods and accurate information about them." Similarly, a client-centered CYP indicator would reflect (based on client surveys) the method mix of short-term, long-term, and permanent methods appropriate for and desired by the client population.

CONCLUSION

The research and program experience summarized in this paper suggest that improvements in client-provider interactions—especially in provision of client-centered information and services—will lead to increased adoption, effective use, and continuation of family planning methods, as well as to increased client satisfaction. This paper has attempted to provide guidance for programs and providers attempting to make such improvements. It has also identified areas requiring further research or effort. While much remains to be done in the area of CPI, there are many commendable examples, worldwide, of efforts that promote program quality. In these efforts to promote sound CPI within family planning programs we find a happy convergence of programmatic and demographic goals with principles of informed choice and human rights. ■

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