Elements of Family Planning Counselling and Reproductive Rights – *An Introduction*

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human reproduction programme hrp
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Key Facts about family planning/contraception

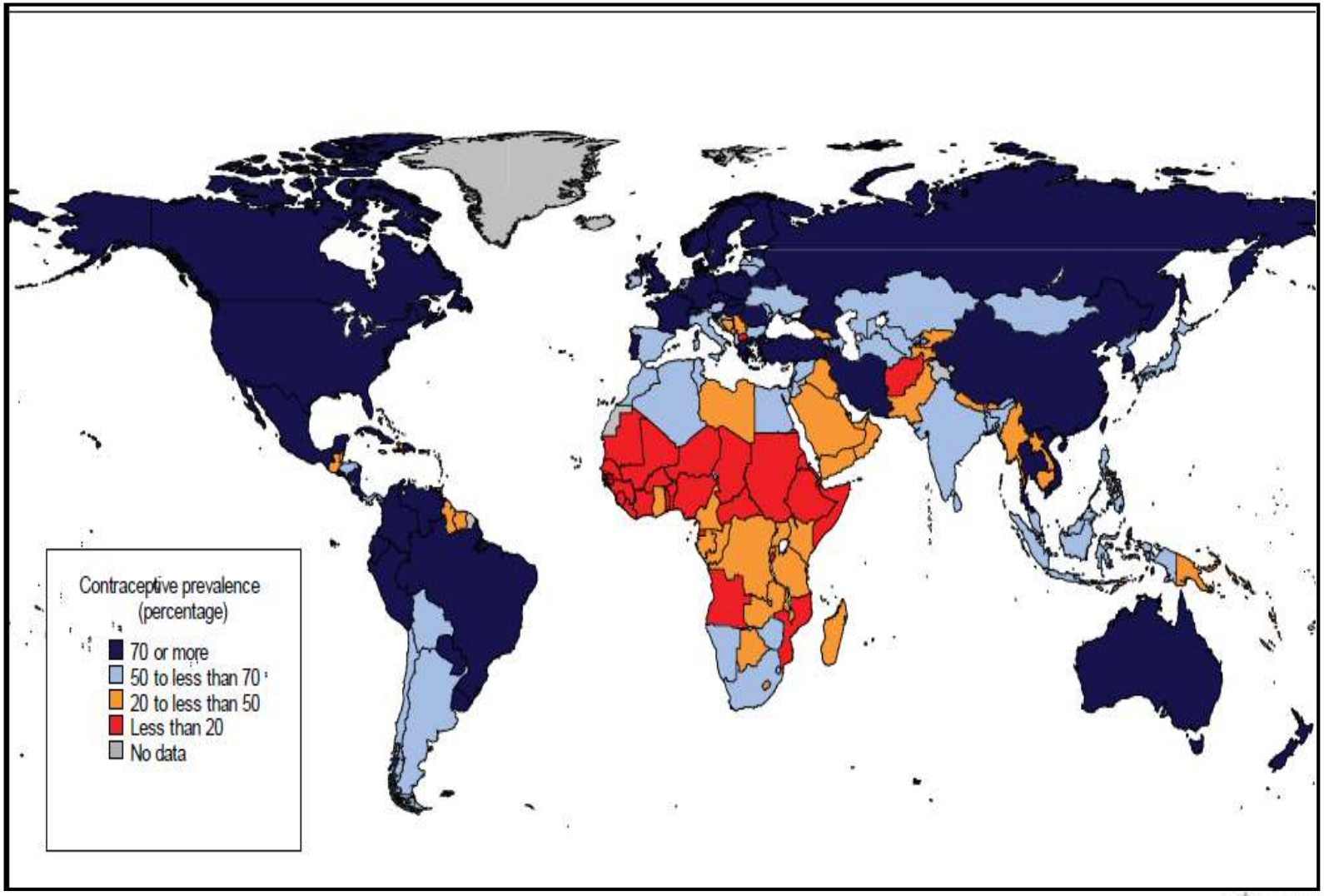
- 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. (unmet need for modern contraception)
- Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections.
- Family planning / contraception reduces the need for abortion, especially unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children.
- By preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children.

Main benefits of family planning/contraception

- Secures the well being and autonomy of women
- Supports the health and development of communities
- Prevents unplanned pregnancy and pregnancy-related health risks of women
- Prevents adolescent pregnancy
- Reduces infant mortality and prevents HIV/AIDS transmission to newborns
- Empowers people and enhances education
- Slows population growth

World contraceptive use

Percentage of women using some method of contraception among those aged 15-49 who are married or in a union



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Background

- Despite significant progress in creating access to a full range of family planning services and information, women, men and adolescents continue to face a number of **restrictions or barriers which prevent them from realizing their right to decide freely (and responsibly) on the number and spacing** of their children.

- This relates to a wide range of concepts that include
  - quality of care,
  - reproductive rights,
  - gender issues, and
  - counselling.

Objectives

- To define unmet need for family planning/ contraception
- To list the main principles in family planning counselling
- To recognize key concepts of reproductive rights relating to family planning
- To identify concepts of gender issues and relations in family planning
- To list key indicators of quality of care in family planning

Unmet need for contraception

Definition

- Women with unmet need are those who are **fecund and sexually active** but are **not using any method of contraception**, and report **not wanting any more children or wanting to delay the next child**.
- The concept of unmet need points to the gap between women's **reproductive intentions** and their **contraceptive behavior**.

Unmet need is especially high among groups such as.

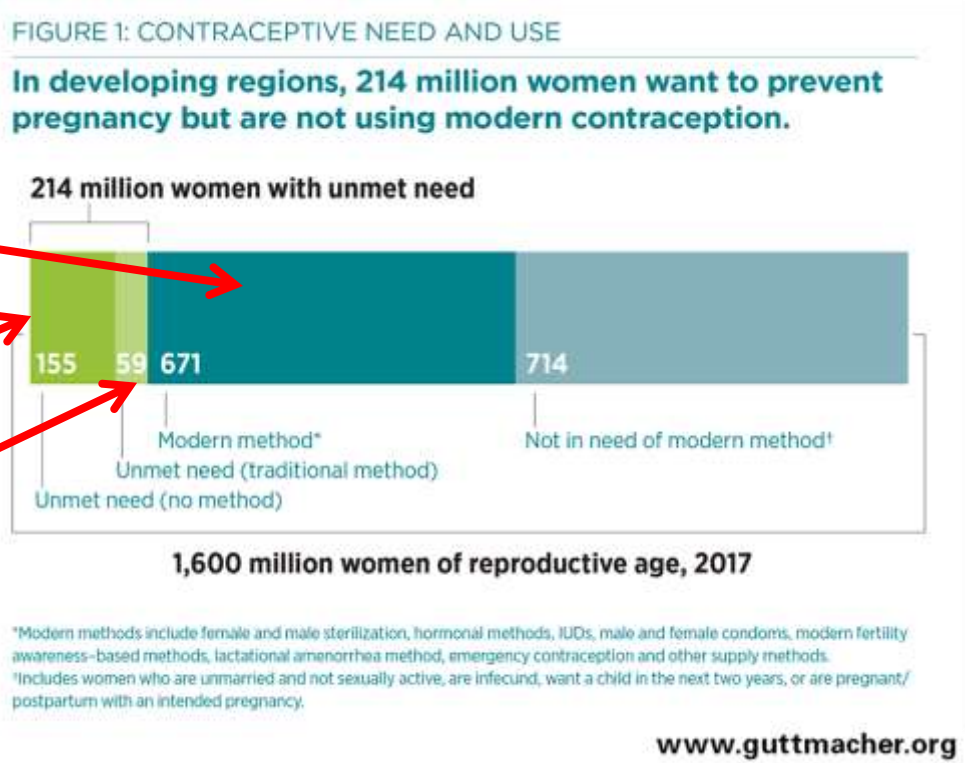
- Adolescents
- Migrants
- Urban slum dwellers
- Refugees
- Women in the postpartum period

Reasons for unmet need for modern FP/C

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- users and providers bias;
- gender-based barriers.

Key facts about Family Planning /Contraception

- As of 2017, **1.6 billion women** of reproductive age (15–49) live in developing regions.
  - 885 million women want to avoid a pregnancy;
  - Of this, **about three-quarters (671 million) are using modern contraceptives**
- 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method.
  - **155 million who use no method of contraception**
  - **59 million who rely on traditional methods.**
- These women are considered to have an unmet need for modern contraception.
  - This has decreased from 225 million in 2014, as modern method use increased.



Key facts about Family Planning /Contraception

- The proportion of women who have an unmet need for modern contraception
  - **highest in Sub-Saharan Africa (21%)**
  - **largest absolute number (70 million women) live in Southern Asia.**
  - Together, they account for 39% of all women in developing regions who want to avoid pregnancy and **57% of women with an unmet need for modern contraception**.
- Of the estimated 206 million pregnancies in 2017 in developing regions, 43% are unintended (that is, they occur too soon or are not wanted at all).

ELSEVIER

Contraception

Commentary

Moving towards the goals of FP2020 — classifying contraceptives☆

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Received 19 January 2016; revised 20 May 2016; accepted 30 May 2016

Abstract

With the renewed focus on family planning, a clear and transparent understanding is needed for the consistent classification of contraceptives, especially in the commonly used modern/traditional system. The World Health Organization Department of Reproductive Health and Research and the United States Agency for International Development (USAID) therefore convened a technical consultation in January 2015 to address issues related to classifying contraceptives.

The consultation defined modern contraceptive methods as having a sound basis in reproductive biology, a precise protocol for correct use and evidence of efficacy under various conditions based on appropriately designed studies. Methods in country programs like Fertility Awareness Based Methods [such as Standard Days Method (SDM) and TwoDay Method], Lactational Amenorrhea Method (LAM) and emergency contraception should be reported as modern. Herbs, charms and vaginal douching are not counted as contraceptive methods as they have no scientific basis in preventing pregnancy nor are in country programs. More research is needed on defining and measuring use of emergency contraceptive methods, to reflect their contribution to reducing unmet need.

The ideal contraceptive classification system should be simple, easy to use, clear and consistent, with greater parsimony. Measurement challenges remain but should not be the driving force to determine what methods are counted or reported as modern or not. Family planning programs should consider multiple attributes of contraceptive methods (e.g., level of effectiveness, need for program support, duration of labeled use, hormonal or nonhormonal) to ensure they provide a variety of methods to meet the needs of women and men.

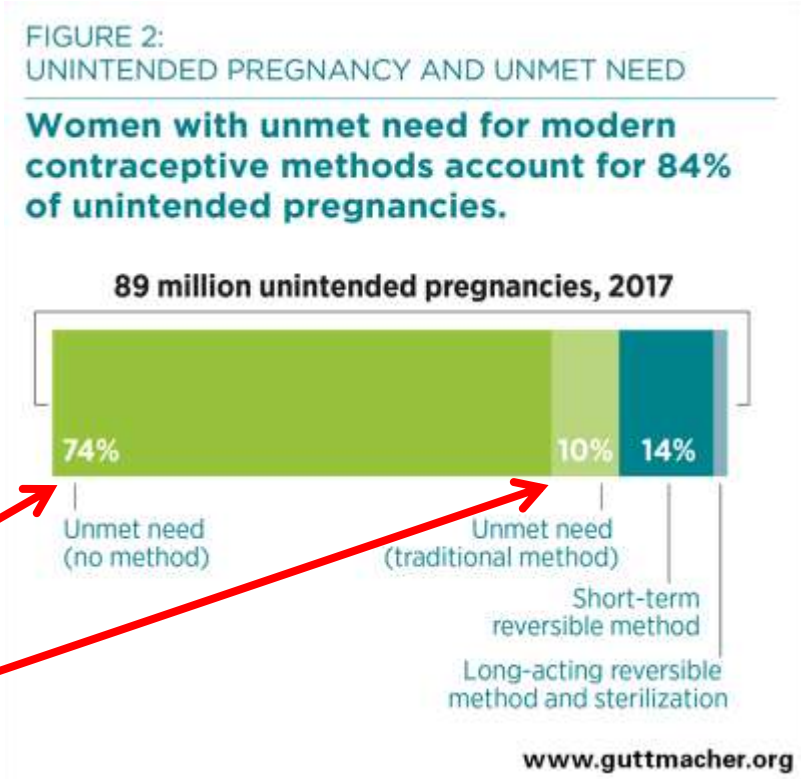
1. Background

The global community came together in July 2012 at the London Summit on Family Planning and set the goal that an additional 120 million women and girls will have access to effective family planning (FP) information and services by the year 2020. With FP2020, commitments from national governments, civil society and the private sector were made to address the many supply and demand barriers that affect access and use of contraceptives. To monitor progress towards the goals, indicators on the use of modern and effective methods were adopted [1].

The most common classification system for contraceptives involves dividing methods into the categories of

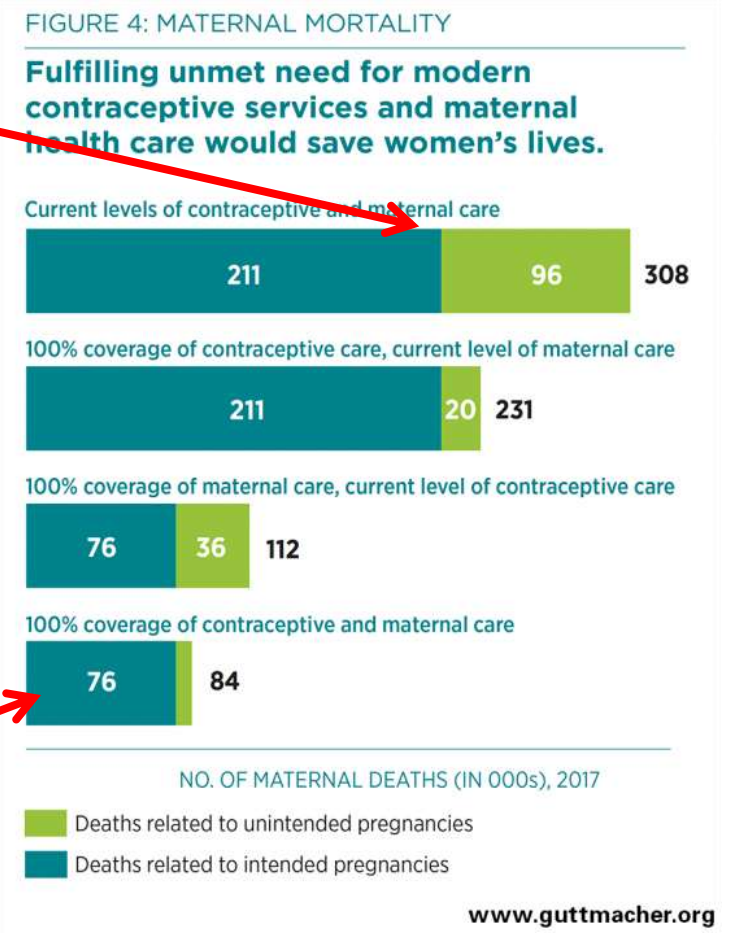
Key facts about Family Planning /Contraception

- Of the estimated 206 million pregnancies in 2017 in developing regions, 43% are unintended (that is, they occur too soon or are not wanted at all).
- Women with an unmet need for modern contraception account for 84% of all unintended pregnancies in developing regions.
  - Women using no method of contraception account for 74% of unintended pregnancies,
  - Women using a traditional method account for 10%.



BENEFITS OF MODERN CONTRACEPTIVE USE

- Current modern contraception prevents an estimated 307 million unintended pregnancies annually among all women of reproductive age in developing regions.
- If all unmet need for modern contraception were satisfied in developing regions,
  - Three-quarters decline in unintended pregnancies (from 89 million to 22 million per year),
  - Decline in unplanned births (from 30 million to seven million per year)
  - Decline in induced abortions (from 48 million to 13 million per year).
- Compared with the current situation, fully meeting the unmet need for modern contraception would substantially result in an estimated 76,000 fewer maternal deaths each year

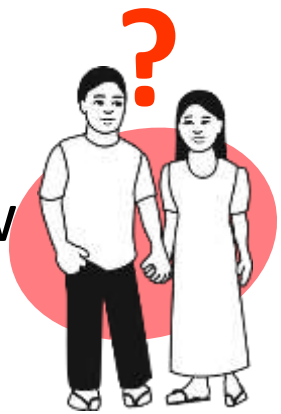


BENEFITS OF MODERN CONTRACEPTIVE USE

- Estimated **current annual cost of modern contraceptive services in developing regions**, covering 671 million women who are currently using modern methods, is $5.5 billion, including direct and indirect costs.
  - This is less than one dollar per person per year in developing regions ($0.88).
- Expanding and improving services to meet all women's needs for modern contraception in developing regions would cost $11 billion annually (including both direct and indirect costs), or $1.75 per person per year.

Case

- A 15 year old female goes to a health centre asking about the use of hormonal contraceptives. She has a 17 year old boy friend and they have been thinking about sexual relations.
- As the centre's health provider, what issues related to informed consent, counselling, reproductive rights would you need to know about in order to appropriately attend to this client?



What is Informed Choice?

All family planning clients have right to informed choice:

- Opportunity to freely choose among options

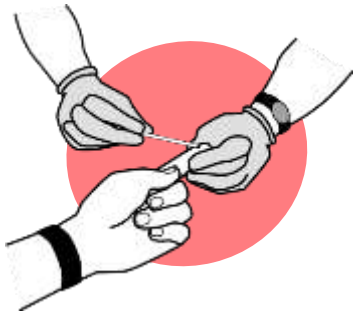
Based on access to

- Complete, accurate information about all appropriate, available options

Family Planning clients have right to freely choose

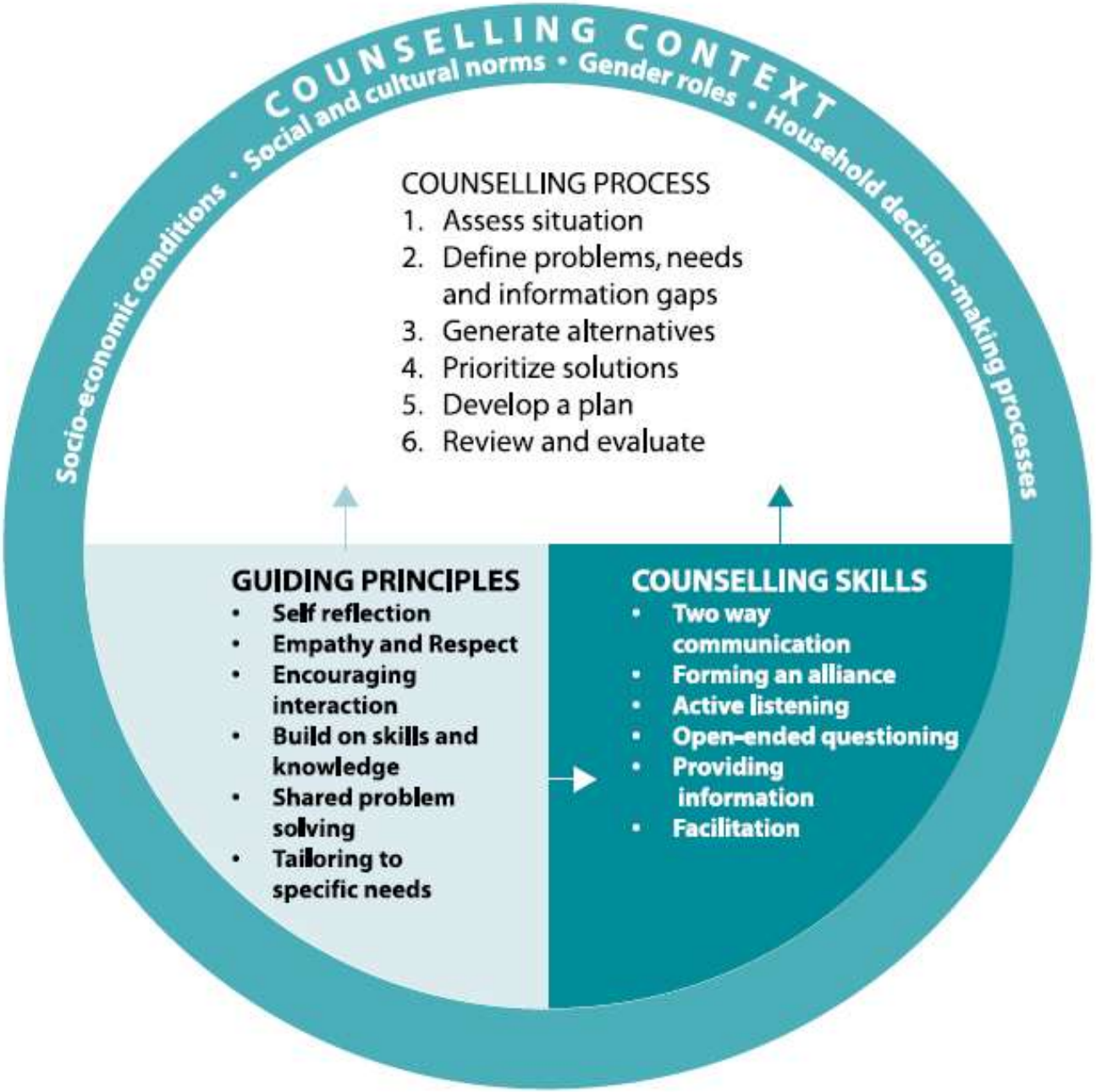
Whether to:

- Have children, and how many to have
- Use FP or not
- Be tested for STIs/ HIV
- Use condoms
- Have one or more sexual partners
- Talk with partner about condoms or FP
- Reveal their HIV status



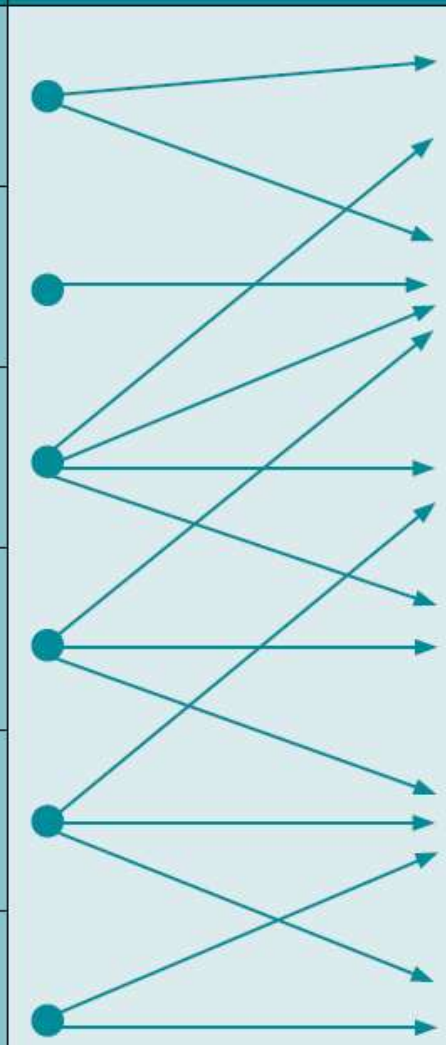
Counseling

- Counseling refers to a process of interaction, a two-way communication, between a skilled provider, bounded by a code of ethics and practice, and client/s.
- It aims to create awareness of and to facilitate or confirm informed and voluntary sexual and reproductive health decision-making by the client.
- It requires empathy, genuineness and the absence of any moral or personal judgment.



COUNSELLING PROCESS

1. Assess situation
2. Define problems, needs and information gaps
3. Generate alternatives
4. Prioritize solutions
5. Develop a plan
6. Review and evaluate

GUIDING PRINCIPLE		COUNSELLING SKILL
Self Reflection		Two-Way Communication
Empathy and Respect		Forming an Alliance
Encouraging Interaction		Active Listening
Building Skills and Knowledge		Questioning
Shared Problem-Solving		Providing Information
Tailoring to Specific Needs		Facilitation

Elements of good counseling

- Focus on the woman's needs and knowledge
- Assess the context of the problem with the woman
- Actively listen and learn from her
- Engage in interactive discussion
- Utilize skilled ways of asking questions
- Explore situations and beliefs
- Do not be judgmental
- Build trust
- Explore options together
- Facilitate problem-solving
- Make a plan of action together
- Encourage and reinforce actions
- Evaluate together your plan of action

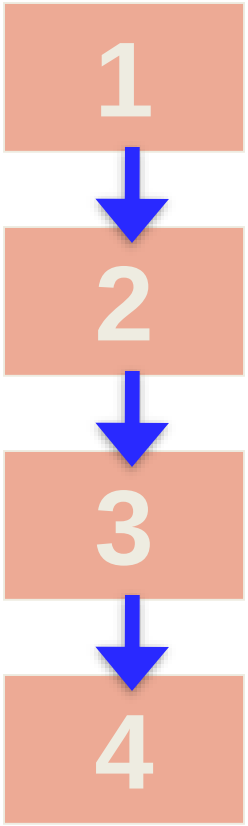
Counseling is Not …

- Solving a client's problems
- Telling a client what to do or making decisions for client
- Judging, blaming, or lecturing a client
- Interrogating a client
- Imposing your beliefs
- Pressuring a client to use a specific method
- Lying to or misleading a client

Beliefs and Attitudes

- Be aware of your beliefs and attitudes
- Clients may not return if they feel judged or pushed
- Remain neutral and nonjudgmental
- Respect the rights of your clients
- Practice helps

Stages of FP Counseling



Establish rapport and assess client's needs and concerns

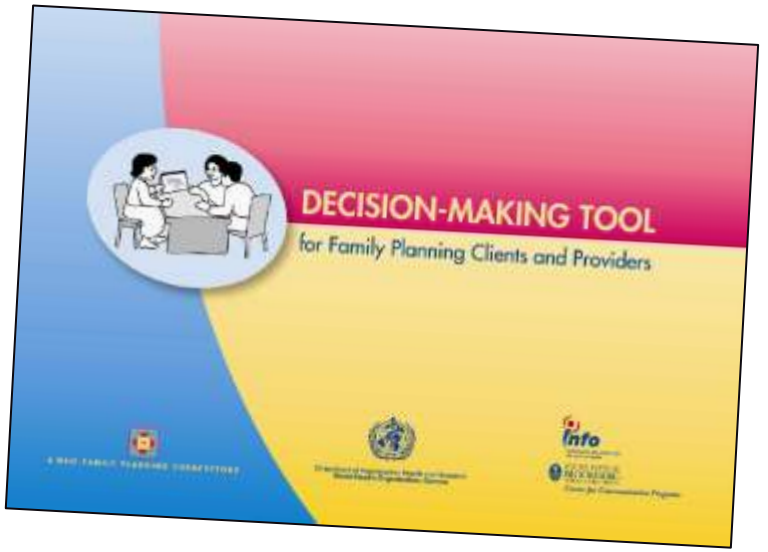
Provide information to address client's needs and concerns

Help client make an informed decision or address a problem

Help carry out client's decision

Counseling Tool Introduction

- **Decision Making Tool (DMT) for Family Planning Clients and Providers – clinic based counseling tool**
- **Organized into tabs for easy access to sections on specific methods and topics**
- **Also with versions for HIV clinic settings and for community health workers.**



1 Assess Client's Needs, Concerns

- Greet client appropriately
- Ensure privacy, confidentiality, and client comfort
- Ask about reason for visit
- Ask about partner(s), home life, family, health, sexual behavior, HIV status
- Ask about plans to have children, desire for FP
- Explore STI risk and what client does to avoid STI's

2 Provide Information to Address Client's Needs and Concerns

- Inform client when needs or concerns are beyond health worker capability
- Advise on how to prevent STIs
- Advise on how to have a healthy pregnancy (if client wants to become pregnant)

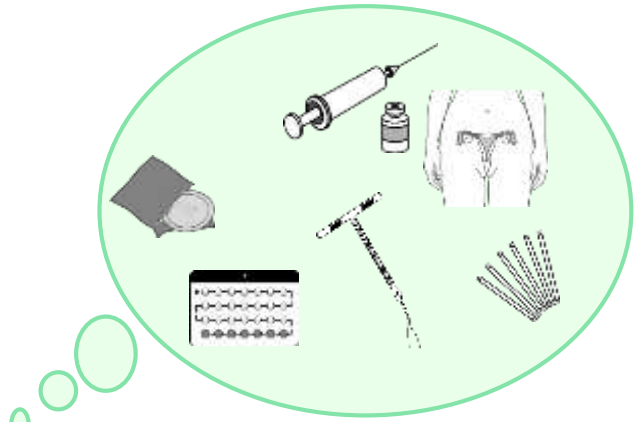
2 Provide Information and Options

(continued)

- Explain benefits of FP and healthy spacing
- If client wants FP, help client identify methods suited to her needs
- Give information on methods of interest
- Respond to other client questions or concerns

Why Clients Choose Methods

- Effectiveness
- How long client wants protection from pregnancy
- Ease of use
- Health benefits and possible side effects
- Safety



3 Help Client Make Informed Decision

- Ask client if she or he has any questions about methods you discussed
- Ask client to choose a method
- Use pregnancy checklist or method screening checklist to determine if client can use method
- Agree on decision or plan in partnership with client

4 Help Carry Out Client's Decision

- Role-play or rehearse negotiation skills
- Give FP method and condoms, if needed
- Explain/ demonstrate correct use
- Ask client to explain/ demonstrate, reinforce understanding or correct demonstration
- Remind client about side effects, reasons to return
- Arrange follow-up, resupply, or referral, as needed

Gender

- This refers to the socially constructed roles, behaviors, activities and attributes that are considered by a society to be **appropriate for its men and women**.
  - People are born female or male but learn to be girls and boys who grow into women and men.
  - This learned, socially reinforced, and often legally enforced behavior delineates gender roles and relationships.
- **Gender sensitive c**onsiders gender norms, roles and relations, and does not address inequalities generated by unequal norms, roles or relations. It indicates gender awareness, though often no remedial actions are developed.

Reproductive rights

- **Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents.
- These rights rest on the recognition of the basic right of all couples and individuals
  - **to decide freely and responsibly the number, spacing and timing of their children and**
  - **to have the information and means to do so, and**
  - **the right to attain the highest standard of sexual and reproductive health**.

Human Rights and Public Health Rationale Related to Family Planning

- There has been significant international momentum in support of the connection between **family planning and the promotion and protection of human rights**, leading to increased access to **family planning information and services** in many countries.
- This refers to issues including **modern methods of contraception and emergency contraception**, safe voluntary abortion as allowed by law, humane treatment for women and adolescents suffering the complications of unsafe abortion, and infertility services.
  - The development of modern contraceptive methods through scientific discovery, coupled with significant progress in the women's health and rights movements, has paved the way to **greater individual freedom and enhanced ability to decide on the number and spacing of children**.

Human Rights and Public Health Rationale Related to Family Planning

- These freedoms are enshrined in **international human rights law**, under the rights to health,
  - to decide on the number and timing of children,
  - to information,
  - to privacy,
  - to non-discrimination and
  - to be free from inhumane and degrading treatment,

  as well as several international consensus statements.

International consensus on the importance of family planning as a human rights issue

- The “Proclamation of *Tehran*” from the International Conference on Human Rights in 1968 declared, "***parents have a basic human right to determine freely and responsibly the number and the spacing of their children***."
    - It set the foundation for further supportive international statements, through international conferences, in the decades to come.
    - *Proclamation of Tehran*, Final Act of the International Conference on Human Rights, Teheran, 22 April to 13 May 1968, U.N. Doc. A/CONF. 32/41,1968.

- In particular, the **right to plan the size and spacing** of a family was formulated at the World Population Conference, held in *Bucharest* in 1974 (Para 14(f)).
- And despite a lag in the 1985 *Mexico City* conference, this was further affirmed in the Programme of Action of the International Conference on Population and Development (*Cairo*, 1994), and the Platform for Action of the Fourth World Conference on Women (*Beijing*, 1995). **All of these international statements recognize that the basic right to control one’s fertility is fundamental.**

International Agreements

- **World Conference on Human Rights, Vienna, 1993; "Vienna Declaration and Programme of Action"**
  - **Para. 41 –** reaffirms, on the basis of equality between women and men, **a woman's right to accessible and adequate health care and the widest range of family planning services,** as well as equal access to education at all levels.

- **International Conference on Population and Development, Cairo, 1994; "Cairo Declaration on Population and Development"**
  - **Principle 8** States should take all appropriate measures to ensure, on a basis of equality of men and women, **universal access to health-care services**, including those related to reproductive health care, which includes family planning and sexual health. . . . All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

ICPD Cairo 1994

- **International Conference on Population and Development, Cairo, 1994; "Cairo Declaration on Population and Development"**
  - **Para. 5 –** We welcome the approach that **places family planning in the broader framework of reproductive health** care. We urge all national governments to make responsible efforts to resolve their population issues in a way that respects their own national and cultural identity, values and tradition.
  - **Para. 7.2** . . . reproductive health therefore implies that people are able to have **a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so**. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice . . . ;
  - **Para 7.45 –** [Reproductive and sexual health] services must safeguard the **rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs**;

Global Gag Rule/ Mexico City Policy

- POTUS reinstated prohibition on the **disbursement of federal funding to NGOs and agencies that provide, promote, or make referrals to abortion services**, or give information about abortions.
- Introduced by President Ronald Reagan in August, 1984, at the International Conference on Population, in **Mexico City**, the "Mexico City Policy" or "global gag rule", as it has become popularly known has been on and off in previous administrations.
- Now known as the "Protecting Life in Global Health Assistance," policy.

Protecting Life in Global Health Assistance

- USA has had a policy since 1973 (Foreign Assistance Act, as amended), which prohibits **foreign assistance funds to be used for the performance of abortion as a method of family planning** or to motivate or coerce any person to practice abortions.
- The Mexico City Policy **extends this policy so that organizations** that wish to use their own, or non-US, funds to undertake abortion-related services, but US federal funds to support programmes that are unrelated to abortions, **are barred from receiving US federal funding**.
- In effect, the Policy seeks to **restrict activities that are deemed lawful in the USA** (according to the Roe v Wade ruling) and many recipient countries, on partisan ideological grounds, even when US funds are not being used for those activities.

Protecting Life in Global Health Assistance

- Further, the version of this policy that President Trump reinstated will apply **not only to recipients of family planning funding**, but also to **recipients of all global health assistance** furnished by all US government departments or agencies.
- Profound implications mean that **US federal funded NGOs and agencies focusing on diseases** such as *Zika virus, Ebola virus, tuberculosis, and AIDS* but also providing family-planning-related services that even so much as mention abortion, could now be barred from receiving US federal funds.

Protecting Life in Global Health Assistance

- Seen in this light and the scale of US federal funding for global health initiatives, the Trump administration's expanded ambit of the Mexico City Policy is **a direct threat to global health**.
- Recipients of US federal funding are now forced to make a stark choice:
- *To accept US federal funding and deny women services and information about abortions, even in countries where this is their right by law and when such services are funded by other sources*, or
- *To reject US federal funding and give women information about their reproductive health rights and options, thereby forfeiting US federal funding for crucial non-abortion related health initiatives, such as tuberculosis, HIV, and Zika virus control*.
- Neither option is compatible with human rights, ethics, or global health. *Jerome A Singh, Salim S Abdool Karim*

Statement of the Scientific Technical and Advisory Group (STAG) 2017 of WHO RHR

- STAG is deeply concerned that the **current global trends will restrict access** to life-saving SRH services and information…
- Call on the international community, and partners, to **protect everyone's right to the highest attainable standards of SRH, safeguard progress to date, take all steps to sustain and expand programmes, and to protect and promote research**.
- Restrictions **threaten continued development of evidence** through research and development of norms and standards.

Now, more than ever, it is critical to ensure access to comprehensive sexual and reproductive health services and information and to guarantee that scientific evidence is developed, shared and used by decision-makers to ensure the promotion and protection of sexual reproductive health of all individuals everywhere, so that no one is left behind.

Human Rights and Family Planning

- The right to liberty and security of the person
  - Freedom to decide if, when and how often to bear children
  - Protection of confidentiality and privacy- the lack of which may deter clients from seeking advice and treatment
- Reproductive self-determination and free choice
  - Informed decision making – the duty to disclose information that clients can understand and recall to make an informed choice
  - Free decision-making, freedom from bias introduced by the provider

Human Rights and Family Planning

- The right to be free from inhuman and degrading treatment
  - Proper handling after sexual assault including access to emergency contraception
  - No involuntary sterilization
- Non-discrimination
  - Including related to sexual preference and orientation
  - Related to age (adolescents/elderly) and health (HIV status)

Human Rights and Family Planning

- Acknowledgements of the "evolving capacities of the child"
  - Recognizing that adolescents have rights as they evolve the capacities to make decisions and understand the consequences of those decisions
  - UN Convention of the Rights of the Child sets legal limits to inappropriate, obstructive, and dysfunctional parentalism
- Special care for vulnerable or disadvantaged populations
  - Displaced populations
  - Persons with disabilities

Human Rights and Family Planning

- **Quality care**
  - Striving for and reaching agreed levels of care that are accessible, equitable, affordable, acceptable/patient centred, effective, efficient and safe.
  - The extent to which the care provided, within an economic framework achieves the most favourable outcome when balancing risks and benefits. (Heidemann 1993)
- **People-centred health systems**
  - Reforms that reorganize health services as primary care, i.e. around people's needs and expectations, so as to make them more relevant and more responsive to the changing world, while producing better outcomes.

Universal access to sexual and reproductive health

- The equal ability of all persons, according to their need, to receive appropriate information, screening, treatment and care in a timely manner, across the reproductive life course, that will ensure their capacity, regardless of age, sex, social class, place of living or ethnicity, to:
  - decide freely how many children to have and when to have them, and to delay or prevent pregnancy;
  - conceive, deliver safely and raise healthy children, and manage problems of infertility;
  - prevent, treat and manage reproductive tract infections and sexually transmitted infections, including HIV/acquired immunodeficiency syndrome (AIDS), and other reproductive tract morbidities, such as cancer;
  - enjoy a healthy, safe and satisfying sexual relationship, which contributes to the enhancement of life and personal relations.

Human Rights and Contraception

- These WHO guidelines provide recommendations for programmes as to how they can ensure that human rights are respected, protected and fulfilled, while services are scaled up to reduce unmet need for contraception.
- Both health data and international human rights laws and treaties were incorporated into the guidance.
- This guidance is complementary to existing WHO recommendations for sexual and reproductive health programmes.
- Related documents:
  - Framework document
  - Quantitative indicators
  - Implementation guide

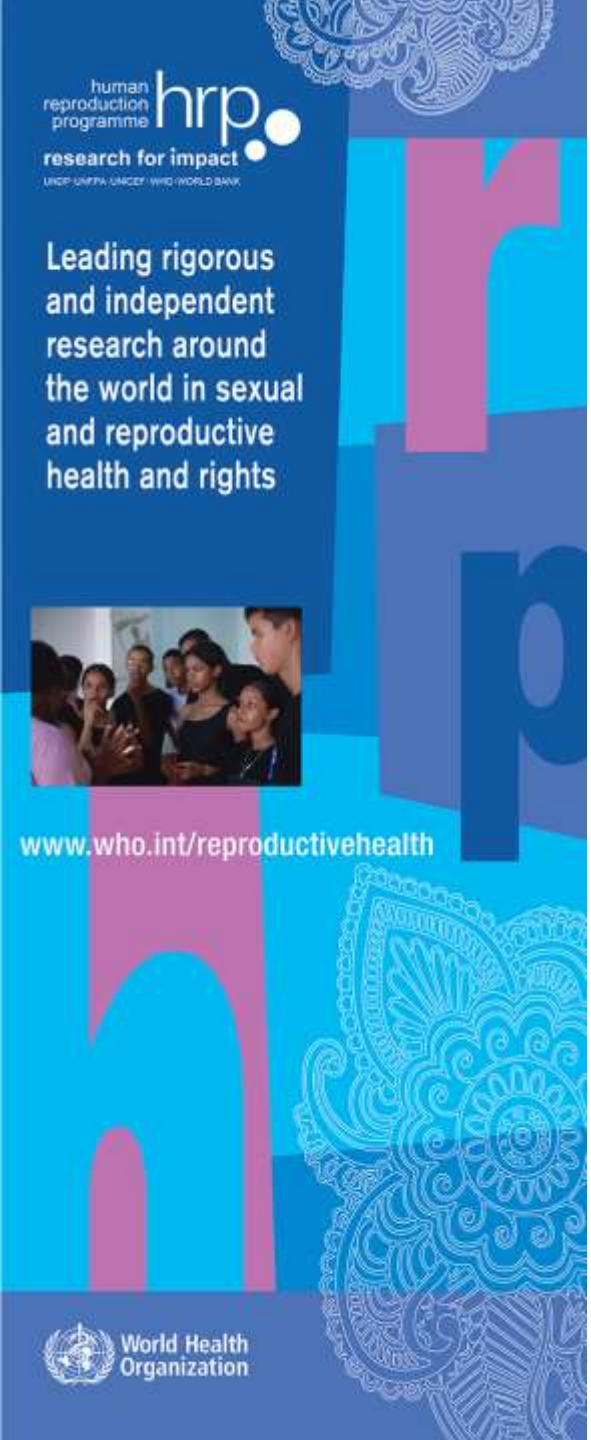
9 headings relating to contraceptive information and services

1. Non-discrimination in provision of contraceptive information and services
2. Availability
3. Accessibility
4. Acceptability
5. Quality
6. Informed decision making
7. Privacy and confidentiality
8. Participation in provision
9. Accountability

Specific recommendations are available in the guideline document

London Summit 2017

"Family planning is one of the best buys that exist for global development. SRH is a priority for universal health care."
Dr. Tedros Adhanom Ghebreyesus, Director General, WHO



Thank you

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