Reproductive Health Research
Opportunities and Choices

University of Southampton

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Quality of Family Planning services in Malawi: what can we learn by observing consultations with clients?

Introduction

Women and men are influenced in their choice of health provider by many factors, including cost and accessibility. Quality of provision has also been identified as an important driver of service utilisation, and where deficient can represent a barrier to utilisation. Observation of consultations allows direct assessment of service quality.

Research Aims

The aim of the present study was to collect information about the interactions between clients and providers during family planning consultations in government and non-government run facilities from a nationally representative sample.

Research Methods

42 consultations were observed in thirty health facilities selected with equal representation of the north, central and southern regions, and of service provider. There was a mix of government hospitals, mission hospitals and health centres, government health centres, private health centres and clinics of Banja la Mtsogolo.

With the consent of clients, consultations were observed and notes made of the duration and content of consultations.

Findings

Context of consultations

Consultations took place in the Chichewa (central and southern regions) or Tumbuka languages (northern region). The commonest reason for consulting was to obtain new contraceptive supplies. 4/5 of the consultations observed were with a female provider, and three quarters of clients were seen by a nurse. The majority of consultations took place between 9 am and midday. New consultations (9/42) had a mean duration of 43 minutes (range 15-85) while for existing clients the mean duration was 15 minutes (range 2-80). The longest consultations were recorded when pelvic examination was carried out without provision of Depo Provera, reflecting longer discussion time in those not already seeking a specific method.

Content of consultations

For new clients, information elicited regarding age, marital status, number of children, pregnancy history, husband's attitude and STI history was

patchy. There was little or no enquiry about desire for more children or preferred timing of the next birth.

Conduct of consultations

Consultations included responding to questions, encouraging clients to ask questions, and assurance of confidentiality in more than half those episodes observed. Clients were asked about concerns with methods, shown respect, afforded privacy and offered a return visit in a high proportion of consultations (88-98%).

Method choice and information

Among the new clients all but one received the method of choice. These were the pill (3), Depo Provera (5) and female sterilization (1). Because of suspected infection one client was given condoms. Including existing users, the method mix was Depo Provera (71%), the pill (21%), female sterilization (2.4%) and the condom (2.4%).

The range of potential methods was discussed in detail in one third or fewer consultations, whereas injectables were discussed with 74% of clients.

For pill users, the blood pressure was checked in 8/9 cases, 8 clients were weighed, pregnancy was excluded in all clients, breastfeeding was discussed with 4/9 and menstrual cycle disturbance was enquired about in 5/9.

For Depo Provera users, blood pressure was checked in all cases, 20/25 were weighed, smoking history was obtained in 4/25, pregnancy was positively excluded in 18/25, the medical history was enquired about in 7/25 and menstrual irregularity was discussed in 20/25 consultations.

Clinical procedures

The most common procedure was administration of Depo Provera (71% of clients). The person administering the injection was usually the same individual who had conducted the consultation, who was usually a nurse.

Other staff involved were medical assistants and HAS (10% each).

The client's name was confirmed prior to the injection in less that one fifth of cases. The correct date of administration for the client was usually checked. Verification that the client was not pregnant occurred in only half the cases. There was almost universal application of safe sharps disposal practice.

Hand washing was observed for just under half before the injection procedures, as was also the case before pelvic examination. Pelvic examination was usually conducted without asking clients to take slow deep breaths and in the few instances of speculum examination observed, the procedure was almost never explained to the client.

Conclusions

The observations demonstrate adherence to some aspects of good practice in communication, especially demonstrating respect and affording privacy to clients. There is some evidence for provider bias towards injectables. The main flaws in relation to administration of injectables were failing to exclude pregnancy and hand washing.

Priorities for attention are **consultations that explore fertility intentions and that support wide method choice, and good clinical practice during intimate examinations**.

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