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Evaluation of Informed Choice for contraceptive methods among women attending a family planning program: conceptual development; a case study in Chile

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Abstract

Objective: To generate and validate a scale to measure the Informed Choice of contraceptive methods among women attending a family health care service in Chile.

Study Design and Setting: The study follows a multimethod design that combined expert opinions from 13 physicians, 3 focus groups of 21 women each, and a sample survey of 1,446 women. Data analysis consisted of a qualitative text analysis of group interviews, a factor analysis for construct validity, and kappa statistic and Cronbach alpha to assess scale reliability.

Results: The instrument comprises 25 items grouped into six categories: information and orientation, quality of treatment, communication, participation in decision making, expression of reproductive rights, and method access and availability. Internal consistency measured with Cronbach alpha ranged from 0.75 to 0.89 for all subscales (kappa, 0.62; standard deviation, 0.06), and construct validity was demonstrated from the testing of several hypotheses.

Conclusions: The use of mixed methods contributed to developing a scale of Informed Choice that was culturally appropriate for assessing the women who participated in the family planning program.

Keywords: Health measurement; Test design; Informed Choice; Contraception methods; Health scale; Family Planning Program

1. Introduction

The decisions that women make with respect to their family planning methods reflect a variety of influences. They include, but are not limited to, the information available in the media; access to family planning methods and services; cultural, religious, and social influences; socioeconomic status; and community standards [1]. The effect of all these influences is embedded in the principle of Informed Choice in family planning. This is defined as a process of deciding on a contraceptive method based on the complete understanding of all the available information [2−4]. This process should lead to a free, independent, and effective decision about the method of contraception [5−7].

At the international level, there are unrealistic expectations for this process in the context of primary health care centers in the developing world because of the scarcity of human and material resources [8,9].

The Informed Choice concept encompasses three dimensions that are debated. The first is the theory that sustains this principle; the second, the definition of the elements that comprise it; and the third to the objective measurement of its implementation.

It is generally maintained that the principle of Informed Choice is based on the liberal philosophy that focuses on individual rights [10,11]. This supposes that a person as an individual understands the potential risks, limitations, and scientific uncertainty of the procedure that he or she is choosing and is able to align his or her own beliefs and values with the information provided to make the correct decision [12−14]. This position is based on a normative theoretical model with respect to human behavior [15,16].

The elements that constitute Informed Choice include the following: (1) affectivity, which involves aspects specific to the patient such as the individual understanding of

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What is new?

- A deliberative process was conducted to develop an instrument to measure the Informed Choice of contraceptive methods as a means of assessing the decision-making process in family planning programs throughout Chile.
- Informed Choice in these women is a multidimensional construct made up of the following domains: orientation, information, communication, and the quality of treatment.
- Different sources and methods for generating items provide the necessary foundation to develop a construct that can be measured in a culturally appropriate manner.

the process, values, beliefs, personal disposition, and so on; (2) the patient's view of the acceptability, use, and the effectiveness of the implementation of procedures; and (3) quality of the interaction between the client and the health provider, among others [17,18].

We were unable to find an Informed Choice instrument for assessing contraceptive needs in primary care in a lower or middle income country. To date, measurements validated in Informed Choice have evaluated the results or effects of the information on the patients' decisions about other specific procedures [19,20]. Useful studies have shown that individualized information contributes to more informed decision making than group information; and that it is necessary to provide not only written information but also verbal information [21−24]. The OPTION instrument has been proposed by the World Health Organization, for assessing patients' decision making: doctor−client information and interaction [25,26].

However, despite partial attempts [27,28], one aspect in the Informed Choice measurement not yet adequately explored in a low/middle income country setting similar to our setting in Chile, is the affective or personal dimension of this concept, which involves the individual factors, ideas, beliefs, and sometimes unpredictable feelings that affect the patients' decisions. There are measurements of quality of information received, opportunity to make decisions, and quality of provider−user interaction, but there is no instrument that measures the entire Informed Choice process [29−32] in family planning, from an integrated perspective.

In Chile, the Informed Choice concept is not well known, and less still is patient decision making measured. We therefore propose generating a measurement of Informed Choice that takes three fundamental dimensions into consideration. The first dimension is based on the principle of health as a basic human right, which implies right to information and quality of attention. Second is the affective dimension of patients' culture and beliefs in the context of a Latin population, whose values regarding the family, the ideal number of children, and participation of women are very different from the Anglo-American estimations. And third is the assessment of provider−user interaction from the patients' point of view, modeled on the values of Latin culture.

The objective of this study was to design and validate a scale to measure the Informed Choice of contraceptive methods among women attending the family planning program (FPP) in Chile. The purpose was to show the process of constructing a valid and reliable scale combining health and social sciences methods and tools.

Having a valid and reliable instrument to measure Informed Choice would allow clinicians and health personnel to maximize the delivery of quality and ethical health care to women of reproductive age.

2. Methods

The scale of Informed Choice was constructed using a cross-sectional multimethod study that used qualitative techniques to gather and evaluate items directly from women's perspectives and quantitative techniques to evaluate the instrument's reliability and validity. The scale was developed in the following stages: (1) identification of items and categories involved in the construct of Informed Choice, (2) reduction of items, and (3) determination of the psychometric properties of the scale.

2.1. Setting and participants

This study was conducted in 2009 in six primary health care centers in Temuco, Chile. The women in the study were recruited from those attending the FPP in these centers. In Chile, 85% of women attended the FPP because it is a public program and therefore free of charge. To satisfy the study requirements, a consecutive series of three samples of participants was recruited. One group of 21 women and 13 specialists participated in the identification of items, a second group of 308 women contributed to the process of item reduction, and a third group of 1,138 women participated in the determination of the psychometric properties of the scale. The recruitment process took place in the family planning clinics, and the inclusion criteria for all participants were as follows: age between 18 and 50 years, voluntary agreement to participate in the study, and signature of informed consent.

2.2. Gathering items

The stage of identifying items began with a search of the literature regarding the Informed Choice concept (under the keywords bioethics, women, and reproductive studies) and then taking items from the researchers' own clinical and academic experience and from informal interviews with