Counseling and Informed Choice

*Presenters*
Patricia MacDonald, USAID  
Charity Ndewiga, Population Council

*Moderator*
Megan Christofield, Jhpiego

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Contraceptive Implants LRP

reprolineplus.org/resources/implants-LRP
Choosing and Using a Contraceptive Method
- the Role of Counseling

Patricia MacDonald
January 8, 2015
• Goal and concepts for counseling
• Contraceptive options
• How much choice is too much?
• Ideal, but is it operational?
• So, where are we headed?
GOAL OF FP COUNSELING

The goal of FP counseling is to help women and couples choose and correctly use a contraceptive method that fits their reproductive desires, life style, and health status.
RIGHTS-BASED COUNSELING

• All persons have the right to freely decide whether or not to practice family planning
• FP programs should provide unbiased information, education and counseling
• Clients should be able to obtain their chosen method, provided it's available and there are no reasons not to use it
• Clients have the right to decide when to start, stop or switch methods
• Clients should be able to confidentially discuss their concerns and express their views
• FP services should be respectful of all clients
COUNSELING AND EDUCATION FOR INFORMED AND VOLUNTARY CHOICE

- **Counseling** is an interactive process, discussing the client’s questions, reproductive desires and lifestyle; presenting contraceptive options; helping choose a suitable method; and explaining how to use the method safely and effectively.

- **Health Education** provides an orientation to all contraceptive methods available in a country. It is often done with groups.
CONTRACEPTIVE OPTIONS

Short-acting, pericoital, natural, new methods

Long-acting reversible (LARCS)

Permanent methods
HOW MUCH CHOICE IS TOO MUCH?

Behavioral economics studies how people make choices. Several principles of BE can be applied to FP programs…

• Optimal number of options
  – Default: order in which FP methods are presented, customize to client needs/preferences
  – Choice Overload: too much choice is overwhelming, leads to no choice, or dissatisfaction with the choice made
  – Compromise Effect: principle of choosing toward the middle
Behavioral Economics, as applied to FP, continued...

- Optimal presentation of information
  - Framing: present factual information about FP methods in a positive perspective e.g., continuation and satisfaction rates, rather than discontinuation or dissatisfaction rates
  - Present-biased Preferences: clients want to enjoy benefits as soon as possible, minimize and defer costs
  - Social Norms: if others use and like it, it increases acceptability
Job Aides for Counseling

More effective
Less than 1 pregnancy per 100 women in one year

- Implants
- IUD
- Female Sterilization
- Vasectomy

Injectables
- LAM
- Pills
- Patch
- Vaginal Ring

Less effective
About 30 pregnancies per 100 women in one year

- Withdrawal
- Spermicides

BCS+ Algorithm
IDEAL, BUT IS IT OPERATIONAL?

• Good counseling takes time
  – Client-centered counseling can help focus on matching client needs with method options; Simplified tools are needed
  – Good counseling increases continuation, satisfaction

• Many countries have shortages of health workers
  – Task shifting/sharing may be an option for counseling
  – Dedicated providers, outreach teams, event days, integrated services can increase efficiency in FP counseling and services

• Responding to unmet need means serving more clients
  – LARCs may take a bit more time to provide, but clients only return after several years (or sooner if problems)
  – Pharmacies, CHWs, private sector can be effectively engaged
SO, WHERE ARE WE HEADED?

• Research is needed to better understand
  – How to present information on an ever expanding range of contraceptive method choices
  – How to counsel prospective FP clients in a way that supports, and doesn’t inhibit them from making choices
  – What factors are most important to clients when deciding on a contraceptive method to use
  – Tailoring counseling to the needs of specific populations, such as youth, first time parents, postpartum mothers, postabortion clients, limiters, method switchers, etc.
  – Provider needs and concerns, and how to help them be better counselors
  – Client needs and concerns, not only about choices, but also about the counseling
  – Your country level issues…
THANK YOU!

We’d like to hear your ideas, questions, suggestions
BALANCED COUNSELING STRATEGY PLUS (BCS +) IN FAMILY PLANNING CONSULTATIONS

Charity Ndliga and Charlotte Warren
Population Council, Kenya
Outline

• What is BCS Plus

• Why BCS Plus

• What is different in BCS plus

• How does BCS plus works

• Implementing the BCS plus
The BCS Plus Tool Kit

• It is a practical, interactive, and client-friendly counseling approach that uses job aids to facilitate FP consultations

• Adapted from the original BCS that aimed at improving the quality of FP consultations, hence the term “BCS – Plus”

• Adaption necessary to make the strategy appropriate for settings that have high HIV & STI prevalence e.g. Southern, Central and East Africa
Why BCS?

• In the past two most common FP counseling approaches have been in use for many years were:
  
  – (a) the GATHER, and
  – (b) the REDI counseling models

• These traditional FP/RH and HIV counseling approaches found to have limitations
The Limitations of include:

Providers:

• Fail to discuss client’s wishes

• Mainly ask medical questions (such as date of client’s last menstruation)

• Fail to ask the client basic questions about the client’s reproductive intentions such as;
  – Whether she wants more children
  – Whether her partner cooperate in contraceptive use
Limitations cont..

- Providers give excessive details on most of the methods available in the clinics - whether or not the methods are suitable for the client’s needs

- Often tend to overload clients with more information than they can remember and much of it is not used

- Information provided on the chosen method is usually sparse

- Most of the counseling time is spent describing numerous method options

- Evidence show that clients interviewed after the consultations know little about the method they had chosen (León 1999 and León, et al. 2001)
What is different in BCS plus

• Use of BCS Plus simplifies decision-making

• Responds to the client’s needs and reproductive intentions in family planning counseling sessions

• More reliable than memory and designed to minimize trial and error

• Reduce the amount of recall necessary to perform a task

• The BCS toolkit has three main job aids - the algorithm, counseling cards and brochures
BCS+ tool kit

Job Aids

BCS+ Cards

BCS+ Brochures

WHO Medical Eligibility Criteria (MEC) Wheel

BCS+ Guides

BCS+ Algorithm
## Algorithm for using BCS Plus

### Steps in using the Algorithm

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• The BCS Plus is divided into four stages and each stage has its steps to follow

• The strategy assumes that the motive of a client’s visit is for FP Or the consultation may have been for another reason but has resulted in counseling on FP

• The BCS + integrates PNC counseling messages for the mother and the infant

• Discuss healthy timing and spacing of pregnancies, STI/HIV and screening for CxCa
1. Pre-Choice stage

• During this stage, the provider creates the conditions that help a client select a family planning method (Refer algorithm step 1-6)

• NB: If pregnancy cannot be ruled out, the provider skips to steps 13 to 19 to discuss other relevant services the client may need

• Client is given a back-up method, such as condoms, and asked to return when she has her menstruation
2. Method Choice

- During this stage, the provider offers more extensive information about the methods that have not been set aside.

- This helps the client select a method suited to her/his reproductive needs.

(Refer algorithm step 7-9)
3. Post-Choice

• During this stage, the provider uses the method brochure to give the client complete information about the method that s/he has chosen

• If the client has conditions where the method is not advised or client is not satisfied with the method, the provider returns to the Method Choice Stage

(Refer algorithm step 10-12)
4. Systematic Screening for Other Services Stage:

• During this stage, the provider uses information collected previously and targeted questions to determine;
  
  – Additional health services and;
  – Counseling that the client may need

• Using the remaining counseling cards the provider may offer or refer for services such as: PNC, screening for CxCa(VAI/VILI or PAP Smear, STI/HIV-HTC

• Discuss dual protection and gives a return date
BCS Plus Training

• Use BCS tool kit for standard training
  Trainers guide, trainees guide, cards, algorithm, counseling cards brochures MEC wheel

• Can be offer as stand alone training (one day workshop) or as part of comprehensive FP training

• Any training on BCS+ should be followed up with periodic refresher training and/or on-the-job training during supervisory visits
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