

268: CROSS CULTURAL COMPARISON OF FAMILY PLANNING DECISION MAKING

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Objectives:

Informed choice is essential to good quality family planning (FP) services. However, there has been little research on how decisions are actually made during FP consultations in developing countries. Nor has there been much investigation into how clients' and service providers' communication behaviors contribute to the decision-making process.

The present study examines and compares the quality of the decision-making process during FP consultations, and clients' involvement in that process, in four developing countries: Ghana, Kenya, Indonesia, and Mexico.

Methods:

Both qualitative analysis and quantitative coding were conducted on 20 audiotaped FP consultations (half with new clients and half with continuing clients) from each of the four countries, for a total of 80 consultations. The audiotapes, which were collected during earlier research in each country, were transcribed and translated into English for this analysis. For the quantitative analysis, the authors developed a conceptual framework and decision making assessment tool based on the OPTION tool developed by Elwyn et al. (2001) and used in developed country medical encounters. The tool was expanded to include client as well as provider behavior. Multiple coders were used so that inter-rater reliability could be calculated.

Results:

Family planning consultations in all four countries shared several key weaknesses. The need for the client to make a decision was seldom explicitly stated, thus failing a "gateway" item for assessing involvement in decision-making. Continuing clients, even those with problems, were rarely offered options, such as switching methods. Missed opportunities for decision making occurred when clients did not fully state the purpose of their visit, providers assumed the client's reason for visiting, and providers did not thoroughly check for changes in medical or personal conditions. In fact, most consultations did not follow the fundamental steps in good decision making, that is, exploring the client's needs and wants, weighing the pros and cons of appropriate options, and selecting an option. Instead, providers spent much of consultations with new clients giving FP information; with continuing clients, they devoted their energies to explaining why clients' complaints (such as irregular menstruation or weight gain) were not problems that merited exploring alternatives. Clients' passive behavior also contributed to missed steps in decision-making: many did not explicitly state their complaints, nor did they insist that providers offer them alternative ways to address those complaints.

The analysis also uncovered some key differences between countries in the decision making process. For example, providers in Ghana and Kenya tended to encourage – or even demand – that new clients make their own decisions, while providers in Indonesia and Mexico frequently seized the client's decision-making opportunity. Providers in Ghana and Kenya also tended to present many method options to new clients with little advice or recommendations on choosing, while providers in Indonesia frequently presented only one method. This reflects basic program differences between the countries: knowledge and use of contraceptives is lower in Ghana and Kenya than in Indonesia and Mexico. As a result, consultation sessions in Ghana and Kenya devote more time to client education before asking clients to choose a method. In contrast, clients in Indonesia and Mexico are more likely to arrive at the clinic already knowing what they want.

Conclusions:

The combination of qualitative transcript analysis and systematic measurement based on the adapted OPTION tool can contribute to a deeper understanding of the decision making process in FP and providers' and clients' contribution to that process. By identifying relevant and important competencies for providers as well as key client behaviors, such research can help design effective interventions to improve the quality of decision-making.