

# **Voice Her Choice:**

# **Client Centered Counseling**

**Laura Glish, Reproductive Health Technical Advisor, PSI**

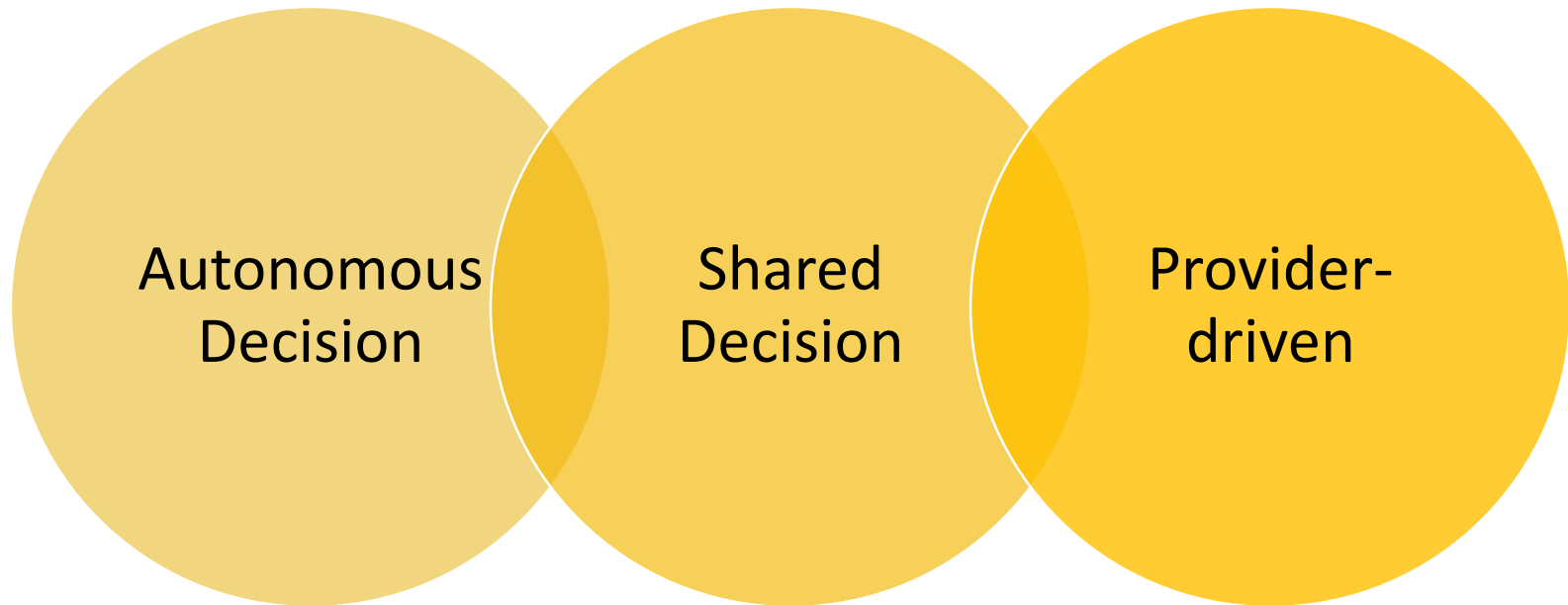
**Anna Mackay, Director of SIFPO2, MSI**

**Alexandra Angel, Program Coordinator, PSI**

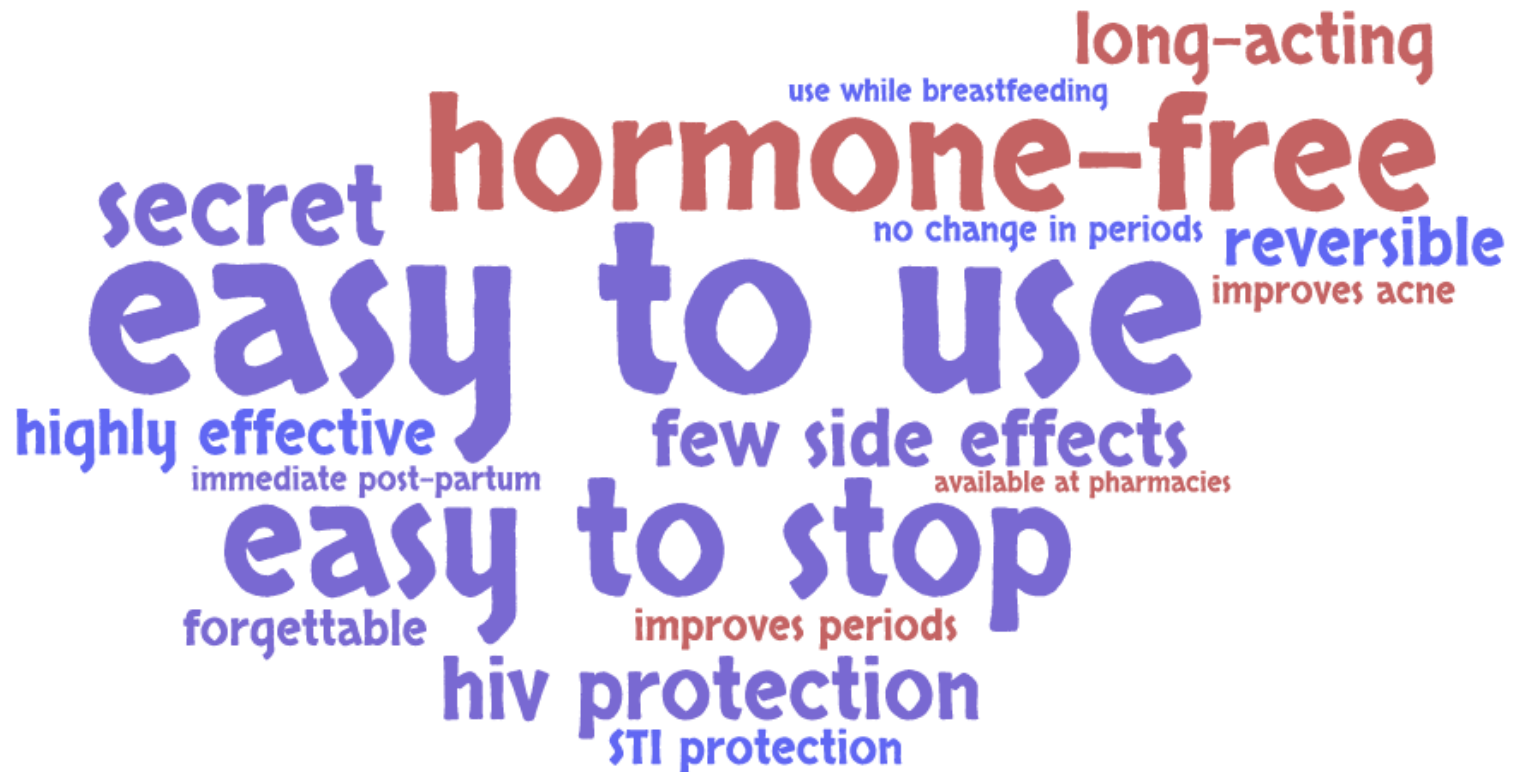
# Why do we counsel?

- **To help clients make an informed choice**
- **To improve client satisfaction and continuation with her chosen method**

# What do clients want in a counseling session?



# What do clients want in a method?



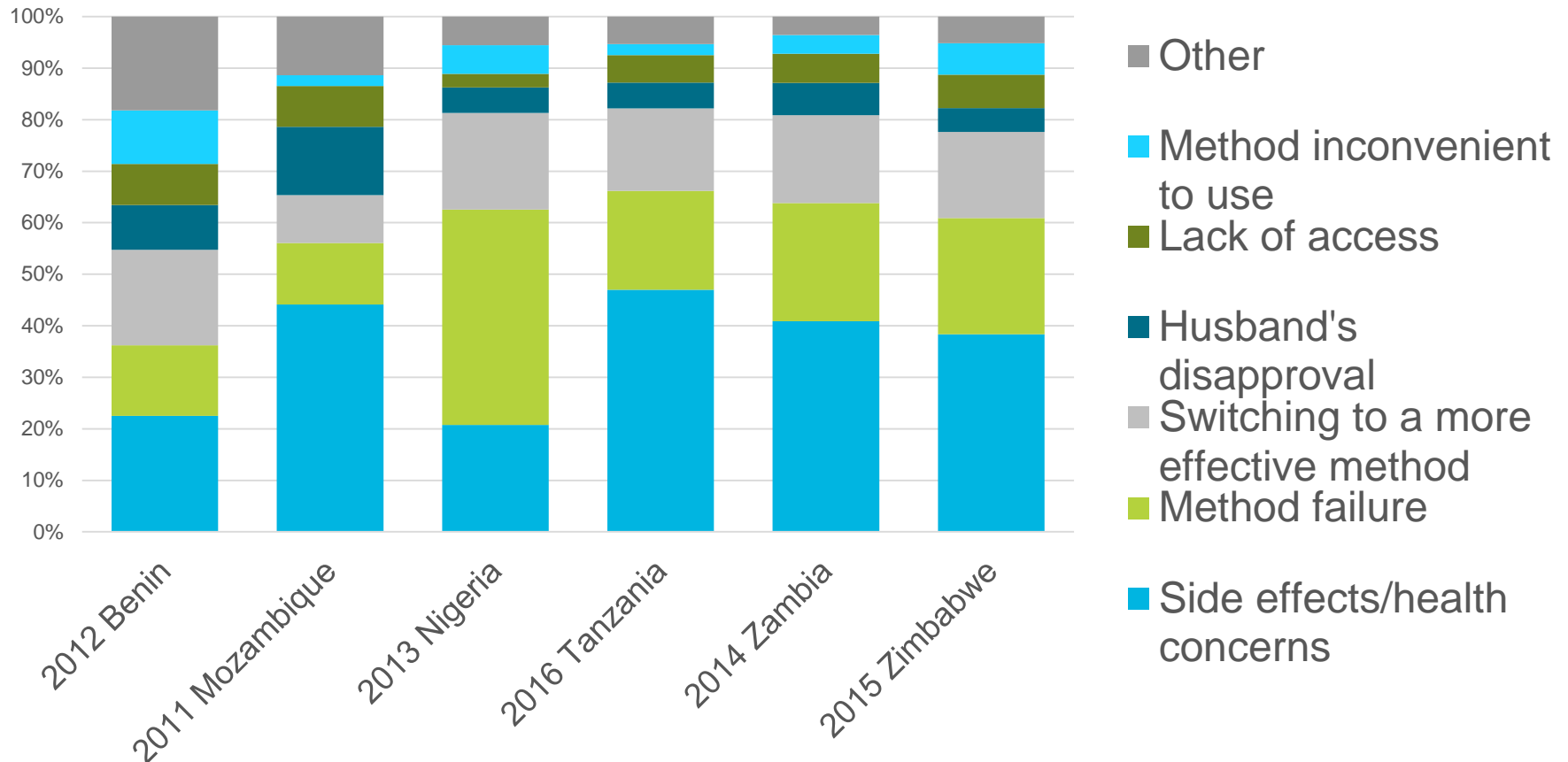
# What makes clients satisfied with their choice?

- **UCSF study 2009-2012**
- **Clients who reported better quality of interpersonal relationship with the counselor were 1.8 times as likely to be using their method 6 months later**
- **In sessions where the counselor “invested in the beginning” and “elicited the client’s perspective”, the client was twice as likely to continue her chosen method**

Dehlendorf C, Henderson JT, Vittinghoff E, et al. Association of the quality of interpersonal care during family planning counseling with contraceptive use. *Am J Obstet Gynecol* 2016;215:78.e1-9.

# Why do women discontinue?

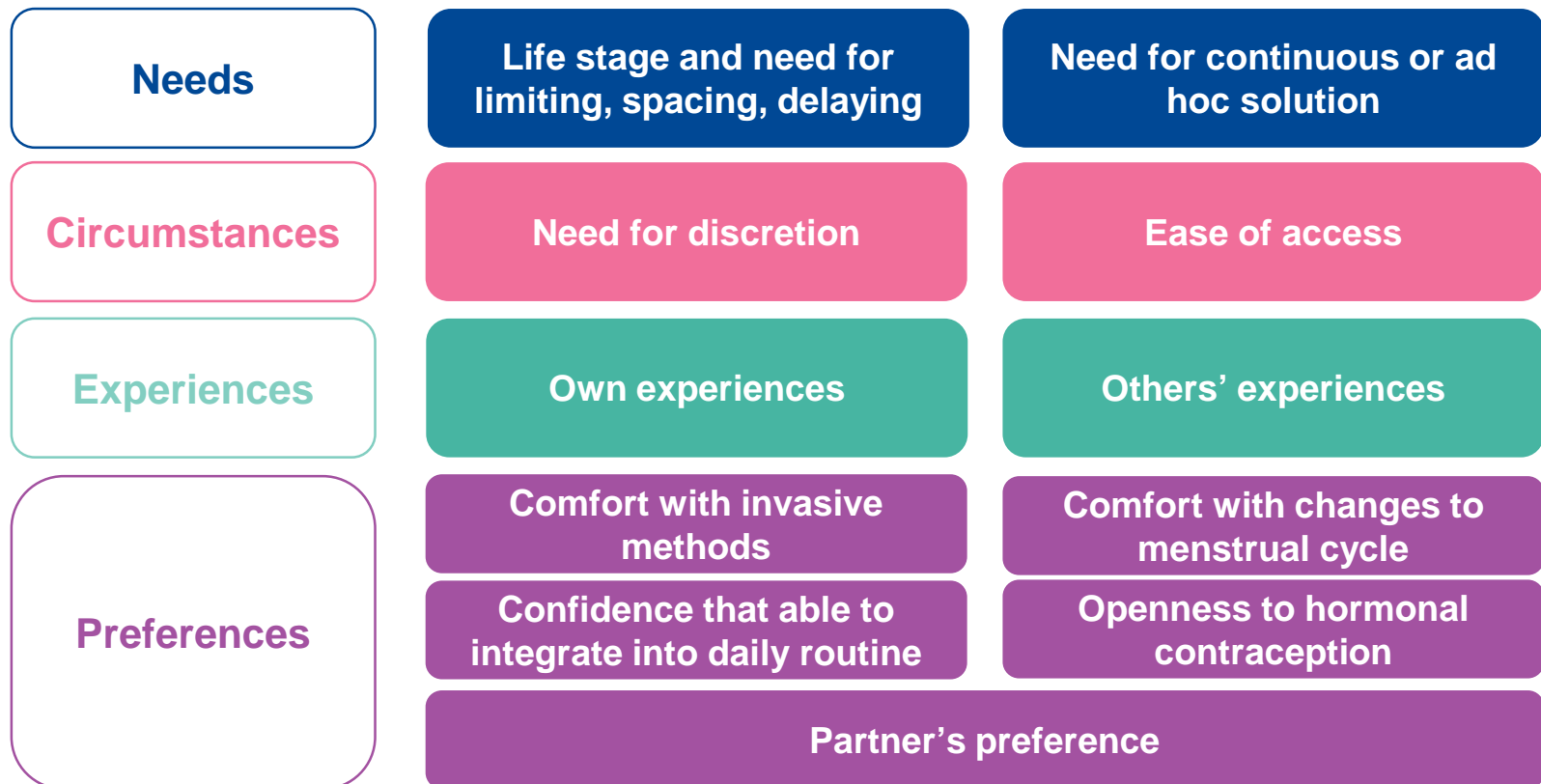
Reasons for Discontinuation (excluding no longer needing FP)



# What makes clients satisfied with their choice?

- **2015 study in Ghana**
- **Compared client preferences as stated before counseling with method chosen after counseling**
- **70% of clients who received IUDs, implants and injectables had stated they would discontinue using if they experienced side effects common to these methods**
- **Most clients were not counseled on the changes to their periods that are common to their chosen method**

# Client centered counseling: the building blocks



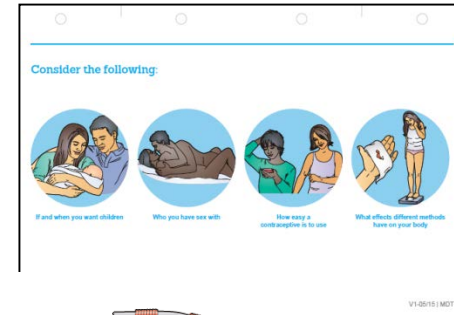


# The Family Planning Counselling Flipchart

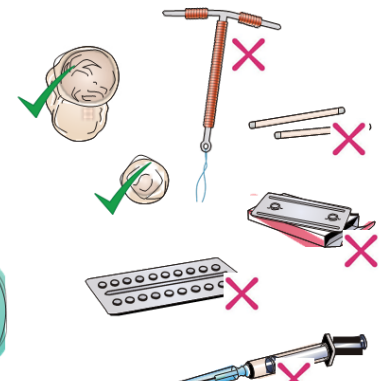
Enables clients to make an informed choice about method most suitable for them

One side contains pictures and prompts for the client to look at.....

... the other contains information and guide questions for the provider



Are you pregnant?



## 4 Ruling out pregnancy

### Themes to discuss

Explain that someone who is pregnant should not use contraception

Except for condoms to prevent STI/HIV

Ask the questions in the box opposite

If client answers 'No' indicate where she can obtain a pregnancy test

Answer any questions

Move on to section 5

### More detail

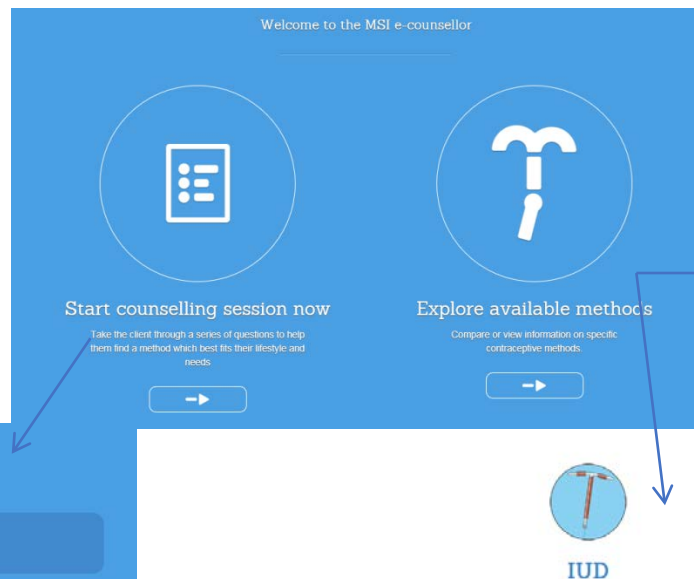
If the client answers **NO** to ALL of the questions, pregnancy cannot be ruled out. She should wait until her next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test

If the client answers **YES** to AT LEAST ONE of the questions and has no signs or symptoms of pregnancy, **move on to section 5**

1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual periods since then?
2. Have you abstained from sexual intercourse since your last menstrual period or delivery?
3. Have you had a baby in the last 4 weeks?
4. Did your last menstrual period start within the past 7 days?
5. Have you had a miscarriage or abortion in the past 7 days?
6. Have you been using a reliable contraceptive method consistently and correctly?

# The “Choose my Method” App

Tablet based applications to aid clients and providers in the selection of a method that best matches the client’s needs. Allows for interactive questionnaire and method scoring or direct exploration and comparison of methods.



Comparison of contraception options

	Typical use failure rate	Usage/Effective length	Effect on menstruation	Effect on body weight	Use during breastfeeding	Return to fertility	STI/HIV protection
Injectables	3 out of 100 users	Taken once every 2-3 months	May delay or stop periods after a year, may cause bleeding between periods in first year.	Mild – moderate weight gain (<5kg)	<input checked="" type="radio"/> Yes	May take few months to a year after stopping	<input type="radio"/> No
Implant	Less than 1 out of 100 users	Once inserted in upper arm in a clinic, is effective 3-5 years	May stop or lighten periods after a year, may cause bleeding between periods in first year.	None	<input checked="" type="radio"/> Yes	Immediate after stopping	<input type="radio"/> No
IUD	Less than 1 out of 100 users	Once inserted inside womb in a clinic, is effective 3- 10 years	May cause heavier and longer periods with cramps for first 3-6 months	None	<input checked="" type="radio"/> Yes	Immediate after stopping	<input type="radio"/> No

What is your age ?

Under 19

19-34

Over 35

11% COMPLETE

The IUD is a small plastic and copper device that is fitted/placed in the womb and provides contraceptive protection for up to ten years.

The IUD works by damaging sperm as well as preventing them from entering the uterus. It also creates an environment in the womb that prevents pregnancy and which also helps the sperm and egg not to find each other.

Inserting an IUD is a simple procedure that takes about 5 minutes. A trained person inserts the IUD. The IUD sits in your womb and does not move from there. There are threads attached to the IUD which hang down into the vagina that assist with removal if you or your provider want to check on the IUD. Do not pull on the threads as this is how the device is removed.

# Feedback from the field

**Provider from Uganda:** *“It really enhanced the flow of the session.”*

**Provider from Zimbabwe:** *“Thank you so much for the innovative—tool it has been of great help to us in offering comprehensive counseling.”*

**Provider from Nepal:** *“It made counseling take a bit longer, but was more effective.”*



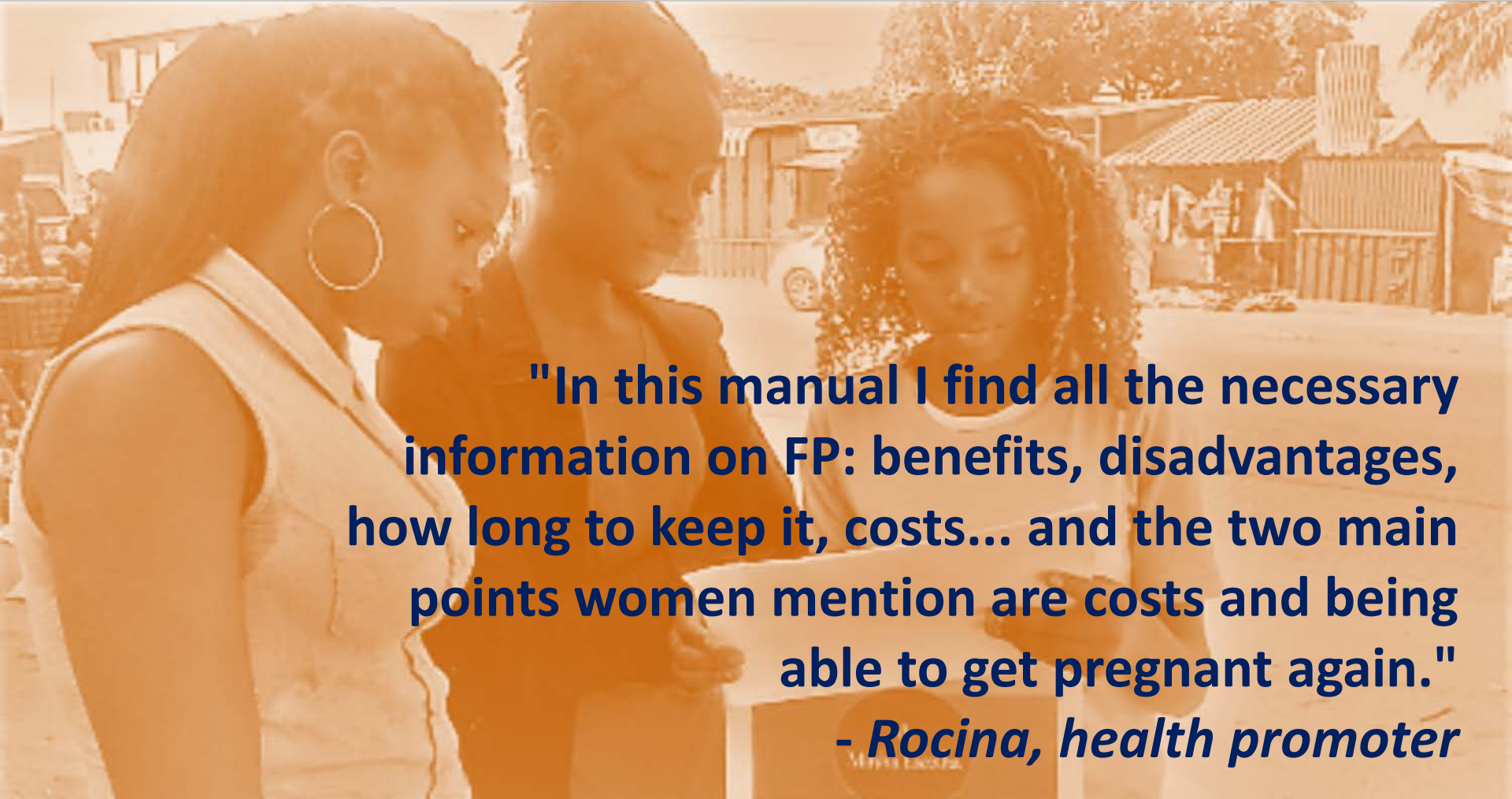
# PSI's Prototype: The Choice Book

- Versions for outreach workers and providers
- Compares benefits of different methods
- Method pages with key messages
- Messages to explain changes in periods
- Management for common side effects, medical eligibility, checklists (provider version only)

Method	Implant	IUS	Sterilization	IUD	Injectables	Pills	Condoms	Cycle Beads	ECPs
Pregnancy prevention	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
Good for future pregnancy	Green	Green	Red	Green	Yellow	Green	Green	Green	Green
Privacy	Yellow	Yellow	Green	Yellow	Green	Yellow	Red	Red	Green
HIV Protection	Red	Red	Red	Red	Red	Red	Green	Red	Red
Easy to use	Green	Green	Green	Green	Yellow	Red	Red	Red	Yellow
Easy to start and stop	Yellow	Yellow	Red	Yellow	Yellow	Green	Green	Yellow	Green
Few recurring costs	Green	Green	Green	Green	Yellow	Yellow	Yellow	Green	Red
Few side effects	Yellow	Green	Green	Green	Red	Yellow	Green	Green	Yellow
Improves periods	Yellow	Green	Red	Red	Yellow	Green	Red	Red	Red

Color-coded matrix for quick reference, plus detailed comparison page for each benefit

# Voices from the Field: Mozambique



**"In this manual I find all the necessary information on FP: benefits, disadvantages, how long to keep it, costs... and the two main points women mention are costs and being able to get pregnant again."**  
**- Rocina, health promoter**

# Voices from the Field: Mozambique

*“The manual is great; however, it sometimes takes longer because beneficiaries ask a lot of questions based on the illustrations found in the manual.”*

**– Nurse in Inhambane**

*“I’ve had clients change their mind and choose a long acting method after going over the manual.”*

**–Nurse in Bilene**



# Time to test drive!

- **How did the counseling session feel for the client and for the provider?**
- **How might the session have looked if these tools weren't used?**
- **How does the tool address barriers for the provider or the client?**

**Thank you!**