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A Mixed Method Study-To Assess Client's Perception Regarding Client-Provider Interaction for Family Planning Services Involving Married Woman of Reproductive Age in Bihar

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ABSTRACT

INTRODUCTION: Family planning services should follow appropriate quality of care which comprises a very essential component which is Client-provider interaction. Client-provider interaction is crucial for the effectiveness of the family planning programmes and interventions. An interaction consists of face-to-face interaction between the patient and the healthcare professional. An effective client-provider interaction aids the client in making informed decisions about their contraceptive and reproductive needs. This is the procedure through which the client gets knowledge regarding all the family planning methods available as well as their respective method of use. A good affective CPI is an advantage for both program as well as the clients. However, there can be differences in the several client-provider interactions which may further affect the outcome of the CPI. The study's objective is to comprehend how clients and providers interact when evaluating family planning services by looking at how married women in Bihar who are of reproductive age perceive those services.

MATERIAL AND METHOD: The study's secondary quantitative data came from the "Family Planning Client Follow up-2020" survey, which was carried out by CARE India. With a sample size of 760 married women of reproductive age who utilized fortnight services in public facilities in Bihar, the goal of the follow-up study was to evaluate FP services and related client-provider interaction during the July fortnight (Pakhwada) in public health facilities throughout the state in August 2020. Although the post-analysis of the data from the survey using a quantitative tool produced many fascinating findings, the fact that it was a quantitative process left many questions unanswered and emphasized the necessity for a thorough grasp of the topic. Therefore, using a random selection technique, a qualitative study was carried out in the Bihar district of Saran. In-depth interviews with 12 married women between the ages of 18 and 49 were conducted using 12 samples of married women. ATLAS.ti was used to evaluate the qualitative study's results (version-7.5).

RESULT: Based on patient expectations, provider interactions, patient experiences, as well as the FP methods offered, the quality of client-provider contact for family planning services was generally inadequate. Women reportedly did not receive the comprehensive information they were meant to receive,

despite the clients' eagerness. The inability to participate in the interaction, the lack of a basket of options for FP methods, the experience of side effects after using an FP method and its inadequate treatment, the breach of privacy during the interaction, the provider's lack of explanation of information about side effects, and the provider's short attention span were among the reasons for dissatisfaction with the interaction. Customers were satisfied with the provider's overall demeanor towards them during the conversation.

CONCLUSION: The results of the study imply that the effectiveness of client-provider interactions influences the decision to choose, continue, and discontinue a family planning strategy. Therefore, placing a focus on client-provider interaction and ensuring its quality might be crucial to fulfilling the objectives of family planning programmes. Results showed that while providers' interactions with clients were generally regarded to be respectful and agreeable, there were a few cases where providers acted rudely. The preservation of privacy during interaction and the freedom of the client to participate in the decision-making process were discovered to be two major factors in determining the client's level of satisfaction, and these criteria were not met by 42 percent and 22 percent of respondents, respectively. Many crucial elements, such as management of side effects, information regarding failure of chosen method, switching between methods, and information regarding side effects related to family planning methods were not given enough weight, and frequently overlooked by the providers during the communication.

In light of these findings, it is advised that greater emphasis be placed on the client-provider relationship, which may help to lessen the stigma associated with family planning and facilitate the client's choice of a family planning strategy. The fact that only clients' perceptions were examined, which might have been prejudiced at some point in recollection is a study limitation. Therefore, additional research that might include the provider's perspective as well can aid in developing an effective strategy for delivering family planning services among women of reproductive age in Bihar.

Keywords: Family planning, married woman, reproductive age

INTRODUCTION

Around 220 million women globally experience unmet need for contraception each year (1). This crucial gap can be filled by effective and widely available family planning (FP) services, which also provide numerous public health advantages such as the prevention of pregnancy, the reduction of maternal and infant mortality due to longer intervals between pregnancies and later first births, the prevention of sexually transmitted diseases, and many more. Enhancing family planning services is essential for advancing human rights, economic prosperity, and population control (2). The Government of India pledged to provide "quality assured [family planning] services to the hardest-to-reach in rural and urban areas" by 2020 in response to a large access barrier (11). However, neither "patient satisfaction" nor the calibre of interactions between patients and physicians are routinely evaluated by these quality improvement projects (12). Family planning service providers can offer high-quality interpersonal communication as part of the quality of care (QOC), which also includes counselling on proper use and adverse effects (3) (4). The decision to choose, not to choose, or continue using contraceptives is influenced by the quality of care given once a client approaches the service delivery point, then to a provider. The decision to approach may be made by the client themselves, their partner or family members, community- based agents like FLW's, pharmacies, or other service delivery points (5). Client- Provider Interaction (CPI) is crucial to the effectiveness of family planning programmes as well as other health initiatives. Client involvement in healthcare decisions increases their investment in a treatment plan (6). The importance of

assuring positive CPI as a part of QOC to enhance program outcomes is also well established in literature (7)
(8). According to research by Tumlinson et al, young users' use of contraceptives is most correlated with receiving excellent care from their healthcare providers (9). Negative experiences, however, have a negative impact on the success of family planning programmes (10). Face-to-face communication between the client and the provider is part of CPI. The most significant aspect of CPI is counselling, which serves a specific function and requires specialised knowledge and abilities. The CPI assists the client in deciding on a reproductive course of action. Effective CPI provides tangible advantages for both the programme and the client. The client receives counselling to help them select and learn how to use the family planning strategy that best suits them. However, there are differences in the effectiveness of client-provider interactions, which affects counselling and the delivery of healthcare services (13). (14).
Despite years of family planning programming in nations where birth control is still a problem, India has not made much progress in recent decades in its efforts to lower total fertility rate (TFR) and increase the prevalence of modern contraceptives (MCP) in resource-poor settings like Bihar and Uttar Pradesh, two of the country's three most populous states. Different types of facility-based and community-based interventions were put into action in an effort to strengthen the system so that it can best serve the intended population as well as to create demand among those who are unaware of or view family planning as something external, unrelated to family or individual health. One such initiative, which was carried out in the state of Bihar by CARE India in close cooperation with the government of Bihar and with financial support from the Bill and Melinda Gates Foundation starting in 2011 and expanding to all 38 state districts, included improvements to facility-based services through activities like fixed day services and the fortnightly based health screenings (Pakhwada), sterilisation and other services provided by a facility. While in the community, organisations like VHSND (Arogya Divas) and other front-line workers' visits and self-help groups were used to support the community at the last mile by providing FP supplies and raising awareness about how to schedule and space pregnancies in a healthy way. In a state like Bihar, where female sterilisation is still the primary method of contraception and where a typical family sees women getting married on average at the age of 16, beginning to have their first child at the age of 17, and finishing their family by the age of 23 to 24 years, sterilisation is still the first method to be used. Given the detrimental impacts of having children at a young age and other related factors, efforts have been taken to ensure that spacing is encouraged so that there is ample delaying, with a focus on the couples eligible for family planning methods. Understanding client- provider interaction and its result is crucially vital in a place like Bihar where taboo connected to family planning conversations and its debate openly in society are prevalent and certain impediments, such as mythical thoughts. To advance with the qualitative deep dive, it was crucial to grasp the client-provider interaction directly from the client. By combining information from a quantitative study looking at client-provider interactions among married women of reproductive age receiving family planning services in 552 public facilities in Bihar with information from a qualitative deep dive conducted among 12 randomly selected married women of reproductive age in randomly selected district of Bihar.

RATIONALE

According to the literature and prior results from the quantitative study conducted to evaluate the satisfactory and quality client provider interaction, this interaction is crucial in assisting the client in making decisions about whether to use, continue, or stop receiving family planning services. For healthcare services like family planning to be

effective, client-provider relationship is crucial (15). The knowledge, awareness, and behaviour of providers, who also help beneficiaries make informed decisions and clear up persistent misconceptions, impact the acceptance of contraceptives (16). However, there are differences in the effectiveness of client-provider interactions, which affects counselling and the delivery of healthcare services (13,14). Poor provider interactions may result in lower healthcare usage, increased discontinuation rates, and service dissatisfaction (14,17). The purpose of this study is to gain a deeper understanding of the association between client-provider interaction and the acceptance and use of contraceptives.

Objective

To understand client-provider interaction in assessing family planning services through client's perception via qualitative and quantitative study.

LITERATURE REVIEW

Quality of care (QOC), where a variety of family planning service providers can facilitate excellent interpersonal communication, including family planning service providers offering counselling on correct use and side effects (3). Client-Provider Interaction (CPI) is crucial to the effectiveness of family planning programmes as well as other health initiatives. Client involvement in healthcare decisions improves their investment in a treatment plan (6). Bruce (18) has outlined an evidence-based framework to describe quality of care, specifically for FP, and it includes: method selection, information provided to users, technical proficiency, interpersonal skills, follow-up or continuity mechanisms, and an appropriate constellation of services (Table-1). Maintaining client privacy, informing clients about the full range of contraceptives available in the health system, providing information on side effects of the suggested methods and how to manage them, follow-up care, options for switching from one method to another, giving appropriate time and attention, and respecting clients' concerns and choices are all examples of ways to improve client-provider interactions (19,20). Providers are supposed to foster an atmosphere where clients feel valued and free to voice any issues they may have (14,21). If the provider is successful in creating such an environment, it can encourage clients to use FP methods, address any issues they may have, and even assist them in transferring to another way (18,22). Numerous methods have been used to define and quantify the quality of care in family planning services and its determinants, and these differ depending on the priorities and viewpoints of stakeholders, according to the literature on this topic (23). Customer satisfaction has been identified as a crucial factor in the adoption and continued usage of the FP technique (10,24). According to literatures a provider should be sensitive, should ease out the client, listen actively to client and encourage them to participate. On the other hand, client should participate actively in the discussion, should ask all concerns and doubts.

According to research, clients are more at ease when they are informed that all information will be kept confidential, and that their visual and aural privacy will be preserved during the contact (17). Respecting privacy usually creates a trusting environment where patients and medical staff can talk about delicate emotional, sexual, or gender issues (17). Providers should request clarification or reassurance of instructions; doing so is connected with successful results (25). The United Nations Committee of Economic, Social, and Cultural Rights recognises the rights to access to adequate, accessible, and high-quality health care as a fundamental component of health care services and systems (26,27). Strong observational data support the relationship between client-provider interactions and technique adoption (28). Literature demonstrates that clients of all ages desire an interaction with their provider that demonstrates respect and trust,

accurate and pertinent information, and a person- cantered approach that gives them the dignity of making an informed decision about their use of contraceptives without provider bias (29). Although the results of the evaluations are inconsistent, the WHO decision-making tool for family planning clients and providers adopts a model of shared decision-making between the provider and client (16,30,31). It's crucial to raise the standard of service through enhanced communication and information sharing during counselling. Although cessation is not the only relevant main outcome, it has a significant impact on the frequency of unwanted pregnancies (29).

METHODOLOGY

I. QUALITATIVE STUDY

STUDY SETTING

The study is essentially a subset of a larger project carried out by CARE India, Bihar's Concurrent measurement and learning unit, which had the goal of capturing a number of domains that could have an impact on family planning services, one of which was client-provider interaction and the perception and experience of married women in Bihar of 18-49 years of age.

BIHAR: -

Area - 94,163 Km square	Panchayats - 8,406
Population - 128,864,915 (12.88 crore)	Villages - 41,103
District - 38	Division - 9
Blocks - 534	

STUDY DESIGN

A mixed method study consisting of qualitative primary data and secondary quantitative data.

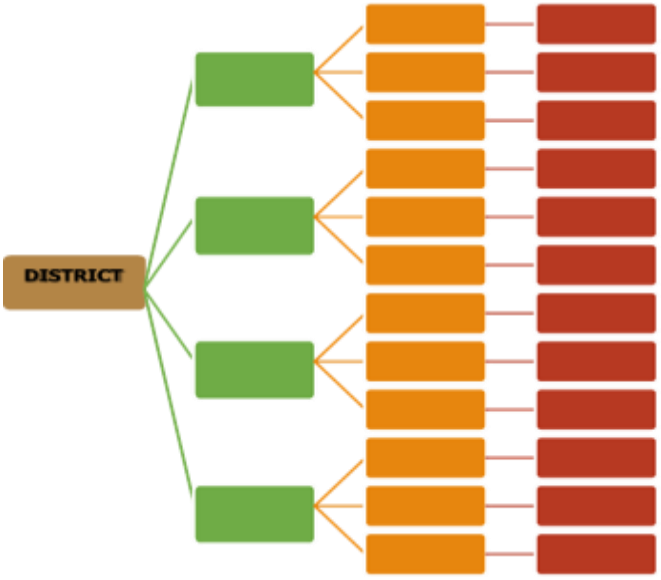
STUDY TOOL

A dynamic framework was employed for conducting in-depth interviews (IDIs). The guideline was created using solid domains and subdomains that were gleaned through a thorough literature review in consultation with team members.

Prior to official data collection, pilot testing was conducted. The respondent was selected at random with the help of the CARE India team's field workers. The content and sequencing of the pilot were carefully considered and followed the guidelines. According to the results of the pilot round and the advice of experts, necessary revisions were made to the guideline. With attention for regional dialects, the prepared guidelines were administered in the local tongue.

SAMPLING TECHNIQUE

Based on logistics efficiency, geographic diversity and operational feasibility Saran district of Bihar was chosen. 4 blocks were selected randomly from the list of 20 blocks in the district using Microsoft excel. In each selected block 3 Anganwadi centres / urban wards were selected as one block selected is a mix block (with both rural and urban) randomly. From each Anganwadi centre/urban ward one respondent was selected randomly, making it a total of 12 samples.



	Ward1
Mixed block	**Ward2**
	Ward3
	AWC1
Rural block1	**AWC2**
	AWC3
	AWC1
Rural block2	**AWC2**
	AWC3
	AWC1
Rural block3	**AWC2**
	AWC3

Figure 1: * MWRA- Married woman of reproductive age (18-49 years)

INCLUSION CRITERIA

- Married woman of reproductive age above 18 years and till 49 years were included in this study.
- Willing to provide consent to participate in the study.

EXCLUSION CRITERIA

- Unmarried woman
- Women of less than 18 and above 49 years
- Women who deny participating in the study.

DATA COLLECTION

The responders were subjected to in-person interviews that were exhaustive. Prior to interviews, respondents' verbal informed agreement was sought for the audio recording and face-to-face interview. Prior to data collection, CARE India team experts engaged in rigorous offline capacity development and simulation sessions to simulate potential field scenarios.

DATA QUALITY

The CARE India state team, which oversaw the study, regularly accompanied the data quality monitoring team during the in-depth interviews, particularly the first few interviews.

REPORTING AND DATA ANALYSIS

Within 24 hours, in-depth interviews were transcribed, and ATLAS.ti was used to thematically code the transcripts (version 7.5). Brief overview narratives of each theme were generated, analysed, and interpreted based on interviews, observations, and qualitative analysis. After having discussions with the expert team members, going through the audio recordings, and going over the transcripts numerous times, a set of preliminary codes were created. After the final coding, an MS Excel theme extraction sheet-was-created.

II. QUANTITATIVE STUDY (Secondary data analysis)

The proposed quantitative study is family planning-client follow up study 2020, which is aimed to assess FP services with focus on client-provider interaction during July Fortnight 2020 (Pakhwada) in public health facilities across Bihar.

METHODOLOGY

Line listing of 2053 FP clients was done who adopted for ANTARA, IUCD and sterilisation during FP fortnight held on July 2020. 5 clients of each category (sterilisation, IUCD and ANTARA) were selected randomly from facility. Out of 2053 listed clients, interview of 760 clients was done and rest were eliminated (based on wrong numbers. Not reachable numbers, number switched off, duplicate information, refusal, and language barrier).

STUDY DESIGN:

Data collection was done telephonically. A Standardised pre-tested questionnaire in CAPI. The timeline for data collection was August-2020.

RESULTS

The results of qualitative and quantitative study carried during this project is described below.

QUALITATIVE STUDY

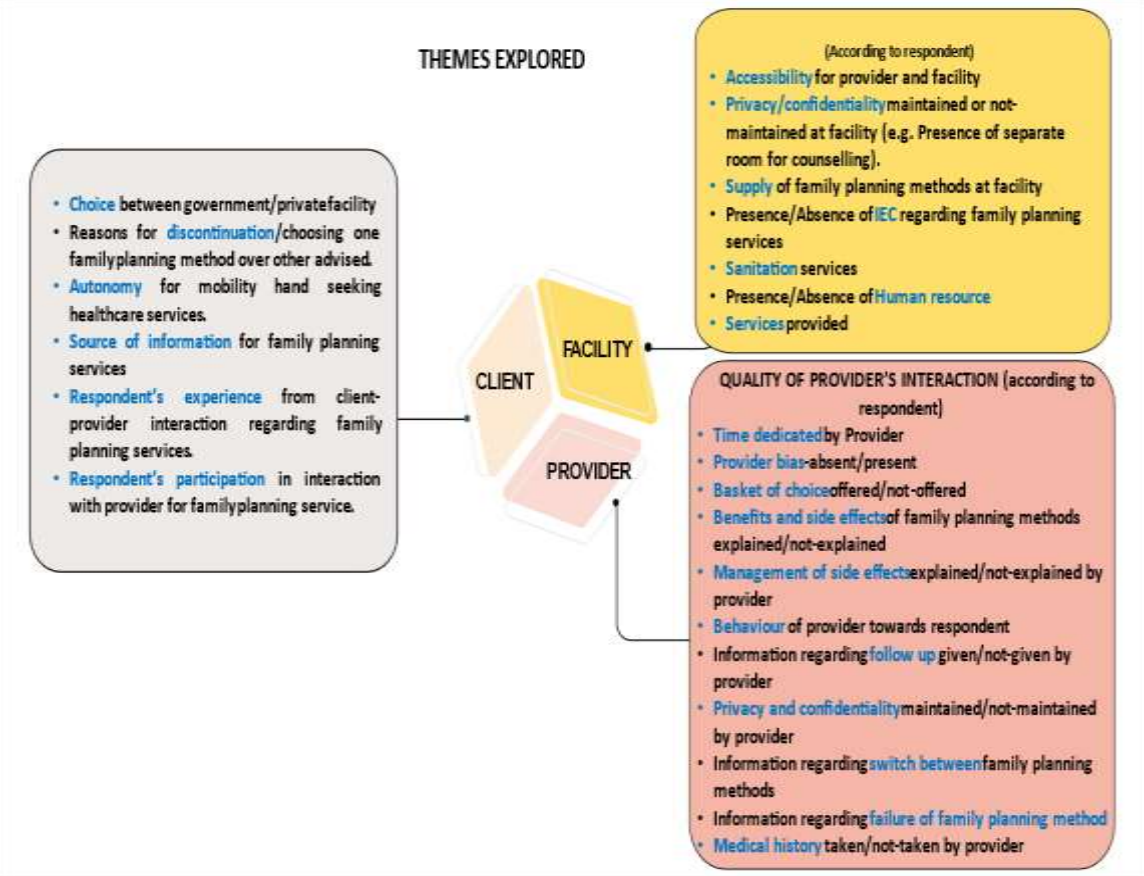


FIGURE 2: THEMES EXPLORED DURING IN DEPTH INTERVIEWS WITH RESPONDENTS

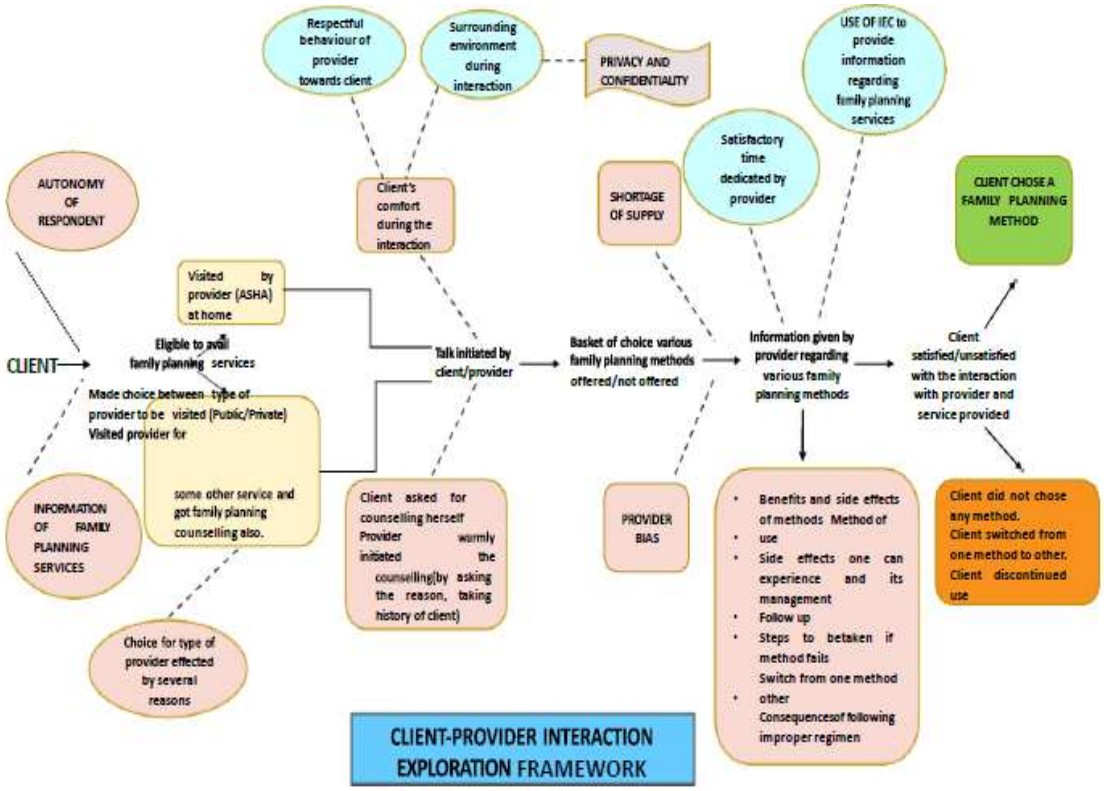


FIGURE 3: CONCEPTUAL FRAMEWORK

- **Behaviour of provider towards client during client-provider interaction (according to respondent)**

Although it was discovered that the provider's behavior was generally polite, kind, and courteous, only a small number of respondents reported encountering disrespectful behavior.

Respectful behaviour of provider towards client: *Han u bahut achi thi, ache se baat ki th,bahut has has ke baat ki thi, acha laga tha humko..Vyavhaar ki to u achi hi hain, sab se vaise hi baat karti hain jaise humse*

Rude behaviour of provider towards client: *Rudely hain thoda.. aisa kyun ..matlab koi bhi cheez ka jankaari sahi se nahi deti hain, jo injection dene ati hain…. unse hum puche ki mam 3 month ka hi sirf hai , 6 month ya 1 year ka bhi hai , to boli nahi sirf 3 month ka ata hai, free mein tumko kitna chahiye.*

- **Information taken from client by provider during the interaction (according to respondent)**

Every client-provider encounter involving family planning services should begin with some crucial inquiries, such as clinical history, reproductive history, and medical history; however, none of the providers ever fully gathered the client's information. It was discovered that only a portion of the data was taken.

No information was taken: *1.kuch na puchli,bas bolli ki dikkat nahi karega..2.bas itna hi boli thi ki , tum operation karva lo,..tumhara ab 2 go baccha kaafi hai*
Only reproductive history was taken: *1.ki kaigo bacha balu, hum kahi ki dugo, or puchi ki aur bacha chahi , tab hum boli ki nahi , bas yahi.2.kuch nahi puche the, kha li puche the ki ruka hai ki nahi mahina, to hum bole ki nahi, or diye the age kabhi check karne ke liye*
Medical and repoductive history was taken: *to vo puche ki kitna bacha hai, to hum bole ki el ladka hai or ek ladki hai , boli ki fir to bahut acha hai , boli ki chaloa acha hai ki ladki hone ke baad tum khush ho rahi ho……bole ki dekhiye tumko beti ko janam dene se koti bahar aa gya tha, to tumhara koti anadar kiye hain hum.. tumko abhi nahi ho sakta hai , operation*

- **Client's participation in the interaction with provider for family planning service**

In order to make any client-provider contact client-centric, the client's participation is crucial. Through the qualitative deep dive, it was discovered that the client's response was that they were unable to participate for the following reasons:

- Because of the presence of guys during interactions and when remarks were made by them that the client found offensive.
- Because of the intrusion of other beneficiaries and staff members, including men, during interactions, they felt uncomfortable conversing.
- Because the provider was a stranger, the client was unable to speak, which shows that the provider did not make enough of an attempt to make the client feel at ease.
- Due provider's lack of time, client was unable to talk.
- One respondent claimed that she was unable to devote the necessary time to her counselling because she had domestic duties to complete.
- However, some respondents were able to participate due to the provider's ability to motivate and because the client felt comfortable participating because the provider respected their privacy.

CLIENTS WERE UNABLE TO PARTICIPATE BECAUSE:

- Due to presence of men while interaction and comments being passed by them
- vhan dher admi rehta hai,to u sab majak udata hai,isilye hum bolte hain ki humein ghar pe hi samghao
- Unable to talk because ASHA worker talked on client's behalf
- asha ne thi vahin pe n or inko lekar gaye the, pehla sui lena tha n to vahi boli thi..nahi hum soche ki kuch puchna hoga to asha se puch lenge
- Because of retirement of previous ASHA worker and recruitment of new one
- Pehle jo ASHA thi u retire o gayi ab jo hi unki bahu hai,to thoda kam bolte hain
- Because provider dedicated less time to client
- 5 se 10 minute hi bole thi vo, ae or bas goli de ke chali gayi,to kya bolte hum
- Unable to talk much because of household responsibilities
- 5 se 10 minute rukte the kyunki gha mein chot bacha ko chor ke jate the
- Client did not feel comfortable as provider was a stranger
- Hum unka se bat nahi kar paeli,hum unka nhai janli

CLIENTS WERE ABLE TO PARTICIPATE BECAUSE:

- Provider was nice to talk
- han sab puch liye the,u achi hai baat karne mein
- Because privacy was maintained by provider while interaction

- vo ache se baat ki thi, han hum sab pooch liye the.. sab gents bahar the, sirf andar aurat hi the, ek madam ae the, to inko bhi bole the ki madam aap bahar chale jaeye.

- **Maintenance of privacy and confidentiality (according to respondent)**

It was found that privacy and confidentiality maintenance was not taken seriously during family planning services.

- According to a respondent, as ASHA visited home to provide family planning service, she counselled in front of rest of family members.
- In some respondents it was found that providers interacted in front of other facility staff and beneficiaries present. It was found that there was no separate room facility for FP services, hence privacy was not maintained.

But there were a few positive insights as well as when respondent reported being counselled in a separate room while maintaining full privacy.

Privacy not maintained, provider counselled in front of rest of family members: *aas paas ... mummy thi, sasu maa thi , didi thi, sab koi tha*
Privacy not maintained by provider, counselled in front of other people present at the centre:
han or sab bhi vahin the,bachba sab ko bhi suia lagat rahi or aurat sab ko bhi
Absence of separate room for counselling: *1.huan teen go uarat thi,teeno ka delievry hua tha,to hum bhi vahan the,to nurse ne hmein bhi vahin samghaya tha,ki age or baccha mat kro operation karva lo 2. jab u baat kaeli,tab huan sab koi rahe.*
Privacy not maintained, provider counselled in front of other beneficiaries: *vahin centre mein,sab aurtein thi or hum bhi vahin the*
Privacy maintained; provider (asha) talked in alone at client's home: *asha di ae thi, aram se baith ke samghai ghar mein,centre pe dher aadmi hota hai vhan nahi kuch boli*
Privacy maintained by counselling in a separate room: *acha, unhone aap se khan baatchit ki...room mein bula kar, apna cabin mein, ...acha pr koi bhi tha vhan. na na na*

- **Basket of choice of family planning methods (according to respondent)**

A basket of options for current family planning methods is one of the key components of client-provider contact for family planning services, but regrettably in the qualitative study done, none of the respondents received a basket of options, with one exception.

Basket of choice not offered: *1. vahi antaral valasuia orek operation e bare mein boli or kuch nahi, delivery ke baad bole operation Karvalo ya copper-t lagvalo 2.or u bas do word bol ke chali gyi ki agar apko bacha nahi chahi, to aap daw kha lijiye, or kuch nahi boli humko, or vo dawa de ke chali gayi. Bas sign karvae thi ek tho bas or kuch nahi*M *3.bas itna hi boli thi ki, tum operation karva lo, .tumhara ab 2 go baccha kaafi hai*
Basket of choice offered: *condom ke bare mein batae the, malad ke bare mein, injection 3 month ka ata hai uske bare mein, or fir ye copper-t ke bare mein bhi bataye the,or han operation bhi boli thi lekin hum karva nahi pae*

- **PROVIDER BIAS (according to respondent)**

The availability of different family planning options to customers is hampered by several obstacles. According to reports, provider bias is a significant barrier to the opportunity to opt and choose among family planning methods.

Respondents reported some instances which were indicative provider-bias during the family planning interaction with the provider:

- A particular family planning method was advised by the provider which client herself asked for it and basket of choice was not offered.
- The method of choice of client as denied and the provider emphasised on one method.
- Provider emphasised on one family planning method by stating its benefits and didn't offer basket of choice to the client.
- Provider advised only one family planning method stating the shortage of supply of other available methods.

Multiple reasons were found in support of provider bias as per the respondents:

Method advised because of client's prior knowledge /client asked for that method: bagal vala didi, vahi didi se humlog puche, ki dekhiye n humlog ka reh jata hai, to vahi batae,to hum didi se puche to didi boli han mala-d kha sakti ho

Method denied by provider: koi suiya liyane gya tha to sath ein hum gaye the, to vahi gaye to puche, bole ken ahi koi ko set hota hai, koi ko nahi bhi hota hai ...to mat hi lo

Only asked information was provided: hum jo puche vo bas utna batae.

Forced a method on client: madam bas ek sui ke bare mein bataye or kuch nahi,to madam boli ye sabo suit karta hai tum bhi yahi lagva lo

More importance given to one method: unse hi puche to bole ki copper-t mat lagana, ghao ho jata hai, vahi ek aadi koi ghao ho gya hai, okar baad ae, to gaye unse puchne to ole ki goli hi khao

Preferred method by client denied due to shortage: ki agar kuch dikkat ho gya to kya karna hai...han kuch likha tha usmein ki nazdeek hi jake kuch karna, von ahi boli kuch...nahi kuch boli nahi

No verbal counselling provided, pamhlet used instead: hum ANM se bole ki goli chahiye,lekin vo boli ki abhi nahi hai dawai, jab kabhi aega to puch jana,sui lena hai antaral vala to lelo

Counselling provided in fear of future inspection: han ache se 2-line bol ke chali gayi, han par humko ek baat boli thi, koi aega apke paas to kahiega ki humko dawa diye hain, time se

7. Time dedicated by provider to client during interaction (according to respondent)

Some providers dedicated adequate time while some did not to client due to reported reasons.

Less time was given by provider because

Provider was in hurry: *u bas do word bol ke chali gyi ki agar apko bacha nahi chahi, to aap dawa kha lijiye, or kuch nahi boli humko, or vo dawa de ke chali gayi,humare ghar bas 5 minute hi ruki*

Provider was busy in other work: *nurse jo rehti hai n vo hamesha kaam karti rehti hai , to hum gaye sun liye, sui liye or aa gaye….na…. ahi samghae, khali itna likhe hain ki or hoga ki nahi hoga*

Sufficient time was given by provider:

Han humko acha laga,u humko sab ache se samghai,baat ki..u achi hai

8. INFORMATION REGARDING BENEFITS AND SIDE EFFECTS BY PROVIDER (according to respondent)

- Only family planning method was suggested, no further information given according to respondent.
- Some healthcare professionals discussed how family planning techniques help to defer having more children as well as some of the potential side effects of the procedure (like irregular menstruation)

Benefits and side effects of family planning methods not explained

1. *bole the ki, ache se khana, ache se khana peena khana !!! ache se sehat rakho !!, bas yahi,auro kucho nahi boli*
2. *kya nuksan ,kya faeda .... ye to nahi boli thi*

Benefits and side effects of family planning methods explained

laabh ke bare mein ee batili ki ja kha , ee par sab ka vishwas ba, dher loki khata,BACCHA NA RUKEGA, ghini gire to batana, han kahli ki kuch dikkat hui ta tu hmra se mili.

9. INFORMATION REGARDING MANAGEMENT OF SIDE EFFECTS BY PROVIDER DURING INTERACTION (according to respondent)

- Attention was not paid by provider to client on consulting regarding side effects experienced
- Client was referred to a doctor on consulting for side effects experienced.

Management of side effects not explained

1. *goli se bohat log bol rahe hain ki nuksaan ho jata hai. Bahut logon ko nuksaan hote rehta ha.... ye apko didi batae nahi, vo ye sab nahi samghae*
2. *sirf dawa ke bare mein batae,or kuch nahi boli, mujhe poora yaad hai*

Information not given regarding side effects management

hmein suia set nahi kiya ,uske bare mein bhi kuch nahi batae,hum puchal rahli

Referred for side effects management

1. *jab bataye to bole ki dawai kha lo doctor ko dikha lo..doctor ke aspatal ka pata di thi u humko..yahin paas mein hi kendra hai*
2. *vo boli thi ki doctor se bolenge agar dawai khane se koi dikkat hoga to*

Verbal information not given, was asked to read pamphlet

ki agar kuch dikkat ho gya to kya karna hai...han kuch likha tha usmein ki nazdeek hi jake kuch karna , ...lekin hum theek se nahi padhe ....Vo kuch boli ..nahi vo is bare mein nahi boli thi

Client asked to call if experiences any discomfort after method use

yahi ki kuch dikkat hoga to phone karna, number di thi.

10. INFORMATION REGARDING SWITCH FROM ONE METHOD TO OTHER BY PROVIDER DURING INTERCATION (according to respondent)

Providers did not give information regarding switching of family planning method (with few exception)

Information not given

lekin chachi kuch nhai boli is bare mein… hum jo puche vo bas utna batae.

Information given

han vo hum boli thi ki dawai band kara to humse puchna, hum batenge ki kya karna hai

11. INFORMATION REGARDING CONSEQUENCES OF FOLLOWING IMPROPER REGIMEN BY PROVIDER DURING INTERACTION (according to respondent

Providers did not give information regarding consequences of following improper regimen (with few exception)

Did not explain
Goli se humko dikkat hone laga tha,ta hum beech karke khane lage the.didi humko ee sab ke bare mein kucho nahi batae thi
Information given
*bol rahi thi ki aap dawai khaiyega,ek raat agar bhool gayi to fir se khane se pehle khana,aisa boli..isse nuksan se bach jaog*i

12. INFORMATION REGARDING FOLLOW UP BY PROVIDER DURING INTERACTION (according to respondent)

With a few exceptions, where no information was supplied, providers informed clients about follow-ups. The modes of follow-ups varied (verbal, in-person visit, phone call).

Information regarding follow up given and follow up taken:
3 mahina par par rahli suia u bolli…. han u ate hain n to humko bula kar le jate hain , to hum jate hain.
Information regarding follow up given:
nahi vo nahi batae ki kab ana hai,hmein lagta hai jab date aega to shayad madam phone karegi
Follow up not taken by provider
1. *Humko dawai suit nahi kiya,gas hone laga tha, deh bhar gaya tha. Chachi kabhi puchi hi nahi,to hum band kar diye.*
(MISSED FOLLOW UP BY PROVIDER LED TO DISCONTINUATION OF FP METHOD BY RESPONDENT)
2. *ek do baar phone kiye the hum asha , von ahi uthae, hum apne mayke mein the, uske baad fir hum nahi kiye,fir hum soch liye ki age nahi lenge*

13. INFORMATION REGARDING FAILURE OF FAMILY PLANNING METHOD BY PROVIDER (according to respondent)

None of the respondent received information regarding steps to taken if the family planning method fails.

kuch na puchli,bas bolli ki dikkat nahi karega

14. PERCEPTION OF CLIENT REGARDING OTHER SERVICES AT THE FACILITY

- Services like WASH, IEC regarding family planning, human resource at facility visited by client were found to be satisfactory (with a few exception).
- IEC was found to be informative by some while others did not read it.

Wash facilities-good/bad: *Han sab kuch theek tha, 2. Bas peene ka paani nahi tha baki theek tha*
Human resource present/absent to guide at facility: *han, madam vahin pe thi dene vali, ve oboli ki antara sui lena hai, to hum bole han antara sui lena hai*
Iec regarding family planning at facilty:
1. *han copper-t pe tha, dekhe the,laga tha ki theek hai*
2. *han han poster ek antaraL chapal rahe, a ego ee je hum goli lene rahe se, bs duiego . acha to vo poster dekh kea ap ache se samgh pae? padhe he thoda thoda.kaisa lga tha?...han ach alga, pdhli ta samgh mein ae li*

15. RESPONDENTS CHOICE BETWEEN GOVERNMENT OR PRIVATE FACILITY

- According to the respondents, many of them stated the following reasons for selecting private facilities over government facilities:

Prior incentive of government service availed not received:
aaj tak hmara paisa nahi mila,kagaj sab jama kiya aaj takle humara pisa nahi aya hai,vo aadmi nahi aa rha hai,kuch bataibe nahi kiya hai koi
Comparitively good experience at private facility:
humlog usi ke paas jate hain barabar,humko usi se theek ho jata hai
-Kyun ki uske vje se mera jab Jeevan bach gaya , paisa kitna bhi , lage, paisa to aadmi hamesha kama leta hai, par Jeevan.
Poor infrastructure of government facility as compared to private
sab chiz ka subidha yahan acha nahi hai,aisa kyun,2 se3 room hi hai bas,.....vahan 3 talla hai, sab chiz hai, sab faila hai,isiliye vhan jate hain
Better facilities at private in return of money charged
Admi ta soche la jhan se theek ho jae,paise lage,to acha va,isiliye vhan gae li,sarkari se theek nahi hoeli

Previous bad experience at government facility
Han pehle sarkari hospital gaye the, vhan gaye, fir bhi sahi nahi hua
Built trust with private provider
unpe vishwaas ho gaya hai ki unke dawa se set ho jaenge,shuru se guardian log garkha dikhlae hi nahi hai
Long waiting hours at government facility
chapra mein 6 ghanta line lagvai ke kraal, dawai liye ke khatir, dikhve khatitr,revelganj mein direct leke chal ava, line nahi lagave padi.
Perception-presence of more men staff at government facility
han yahi bole ki hum bahut soch rahe the, boht tension hoga, bahut aadmi hoga…

16. REASONS GIVEN BY RESPONDENTS FOR SATISFACTORY INTERACTION WITH PROVIDER FOR FAMILY PLANNING SERVICE

Provider known to family and same provider assisted in delivery:
u achi hain, hospital mein acha sa rehti hain, block mein, ... acha aap unse pehle bhi mile the. delivery krvati hai n hospital mein
Client was able to ask her doubts
han sab acha tha, vo ache se baat ki thi, han hum sab pooch liye the
Personal attention given by provider by visiting home: *acha laga,u ghar v ati hain, ghar a ke samghati hain*
Respectful behaviour of provider towards client: *Humko acha laga, u bahut ache se,has ke baat ki thi*

17. REASONS GIVEN BY RESPONDENTS FOR UNSATISFACTORY INTERACTION WITH PROVIDER FOR FAMILY PLANNING SERVICE

Provider did not give information regarding side effects of family planning method:
ab hum kya batae, ab vo humko sab nahi batae , to apko bhi kya batae. apko didi ne goli or sui ki
laabh or hani ke bare mein kuch bataya tha .goli se boht log bol rahe hain ki nuksaan ho jata hai.
Bahut logon ko nuksaan hote rehta hai..... ye apko didi batae nahi, vo ye sab nahi samghae
Provider did not give information regarding incentives during interaction:
ek aurat se hosptal mein sune the ki lene se 100 rupaiya milta hai.aur ye suia dene ke baad aisa kuch bolbe hi nahi ki,100 rupaiya nahi batae.
Family planning service was denied by the provider:
Humare pati ya sasural se vhan koi nahi tha,isiliye vo humara operation karne se mana kar di

Client suffered from side effects after using family planning method:
Humko set nahi kiya,dusre ko bolenge apna dekh kar jana
Client experienced out of pocket expenditure while availing family planning service:
Suvidha ta theeke tha, magar hmein lga ki sab cheez mein paisa maang rahe hain, jaise ki sarkari hospital mein check karane ke baad paisa nahi n lagta hai, 50 rupe leli, 50 rupe mein ta hum apne ghar hu mein, kar leti, dawai hum hospital se khareed lete, khali ego dawai ka paisa nahi li, lekin check kare ka 50 rupaiya lel
Less time was given by provider to client during interaction:
vo ae thi 2-line sirf to humko boli, han ache se 2 line bol ke chali gayi…… vo mere ghar mein 5 minute bhi nahi ruki to unse kya baat
Provider did not give complete information to client:
bataibe ga tab na kuch jamenge,u kuch bataibe na ki

18. REASONS FOR CHOOSING ONE FAMILY PLANNING METHOD OVER OTHERS BY RESPONDENTS:

Client's preference for one family planning method was reported to some extent influenced by the client-provider interaction they had.

Oral contraceptive pill: method of use explained by provider seemed more convenient:
1. *malad asaan pada,*
2. *suia se isliye vahi liyedawai boli thi to, dawai bhool jate hain hum to vishwaas nahi rahega, to isliye hum sui liye.*

Information regarding side effects was not given by provider:
Humko gas hone laga,deh bhar gaya,Chachi bhi kuch nahi ki or na kuch batate, to hum mayke mein baat kiye,to ek vaid ne humko jadi lene ke lie bola hai,vahi lenege ab hum
Preferred family planning method was short in supply:
hum chaya mangne gaye the.lekin boli ki abhi khatam hai ,to boli ki suia lelo tab hum suia le liye

19. REASONS FOR DISCONTINUATION AND NON-USAGE OF FAMILY PLANNING METHOD

It was discovered that interactions between clients and providers as well as the experiences of clients following those interactions had an impact on decisions to stop using family planning methods or to stop using any method at all.

Scared of scolding from provider due to missed dose:
isiliye jab sui lena bhool gaye the, to teesra ki delivery karvane vhan nahi gaye the ki daant padti doctor se
Facility inaccessible:
baki mein jaise injection ek baar vhan liye the, to baar baar to hum jate ate nahi hai ki hum har 3 month pe jae
Misperception- no effect if doses skipped for few days:
boht log bola ki 4-5 saal kahne se n bacha nahi hota hai, usi mein 2-3 din dhilai kar diye hum to usi mein, reh gya chota vala
(CONSEQUENCES OF FOLLOWING IMPROPER REIMEN–NOT EXPLAINED BY PROVIDER)
Lack of awareness regarding family planning services:
to isiliye humko yhan nahi pta tha ki anganwadi pe milta hai, to jab hum apne bacche chota vala ko injection dilane gaye n to usi beech mein kisi mahila ko dekhe ki mil raha tha, to hum puche to batae ., to hum liye
(NO INFORMATION REGARDING AVIABILITY OFFAMILY PLANNING SERVICES AT ANGANWADI CENTRE)
Service declined due to pandemic:
Han hum log gaye the operation karane.. to chachi ji bole the ki hospital band ho gya , to hum bole the ki kara dijiye, lekin lockdown lag gya tha, hospital band ho gya tha

II. QUANTITATIVE STUDY

1. **RESPECTFUL CARE-** Among the MWRA who had FP related interaction with a public provider in the last 12 months to when the study was conducted in 2021,

- 1/5^{th-} **reported experiencing poor treatment**

Respectful care is considered as a critical component of any client-provider interaction. During the study this parameter was tried to understand through various indicators like:

- Presence/Absence of pressurisation by provider to respondent for a using a particular FP method
- Provider made the respondent uncomfortable by inquiring about her life's situation.
- Respondent felt that the provider treated her poorly
- Respondent felt that the provider did not behave respectfully because of her age.
- Provider looked at or touched the respondent inappropriately.

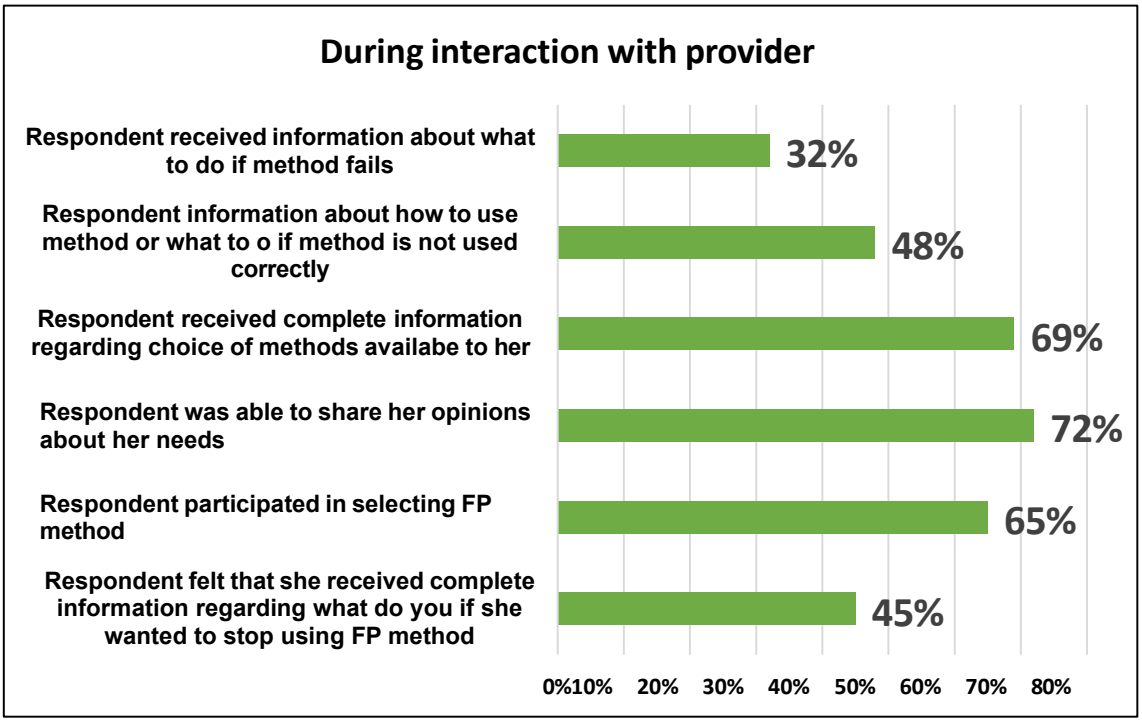


FIGURE 4: QUANTITATIVE FINDINGS: Responses for during interaction with provider

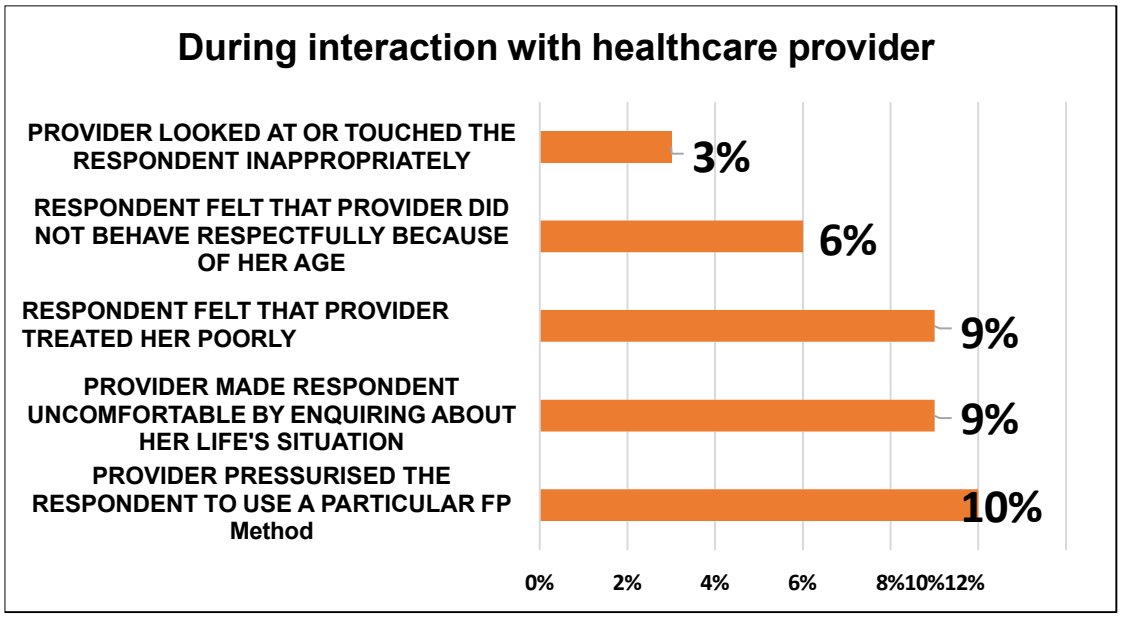


FIGURE 5: QUANTITATIVE FINDINGS: Responses regarding behaviour of provider

2. **OVERALL COMMUNICATION BETWEEN CLIENT AND PROVIDER-** The overall communication between the client and provider for family planning service according to respondent was not found to be satisfactory as.

More than 1/3rd of respondent experienced better communication with the provider

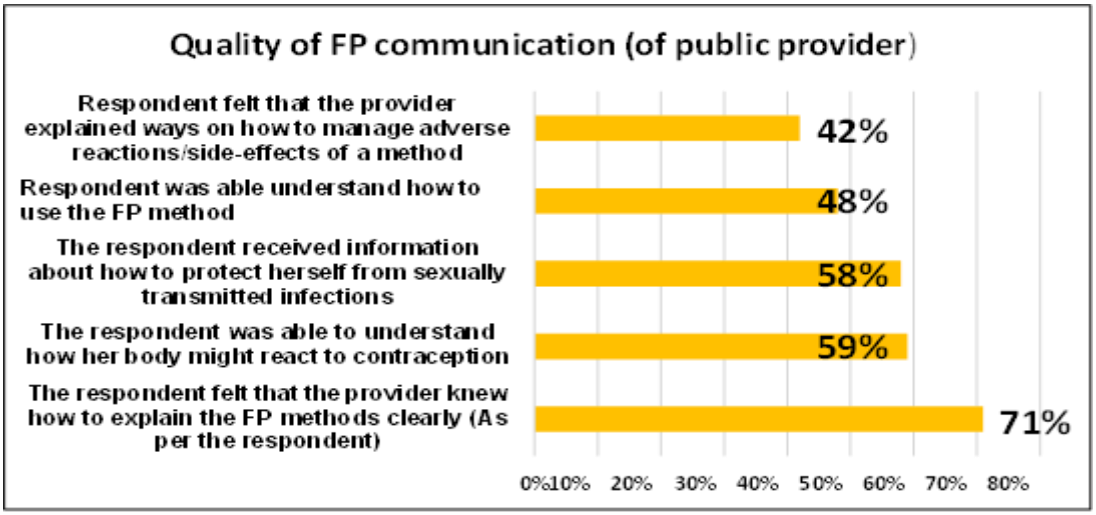


FIGURE 6: QUANTITATIVE FINDINGS: Responses regarding quality of communication

3. 3 out of 5 clients were not allowed to ask any concerns and needs, additionally 42% clients were saying that there was no privacy during counselling session, which clearly suggests that more focus is required to improve the quality of counselling.

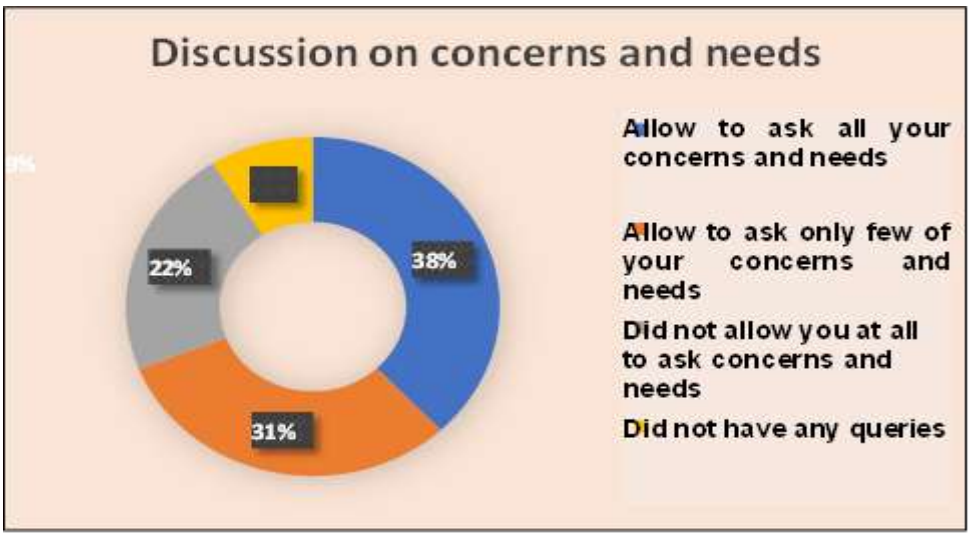


FIGURE 7: QUANTITATIVE FINDINGS: Responses regarding discussion on concerns and needs

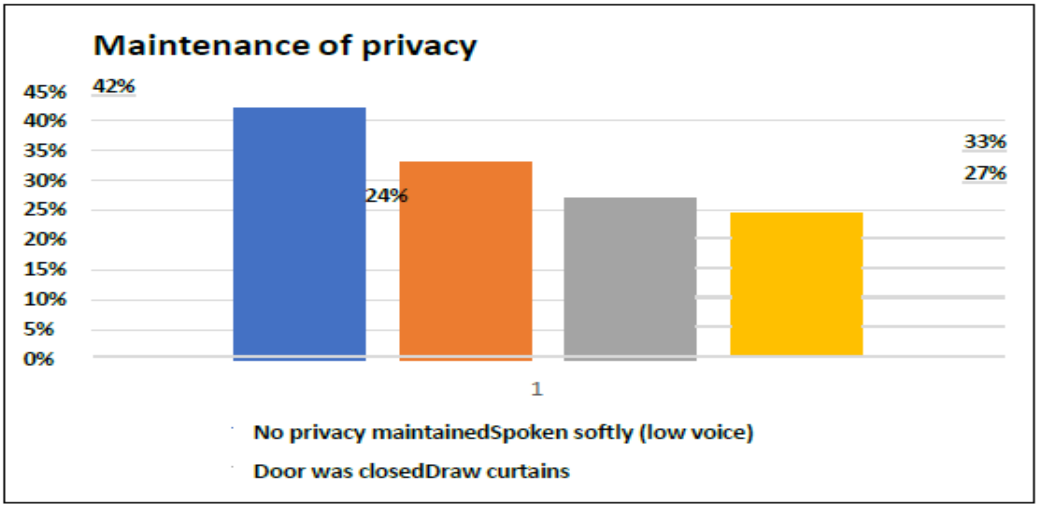


FIGURE 8: QUANTITATIVE FINDINGS: Responses regarding maintenance of privacy

4. Time dedicated by provider to client during the interaction is also an important requisite for deciding the quality of any client-provider interaction. It was found that:

AVERAGE TIME OF COUNSELLING

17 MINUTES

5. CLIENT'S PERCEPTION ABOUT COUNSELLING:

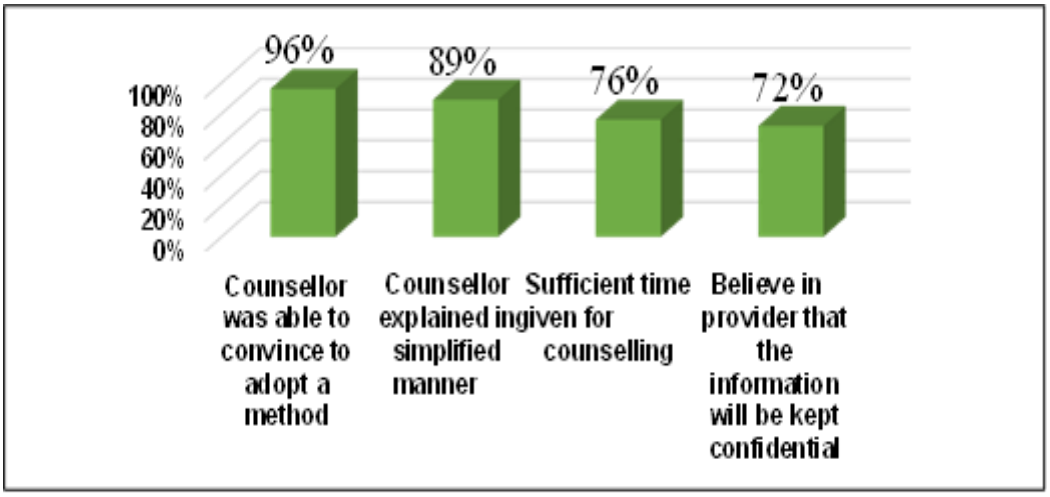


FIGURE 9: QUANTITATIVE FINDINGS: Perception of client's regarding counselling

6. COUNSELLOR'S BEHAVIOUR DURING INTERACTION:

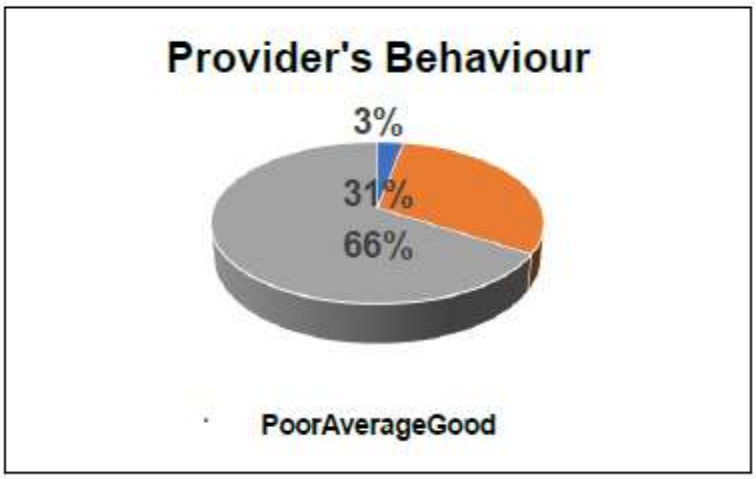


FIGURE 10: QUANTITATIVE FINDINGS: Responses regarding overall behaviour of provider

7. COUNSELLING ON SIDE EFFECTS:

- More than half of the clients were not informed regarding the advantages and disadvantages related to side effects.
- Only 3 of 10 clients were counselled about managing side-effects related to FP methods during the fortnight.

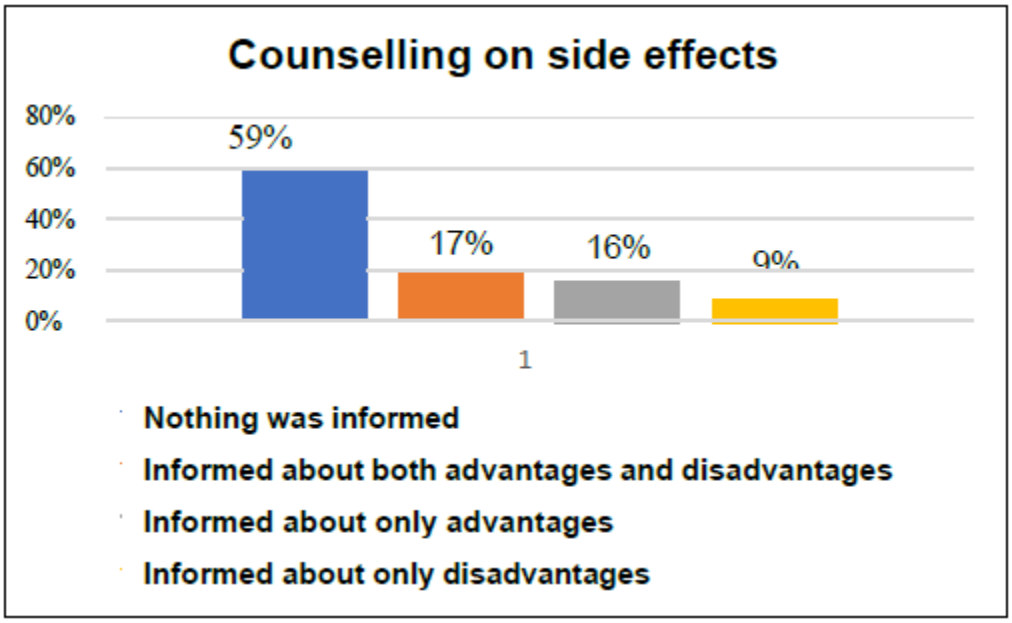


FIGURE 11: QUANTITATIVE FINDINGS: Responses regarding counselling on side effects

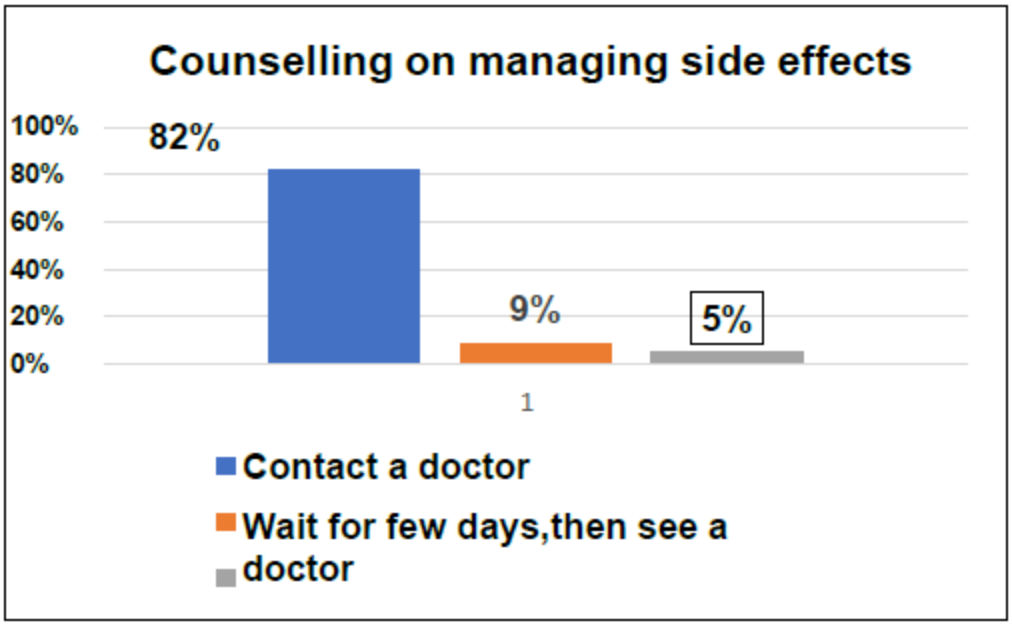


FIGURE 12: QUANTITATIVE FINDINGS: Responses regarding managing side effects

8. CLIENT-PROVIDER INTERACTION RESPONSES ON A TOOL PREAPRED ON QUALITY-OF-CARE BASES ON IQFP SCALE BY BRUCE:

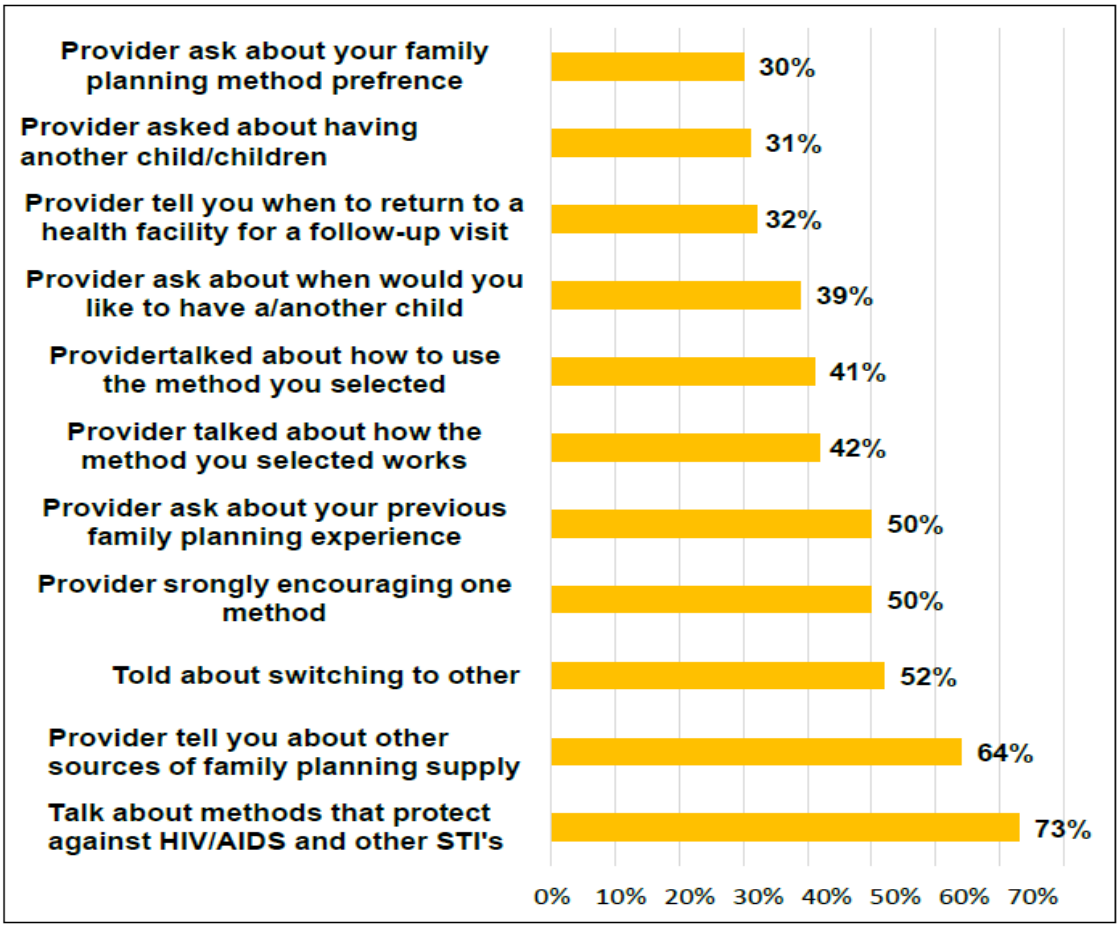


FIGURE 13: QUANTITATIVE FINDINGS: IQFP scale responses

DISCUSSION

Client-Provider Interaction (CPI) is a key element in quality of family planning and other health programs as well. In health care decisions client participation increases their investment in a treatment course (6). According to the study's findings, the standard of client-provider interactions was not sufficient or up to par. As a result of provider bias, the physician suggested only one or two contraceptive techniques rather than the complete spectrum of available options. Consistent with the results of previous research, providers did not offer clients a basket of choice (32,33). The quality of client- provider interaction varies leading to disparity in counselling and provision of healthcare services (13,14). According to the qualitative findings, each respondent individually had unique interactions with various providers when it came to family planning services. Increased access to FP methods has been a recent emphasis of FP programmes in India, which will help to boost the prevalence of contraception (CPR). As part of the Adolescent Reproductive and Sexual Health Strategy, a group of professionals received training on how to advise teenagers aged 10 to 19 (ARSH).

Findings suggest that providers less often have in-depth conversations with the clients as the average time of counselling is found to be only 17 minutes and they tend to immediately suggest one or two method the client, which diverts the interaction from being client centric. As it was found that only 30% of clients were clients were asked about their preference of family planning method. Quality of client-provider interaction varies leading to disparity in counselling and provision of healthcare services (13,14). One of the main components which defines the quality of any interaction is the behaviour of the interactors. It was found that in most cases the overall behaviour of the provider

during interaction with the client was appreciated by the client.

Clients should feel valued while dealing with service providers, and they should feel free to voice any issues they may have (34). When visual and auditory privacy is preserved throughout counselling and family planning procedures, as well as when clients are reassured that all information would be kept confidential, clients feel more at ease. (14). When clients are alone with service providers, they feel more at ease discussing personal matters (35). 42 percent of clients reported privacy violations while interacting with service providers, according to research. There were responses when clients were subjected to embarrassment due to presence of men during their counselling. However, the results indicate that clients were unable to participate for several reasons, including a lack of privacy at the facility, the lack of a separate room for counselling, and the provider's inability to devote time to the client as only 38% of clients were given the chance to express their needs and concerns during the family planning method decision-making process, indicating towards less participation. In accordance with the literature, very few clients are asked about their preferences (35), and the findings also indicate that only 30% of clients were asked about their preferred method. If the client indicated their preference, there were some instances in which they did not receive the method of their choice despite doing so. Our findings imply that clients had little influence over decision-making because they were not included in the technique selection. Most of the time, providers recommended techniques that they believed would work for their clients.

Findings show that conversations about side effects, how to deal with them, switching family planning methods, and the consequences of using family planning methods incorrectly were significantly less common. Women's perceptions of the quality of FP services are shaped by elements like waiting time, privacy, the provider's demeanour and tone, the availability of a variety of method options, and knowledge of adverse effects (20). It was discovered that the customer stopped using the FP method as a result of the provider's unprofessional conduct and inaccurate information provided about its side effects. It was found that the information regarding benefits of the FP method was not given due importance. Very few clients knew the benefits the contraceptive methods. The study found that the client-provider interaction experience might occasionally affect whether FP methods are continued or discontinued. It was discovered that the client decided to stop using the FP method because of the provider's strict behaviour. One client-provider encounter results in the development of a perception of the entire healthcare service delivery system (28). The study gave the option to examine respondents' preferences between private and public facilities. Respondents' preferences for private facilities over public ones were expressed in several very clear ways, including better infrastructure and better services. Clients' perceptions of their happiness with the encounter are known to be influenced by factors including privacy preservation and provider behaviour. This study wants to support the fact that providers' skills need to be strengthening in the areas of eliciting the needs of clients, prioritizing information to make it more relevant to the individual and empowering the clients to make decisions about appropriate method (36). study's concentration on the client's perspective may be a drawback; if live observation of the interaction and the provider's perspective had been captured, perhaps more in-depth insights could have been contributed. Therefore, there is room for additional study to be conducted to examine this crucial area of client-provider interaction in evaluating family planning services.

CONCLUSION

Findings of the study suggest that choosing, continuation and discontinuation of a family planning method is influenced by the quality

of client-provider interaction. So, emphasis on client-provider interaction and its quality maintenance can be instrumental in achieving the goals of Family planning programmes. Findings indicate that overall behaviour of the provider towards the client was found to be satisfactory and respectful but there were few instances of indifferent behaviour of providers towards clients. It was found that maintenance of privacy while interaction and liberty to client to participate in the decision-making process can be one of the major factors in determining the satisfaction of the client which was not fulfilled in 42% and 22% of respondents respectively. Many important aspects like information regarding side- effects related to family planning methods, management of side-effects, information regarding failure of chosen method, switching between methods were not given much importance.

In view to these findings, it is recommended that more importance to the aspect of client-provider interaction should be given which may aid in decreasing the taboo related to family planning and can make the process of choosing a family planning method more pleasant and easy for the client. A limitation to the study can be that only client's perception has been studied which could have been biased at some stage of recall. Hence, further research which may capture the side of the provider as well can help in building the whole picture and capturing the details.

Declaration by Authors

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