Role of helpline outbound calling in reduction of dissatisfaction and discontinuation rate among IUD clients

1. significance/background

Studies on family planning (F.P) methods have shown that user satisfaction is an important contributor to greater compliance and longer continuation. Studies have also shown that women’s perceptions of physical and psychological effects of each method strongly influence method selection. The Intrauterine Device (IUD) is an important long-acting F.P method. Population Services International / India (PSI/India)baseline research indicated that the following knowledge/beliefs are significant determinants of IUD use: awareness that the IUD is as effective as sterilization and awareness that IUD side effects subside within 3-4 months. The baseline also found that most IUD discontinuation occurs within three months of insertion. These findings alerted PSI/India to the need for an ‘after service’ follow up call apart from the routine follow up visit by the client to the provider. The call is intended to dispel myths about side effects, check client satisfaction and to evaluate the quality of IUD services.

Making a follow up call after client service is important for a number of reasons, including improving organization/clinic’s credibility. The follow up adds value to the service or product the client received and gives an opportunity to build a stronger relationship with each client. This could result in referrals to more potential clients.

2. program intervention

PSI/India’s Women’s Health Project (also called as ‘Pehel’ meaning initiative in Hindi) recognized the need to conduct post-insertion follow up to dispel myths and misconceptions, address side effect concerns, and measure continued use of IUD and client satisfaction. The Pehel helpline was launched in 2010. It is managed by a dedicated team of seven counsellors who provide information, counselling and referrals. The anonymity and professionalism of the helpline ensures a safe, interactive, non-judgmental and non-threatening environment, making it easier for clients to discuss intimate concerns regarding reproductive health. PSI/India promotes the helpline through outdoor media, print media and community-level interpersonal communication agents.

3. methodology

The outbound follow up call was introduced in 2011. The call is made to new IUD users within 30 days of insertion, if the client has consented to receiving a call. The counsellor address concerns, counsel on side effects and encourage women to continue using the method. The counsellor evaluates client satisfaction, reminds women to attend follow up visits, and makes referrals for care if needed. The helpline counsellors make a minimum of three attempts to reach every client who has been referred to them for follow up by PSI/India.

From January to December 2014, counsellors at the Pehel hotline collected data on new IUD clients who consented to receive a follow up call following IUD insertion; 23,349 clients. PSI/India’s electronic management information system (MIS) captured the following indicators for each client: number of contacts established, date/month of follow up, number of clients satisfied with the IUD service, number of dissatisfied clients (and reason), and number of clients who discontinued IUD (and reason).

A robust mechanism for monitoring MIS is in place, with data cleaning and veracity first conducted by the helpline manager, followed by data validation by PSI/India staff. In addition, regular supervisory field visits to the helpline are also done. Descriptive analysis has been conducted to determine frequencies of indicators.

5. program implications

The program found that rates of dissatisfaction and discontinuation decreased over time. This suggests that helpline follow up within 30 days of insertion can be successful in maintaining satisfied IUD users. That 27% (3563) of clients denied IUD insertion when called is suggestive of a poorly timed call, e.g. presence of a family member at the time of call and/or client hiding their F.P status. This suggests that the parameters of follow up can be made more robust by noting down variables such as the desired time to be called back.

Anecdotal evidence suggests that frequent switching of telephone/mobile numbers could have played a part in the large number, 37% (7818), of clients who could not be reached by the helpline. PSI/India can look at seeking alternative contact numbers from clients or encourage clients to maintain the same number during the contact period.

Female patients in India face a number of barriers in accessing healthcare services such as geographical distance, opening hours, transportation and dependence on male partner. The helpline is an important health intervention for such women, as it provides them health information and confidential counselling within their homes. In this way, it addresses concerns of dissatisfied IUD clients and thereby prevents them from discontinuation.

The results outlined above are based on one-month follow up post insertion. An expanded follow up plan to call clients every 30 days over a three month period post-insertion (three calls total) may further sustain users by reducing dissatisfaction and discontinuation.

4. results & key findings

By the end of the 12 month period, helpline services were active in 30 cities/towns in three states of India. A total of 23,349 IUD clients agreed to receive a follow up call: 90% (20,960) of these numbers were valid and made available to the helpline for follow up. Out of this, 63% (13,082) were contacted successfully. The median age of the women in this group was 28 years. The remaining 37% could not be reached. Of the clients reached, 73% (9,519) of clients disclosed to the helpline counsellor that they had an IUD inserted. The remaining 27% (3,563) denied that they had an IUD and thus the helpline counsellor ended the call.

Of the 9,519 IUD clients successfully reached and who disclosed they had received an IUD, 89% reported being satisfied with the IUD service and were still using the IUD at the time of receiving the call. The rate of dissatisfaction was 8% and the remaining 3% had discontinued using IUD. Side effects like heavy bleeding, pain in abdomen and irregular periods were the major reasons cited for dissatisfaction. The trained counsellors addressed these queries by counselling that ‘these are normal side effects which subside on their own within 3-4 months’ and by referring on case-to-case basis to nearest Pehel network provider.

Rates of both dissatisfaction and discontinuation decreased over the 12 month period.