

Satisfaction surveys and HCD and its impacts on the improvement of care

Telemedicine for Abortion Self-Care in Southern Thailand Project
Saneekan Rosamontri; Warunee Tungsiri
The Planned Parenthood Association of Thailand (PPAT)

Global Care



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Background

The PPAT telemedicine for abortion self-care was developed based on the Human Centered Design (HCD) which combines innovative solutions with research on the needs of end-users and their context, resulting in an implementation strategy that is person-centered, rights-based, contextualized and empathy focus. The telemedicine system was launched in August 2022. The client satisfaction surveys measured the direct effect of the telemedicine service uptake.

Objectives

1. To assess client satisfaction during the pilot phase of the PPAT telemedicine service for abortion self-care
2. To identify ways to improve the telemedicine system and service for abortion-self-care

Methods

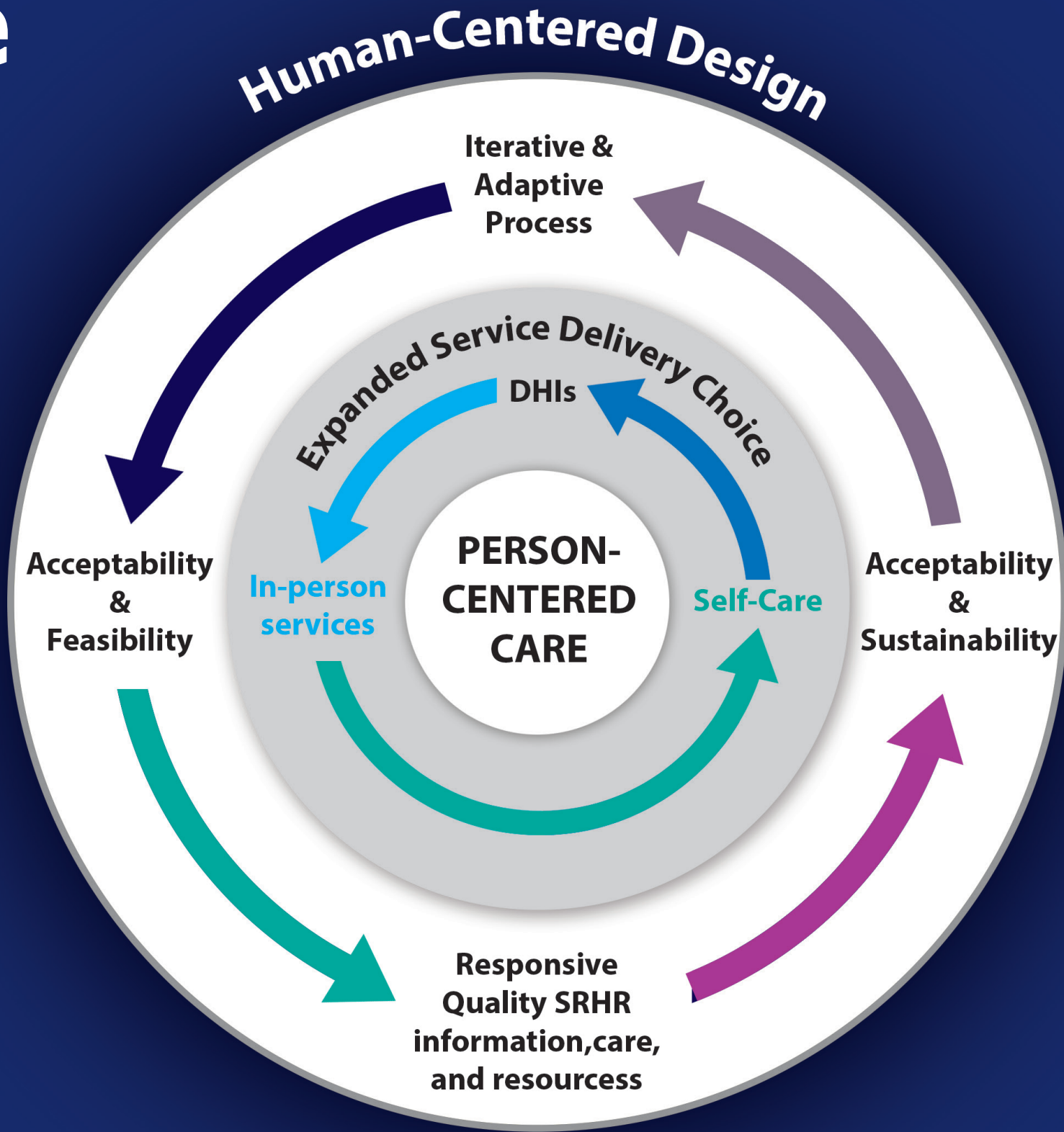
Implementation of the study conducted from November 2022 to February 2023. The quantitative sample includes 100 clients who experienced the PPAT telemedicine service, selected randomly with probability sampling. The research instrument consisted of an online questionnaire. Descriptive statistics and inferential statistics were applied to measure client satisfaction after using the telemedicine system and service. In addition, qualitative data were collected by five in-depth interviews, and processed the results using content analysis and synthesis.

Results

The average age of this sample was 28 years (range 15 – 45). Only 7% of clients were from where the PPAT Telemedicine is located. The majority from the surveys were “most satisfied” with the telemedicine system and service. They felt that telemedicine was as effective as going to the clinic in person. They could express their feelings openly. The physician staff provided clear advice and were friendly and helpful. The qualitative study helped explain more of the findings, e.g., that nearly all the respondents preferred the telemedicine service since it provided privacy and confidentiality, and reduced potential for stigma. Telemedicine also reduced in cost by not having to travel to a clinic. Even though the clients initially saw the advantage of telemedicine for abortion self-care, some were concerned about the ability to take the medicines correctly or having incomplete abortion.

Conclusions

The client feedback scores helped PPAT to understand women’s needs and to continue to make improvements to the service. The telemedicine for abortion self-care is now an option for abortion service delivery, complementary to in-person and self-care options in Thailand.



IPPF's Conceptual Framework for Person-Centered DHI

PPAT Telemedicine for ASC outreach



"I didn't want to have to travel to a clinic. I knew that I would run into somebody who knew me along the way. I definitely did not want anyone else to know."
(HY04)

"It's so convenient. Plus, I have a busy schedule and don't have time to travel and wait at the clinic. It's much more private that way. It's very confidential."
(HY03)

The HCD changes our perception and actions from a medical centered solution to women / pregnant individuals centered solutions.

PPAT Telemedicine Transforms People's Lives

Case 1: A 33-year-old Thai woman works as a general wage laborer and resides in a remote and rural area in the northern region of Thailand, far from the city. Her journeys into town are quite challenging as the roads are unpaved and often turn into mud during the rainy season. She lives with her husband and their two young children. Upon learning that she had an unplanned pregnancy, she faced the dilemma of how to financially support the new addition to their family. In her quest for information about pregnancy termination, she came across the phone number of the Planned Parenthood Association of Thailand. After making the call and seeking assistance, she received help from PPAT without any charges or fees. Currently, she has successfully received the necessary medication for the procedure. She highly appreciated this kind of service



Case 2: A 43-year-old Thai woman works as a charcoal burner and is married but does not have any children yet. She is currently pregnant for the first time and resides in the northern region of Thailand. Both she and her husband are HIV-positive and regularly take antiretroviral medication. Due to their financially disadvantaged situation and their HIV+ status, she began searching for information on pregnancy termination on the internet, using keywords such as "unplanned pregnancy." She came across the PPAT website and called the hotline #1452. She entered her personal information on ppat.clinic and initiated an online chat with a PPAT staff. As she was financially constrained, she negotiated a reduced service fee, requesting some time to gather funds from her charcoal-burning work. The doctor assessed that the pregnancy was further along than initially estimated, and she was at risk due to her chronic health condition. Consequently, the clinic decided to waive the service fee. She expressed her gratitude, saying, "Oh, thank you so much. I'm crying tears of joy." She could self-manage during the medication abortion. She expressed immense appreciation for the doctor and nurses who had assisted her, feeling as if she had been given a new lease on life.

Case 3: A 38-year-old Thai woman resides in the southern region of Thailand. She works as a homemaker. She is married and relies on her husband as the sole breadwinner. They have two children, a girl and a boy. The first child has developmental delays and neurological issues and needs for respiratory assistance. She had to quit her job to care for both children. They use natural family planning methods for contraception, such as withdrawal. After a while, she noticed that her menstrual period was late and a pregnancy test confirmed that she was pregnant. This posed a significant financial burden for the family, as they were already struggling to make ends meet. Concerned about their situation, she began searching for information about abortion on the Internet. That's when she discovered the PPAT telemedicine web page. After chatting with a doctor, she received assistance in obtaining the medication abortion pills. She followed the doctor's guidance throughout the medication abortion process. Her husband also provided support during this time. After the successful pregnancy termination, she performed a urine test, confirming that she was no longer pregnant. She was also advised to consider long-term contraception or monthly cycles of oral contraceptive pills. She expressed her heartfelt gratitude to the doctor and nurses for their care and guidance during the entire process, from taking the medication to post-abortion follow-up. She considered herself fortunate to have encountered PPAT and appreciated everyone who helped her during the difficult time.

