



Improving Family Planning Counseling

Practices

- Provide clients with an accurate understanding of contraceptive effectiveness.
- Focus on client needs and choices.
- Promote healthy timing and spacing of pregnancy.
- Educate clients on correct condom use.

Summary: The quality of contraceptive counseling, commonly known as client-provider interaction (CPI), is highly variable. Low-quality CPI is particularly problematic because the counseling process influences clients' perceptions of the quality of care and their knowledge and decision-making processes. Client-provider interactions can be marred by obstacles such as unnecessary medical barriers, provider biases, discomfort with discussing sexuality and sexual issues, and difference in status between the provider and client. Improved CPI can improve health outcomes by creating more knowledgeable and satisfied clients. Successful family planning counseling requires well-trained and engaged providers and active client participation. The counseling process should reflect the principle of informed choice and involve decisions that clients make for themselves. Improving family planning counseling helps to improve the quality of services provided.

Provide clients with an accurate understanding of contraceptive effectiveness.

To make informed family planning choices, clients want and need an accurate understanding of contraceptive method effectiveness and risk of pregnancy for each method. Research suggests that how well it works is the most important factor for women when choosing a contraceptive method.¹ A newly developed job aid, *Comparing Effectiveness of Family Planning Methods*, can help providers improve clients' knowledge and decision-making abilities.

Suggested Resource:

Comparing Effectiveness of Family Planning Methods. WHO, 2007. <http://www.fhi.org/nr/shared/enFHI/Resources/EffectivenessChart.pdf>

Focus on client needs and choices.

New strategies have been developed in recent years that can significantly improve the quality of family planning counseling. The Population Council developed the "balanced counseling strategy," which structures the client-provider interaction to focus on the client's needs, support the client's choice of an appropriate method, and improve the information provided on the method. Studies in several sites have documented significant improvements in

the client-provider interaction when providers use the balanced counseling strategy with job aids.² Additionally, the World Health Organization (WHO) developed a decision-making tool for clients and a job aid and reference manual for providers. The tool helps providers respond to the needs of different clients, including clients choosing a method, returning clients, and clients with special needs.

Suggested Resources:

Enhancing Quality for Clients: The Balanced Counseling Strategy. Population Council, 2003. http://www.popcouncil.org/pdfs/frontiers/pbriefs/balance_counseling_brf.pdf

Balanced Counseling Strategy Toolkit. Population Council, 2008. http://www.popcouncil.org/frontiers/best-practices/BCSpag_082007.html

Decision-Making Tool for Family Planning Clients and Providers. WHO, 2005. Available for order online at: <http://www.who.int/reproductive-health/publications/dmt/index.htm>

Promote healthy timing and spacing of pregnancy.

Healthy timing and spacing of pregnancies is a key reproductive health intervention. Evidence shows that the timing of pregnancies affects maternal and child health outcomes. For example, when a woman becomes pregnant

FHI can provide technical assistance to programs on family planning counseling and systematic screening.

FHI can also provide background data on the safety and effectiveness of condoms, as well as technical assistance to programs wishing to expand and update policies or to include male condoms in their service provision.

fewer than two years after a birth, she faces increased health risks such as anemia, bleeding, and even death. Current research on birth spacing has led to specific recommendations for improved maternal and child health: (1) couples should wait at least two years or more after a birth before attempting to become pregnant again (i.e., a birth-to-pregnancy interval of 24 months or more); (2) after a miscarriage or an abortion, women and couples should wait at least six months before becoming pregnant again; and (3) a woman's first pregnancy should not occur before 18 years of age.³ Opportunities for education and counseling include during antenatal care, postpartum care, well-baby checkups and services for children under five, family planning services, postabortion care, sexually transmitted infection and HIV services, youth services, men's health services, and community outreach.

Suggested Resource:

Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders (ESD Project). Pathfinder International, nd. http://www.esdproj.org/site/DocServer/ESD_PG_spreads.pdf?docID=141

Educate clients on correct condom use.

Male and female condoms are the only contraceptive method that effectively reduces the risk of both sexually transmitted infections and pregnancy. Encouraging clients to use both a condom and another contraceptive method (dual method use) reduces the risk of pregnancy even more than condom use alone. Approximately 4 percent of condoms slip or break during intercourse. Because condom slippage and breakage tends to be concentrated among a small number of users, providers should question clients about past method problems and provide counseling on correct use.⁴ Providing men with a choice of condoms (e.g., ribbed, colored, or

loose-fitting) does not necessarily mean men will use condoms more often; men tend to simply substitute one style for another.⁵

Suggested Resources:

Condom Programming for HIV Prevention: A Manual for Service Providers. UNFPA, WHO, PATH, 2005. <http://www.unfpa.org/publications/detail.cfm?ID=234>

Dual Protection: Prevention of Unwanted Pregnancy and STIs/HIV (PowerPoint). MAQ Exchange, nd. <http://www.maqweb.org/maqlides/powerpoint/Theme3/DP/DualProtection.pdf>

Additional Resources

Quick Reference Chart for the Medical Eligibility Criteria. WHO, 2004. <http://www.fhi.org/NR/rdonlyres/eb704zjhvhwo6dk2e33xhrdagnvru5j24iqds2oyyfbgpxiw6s476tbh2zlj6tnor2bbj6igu5xtrf/MECENG.pdf>

WHO/UNAIDS Information Update: Considerations Regarding Reuse of the Female Condom. WHO, 2002. http://www.who.int/reproductive-health/stis/docs/reuse_FC2.pdf

Information on Healthy Timing and Spacing of Pregnancy. Extending Service Delivery (ESD) Project (funded by USAID), nd. <http://www.esdproj.org/site/PageServer?pagename=Homepage>

References

- 1 Steiner MJ, Dalebout S, Condon S, et al. Understanding risk: a randomized control trial of communicating contraceptive effectiveness. *Obstet Gynecol* 2003;102:709–17.
- 2 Leon FR, Rios A, Zumaran A, et al. *Enhancing Quality for Clients: The Balanced Counseling Strategy.* FRONTIERS Program Brief No. 3. Washington, DC: Population Council, 2003.
- 3 Extending Service Delivery (ESD) Project. http://www.esdproj.org/site/PageServer?pagename=Themes_Spacing.
- 4 Steiner MJ, Taylor D, Hylton-Kong T, et al. Decreased condom breakage and slippage rates after counseling men at a sexually transmitted infection clinic in Jamaica. *Contraception* 2007;75(4):289–93.
- 5 Steiner MJ, Hylton-Kong T, Figueroa JP, et al. Does a choice of condoms impact sexually transmitted infection incidence? A randomized controlled trial. *Sex Transm Dis* 2006;33(1):31–35.



Research to Practice

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of Family Health International and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement GPO-A-00-05-00022-0, the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) Program.

© 2008 by Family Health International.

MP-08-03E