

WOMEN'S RECOMMENDATIONS

Appointments

- ❖ Allow women:
 - to make appointments with the same nurse or doctor across visits
 - to make evening appointments since many women work during the day
- ❖ Send reminders about upcoming appointments.

Services

- ❖ Increase publicity – including via television, websites, and email – about services so more people can use them.
- ❖ Tailor services to women's individual needs.
- ❖ Ensure women access to birth control, medications, and tests for free or at low cost.
- ❖ Provide free condoms.
- ❖ Double-check sexually transmitted disease test results before informing women of their status.
- ❖ Screen staff to learn more about their attitudes toward birth control and sexuality before hiring them.

Information & Education

- ❖ Create handouts for the front desk describing the services offered as well as providing information on cost and what type of insurance is accepted.
- ❖ Write birth control instructions down so women can take information home.

- ❖ Provide Spanish language informational materials explaining birth control.
- ❖ Hold classes or group discussions so women can get detailed information about birth control and can share their experiences using different methods.
- ❖ Have nurses, doctors, and other staff provide sex education at schools since parents often feel uncomfortable talking about sex with their children.

Confidentiality & Privacy

- ❖ Improve service confidentiality. For example, a system where a woman is given a card which tracks the purpose of her visit on it, so that when she arrives she can hand the staff her card without having to say the reason for her visit out loud in the waiting room.
- ❖ Allow teens to fill out their paperwork in the back since they may feel embarrassed answering personal questions in the waiting room.

Facilities

- ❖ Make facility environment educational and welcoming to all women. Posters showing women only in a maternal role can make some women feel uncomfortable such as women who do not want children or who cannot have children.
- ❖ Ensure clinic names and signs make it clear that services are available for both men and women.
- ❖ Ensure that there is a space for children since many women may not have child care.

What do women care about when getting family planning services?

Lessons learned from a study with women in California



Family planning services are frequently used and important. We carried out a study in 2007 with 40 women in the San Francisco Bay Area to learn more about women's experiences with family planning care, including what women like and don't like when receiving family planning, and how the services could be improved.

WHAT WE LEARNED

Information & Decision-Making

- ❖ Information was very important. Women liked learning about different birth control options and liked being shown pictures of methods or seeing them first hand.
- ❖ They appreciated being informed about the meaning of the tests that were performed and the significance of forms they were asked to sign.
- ❖ Women liked it when facilities displayed pamphlets and posters so they could learn about different issues of which they might not be aware.
- ❖ Women wanted their decisions to be respected during their visits. They disliked it when nurses or doctors tried to influence their choices about birth control or pregnancy, or when they weren't given enough information to make informed choices for themselves.

Services

- ❖ Women also felt at times that they weren't examined thoroughly, weren't sent for follow-up testing when they should have been, and weren't adequately screened for health risks before being given birth control.
- ❖ Women wanted to get birth control easily. They liked when it was offered for free or at low cost, and liked having free condoms available. Additionally, they liked not having to return too often for birth control refills.

- ❖ For Spanish speaking women, receiving services in Spanish was important. However, some Spanish-speaking women discussed problems with using interpreters. Some women felt embarrassed having to say personal things in front of an interpreter. Others felt interpreters didn't translate things as they wanted them to. Finally, some women felt their appointments were longer because they had to wait for an interpreter to arrive.

Interactions with Providers

- ❖ Women appreciated when nurses and doctors listened to them, asked questions, and tried to understand their specific needs and concerns. They disliked it when they felt rushed, anonymous, or when nurses or doctors made assumptions about them rather than trying to understand them as unique individuals.
- ❖ Women liked nurses and doctors who seemed caring and concerned. Women felt nurses and doctors were caring when they did things like offering women extra tests or exams they needed but didn't come in for, when they remembered women, and when they showed concern for women's comfort. Uncaring nurses and doctors did things like being rough when performing exams, not making an effort to answer women's questions, and not seeming to care about women's feelings.
- ❖ Feeling comfortable was also an important issue to women. Nurses and doctors could help women to feel comfortable during visits by introducing themselves, being open when talking about sexuality, talking women through exams, and being non-judgmental.

Confidentiality & Privacy

- ❖ Women wanted their privacy to be respected.
- ❖ Some women felt embarrassed having to say the reason for their visit while in the waiting room.
- ❖ Young women were also commonly concerned about their parents finding out about their visits and about being seen by people they know while getting care.

Appointments & Facilities

- ❖ Women liked facilities that felt clean, warm, and welcoming. They disliked facilities that felt cold or unsanitary.
- ❖ Women preferred to see the same nurse or doctor across visits. They also liked being able to choose the doctor or nurse they saw. It was important to many women to be seen by a female.
- ❖ Other problems women experienced included long waiting times, appointment times not being respected, receiving conflicting information from different staff members, having tests or questions unnecessarily repeated, excessive paperwork, and difficulties reaching providers by phone.

For more information about the study or a copy of the full report, please contact Davida Becker at becker@obgyn.ucsf.edu or (415) 476-5120.