

Examining the Quality of Family Planning Counseling through the 2017-2018 Haiti Service Provision Assessment Survey

An Analysis Brief from The DHS Program



Why study family planning counseling?

Counseling on family planning by a health provider has the potential to help women understand and meet their desired sexual and reproductive health needs, including adopting and continuing contraception. As a key component of the quality of care, family planning counseling is critical to meeting the nuanced demands of the reproductive health rights of individuals and couples (Bruce 1990; Jain et al. 2019). It is also critical to evaluate the effect of health provider training on quality of care. For example, it is important to grasp whether family planning counseling differs by health providers' experience of both past and recent training in family planning services.

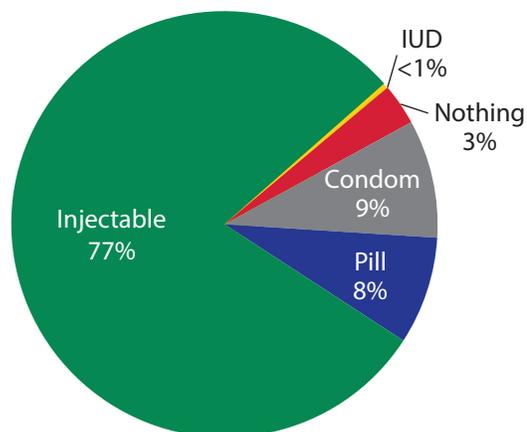
Understanding how health provider counseling and training may affect family planning counseling experiences in Haiti can inform the work of policymakers, program implementers, and researchers who carry out interventions related to health systems, human resources for health, and quality of care for sexual and reproductive health. Our aim with this research brief is to assess whether clients who visited health facilities received quality family planning counseling and whether that varied by provider training.

Which data were included in the study?

We used data from the 2017-2018 Haiti Service Provision Assessment (SPA) survey to examine the quality of family planning counseling. In our analysis, we identified 756 public and private health facilities that provided family planning services by 3,495 health providers surveyed in the SPA. Within these health facilities, 1,135 clients – 1,080 females and 55 males – agreed to participate in the SPA client-provider observation and exit interviews (one client refused to participate in the SPA survey).

Among female clients, 85% (n = 949) were observed to have been provided, prescribed/ counseled, or referred for an injectable or a pill prescription. (See chart below.)

Contraceptive Method Provided, Prescribed/Counseled, or Referred
Percentage of observed clients (N=949)



Data, continued

We analyzed the data from the 949 female clients who were prescribed and/or provided with only injectables or pills. We restricted our analysis to this group because of the discrepant nature of the health provider counseling sessions and the corresponding questionnaire differences between injectables and pills versus other barrier or long-acting contraceptive methods.

What methods were used to conduct this analysis?

We define our main outcome variable of interest – quality family planning counseling – based on the observation of counseling on five specific items during the provider-client consultation. The outcome variable assessed if the health provider counseled the client on topics related to instructions for method use and corresponding side effects. We considered quality family planning counseling to include counseling on all five items (see box).

Multivariable logistic regression was used to identify the determinants of receiving quality family planning counseling, including factors related to the client (age, education, new or returning client status), health provider (type/occupation, years of completed education, sex), and facility (department, type, public/private). Results displayed account for complex survey design and are weighted.

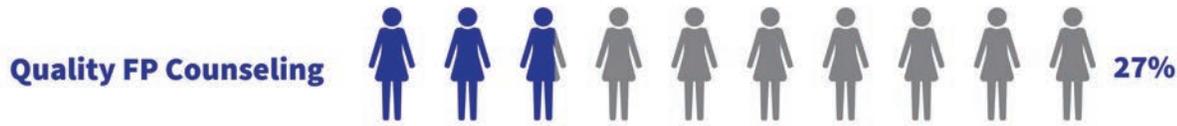


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Quality family planning counseling includes:

- *Instructions on how to use the contraceptive method*
 - When to take the pill daily/injection either every month, or every 2 or 3 months
 - What to do if the client forgets to take pill or does not obtain injection on time
- *Counseling on side effects*
 - Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)
 - Counseling on initial side effects that may occur (such as nausea, weight gain, and breast tenderness)
 - Whether the client should return to a clinic if side effects appear or persist

**Clients receiving quality FP counseling
(among clients who were prescribed and/or provided with injectables or pills)**



What are the key results?

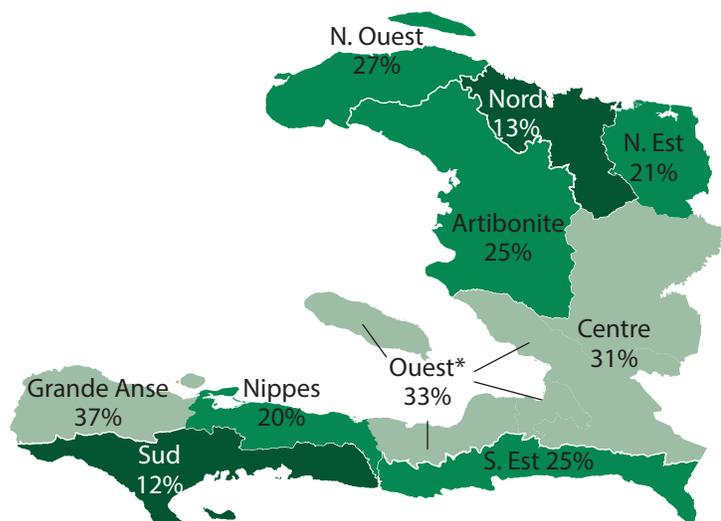
Of the 949 clients who were prescribed and/or provided with an injectable or a pill prescription/method, only 27% of clients (n=254) were observed to receive quality family planning counseling (see infographic above), as in counseling on contraceptive method instructions and corresponding side effects.

Facility characteristics:

- Quality family planning counseling received by clients who were prescribed or provided with an injectable or pill contraceptive method was low across Haiti, ranging from 12% in the Sud department, to 37% in Grand'Anse (see map).

Quality Family Planning Counseling by Department

Among women who were prescribed/provided with an injectable or pill at the end of their health visit, percent who received quality FP counseling



* The Ovest department includes the Aire Métropolitaine and Reste Ovest sub-departments

- The odds of clients receiving quality family planning counseling was 2 times higher in women who visited clinics, both with and without beds, compared to clients who received family planning counseling in hospitals.

Provider characteristics:

- The majority (99%) of health providers who provided quality counseling on injectable or pill use were nurses/midwives/other providers. Doctors, specialists, and clinical technicians make up the remaining 1% of providers who provided quality family planning counseling on injectable or pill use.
- Just over 1 in 4 (27%) nurses/midwives/others provided quality family planning counseling.
- After controlling for characteristics at the facility, provider, and client levels, there was no statistical difference ($p = 0.67$) in quality family planning counseling received and whether the health provider received recent family planning training (within the past 24 months), compared with providers who obtained family planning training less recently.

Key Results, continued

Client characteristics:

- There was a 40% reduction in the odds of a woman receiving quality counseling with primary, post-primary, or technical education, compared to women without education ($p = 0.04$).
- Returning clients who left with an injectable or pills had a lower odds of receiving quality counseling by health providers, compared to the new clients ($p = <0.001$).

Conclusions and Recommendations

Our analysis examined key predictors of observed receipt of quality family planning counseling, including facility, provider, and client characteristics. After controlling for other variables, we found no statistical evidence of a difference in counseling according to any provider characteristic, including recent training in family planning. However, our analysis suggests potential provider bias based on the client's education, in that women with more education – at the primary, post-primary, or technical education

levels – had a lower odds of receiving quality counseling. In addition, clients who were new contraceptive method users received more comprehensive family planning counseling than the returning clients, which is promising.

We recommend further research and understanding of family planning provider training at various levels of the health system as well as type of facility in Haiti. Findings suggest that doctors provided more comprehensive family planning counseling, though more research is needed given the small sample size of this provider category type. Evaluating what health providers are being trained to counsel clients on across different types of (barrier, short- and long-acting) contraceptive methods is essential.

References:

Bruce, J. 1990. "Fundamental Elements of the Quality of Care: A Simple Framework." *Studies in Family Planning* 21 (2): 61-91. <https://www.jstor.org/stable/1966669>.

Jain, A., K. Aruldas, A. Mozumdar, E. Tobey, and R. Acharya. 2019. "Validation of Two Quality of Care Measures: Results from a Longitudinal Study of Reversible Contraceptive Users in India." *Studies in Family Planning* 50 (2): 179 -193. <https://doi.org/10.1111/sifp.12093>.

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