R4S – An exploratory study of family planning self-care in Nepal, Niger, and Uganda
In-depth interview topic guide
Family Planning Providers

Instructions to Interviewers

This interview guide is for family planning providers that have been purposefully selected for IDIs.

- *Ensure you have adequate privacy and cannot be overheard before beginning to ask questions.*
- *Using the tablet, administer the Participant ID and Eligibility Screening surveys*
- ***AFTER determining eligibility,** obtain participant's consent using the Informed Consent Form and answer any questions*
- ***AFTER consent and BEFORE beginning the interview,** use the tablet to administer the Demographic survey*
- ***AFTER the demographic questions have been asked,** save the responses and put the tablet away.*

Eligibility Screening

READ AFTER ID GENERATION: First, I will ask some information about you which will determine whether we will continue with more questions.

Read the following questions to potential participants and have them respond. If any of the responses lead to '→STOP', the client is not eligible to participate. Do not proceed with the survey. Thank the client for their time. Let them know that they have done nothing wrong, but you would like to interview those who have the most to contribute to this study.

NO.	QUESTION	RESPONSE	CODE	SKIP
101.	How old were you at your last birthday?	[___|___] *Years*		**If <18 → STOP**
102.	Are you currently providing family planning methods to patients?	Yes	1	
		No	0	**→STOP**
		Don't Know	8	**→STOP**
		No response	9	**→STOP**

NO.	QUESTION	RESPONSE	CODE	SKIP
103.	How long have you been in your role? ***Select 1 for weeks*** ***Select 2 for months*** ***Select 3 for years*** ***Only select weeks if <1 month*** ***Only select months if <1 year*** ***If don't know, record 88*** ***If no response, record 99*** ***Accept estimates***	[__|__] Weeks Months Years	 1 2 3	 →STOP →STOP

Demographic Questions

READ AFTER ELIGIBILITY: Your answers indicate that you meet the eligibility for this study. I am now going to tell you more about this study and what you can expect if you decide to participate.

[Informed consent process]

READ AFTER CONSENT: Thank you for agreeing to share your experiences providing family planning services. I will ask you a few more questions on this tablet before we move to the audio-recorded part of the interview. As a reminder, you can decline to respond to any of these questions.

NO.	QUESTION	RESPONSE	CODE	SKIP
201.	What is the highest level of school you've attended?	No formal schooling Primary school Secondary school University or technical school No response	1 2 3 4 9	
202.	What is your role in providing family planning methods to patients?	Doctor Nurse Health Assistant/other Clinical role CHW/Village Health Team member Pharmacist Drug Shop vendor/operator Other (specify) _____ No response	1 2 3 4 5 6 7 9	 →204 →204 →204 →204 →204
203.	Do you work in a public or private health facility?	Public health facility Private health facility No response	1 2 9	

NO.	QUESTION	RESPONSE	CODE	SKIP
204.	How often do you provide family planning methods? ***Select the response that corresponds to the highest frequency***	At least once a day	1	
		At least once a week	2	
		At least once a month	3	
		Less often than once a month	4	
		No response	9	

READ: Thank you for agreeing to share your experiences with family planning services. There are no "right" or "wrong" answers to the questions I ask. What interests me is understanding your perspective on how best to support the delivery of different FP services and the types of support that members of your community may need. I will make an audio recording of the interview so that I can remember the information you provide me. But, as a reminder, I will keep confidential all the information you share with me. I will not share them with anyone outside the study team (See consent information). Do you have any questions? Are you ready to get started?

Turn on recorder, state your name, the participant ID, and confirm that they consented to participate and be recorded.

Questions

I.   Orientation towards role as a service provider
1. How would you describe your day-to-day job?
   a. What are the most common services you provide? What about family planning services?
   b. What kind of clients do you serve? (Describe demographics)
2. To what extent are clients themselves engaged in the care they seek from you? (or, at your clinic, drug shop)
   a. How about for family planning specifically?
   b. How common is it for women to come to a family planning visit with their own questions?
   c. How common is it for women to come to a visit having decided which method they would prefer?
3. How much do clients rely on you for advice about their family planning method?
   a. How much does this vary – by gender, education or other factors?
   b. Do you think you are able to give them the advice they need and want? If no/ yes, how so?
   c. What more you would like to know in order to help your clients with their contraceptive choice?
4. How do you feel about clients asking for questions related to their contraceptive method if they did not get the method from you? Why?
5. When during contraceptive choice do you think clients should consult with you? Why?

II.   Understanding of "self-care" as a concept
6. When I use the term "self-care", what does that mean for you?
   a. How would you describe it when it comes to family planning?

7. In this study, we define "self-care" as "the ability for individuals, families and communities to *promote and maintain sexual and reproductive health and avoid unintended pregnancies and products with or without the help of a health care provider."*
    a. How would you describe this in your own words?
    b. To what extent do people in this community practice "self-care"?
    c. What self-care behaviors are most common in this community?

III.   Capacity of clients for self-care
8. Take a moment to think about the different clients you have seen in the last week. Without giving any personal information, please describe the type of client who best represents a "self-care" orientation.
    a. What kinds of information or services do they seek?
    b. How do they interact with you during the visit?
    c. How capable do you feel they are in managing more health-related decisions themselves?
9. How would you describe a client who does not represent a "self-care" orientation?
    a. How do your interactions with this type of client differ?
    b. What kinds of support do they need from you?
    c. How capable do you feel they could be to manage more health-related decisions themselves?
10. What concerns do you have about extending the ways that people engage in healthcare to be more self-care oriented?
    a. What benefits do you see for people if more services or products were available through self-care mechanisms?

IV. Contraceptive use
11. What contraceptive methods are most commonly provided through this [*clinic/drug shop/community extension workers*]?
12. What role do you play in helping clients access or use the following methods:
    a. Standard days method or other calendar-based methods
    b. Oral contraceptive pills or emergency contraceptive pills or
    c. Injectable contraception – intramuscular (e.g., DMPA-IM) and, if available, subcutaneous (e.g., Sayana press)
    d. Implants and sterilization methods
13. What do you do to support clients' use of these different methods?
    a. How do clients' needs for information and support differ across different methods?
14. What, if any methods, can currently be obtained or used without medical supervision?
    a. What other methods do you believe could be provided through other "self-care" approaches – that is, with less management by clinicians?
15. An IUD is usually removed by a healthcare provider at a clinic. But there is early research that some women may be able to remove their own IUD when they want to stop using it by pulling on the string in the vagina that is attached to the IUD. If further research shows women can safely and effectively remove their own IUDs, what are the pros and cons of counseling women about this option?

V. Sexual and reproductive health

16. What services, other that FP, do men and/or women seek at the clinic related to their sexual health? (e.g., STI screening and treatment, counseling and management of menstrual changes, HIV services etc)
17. Where else might they seek these services? (e.g., traditional/herbal medications, non-western doctors, internet-based information or services) Why (or why not) might they go elsewhere for services, rather than to a clinic?
18. What kinds of people are more oriented toward self-care options for their sexual health needs? Does this differ by sex, literacy, geographic context or other things?

VI. Effect of COVID on FP Services

19. How, if at all, has the COVID pandemic affected the kinds of services you provide?
    a. Have there been periods of time when services were not available? If so, when and for how long did this take place?
    b. How did it affect you personally?
20. What effect do you think it has had on women's and couples' ability to seek and obtain information, methods or services?
    a. Did women and men find new ways to access information and services? If so, please explain.

VII. Opportunities for Enhancing Self-Care

21. Thinking about the services you provide, what opportunities are there to increase clients' involvement in their own self-care?
    a. For example, are there ways to increase clients' access to information before a visit?
    b. How might you increase client engagement and decision-making during or after a visit?
22. How willing would you be to refer your clients to other sources for some information and services? Why or why not?
23. Do you have suggestions for how clinic and other sources of healthcare information and services could be integrated or harmonized?

VIII. Risks and benefits of expanding self-care options

24. From your perspective as a clinician/drug shop/community health worker, what are the pros and cons of making more self-care options related to sexual and reproductive health available to people?
    a. How would it affect the work that you do?
    b. How would it affect the processes or systems in your workplace?

1. Recommendations for enhanced self-care options

25. What recommendations do you have, after this discussion, related to enhancing self-care options for men and women related to sexual and reproductive health?
    a. What information or products should or should not be prioritized?

b. What could you do (as a provider or clinic) to facilitate greater access to FP self-care options?
c. What support would you (as a provider or clinic) need?
d. What barriers currently exist to expanding these options?

INFORMATION TO INCLUDE IN TRANSCRIPT	
Interviewer's name	
Interviewer ID number *Assigned during training*	[____ | ____]
Interview date	[____ | ____] / [____ | ____] / [____ | ____] Day 　　　　　 Month 　　　　　 Year
Start/End Times	Start time [__ __ : __ __] End time [__ __ : __ __]
Participant ID [NIGER] *Generated during the screening process. Use ID exactly as it appears on the tablet.*	[____] - [____] - [____] - [____ | ____] SNU 　　 Type 　　 Sex 　　 Participant
Participant ID [UGANDA AND NEPAL] *Generated during the screening process. Use ID exactly as it appears on the tablet.*	[____] - [____] - [____ | ____] SNU 　　 Sex 　　 Participant
Venue of interview (e.g. client's home, health facility, etc..)	
Language of interview	