Best Practices in Client-Provider Interactions in Reproductive Health Services: A Review of the Literature

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"Client-provider interactions" refers to the interpersonal exchanges between a client who receives health information and services and the clinic-based or outreach health providers who offer these services. In the early 1990s, attention to improving the quality of care of family planning services highlighted the need for client-centered services, including courteous treatment of clients and greater clarity of the information imparted to them.[1] The emphasis on the importance of positive client-provider interactions (CPI) in family planning and other reproductive health services gained even more ground after the 1994 International Conference on Population and Development (ICPD) held in Cairo and the more recent Cairo +5 assessment exercises.[2] Today, sound CPI is characterized not only by courtesy and clarity, but also by more listening and less "telling" on the part of the provider; encouragement of the client to ask questions and seek clarification; attention to sexuality and gender issues; discussion of contraceptive methods' side effects; inquiry about the client's risk of sexually transmitted infections (STIs), including HIV/AIDS; and other features.[a]

This paper summarizes recommendations on the process and content of family planning-related CPI, based on research and programmatic experience, and cites analyses of the policy, management, and training support needed to make better CPI a reality. While geared primarily to family planning, the processes and information transfers can be applied or adapted to other reproductive health services. To emphasize the importance of both the process of interacting with clients and the information essential for informed choice, the two are dealt with separately below. In reality, they intertwine inseparably.

Key Processes in Client-Provider Interactions (CPI)

1. Treat the client well. Clients are more likely to be satisfied with services if all staff, not only the counselor, treat them in a respectful and friendly way.[3] In turn, client satisfaction is often associated with effective use and continuation of family planning, while poor CPI can lead to discontinuation and method failure.

Sound CPI need not take much extra time. Research in Egypt found that client-centered (vs. physician-centered) consultations were associated with tripled levels of both client satisfaction and method continuation, even though the client-centered sessions lasted only one to three minutes longer on average.[4] In fact, recent research in Peru found that little additional information was conveyed after 15 minutes of counseling.[5]

Clients feel more comfortable if visual and auditory privacy is maintained during counseling and family planning procedures, and if they are assured that all information will be kept confidential. This respect for privacy contributes to an atmosphere of trust in which the client and provider can explore emotional, sexual, or gender-related issues relevant to method choice. Providers should encourage clients to ask questions and seek clarification or repetition of instructions; such encouragement is associated with positive outcomes.[6] Both verbal and nonverbal communication skills are important; counselors must listen and observe carefully to understand clients' needs and feelings.

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[a] Based on a paper published by Elaine Murphy and Cynthia Steele as one of a series of guidance documents under the United States Agency for International Development's Maximizing Access and Quality (MAQ) Initiative (see www.MAQweb.org).

2. Provide the client's preferred method. Informed choice remains the guiding principle for practitioners: Clients who already have a method preference should be given that method unless it is inappropriate for medical or personal reasons. Clients who receive the method they came for—and many do have a preference—are significantly more likely to continue using contraception than those who do not receive their preferred method.[7] However, even clients who state a preference should be asked whether they would like to hear about other methods, in case they know only the method they asked for or have been pressured to use it. Not surprisingly, continuation is significantly increased if the couple have agreed on the method; in fact, couple counseling has been shown to be more effective in general than dealing with a woman or man alone.[8] However, a woman should always be asked whether she wants her partner present for counseling and services.

3. Individualize. Clearly, the most effective counseling is tailored to the individual.[9] Not only is there great variation in clients' lives and personalities (and needs, skills, intentions, knowledge, beliefs, and values), but there is equally great variation in what clients and their partners find essential, attractive, convenient, or tolerable about contraceptive methods. Some clients place highest emphasis on a method's effectiveness in preventing pregnancy, while others weigh effectiveness against the potential impact of side effects on their sexual relations, personal feelings, and health.[10]

Providers need to discover when special help is needed. One U.S. study that examined dropouts and pregnancies among users of oral contraceptives found that one-fourth to one-third of the users would have benefited from more counseling on actual use behaviors, such as developing practical strategies for remembering to take the pill each day.[11] An analysis of Demographic and Health Surveys that had been conducted in Morocco, Tunisia, Egypt, Ecuador, Indonesia, and Thailand found that first-time users of family planning and users under age 24 had the highest dropout rates; these clients need extra support.[12] A provider should "locate" a woman and her fertility intentions on her reproductive lifecycle and situation.[13] She may be a young single woman who needs dual protection from pregnancy and sexually transmitted infections, a breastfeeding married mother who wants to space the next birth, or an older woman who wants no more children. Power imbalances are also relevant: If a woman's partner is opposed to family planning, she may prefer an undetectable method. She may also need skills to negotiate family planning use with her partner, and, if a victim of violence, may need to be referred for further help.[14]

4. Aim for dynamic interaction. Only counseling that is interactive and responsive can identify each client's profile, as described above. However, many providers make counseling a one-way process. In one videotaped study of counseling in Ghana, 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. There was rarely any discussion of why a client might choose a particular method or any checking to see whether the clients understood the information. The study concluded that providers' skills needed strengthening in the areas of eliciting the needs of a client, prioritizing information to make it more relevant to the individual, and empowering the client to make the decision about their appropriate method.[15] This and other research has spurred efforts to help counselors engage in dynamic interactions, with much less "telling" and much more asking, listening, responding, encouraging, establishing rapport, and clarifying.[16]

5. Avoid information overload. People can understand and retain only a limited amount of information. One study found that half the information and instructions given during medical visits in the United States could not be recalled by clients almost immediately afterward. However, involvement of the client and tailoring the information to the individual's learning style engendered not only greater client satisfaction, but also better adherence to instructions and improved outcomes.[17]

Instead of giving a detailed recitation about every method offered in a family planning program, providers should focus on the client's selected method and be brief, non-technical, and clear. This enhances understanding of key information (such as how to use the methods, and what side effects are likely) and leaves time for exploration of clients' situation, questions and answers, and checking for comprehension. One study, conducted in Guatemala, Hong Kong, Jordan, Kenya, Trinidad and Tobago, and Nepal, found that clients who received the most information were more likely to discontinue the method they received than those who received less information.[18] Information overload may have blurred key instructions, or perhaps left little time to explore considerations that might have led to a more appropriate method choice.

6. Use and provide memory aids. During the counseling session, use of posters, flipcharts and illustrated booklets—pretested for comprehension and cultural acceptability, especially with client groups that have low literacy rates—helps clients understand key information and helps the provider remember important points. Letting clients see and handle sample contraceptives can also increase clients' understanding and comfort. Illustrated take-home materials can be used during counseling to help clients recall instructions later and also to disseminate accurate information, since clients often share the materials with their partners, relatives, and friends.[19]

Key Family Planning Information

In addition to the processes that help clients and providers work together to identify the most appropriate client choices, certain information on family planning methods is now considered essential to aid that decisionmaking. This material includes information on the effectiveness, side effects, correct use, and the "advantages" and "disadvantages" of different methods, as well as on necessary follow-up procedures, potential complications, and STI/HIV prevention.

1. Effectiveness. Methods' effectiveness should be explained in easily understood terms. Providers must emphasize that client-controlled methods (such as oral contraceptives, barrier methods, natural family planning, and the lactational amenorrhea method) can effectively prevent pregnancy only if correctly and consistently used, unlike long-term and permanent methods (sterilization, implants, and IUDs), which are close to 100 percent effective when properly administered by the provider. Counseling can help each client weigh the trade-offs between effectiveness and other features of contraceptive methods.

2. Side effects. Clients need information about common side effects and how to deal with—or outlast—them. Providers should invite clients to return if they cannot tolerate the side effects, and should reassure clients that they can change methods if dissatisfied. Side effects and perceived health problems are the major reasons clients give for discontinuing contraceptive use; fear of these effects is also a major reason for not adopting certain methods in the first place.[20] A study in Niger and the Gambia found that women who received inadequate counseling about side effects were significantly more likely to stop using contraceptives, while those who were fully counseled on side effects were likely to continue using contraceptives—either with the same method or with a different, more acceptable method.[21] In China, women who received pretreatment counseling about the side effects of the injectable contraceptive Depo-Provera were almost four times more likely to continue with that method than women who had not been counseled.[22] Women unprepared for a side effect may believe that it is long-lasting and dangerous, even if it is temporary and not medically harmful.[23] Such worry, followed by discontinuation, is likely to discourage others from using the method, since negative reports spread by word of mouth.[24]

3. "Advantages and disadvantages." Providers and clients should discuss other important features of the method, often called "advantages and disadvantages." Such perceptions vary widely among clients (see the section on individualizing information, above). Some women may want the highly effective, continual protection of an IUD or an implant, while others may feel uncomfortable about a foreign object in their body or may want more control over their method. Some women want methods with the fewest side effects, and others want methods that do not require application at the time of intercourse. Sexuality matters: Clients may be concerned about side effects such as extended bleeding or reduced libido. Some women favor while others shun injections; some cannot remember to take pills; and many want and need condoms because they offer dual protection against pregnancy and sexually transmitted infections, including HIV/AIDS.

4. Correct use. Clients do better with brief, well-organized, clear information on how to use their selected method[25] and, if needed to correct misperceptions, a basic explanation of how the method works (for example, some clients think that oral contraceptives need be taken only when intercourse occurs). Clients may need to develop strategies for using contraceptive methods consistently and correctly, and to receive advice on what to do if a method fails or is used incorrectly (such as if pills are skipped). Information on how to use oral contraceptives as emergency contraception is also essential for these users. Providers should respectfully request that clients repeat the instructions to be sure that the directions are well understood.

5. Follow-up and complications. Clients need advice on when to return for their next injection, resupply, or follow-up. Clients choosing implants need to remember when it is time to have them removed—periodic follow-up visits can help—and should be informed that they can have implants removed at any time before that date as well. Clients should be advised about the signs of rare complications and encouraged to seek immediate help should those side effects occur. Follow-up sessions are a good time to reinforce correct and consistent use of client-controlled methods and to determine whether side effects need management. Other methods can be discussed then if a client has developed medical contraindications to the method over time or if a change in intention (such as a desire to become pregnant within six months) or lifestyle (such as a client now also needing protection against STI/HIV) occurs. In addition to having scheduled return visits, clients need to know that they are welcome to return to the clinic any time that they have concerns.

6. STI/HIV prevention. With the rising prevalence of STIs, including HIV, messages about risk assessment and STI/HIV prevention are now an integral part of family planning counseling. All clients should be informed about whether their family planning method protects them against STI/HIV and that abstinence and the consistent use of condoms are the most effective means of protection currently available.[26] Providers should be aware that clients who choose long-term and permanent methods may be less likely to use condoms for protection, possibly because they may feel that they are not at risk of STIs. Some clients, especially young adults or teens, may incorrectly believe that all contraceptives protect against STI/HIV. A study of adolescents in Jamaica found that only about 25 percent of those surveyed knew that oral contraceptives did not provide such protection.[27] Providers should help clients assess their level of STI/HIV risk, and sensitively explain that the behavior of a partner can also put a client at risk.[28] Clients at high risk need special negotiation skills and encouragement to use condoms in addition to any other method selected; counseling the couple may be the most effective approach.

Interventions to Improve CPI: Training, Program Management, and Policy

While there is widespread agreement about the need to improve CPI, such improvement does not happen by magic. It depends on training and on-the-job support for providers, encouragement of clients to be proactive, client-centered management of services, and a supportive policy environment. Thus, interventions that focus on CPI to improve the quality of services need commitment from all relevant parties: providers and clients, program managers, and policymakers.

Training—for both provider and client. Reproductive health programs need to disseminate and use preservice and in-service training curricula that emphasize a client-centered, dynamic interaction as the central approach. Training in CPI yields positive results for providers and clients; even radio-based distance learning can improve providers' CPI performance.[29] CPI training can reinforce providers' positive interpersonal skills, discourage giving excessive information, and reorient providers toward an interactive, exploratory process of helping clients. Effective training is based on adult learning principles, and models the behaviors it recommends. Thus, training 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.[30]

Training can also help providers become comfortable with issues of sexuality and gender-based violence, and assist them in communicating on these issues effectively during counseling sessions. One pilot program in three sites in Latin America trained family planning providers in interactive counseling on sexuality, gender issues, and STI/HIV prevention in a three-day workshop, with follow-up and on-the-job support provided by on-site teams.[31] Providers reported that the training improved their counseling skills and caused clients to increase their use of condoms. For instance, in Jamaica and Honduras, counselors indicated that over 90 percent of new clients accepted free condom samples. In Brazil, 35 percent of clients adopting family planning for the first time selected condoms, and 5 percent elected to use two methods. Without such follow-up, the benefits of training do not last long. A recent study found that certain kinds of on-the-job reinforcement were more effective than others: Self-assessment exercises and support groups were far more effective in retaining and even increasing skills than was ordinary supervision.[32]

Training clients in advance to ask questions helps to overcome the social distance between clients and providers; in a recent Indonesian study, clients who had been trained asked significantly more questions relevant to finding the right contraceptive method. Providers were also trained to encourage clients to ask questions.[33] In another study, when Mexican women were given a 20-minute information session with a nurse who used a flip chart, they were better able to assess their risk of STIs and select a suitable contraceptive method than were physicians.[34]

Program management. Effective management for CPI ideally involves all the staff in a facility who interact with clients, and includes clear guidelines, on-the-job training, training evaluation, course corrections, and ongoing management support for CPI.[35] Job descriptions and performance evaluation indicators must reflect the importance of dynamic counseling, informed choice, courtesy to clients by all staff, efficiency that reduces waiting time, and other aspects of the quality of care. Top managers must communicate clearly to staff that a client-centered program is a top priority and must then show leadership in implementing it. Informed choice also requires that there be a reliable supply of a wide range of methods, a responsibility of management.

Policy. Policies established by governments, donors, and multinational nongovernmental organizations can either facilitate or hinder sound CPI. Announcements and distribution of clear, written policies to facility managers and providers can establish informed choice as the client's right and sound counseling as the provider's reciprocal obligation. In contrast, regulations requiring that

family planning clients have spousal approval or have a certain number of children to receive certain methods severely limit clients' choices. Similarly, method-specific quotas, targets, and incentives put pressure on providers to minimize informed choice.[36] Evaluation indicators must therefore reflect that informed choice is the central goal, and indicators and incentives should be developed to reward providers who participate in high quality CPI and who help clients deal with problems such as side effects, STI risk, or gender-based violence.

Conclusion

Reorienting services toward clients is not easy, but it can be done. It is most effective when all stakeholders help design and implement the project from the outset. While local commitment to change is important, it also presents challenges. Decentralization policies being implemented throughout the developing world as part of health care reform have in some places enhanced but in other places eroded support for client-centered reproductive health services that formerly existed at the national level.[37] It is clear that national policies are important in improving CPI, but, as in other areas of social change, local implementation must be monitored carefully.

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