

Client and provider perspectives on barriers to family planning quality in Kenya: Assessment and programmatic implications

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IMPROVING LIVES
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Collaborating agencies

- Division of Reproductive Health (DRH)
- Population Council
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Background

- There is 25% unmet need for FP in Kenya (CBS Kenya, 2004)
- 40% of new users discontinued their methods
- Concerns about quality of counseling and informed choice (CBS Kenya, 2004)
- RH stakeholders identified a need to improve the quality of FP counseling

Study Design

- Assessment of the current FP practices
- Intervention to promote use of a consistent language with FP clients
- Evaluation of intervention

Assessment Methods

- 256 FP client exit interviews
- 14 informal group discussions (returning clients)
- 88 recorded provider/client interactions
- 12 provider & supervisor in-depth interviews
- Data abstracted from clinic registries
- Recorded provider encounter logs (2 week period)

Key Analytical Themes

- Quality of counseling
- Clients' understanding of FP concepts and terminology
- Sources of FP information
- FP decision making
- Perceived FP service constraints

Quality of Counseling: Client-Provider Interaction

68%	Advantages of the method
63%	Disadvantages of the method
73%	How to use the method
62%	Appropriateness of the method for the client
63%	Potential side effects of the method

Quality of Counseling

(Returning client group interviews)

- Returning clients are hardly counseled
 - *“...For the first time, they take all the medical history. They take blood pressure, weight, and also ask you the number of children you have. But for return visit, we are just given the method...”* (Returning client in group discussion)
- Group counseling denies clients privacy rights
 - *“...I am telling you, you cannot express yourself. Not that you don't have the language or the words, but how can I reveal my secrets to the hearing of everybody out there? There is total lack of confidentiality “* (Returning client in group discussion)
- Perceived provider disposition hampers interaction
 - “...there are times that they [providers] could use a word that you don't understand, and if they don't put on a friendly face, you fear asking but if you get a provider that is willing to work, its good to tell her ...”* (Returning client in group discussion)

Quality of Counseling (Recorded client interactions)

- Median time with returning clients = 5 min.
- Median time with new clients = 11 min.

Clients views on FP concepts and terms

- 93% reported FP concepts and terminology understandable
- “Spacing births” the more acceptable term and concept

...What is said about FP should not give the impression that the methods can stop conception... people should be told FP is about 'kuachanisha watoto' (spacing children) ... If they hear that, they will like the FP...

Sources of FP information, and FP Decision making

- Advance information from peers, clinic staff, and mass media
- Final method choice mostly upon consultation with providers

“I get information from neighbours and friends about the advantages and disadvantages of each method, and the side effects, before coming to the clinic....I discuss with my husband and we make a decision together....I confirm my choice with the provider. Depending on how much information I get from providers about the specific method I have chosen, I can make a final decision to take the method or change. So, I can say one goes to the clinic when they are fifty-fifty”. (Client in group discussion)

Providers on service constraints

- Major structural challenges noted

“We meet many obstacles...For example we have only one FP room. And in this one room we are supposed to test an HIV mother there, to check mothers for cancer of the cervix, in this one room we are supposed to give FP services, such as the pills, IUCD ...It’s not possible...”. (FP provider during in-depth interview)

Conclusion

- FP concepts and terminology largely understood
- Gap noted in clients' ability to actively interact with providers
- Any intervention to take cognizance of structural challenges (space, staffing)

Plans towards intervention

- Pilot an intervention to promote active client interaction during counseling
 - Provider can be “cued” to discuss topics of priority to a given client
 - Use cue cards to stimulate discussion in the waiting room and inform provider on client needs