

Assessing the quality of client-provider interaction in family planning services through mystery client approach in Uttar Pradesh and Bihar, India

Introduction:

While the issue of quality of care in family planning program has been raised for over two decades now, rarely one can find any study assessing the supply side issues and the interpersonal relations between client and provider in the Indian setting. Recent recommendations by World health organization (WHO) has renewed the emphasis on quality of care in family planning programs (WHO 2006). Accordingly, family planning programs have focused on providing informed choice to clients by giving proper information and counselling as per client's requirements.

The client and service provider interaction is considered as a critical dimension of program effort (Simmons and Elias 1994). A quality interaction between client and service provider may result in recruitment of a committed clientele, encourage existing user to continue the method or resolve their problems and help them to switch. All of which will result into satisfied user and higher contraceptive prevalence.

The mystery client method has been used in family planning on few occasions to assess client's experience in FP clinics. This approach essentially consists of sending trained woman to a health facility as a FP client and later interviewing her about her experience in the facility. The more direct alternative would be to directly observe client-provider interaction. Though, the client may not feel comfortable in presence of another person and also the presence of an outsider may hamper provider's natural behavior. Client exit interviews are another option of evaluating client-provider interaction however it will yield satisfactory results only if client has free time and has good memory. The mystery client approach overcomes all above mentioned drawbacks as the women are already trained and instructed to observe and report each and everything about their facility visit.

Present qualitative study was restricted to the states of Uttar Pradesh and Bihar. Data for these two states shows that across both states, women were generally not informed about FP methods other than the one they were currently using, many weren't aware of side effects or how to manage them if they experienced it. As mentioned earlier since interaction with providers is a key opportunity

to increase knowledge and use of FP, the proposed study aims to assess what goes on when client visits a facility for FP services.

This paper explores two key quality of care issues:

- 1) How clients and providers communicate with one another?
- 2) And what are the provider's biases that hinders contraceptive uptake among potential clients?

Data and Methods:

Data for this study was collected during 2017 in the states of UP and Bihar, two states with low contraceptive prevalence in India. Both techniques: mystery client and in-depth interview of providers were used to collect the data. Hundred providers from both public and private facilities were interviewed. Moreover, female field investigators were trained to behave like family planning service client. The trained mystery client visited family planning service providers, pretending to be a new family planning client. Each mystery client was given a specific scenario. Following the visit, the mystery clients were interviewed by another investigator.

All the interviews were further transcribed. Investigators reviewed the transcripts and the data was entered into ATLAS. ti, Two researchers independently coded the data using the software program ATLAS. ti, and cross-coding between them ensured the consistency of coding. They developed a series of code guides and assigned codes to everything the client and provider said. In the last step, the coders independently recoded each transcript using the code book, then met to review the coded transcripts and decide how to resolve discrepancies.

Mystery client scripted scenarios

S.N.	Age	Description
1	21	She is newly married who has just started living with her husband and hence wants to use any FP methods to delay the child birth for at least 1-2 years. She has never used any method before. And not sure if it is ok to use any method.
2	27	She had one girl just after marriage. She has never used any method before and will like to adopt modern method.

3	28	She has 2 daughters 3 and 1 year old. Her husband works in hotel management out of town and comes home once or twice in a month. Before she has used traditional methods. She wants to be use safe and suitable modern FP method.
4	30	She already has 3 children. 2 boys 8 and 5 years old and one girl aged 2 years. She wants to stop having children but is afraid of invasive methods.

Results:

In 100 providers and 76 mystery clients (MC) interviews were done in both 12 public and 24 private health facilities. No MCs were identified by any health service staff. For the analysis all transcripts are synthesized as follows;

Clients reception in the health facility

Mystery clients reported that most of the providers did not give them enough time and they talked to them on average for 3 minutes only. They reported that they had to inquire here and there for getting information on where to go or whom to meet. Facility employees either looked overburdened or disinterested in rendering information.

“In a public health facility, it took 20 minutes to reach doctor. She spoke to me for only 2 minutes and then referred me to ANM who was already very busy and then I had to again wait for her”

Provider’s attitudes and information provided to client

It seems providers are hesitant in suggesting methods to newly married women. Almost all the providers suggested condoms as the first choice for newly married mystery client.

“She said condoms and pills are only options for you. In case your husband does not agree to use condom, you will have to take pills. Any other method than these two may cause you problems in future so I will not recommend anything else”

Even many providers in their interviews said that they generally don’t prefer giving any hormonal or invasive method to a nulliparous woman.

“Condoms are safe, I can’t advocate IUDs for young women though there are few cases of problems in IUDs still it’s better to avoid any problem.”

Very few providers explained how method works and what could be the side effects. *“In the private clinic doctor asked me about my reproductive history and then suggested copper-T. I had to ask her about how it works and what are the side effects then only she told me about it.”*

However, providers in their interviews reported that they give all required information during client’s visit.

Lack of privacy and confidentiality

Clients reported that there was no privacy when they were talking to providers and other people can listen to their conversation.

“The room was crowded and there were other patients and nurses discussing their problems. Everybody can listen to it and there was no privacy”

None of the providers in their interview mentioned privacy and confidentiality as an important aspect of family planning. Providers gave emphasis on the illiteracy of the women in the area and cultural barriers women report for not using any method.

Discussion:

This study utilizes a unique dataset in evaluation of quality of client provider interaction in both public and private health facilities of UP and Bihar. The data on quality comes from mystery client survey where women posed as women seeking family planning counseling. This approach allows researchers to collect information on service delivery practices as they occur naturally, in the absence of data collectors and research staff, and therefore provides critical insights into aspects of care that may limit contraceptive uptake.

It is clear from findings that negative provider’s attitude, lack of privacy and confidentiality are the barriers to women in accessing family planning services in UP and Bihar. Adequate counselling about side effects and how to correctly use a method may help reduce two critical problems in family planning practice: clients using methods incorrectly and clients discontinuing methods after only brief use. Such findings are useful for advancing provider training, heightened supervision of providers, and for situation analysis and evaluation of ongoing programs. Providers should be

trained to have unbiased attitudes toward all contraceptive methods and have adequate technical knowledge and skills.