

Person-centered Care Elicits More Positive Responses From Family Planning Clients

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A critical element of a positive family planning care experience is for the client to be able to ask all of their questions and get complete answers from their provider. In fact, in a recent Child Trends survey, 75 percent of family planning clients cited this <u>person-centered approach</u> when asked what had contributed to their positive care visit. <u>High-quality family planning care</u> is both person-centered (meaning it centers individual clients' preferences during care visits) and offered in settings with efficient infrastructure for ensuring client access and comfort (such as scheduling, record-keeping, and supportive front desk staff). Understanding the most important aspects of a positive or negative family planning visit experience can help health centers adopt strategies to improve service delivery.

Child Trends surveyed 1,016 individuals assigned female at birth who had recently received family planning care and were income-eligible for publicly funded services. Of the 893 respondents who reported a prior sexual and reproductive health (SRH) visit, over three quarters (78%) reported a prior visit they considered "mostly positive" while 19 percent reported a "mostly negative" visit. Respondents were also asked to report on the most important characteristics (up to three) that made their visit experience mostly positive or mostly negative; characteristics were related to interactions with providers and features of the clinic or the appointment. Survey respondents also provided write-in answers that described, in more detail, the factors that made their visit positive or negative; figures 1 and 2 include select quotes that illustrate the top reasons for positive and negative visits. (The full distribution of categorical responses can be found in the Appendix.)

Among responses related to provider-patient interactions (Figure 1), clients characterized positive SRH visits as those in which the provider/staff:

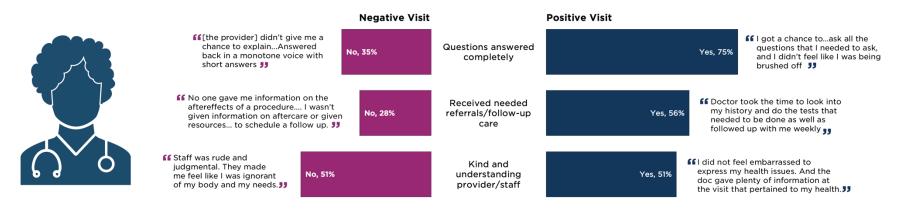
- 1. Gave clients the opportunity to ask questions and answered their questions completely (75%)
- 2. Gave clients needed referrals or follow-up care (56%)
- 3. Were kind and understanding toward clients (51%)

Visits that the clients described as negative were characterized by clients as those in which the provider/staff:

- 1. Treated clients unfairly, made them uncomfortable, and/or were dismissive (51%)
- 2. Did not give clients the opportunity to ask questions or have their questions answered completely (35%)
- 3. Did not give clients needed referrals or follow-up care (28%

¹ For more information about the survey sample, see Child Trends' methods brief https://www.childtrends.org/publications/methodological-approach-family-planning-client-survey

Figure 1
Top 3 provider-related reasons for a positive or negative family planning visit



When asked about clinic- or appointment-related factors impacting their experiences (see Figure 2), clients characterized positive SRH visits as those in which:

- 1. Clients received all desired tests or treatments (58%)
- 2. Clients had enough time with the provider (56%)
- 3. The front desk or other staff were friendly and/or helpful (47%)

Visits that clients described as negative were those in which:

- 1. The appointment was too brief (35%)
- 2. Clients received tests or treatments they did not want, or didn't receive wanted tests or treatments (31%)
- 3. The front desk or other staff were mean or abrupt (30%)

Figure 2
Top 3 clinic- or appointment-related reasons for a positive or negative family planning visit



The common characteristics of both positive and negative visits highlight the importance of person-centered care in family planning settings, which includes respectful and nonjudgmental provider-patient interactions that center clients' preferences and provide sufficient information about care options and possible follow-up services. These findings also highlight the need for a positive clinic environment (e.g., friendly and helpful staff) and appointments that allow enough time to include person-centered counseling and provide desired tests and treatment

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Appendix: Detailed Breakdown of Survey Responses

Client satisfaction with their most recent and prior family planning visits

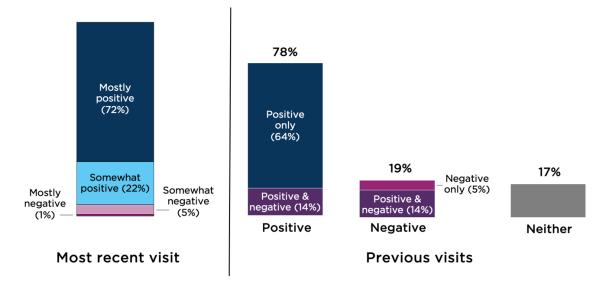
Nearly three quarters of respondents to the Child Trends survey (72%) reported that their most recent family planning visit experience was "mostly positive" and only 6 percent rated their visit as negative ("somewhat" or "mostly"; see Figure A1). Respondents also reported on their prior sexual and reproductive health visits (SRH) in the past 3 years. More than three quarters (78%) reported a prior visit they considered "mostly positive" while 19 percent reported a "mostly negative" visit. These percentages include the 14 percent of respondents who reported both a positive visit and a negative visit. An additional 17 percent did not categorize their previous visit(s) as mostly positive or mostly negative.

Figure A1

Approximately 3 in 4 recent family planning clients report being satisfied with their experience

Percentage of clients reporting levels of satisfaction for their most recent visit, and for prior visits in the past

3 years



Full distribution of reasons for positive and negative family planning visits

Table A1.

Percentage of respondents selecting each visit characteristic, among those reporting each visit type

Provider - client interactions				
Mostly positive visits	%	Mostly negative visits	%	
N=697	78	N = 170	19	
Provider gave me an opportunity to ask questions and answered my questions completely	74	The provider or other healthcare staff treated me unfairly, made me uncomfortable, and/or were dismissive	51	
The provider or other healthcare staff were kind and understanding of me	49	The provider did not give me an opportunity to ask questions or did not answer my questions	35	
The provider gave me the referrals or follow-up care I needed	31	The provider did not give me the referrals or follow-up care I needed	28	
The provider gave me enough information to make the best decision about my healthcare	30	The provider did not let me say what mattered to me or take my preferences seriously	27	
The provider prioritized my physical comfort during exams, test, and treatments	29	I felt pressured to choose a particular contraceptive method, or undergo unwanted tests, or treatments	20	
The provider let me say what mattered to me and took my preferences seriously	25	The provider didn't prioritize my physical comfort during exams, tests, or treatments	12	
The provider considered my identities, background, and/or personal circumstances when advising me about my healthcare	9	The provider did not consider my identities, background, and/or personal experience when advising me about my healthcare	6	
Other (specify)	0	Other (specify)	4	

Clinic and appointment characteristics				
Mostly positive visits	%	Mostly negative visits	%	
N=697	78	N = 170	19	
I received all the tests or treatments I wanted	58	The appointment was too brief	35	
I had enough time with the provider	56	I received tests or treatments I did not want, or didn't receive tests or treatments I wanted	31	
The front desk staff were friendly and/or helpful*	47	The front desk staff were mean or abrupt*	30	
The wait time was short	31	The wait time was long	29	
The facility was easy to access	27	The facility was difficult to access	12	
The services were affordable	24	The telehealth-related or other digital systems didn't work or were difficult to navigate	9	
The telehealth-related or other digital systems worked efficiently and were easy to navigate	9	I couldn't afford the services	9	
Other (specify)	0	Other (specify)	5	

Methodological note: If a respondent reported a sexual and reproductive health visit in the past 3 years that was either mostly positive or mostly negative, they were asked to select the top three reasons for their rating from a selection of options related to provider-patient interactions and a selection of options related to the appointment or clinic factors.

^{*}Respondents who selected "Other" and then specified interactions with staff who were not front desk staff were categorized into this response category.