Informed Choice and Decision-Making

rural locations were proportionally selected in coastal, central, and western Kenya.* Specific sites in these locations were then purposively selected to include both clinic- and community-based service providers among the six leading organizations offering family planning services in Kenya.

Research assistants observed 16 sessions at each site over a 9–15-day period, involving as many different clinic- and community-based providers as possible. Because the number of providers at each site varied widely, some providers were observed with many different clients, while others were observed with only one client. Since new clients were scarce, research assistants observed virtually all new clients who visited a study site. In contrast, continuing clients were plentiful, and their sessions were chosen randomly. The observed sessions were divided equally between new and continuing clients.

Counseling sessions with new clients lasted 10–30 minutes and those with continuing clients lasted 5–10 minutes. With the client’s and provider’s permission, the research assistants audiotaped each session, filled out an observation guide during the session and interviewed the client privately after the session. Research assistants listened to each tape, transcribed it from the local language into English and made a written transcript of each session. Transcription was kept as literal as possible, with nothing omitted and no attempts made to interpret what either the provider or the client had said. However, all references to names and places that might identify the client or provider were removed.

This article reports on background data from the observations and interviews, but we focus primarily on the audiotapes of the sessions. Unfortunately, problems in taping the consultations (faulty tape recorders, poor sound quality, incomplete recordings and lack of permission to record) limited us to 176 usable transcripts—77 from sessions with new clients and 99 from sessions with continuing clients. Seventeen different service sites are represented. These 176 sessions do not vary significantly from the complete set of 358 sessions in regard to client education, age, contraceptive use and provider type. Thus, our findings probably reflect the typical interaction between provider and client, although they may not represent all service situations in Kenya.

Data Analysis

We used both qualitative and quantitative methods to investigate the decision-making process during counseling sessions. For the qualitative analysis, we identified specific client and provider behaviors associated with each of the four steps in the decision-making model, and examined which of these behaviors occurred during the consultations, how consistently they occurred and in what order. For the quantitative analysis, we identified and tallied key behaviors and then calculated the proportion of counseling sessions in which each behavior occurred. The unit of analysis in all findings presented is the session. This means that the findings do not reflect how many times per session a behavior occurred.

To assess quantitatively the contraceptive information offered by providers during counseling sessions, experts in contraceptive technology developed a comprehensive list of key information points for each of the nine modern methods available in Kenya.† Between 20 and 35 information points were listed for each method. Information points covered how the method works, how it is used, the method’s advantages and side effects, warning signals that require a provider’s attention and what, if any, follow-up is necessary. These lists were drawn up purely for research purposes, and providers were not expected to mention all of the information points. After coding the transcripts, we calculated the proportion of counseling sessions that included mention of each information point. This measure does not reflect the accuracy of the information or how often an information point was repeated during a single session.

Findings

Client and Provider Characteristics
All of the clients attending the examined sessions were women; 88% were aged 20–34. Almost half (46%) had at least a secondary education. Eighty-four percent were married, and 99% had children. Fifty-six percent of the women were continuing clients, more than four-fifths of whom had come for contraceptive supplies or a routine checkup.

Sixty-one different service providers (24 community-based distributors and 37 clinic-based providers), with an average of seven years of experience in providing family planning services, participated in the study. All but three providers were women. Seventy-eight percent of the clinic providers were nurses, and the remainder were counselors and doctors. The community-based distributors were community members who had received limited training in family planning and were affiliated with nearby clinics. All data were analyzed by provider type, but we only report these results if significant differences were found.

Data on the method selected during the counseling session were available for 153 clients. Of these, 128 women left the service site with a method—usually the pill (59 clients) or the injectable (41 clients). The 25 women who left without a method were asked to return when they had their menses, to go for further health screening or to come back at a later date for a long-term method. While roughly the same percentage of new and continuing clients left without a method (16% and 18%, respectively), new clients left with condoms or foaming tablets more often than did continuing clients (20% versus 4%). Usually, providers gave women condoms and foam to use for short-term protection until they could return and receive their method of choice.

Understanding Personal Circumstances
Providers collected information about new clients’ marital status and number of children in approximately 60% of sessions (Figure 1). Some providers did so at the end of the session, however, only after a method decision had been made (defined simply as the client requesting a specific

---

*Kenya’s fourth major region, the northeast, was omitted because of its long distance from Nairobi and its relatively sparse and nomadic population.

†The condom, the pill, the injectable, foaming tablets, the diaphragm, the IUD, the implant, tubal ligation and vasectomy.