

## Improving Client Communication in Health Care Consultations through Community Interventions in Indonesia

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## Background

- Communication is provider-centered
- Client participation is limited
- Informed choice is poor
- Problems in managing side effects
- Contraceptives often used improperly
- Contraceptive discontinuation is high

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## Study objectives

Do community interventions:

- Improve client communication in family planning consultations?
- Encourage commitment of women to communicate with providers?

Are community interventions acceptable to women and community leaders?

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## Goals of community interventions

To help women:

- Recognize their right to obtain information
- Prepare a list of questions and concerns before seeing service providers
- Ask questions and express concerns during consultations

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## Locations where facilitators educate women

- *Posyandu*: community outreach health services
- *Pengajian*: meetings at mosques
- *Arisan*: women's self-help gatherings to raise money
- Factory and village meetings

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## Intervention materials

- *Smart Patient Card*: one-page checklist of questions with pictures and a few words
- *Smart Patient Leaflet*: one-page leaflet urging clients to participate
- *Facilitator's Guide*: Four-page booklet for facilitators who educate women

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### Data collection (1): Audio taping of consultations and client exit interviews

- **Intervention sites: 140 clients and 14 providers at 14 clinics**
- **Control site: 80 clients and 8 providers at 8 clinics**

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### Data Collection (2): Home interviews with adult women

- **Intervention sites: 800 women in 8 villages**
- **Control site: 400 women in 4 villages**

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### Data analysis of audio taped consultations

- **Transcription of audio tapes**
- **Translation from Sundanese to Bahasa Indonesia**
- **Coding the transcriptions with RIAS (Roter Interaction Analysis System)**

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### Key findings (1): Home interviews

**More women in intervention than control sites:**

- **Prepared questions before seeking family planning services**
- **Talked with other women about preparing questions**
- **Reported asking more questions of providers**

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### Key findings (2): RIAS coding and client exit interview

**Compared to clients in the control site, clients in the intervention sites:**

- **Asked more questions of the provider**
- **Expressed more concerns and worries about side effects and health issues**
- **Felt satisfied with services**

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### Practical implications: Value of interventions for client participation

- **Low-cost education at existing community meetings can improve client participation.**
- **Enhancing client communication can improve the quality of client-provider interactions.**
- **Training service providers is not the only way to improve the quality of interactions.**

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### **Practical implications: Limited applicability**

- **These interventions are only possible where there are functioning community groups.**
- **Outside help is necessary to set up and maintain the interventions.**
- **These interventions require cooperation between service providers and community leaders.**
- **The reach and scope of these interventions may be limited.**

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