Women's Experiences of Quality of Counseling in Tanzanian PPIUD Intervention

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Short Abstract

With the increasing focus on long-acting reversible contraceptives, some family planning (FP) interventions choose to promote a single method as their programmatic focus. We explore women's experiences with FP counseling in the context of a postpartum IUD (PPIUD) intervention, and understand the ways that this single-method focus affects access to high-quality FP. We conducted semi-structured interviews with twenty women receiving antenatal care as part of a PPIUD intervention in five hospitals in Tanzania. We use open-coding and inductive content analysis to identify key themes. Women reported overall satisfaction with the quality of counseling, citing high levels of trust, and the provision of useful information. When probed, however, women shared that their counseling sometimes focused narrowly on PPIUD to the detriment or exclusion of other methods. Though single-method interventions can bring attention and resources to FP programs, they may paradoxically serve to constrain access to a wide range of FP methods.

Extended Abstract

Introduction

Postpartum family planning (PPFP) is currently undergoing something of a renaissance. After a period in the 1960s-70s of sustained importance, PPFP fell somewhat by the wayside as family planning programs became less hospital-based and attention was placed elsewhere[1]. In the past decade, however, interest in promoting PPFP has surged back, with advocates stressing the myriad reasons the postpartum period deserves more attention. For example, women who rarely seek health services for themselves may seek facility-based care for their delivery, making this a rare opportunity for contact with a hard-to-reach population[2,3]. It is also an opportune moment to discuss birth spacing women, to help promote healthy inter-pregnancy intervals, and reduce unmet need for contraception[45].

Also in recent years, there has been a growing evidence base for the safety and efficacy of the postpartum provision of the intra-uterine device (IUD). The postpartum IUD can be safely inserted during the immediate post-placental and post-partum periods, and is recommended up to 48 hours after the delivery of the placenta. Though similar to an interval IUD, PPIUD should be inserted higher in the uterine fundus, requiring a slightly different insertion technique and different forceps than used for interval IUD insertion[6]. Postpartum IUD (PPIUD) has been the subject of a growing body of literature exploring how this relatively novel method, when inserted by trained providers, can provide an appealing method for postpartum women. It is a long-acting method that requires virtually no regular effort by the women and provides highly effective contraception with a quick return to fertility once removed. The non-hormonal Copper T IUD has been approved by the World Health Organization for the postpartum period, as it does not interfere with breastfeeding and is otherwise safe for women in the days and weeks after a delivery[7].

Tanzania, where our study is based, in many ways seems like an ideal setting for a PPIUD intervention. Antenatal coverage for at least one visit in the country is ~88%, but unmet need for family planning is high at ~28% of women[8]. Perhaps because of this, at least four separate targeted PPIUD family planning interventions have been simultaneously undertaken here in recent years by different NGOs. This might reflect both an unmet need for PPFP in the country, as well as the keenness of the international donor and NGO community to focus on PPIUD at the current time.

One of these interventions was conducted by FIGO, the international professional association of ob-gyns. Starting in 2013, through their local affiliate societies in six countries – India, Bangladesh, Sri Lanka, Nepal and Kenya – FIGO implemented an intervention that focused on counseling and provision of PPIUDs in tertiary referral hospitals. In Tanzania, this intervention included training physicians to perform the PPIUD insertion both vaginally and during caesarian section. But it also included a strong emphasis on training lower-level providers like nurse and midwives at “satellite” feeder clinics to perform high-quality family planning counseling including introducing the PPIUD as an option to women as part of their routine antenatal care counseling.

The importance of high-quality counseling to a family planning is difficult to overstate, and has itself been the subject of burgeoning literature in recent years[9–11]. High-quality is not only important from a technical point of view, but from a rights-based perspective, it is essential to promoting choice and autonomy throughout the decision-making process. Recently, Holt and colleagues put forth a framework that defines the components of high-quality counseling, emphasizing the importance of eliciting client needs and preferences, providing individualized counseling based on the needs

assessment, and respecting client's choice of methods, all within a supportive, respectful and confidential setting[12].

This analysis, then, will explore women's perceptions of the counseling they received as part of the FIGO PPIUD intervention in Tanzania. In particular, we will focus on women's perceptions of the quality of care, and how their experiences align with the rights-based approach to family planning counseling.

Methods

Research ethics

Ethical approval as exempt was granted by the Harvard T.H. Chan School of Public Health Office of Human Research Administration. The study received approval for human subjects research from the National Institute for Medical Research in Tanzania. All respondents provided written consent to be interviewed and to be audio-recorded.

Data

The research described here is part of the larger PPIUD Project in the Department of Global Health and Population, which is a multi-site cluster randomized trial to examine the effects of training (both on insertion and counseling) on PPIUD uptake, institutionalizing and diffusion. More information about the study can be found in Canning et al. 2016[4].

In Tanzania, the program took place at six referral hospitals in Dodoma, Dar es Salaam, Arusha, Tumbi, Mbeya, and Mwanza. Due to unavoidable contamination from another program's PPIUD intervention in Mwanza, the hospital there was dropped as a research site, leaving five hospitals in our study. The Association of Gynaecologists and Obstetricians of Tanzania (AGOTA, the local FIGO affiliate) organized a series of trainings in those hospitals and the surrounding "satellite clinics" that focused both on method insertion, as well as family planning counseling to be integrated into routine antenatal counseling. Hospitals were cluster-randomized to the intervention using a step-wedge design.

In addition to the quantitative portion of this randomized trial, we also conducted a series of in-depth interviews with women, using semi-structured interview guides intended to elicit women's subjective experiences of the family planning counseling they received as part of the PPIUD intervention. Questionnaires focused the content and experience of the counseling women received, and were conducted among 20 women who had received at least two antenatal counseling sessions but had not yet delivered their babies. Purposive sampling was used to ensure a diverse sample of women. Interview guides were translated into Swahili and pre-tested with key-informants before being deployed by a trained interviewer. With respondent consent, all interviews were audio-recorded, and then transcribed verbatim and translated into English.

Analysis

Interview transcripts were coded using an open-coding approach to create an initial codebook, following by iterative coding by a team of Tanzanian and American researchers. Using Atlas.ti software, the research team worked to review and integrate points of disagreement, and consensus was reached on final codes. An inductive content analysis was performed to identify key themes and recurrent patterns, as well as to identify unique experiences recounted by respondents. Illustrative quotes will be retained.

Preliminary Results

Data analysis is still ongoing, but at this stage, we can clearly see two dominant themes emerging from the data: 1) A general, overall satisfaction with the quality of counseling received; and 2) Specific ways in which the focus on PPIUD seemed to come at the expense of a broader focus on high-quality family planning counseling.

Theme 1: Overall satisfaction and improvements to women's access to family planning

Women overall reported feeling satisfied with the counseling they received. Most respondents gave positive feedback regarding several dimensions of quality, including interpersonal dimensions such as trust and non-discrimination. Respondents described often their counselors as "responding well and clearly" to questions, having happy dispositions, and exhibiting patience with a challenging work load. Respondents also reported satisfaction with the amount of information they were receiving, saying that they were glad to learn about the PPIUD, and get new information about a method they had not previously known. Finally, the integration of family planning counseling with other antenatal topics such as nutrition and preparation for delivery was appreciated by many respondents.

Theme 2: Lapses in high-quality counseling

Despite the overall satisfaction that women reported, when probed on various dimensions of quality, many women reported experiences that do not align with the standards of high-quality counseling. Most women reported receiving counseling in a large group setting, which by its nature mostly precludes the type of needs assessments and elicitation of preferences needed to tailor counseling to a woman's context. Very few women reported that their counselors explored their contraceptive histories or their fertility desires to help them find the best method for them. Some women also reported being reluctant to ask personal questions in the group setting, even while praising the counselors for their openness.

In addition to the ways that the counseling deviated from quality standards due to high volume and limited staffing, there also appeared to be threats to quality that may have come from the PPIUD intervention itself. Rather than being counseled on a wide-range of methods, and being given neutral, evidence-based information on each method, many clients reported being told only about the PPIUD to the exclusion of other methods. Other women reported being told that the PPIUD has no side-effects at all, or otherwise received counseling that downplayed any negative aspects of the PPIUD. Still other woman reported being told that the PPIUD was a new method that was far superior to all other methods, both in terms of safety as well as effectiveness. From these reports, it seems that some counselors, in their zeal to promote the intervention at hand, may have lost the value-neutral, evidence-based approach to counseling so necessary for informed choice.

Discussion

It seems that the PPIUD intervention in Tanzania may have had a mixed-impact on women's access to high-quality family planning counseling there. On the one hand, it seems that the increased attention to family that came from the intervention may have helped ensure a broader access to at least some family planning counseling with friendly and respectful counselors. However, issues stemming from both the health system (such as limited staffing and high patient volumes) as well as the PPIUD intervention itself (such a narrow focus on promoting the IUD) seemed to limit the overall quality of counseling. Key dimensions of quality such as privacy, needs assessment, value-neutral/evidence based counseling on a wide-range of methods seem to be missing from this counseling most of our respondents received.

Though this was a qualitative study, and thus, of limited generalizability, these results suggest that perhaps family planning interventions focusing on a single-method or a limited range of methods may in some ways be counterproductive, serving to limit women's options rather than enlarging them. Care must be taken by those designing such programs to integrate a method of focus into a wider context of high-quality family planning counseling.

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