

## Counseling and Client Provider-Interactions as Related To Family Planning Services in Nigeria

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### Abstract

Family planning is an essential service in medicine. It is a means of promoting good health and population control. In view of the importance of family planning, this study examined counseling and client provider-interactions in family planning centers in Nigeria. The study was a cross-sectional design and sixty eight pharmaceutical and eighty five family planning centers were randomly selected from the Northern and Southern parts of Nigeria. Quality of Care for Integrated Services Tool and Simulated Client Method were used to obtain relevant data. It was found that, 58.8% of the sampled family planning centers received their guests (stimulated clients) in a friendly and polite manner. The essential prerequisite of first demanding a prescription from first time users was ignored by 41.18% of the centers. Scheduled follow-up appointments were found to be necessary in 76.47% of the health centers and almost all the health care providers at the Family Planning centers referred clients to other facilities for unavailable services. The findings stressed the need for health facility owners and pharmaceutical shop attendants to acquire training in counseling and commodities management.

**Keywords:** Counseling, Client Provider - Interactions, Family Planning services

### 1. Introduction

Counseling is an interpersonal relationship between a counsellor and a client or a group of clients with a view of assisting the clients to address their concerns. Thus, in counseling, the counselors take the responsibility of assisting clients to address their concerns. Due to its relevance and usefulness, counseling is fast becoming a cornerstone for effective implementation of the sexual and reproductive health programmes. Its importance can be seen in the need for positive behavior change towards health seeking, as well as family planning. Psychological counseling is a means of helping essentially mature and minimally anxious people to overcome obstacles to personal growth and development that are reflected in difficulties in dealing with specific problems or situations (Thoresen, 2009). Essentially, the role of counselors is to facilitate the development of self actualization in clients. Maxwell (1984) has identified seven dimensions which can be employed in evaluating the relevance of counseling to any programme. These are access to services, relevance to need, effectiveness, equity, social acceptability, efficiency and economy.

Counseling process involves relationship in which the client, with the help of the counsellor, is able to analyze his or her problems and reach effective decisions. The counselor's major techniques include acceptance, understanding and interpretation. The five major goals of counseling are to facilitate behavior change, improve a client's ability to establish and maintain relationships, enhance the client's effectiveness and ability to cope, promote decision-making process, and facilitate client potential and development. These goals are not mutually exclusive, and some are emphasized more often by some theorists than others.<sup>26</sup>

Family planning counseling has six elements which are; Great clients, Ask the clients about themselves, Tell the clients about family planning methods, Help the clients choose a method, Explain how to use a method and Return for follow-up. These elements have an acronym "GATHER". Client-provider interaction refers to the interpersonal exchanges between a client who receives health information and services and the clinic-based and outreach health providers who offer the require services. According to Judith (1990), attention towards improving the quality of care of family planning services emphasized the need for client-centered services. Client-provider interactions involve

greetings, asking clients about themselves, telling clients about family planning commodities, guiding clients to choose a method, explaining pill usage and follow-up services.

The emphasis on the importance of positive Client-Provider Interactions (CPI) in family planning and other reproductive health services gained more ground after the 1994 International Conference on Population and Development (ICPD) held in Cairo and Cairo +5 assessment exercises (Ashford & Makinson, 1999). CPI is characterized not only by courtesy and clarity, but also by more listening and less “telling” on the part of the provider; encouragement of the client to ask questions and seek clarification; attention to sexuality and gender issues; discussion of contraceptive methods’ side effects; inquiry about the client’s risk of Sexually Transmitted Infections (STIs), including HIV/AIDS; and other features (Elaine Murphy & Cynthia Steele, 2003).

Family planning is a corner stone for reducing maternal and child morbidity and mortality. Counseling is an essential skill for providing quality family planning services; however, it is uncertain if the family planning care providers have the appropriate skills and techniques for providing family planning services especially the areas that are require counseling. In view of this, the study examined counseling and client provider -interactions as related to family planning services in private health facilities in Nigeria. The article intended to bring into focus the relevance of counseling and effective human relations to family planning.

## **2. Methodology:**

The study was a cross-sectional survey of sub-population of private health care providers in randomly selected health facilities in Cross River and Kwara States. The study sample comprised sixty eight *healthcare providers in* pharmaceutical shops, vendor drug outlets, and eight five family planning units. The study was carried out using integrated facility assessment tool and simulated client method, which involved obtaining information from family planning service providers. The research assistants were trained and the consents of health providers were sought before data collection. The collected data were analyzed with the use of descriptive statistics.

### **2.1 SIX -STEP OPEN-ENDED GUIDE**

**G - Greeting** clients warmly. *Were they polite, friendly, cold or just casual?*

**A - Asking** clients about themselves. *What information did provider ask? i.e., pill being used by clients; professional screening or advice, age, marital status.*

**T - Telling** clients about contraceptives. *i.e provision of information on the benefits and side effects of pills.*

**H - Helping** clients choose a contraceptive pill or other method. *i.e observe whether not the providers assist clients to make decisions or persuade them.*

**E - Explaining** how to use chosen pill (method). *i.e observe whether clients are provided instructions regarding the correct use of pills (or other device) sold. Also explain if the instructions are provided voluntarily or requested by the clients.*

**R - Planning for Return** visits. *What advice is given to clients on when to replenish or obtain new pills or see a doctor?* Probe questions were also developed to elicit both direct information and other indirect expressions such as body language in the interaction.

2.2 Step 3: **Fieldwork/** Field visits: Twenty student nurses were recruited as mysterious clients.

- a) Clients were assigned to different locations each day.
- b) Field visits were limited to an average of three daily.
- c) Costumes were changed at certain stages to depict varying socio-economic status and age.
- d) Enough money was provided to pay for transport and pills/contraceptives offered for sale.

### 2.3 Step 4: Debriefing

Clients were debriefed by a study monitor (a sociologist well versed in qualitative research methods) using the same GATHER open ended guide. This debriefing exercise was recorded.

### 3. Findings:

In all the health facilities visited. Overall results showed that the quality of providers-client interactions appeared to be the same. The following is the outcome of the findings.

**3.1 Greeting clients:** Altogether, reception provided in 58.82% of all the family planning units of the private family planning facilities visited was reported by clients as "warm and nice" and/or "in a friendly and polite manner". Exceptions to this, however, were that: *a few providers did not respond to greetings because they were too busy attending to other customers.*

**3.2 Asking clients about themselves;** The essential pre-requisite of demanding a prescription from first time Oral Contraceptive (OC) users was ignored in (41.18%) of the sampled facilities. Rather OCs were handled by both types of outlets (i.e. pharmaceutical and vendors shops) in a manner similar to "over the counter" drugs. The typical scenario was that: *Attendants merely asked which type of pill was preferred and served.* Only 33% of shop attendants asked clients about medical screening and/or a prescription. Lack of privacy during consultation was also reported as a source of worry by stimulated clients.

**3.3 Telling clients about contraceptives** Many of the vendor attendants did not know the mode of action of the OC pill but 64.7% were aware that "the use of the pill has accompanying side effects". Again only 50% advised clients to seek professional advice before using the pill. One of the stimulated client's accounts vividly portrays the common scenario:

*"The lady attendant explained to me that it is not advisable to take 'the pill' without first going to a doctor or family planning clinic. She told me that one has to be screened before taking OCs, because there are so many side effects such as severe headaches, weight gain and stomach ache. She added that those without children may even experience delayed pregnancy when they later decide to have children."*

**3.4 Helping clients choose a method;** Information to help clients make a choice of contraceptive method was inadequate because most providers / attendants appeared to lack the knowledge as depicted in the following two accounts by clients.

*"He told me the "Secure" pill was good because a lot of people use it".*

*"She did not offer any assistance but recommended Norminest Fe as good for first time users".*

**3.5 Explaining how to use oral contraceptive pill;** Majority of retailers who sold the pill voluntarily provided information on how to take it; 61 (90%) out of 68 pharmaceutical /vendor shops. In some instances, however, these were missed up as exemplified by the following report from a client:

*"She said I should follow the arrow, take it daily, and never to mix-up the pills. I should not jump from one pill to another on a row or a column because each pill corresponds to a certain day of the week. It was therefore dangerous to take Monday pills on Thursday. She added that when I get to the brown pills, it would give me fresh and new blood during menstruation."*

The time spent to provide instructions to clients on pill was very short because retailers were usually in a hurry to attend to other customers.

**3.6 Planning for return visits;** Altogether, only 17.65% of shops visited asked clients to report back or see a doctor if any problem occurred. The typical remarks of clients were that:

*"There were no plans for return visits."*

From table 1; Family planning centers with visual and auditory privacy acceptability were 58.82%, while 41.18% of the facilities do not have visual and auditory space. Respect for clients was highly observed in 29.41% of the facilities while 61.11% do not have good client respectful orientation. Using the language the clients understand was observed in 23.53% of the FP centers, 35.29% did not see the use of client's language and approach as important. Interactive communication between clients and providers was observed in 42.94% of the centers.

As seen in table 2 Less than 17.65% of the FP providers did not discussed different health care issues with clients, while 29.41% poorly did (inadequate). A total of 64.71% of the providers tailored information to the clients' needs. Though 23.53% of the providers did not encouraged clients to ask questions, the use of visual aids to explain medical procedures, general health education and counseling to clients was adequately performed by 41.18% of the providers. However, 47.06% of the providers gave clear and accurate information especially when clients expressed confusion. A total of 64.70% of the providers informed client to return if s/he has any concerns was a good practice in. Scheduled follow-up appointment was found to be necessary by 70.59% of the clients and the 76.47% of the providers referred clients to other facilities to obtain methods and procedures not available in table 3.

From table 4; A total of 29.41% of the FP providers provided clearly and accurately recorded indications or precautions in client's history and physical examination forms, while 35.29% did not. Only 29.41% of the providers sought the opinion of clients on contraceptives and whether or not s/he had a preferred method, however, 35.29% did not ask clients information that would help in determining suitability of FP methods.

Table 5 indicates that majority of the providers (94.12%) at the FP centers explained with clear concise instructions to clients the appropriate techniques for using preferred method, while 5.88% providers did not counseled clients on the side effects.

#### **4. Discussions**

It is widely recognized that providers knowledge decay over time after the initial trainings on family planning (FP) and counseling procedures. Despite long years of existence of the most of the private health care centers, this study found out that large numbers of health care providers are not well trained or inadequately trained on family planning counseling. Clients feel more comfortable if visual and auditory privacy is maintained during counseling and family planning procedures, and if they are assured that all information would be kept confidential. More than half of the respondents provided adequate and good visual and auditory privacy (see Table 1). Respect for privacy usually facilitates an atmosphere of trust in which the clients and health providers can explore emotional, sexual, or gender-related issues relevant to method of choice. Providers should encourage clients to ask questions and seek clarification or repetition of instructions such encouragement is associated with positive outcomes.<sup>6</sup>

The findings of the study indicated that less than one quarter of the health providers adequately and routinely established a welcoming atmosphere for every client. This has great consequences as most clients judge a clinic by the quality of the overall service they receive, how they are treated, what they see and hear, and what they experience during their visits. It is the responsibility of each and every staff member and volunteer to help create and maintain an atmosphere where clients feel respected and welcome<sup>7</sup>. Study has shown that clients are more likely to be satisfied with services, if all staff, not only the counsellor treats them in a respectful and friendly manner.

The study also revealed that findings on the use of language, was similar to a study carried out in Egypt which found that client-centered consultations was associated the clients' satisfaction and methods continuation, even though the client-centered sessions lasted only one to three minutes longer on average<sup>8</sup>.

Many providers make counseling a one-way process as indicated in Table 1. In a similar study in Ghana, providers talked at length about each available method and then asked the client to choose one.

If the client hesitated, the provider recommended a method. There was rarely any discussion of why a client might choose a particular method or any checking to see whether the clients understood the information<sup>12</sup>. This study supported 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.<sup>12</sup> This and other research has spurred efforts to help counselors engage in dynamic interactions, with much less "telling" and much more asking, listening, responding, encouraging, establishing rapport, and clarifying.<sup>13</sup>

Providers and clients should discuss other important topics and features of the method, often called "advantages and disadvantages." Such perception varies widely among providers as less than thirty percent of the providers adequately discussed range of different topics as indicated in Table 2. Some women may want the highly effective, continual protection of an IUD or an implant, while others may feel uncomfortable about a foreign object in their body or may want more control over their method. Some women want methods with the fewest side effects, and others want methods that do not require application at the time of intercourse. Sexuality matters: Clients may be concerned about side effects such as extended bleeding or reduced libido. Some women favor while others shuns injections; some cannot remember to take pills; and many want and need condoms because they offer dual protection against pregnancy and sexually transmitted infections, including HIV/AIDS<sup>5</sup>.

In addition to the processes that help clients and providers work together to identify the most appropriate client choices, certain information on family planning methods is now considered essential to aid that decision making. This material includes information on the effectiveness, side effects, correct use, and the "advantages" and "disadvantages" of different methods, as well as on necessary follow-up procedures, potential complications, and STI/HIV prevention as indicated in Table 2. Most of the providers tailored information to the clients' needs, while more than fifty percent gave clear and accurate information especially when clients expressed confusion. Clearly, the most effective counseling is tailored to the individual.<sup>14</sup> Not only that there is a great variation in clients' lives and personalities (and needs, skills, intentions, knowledge, beliefs, and values), but there is equally great variation in what clients and their partners find essential, attractive, convenient, or tolerable about contraceptive methods. Some clients place highest emphasis on a method's effectiveness in preventing pregnancy, while others weigh effectiveness against the potential impact of side effects on their sexual relations, personal feelings, and health.<sup>15</sup> In another study, when Mexican women were given a 20-minute information session with a nurse who used a flip chart, they were better able to assess their risk of STIs and select a suitable contraceptive method than were physicians.<sup>16</sup> One study, conducted in Guatemala, Hong Kong, Jordan, Kenya, Trinidad and Tobago, and Nepal, found that clients who received the most information were more likely to discontinue the method they received than those who received less information.<sup>18</sup> Information overload may have blurred key instructions, or perhaps left little time to explore considerations that might have led to a more appropriate method choice. Use of health education and counseling materials was high 88.24% (Table 2) among the providers. Illustrated take-home materials can be used during counseling to help clients recall instructions later and also to disseminate accurate information, since clients often share the materials with their partners, relatives, and friends<sup>17</sup>.

Many of clients are not encouraged asking questions or do ask questions inadequately 23.33% and 17.65% respectively (Table 2). Training clients in advance to ask questions helps to overcome the social distance between clients and providers; in a recent Indonesian study, clients who had been trained asked significantly more questions relevant to finding the right contraceptive method. Providers were also trained to encourage clients to ask questions<sup>18</sup>.

Clients need information about common side effects and how to deal with or outlast them. Providers should invite clients to return if they cannot tolerate the side effects, and should reassure clients that they can change methods if dissatisfied. This was a not common practice among the providers in this assessment as 47.06% had side effects and perceived health problems are the major reasons clients give for discontinuing contraceptive use; fear of these effects is also a major reason for not adopting certain methods in the first place<sup>19</sup>. A study in Niger and the Gambia found that women who received inadequate counseling about side effects were significantly more likely to stop using contraceptives, while those who were fully counseled on side effects were likely to continue using contraceptives either with the same method or with a different, more acceptable method.<sup>20</sup> In China, women who received pretreatment counseling about the side effects of the injectable contraceptive Depo-Provera were almost four times more likely to continue with that method than women who had not been counseled<sup>21</sup>. Women unprepared for a side effect may believe that it is long-lasting and dangerous,

even if it is temporary and not medically harmful<sup>22</sup>. Such worry, followed by discontinuation, is likely to discourage others from using the method, since negative reports spread by word of mouth<sup>23</sup>. On follow-up and referral, scheduled follow-up appointment was found to be necessary in 76.47% of the clients, and almost all the facility do refers clients to other facilities for methods and procedure not available. Clients need advice on when to return for their next injection, resupply, or follow-up. Clients choosing implants need to remember when it is time to have them removed periodic follow-up visits can help and should be informed that they can have implants removed at any time before that date as well. Clients should be advised about the signs of rare complications and encouraged to seek immediate help should those side effects occur. Follow-up sessions are a good time to reinforce correct and consistent use of client-controlled methods and to determine whether side effects need management. Other methods can be discussed then if a client has developed medical contraindications to the method over time or if a change in intention (such as a desire to become pregnant within six months) or lifestyle (such as a client now also needing protection against STI/HIV) occurs. In addition to having scheduled return visits, clients need to know that they are welcome to return to the clinic any time that they have concerns. From table 4, informed choice remains the guiding principle for practitioners, 64.71% of the providers obtain client's opinion about contraception and preferred method Table 4. Clients who already have a method preference should be given that method unless it is inappropriate for medical or personal reasons. Clients who receive the method they came for and many do have a preference are significantly more likely to continue using contraception than those who do not receive their preferred method.<sup>7</sup> However, even clients who state a preference should be asked whether they would like to hear about other methods, in case they know only the method they asked for or have been pressured to use it. Not surprisingly, continuation is significantly increased if the couples have agreed on the method; in fact, couple counseling has been shown to be more effective in general than dealing with a woman or man alone.<sup>24</sup> Power imbalances are also relevant: If a woman's partner is opposed to family planning, she may prefer an undetectable method. She may also need skills to negotiate family planning use with her partner, and, if a victim of violence, may need to be referred for further help<sup>25</sup>.

### **5. Conclusions**

Despite these different challenges, this study provides data on the procedure of assessing provider-client interactions from the clients' perspective. It offers an effective means for monitoring the quality of care provided in many health care settings. The use of health staff as simulated clients even has the potential benefit of providing new knowledge and practical experience from the user perspective. In the study the impression of clients about most of the places visited was quite positive. The reception was warm but little time was devoted to counseling due to apparent pressure on the time of retailers. Although clients perceived the level of knowledge of some retailers about the contraceptive pill to be good, the tendency to confuse instructions on how to take them as well as lack of concern for safety procedures, e.g. lack of screening and no plans for return visits, has limitations on the quality of service. The study also indicated that less than fifty percent of health care providers offered acceptable counseling services while the majority of private health providers in rural areas did not have the counseling skills and therefore lacked adequate skills in the process of client- provider interaction.

### **6. Recommendations**

Based on the findings of the study, the following recommendations were made:

- a. Training and retraining programme on counseling should be organized for private health care providers in Nigeria in order to improve performance in family planning and client provider interactions CPI.
- b. Effective monitoring and supervision of the services provided by private providers
- c. Health providers should be giving proper orientation CPI in order to promote effective delivery of service.
- d. Clinical guidelines on the sale of OCs to first time users and the effective monitoring and supervision of trained providers should be put in place.

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TABLES

**Table 1: Key Processes in Client-Provider Interactions (CPI)**

Parameters	NA/ND	IAQ (N %)	G (N %)	Total
Visual and auditory privacy	41.70)	30(35.29)	20(23.53)	85(100.0)
Client is greeted in a respectful manner	35(41.70)	25(29.41)	25(29.41)	85(100.0)
Uses language the client understands	30(35.29)	35(41.70)	20(23.53)	85(100.0)
Interactive communication between clients and providers	20(23.53)	20(23.53)	45(42.94)	85(100.0)

Note; Not Available/Not Done (NA/ND), Inadequate (IAQ), Good (G)

**Table 2: Key Family Planning Information**

Parameters	NA/ND	IAQ (N %)	G (N %)	Total
Providers: discussed health care issues with clients	15(17.65)	25(29.41)	45(42.94)	85(100.0)
tailored information to the client's needs	5(5.88)	25(29.41)	55(64.71)	85(100.0)
encouraged clients to ask questions	20(23.53)	15(17.65)	50(58.82)	85(100.0)
used visual aids to explain medical procedures, general health education and counseling	10(11.76)	35(41.18)	40(47.06)	85(100.0)
gave clear and accurate information especially when client expresses confusion	10(11.76)	20(23.53)	55(64.70)	85(100.0)
informed the client to return, if s/he has any concerns	5(5.88)	25(29.41)	55(64.70)	85(100.0)

Note; Not Available/Not Done (NA/NDP), Inadequate (IAQ), Good (G)

**Table 3: Follow-up and Referral**

Parameters	Not Done (N %)	Done (N %)	Total (%)
Providers: scheduled follow-up appointment when necessary	25(29.41)	60(70.59)	85(100.0)
referred clients for methods or procedures not available	20(23.52)	65(76.48)	85(100.0)

**Table 4: Providers -Client's Interaction Skill**

Parameters	ND (N %)	IAQ (N %)	G (N %)	Total
Providers: clearly and accurately recorded indications or precautions in client's history and physical exam forms	30(35.29)	30(35.29)	25(29.41)	85(100.0)
obtained clients' opinion about contraception and if s/he has a preferred method	30(35.29)	30(35.29)	25(29.41)	85(100.0)
asked client information that would help determine suitability of method	30(35.29)	25(29.41)	30(35.29)	85(100.0)
asked if a client has a preferred method, what she knew about the method and if s/he wanted to discuss additional methods	25(29.41)	30(35.29)	30(35.29)	85(100.0)

Note; Not Available/Not Done (NA/NDP), Inadequate (IAQ), Good (G)

**Table 5: Clients; - Information, techniques and counseling**

Parameters	NP	IAQ (N %)	AQ (N %)	G (N %)	Total
Providers: asked clients if they have preferences and informed clients of appropriate methods	5(5.88)	20(23.53)	35(41.18)	25(29.41)	85 (100.0)
provided clear concise instructions to clients on the appropriate techniques for using preferred method	5(5.88)	20(23.53)	35(41.18)	25(29.41)	85(100.0)
counseled the client about possible side effects	5(5.88)	20(23.53)	35(41.18)	25(29.41)	85(100.0)

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