

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

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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 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

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# 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**

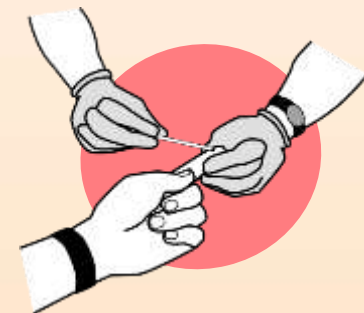
- Complete, accurate information about all appropriate, available options



# 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.



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## 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

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# 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



## Counseling

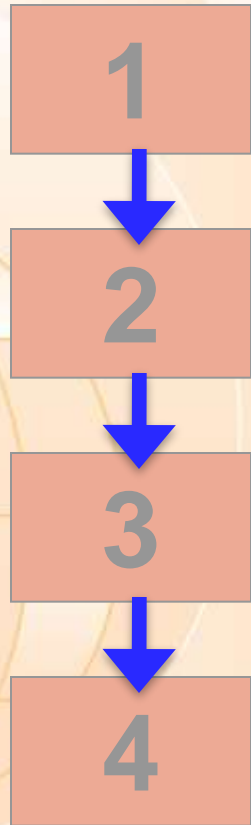
# Beliefs and Attitudes

- 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



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# Stages of FP Counseling



Establish rapport and assess client's needs and concerns

**Provide information to address client's needs and concerns**

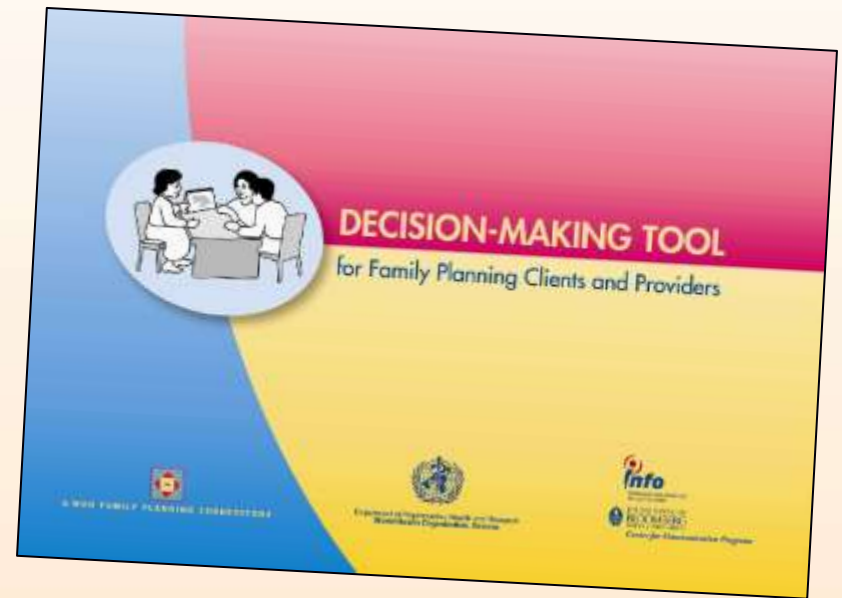
**Help client make an informed decision or address a problem**

**Help carry out client's decision**

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# 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

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## 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)

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## 2

# Provide Information and Options

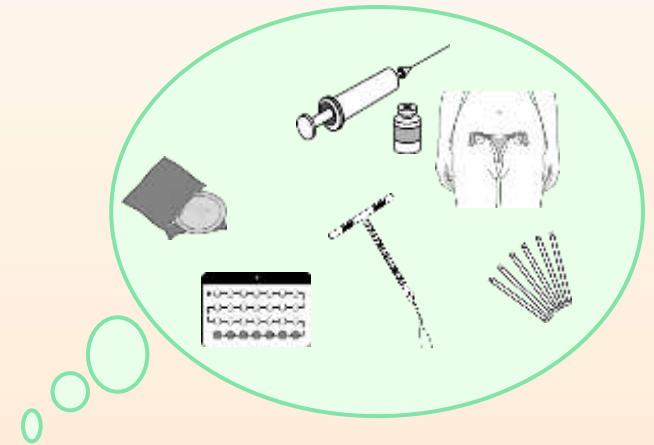
*(continued)*

- 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

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# 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



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# 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** considers 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.

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# 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.

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# 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

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# Adding it up....

- Certain barriers continue to exist. As a result, hundreds of millions of people do not have access to the full range of safe and effective modern methods of family planning. It is estimated that **137 million women** in developing countries would like to delay or stop childbearing but are not using any method of contraception, and an additional **64 million are using traditional methods**.
- It has also been estimated that satisfying the unmet need for modern contraceptive methods could avert **52 million unintended pregnancies and 22 million induced abortions** every year.
- Lack of access to family planning services and to correct information about use and side effects, along with contraceptive failure, lead to some **90 million unintended or unwanted pregnancies** every year.
  - Singh S et al. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York: AGI and UN Population Fund, 2003. Cited in: Singh et al. *Abortion worldwide: uneven progress*. New York, Guttmacher Institute. 2009.

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# 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.

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# 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;**

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# 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 and informed choice
  - Free decision-making, freedom from bias introduced by the provider

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# 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)

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# 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

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# 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.

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# 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?

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# Recommended List of Quality of Care Indicators

## ● Provider

- Demonstrates good counseling skills
- Assures client of confidentiality
- Asks client about reproductive intentions (asking whether the client wants more children, and when)
- Discusses with client which method he or she would prefer
- Mentions HIV/AIDS (initiates or responds)
- Discusses methods for preventing pregnancy and sexually transmitted infections

- Source: MEASURE Evaluation, "Quick Investigation of Quality" (2001).



# Recommended List of Quality of Care Indicators

## ● Provider

- Treats client with respect/courtesy
- Tailors key information to the client's needs
- Gives accurate information on the method accepted (explaining its use, side effects, and possible complications)
- Gives instructions on when to return
- Follows infection control procedures outlined in guidelines
- Recognizes/identifies contraindications, consistent with guidelines
- Performs clinical procedures according to guidelines
  - Source: MEASURE Evaluation, "Quick Investigation of Quality" (2001).



# Recommended List of Quality of Care Indicators

- **Staff (Other Than Provider)**

- Treats clients with dignity and respect



- **Client**

- Participates actively in discussion and selection of method
- Receives his or her method of choice
- Believes the provider will keep his or her information confidential
- Source: MEASURE Evaluation, "Quick Investigation of Quality" (2001).

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# Recommended List of Quality of Care Indicators

## ● Facility

- Has all (approved) contraceptive methods available; no stock-outs
- Has basic items needed for delivery of methods offered by the facility (including sterilizing equipment, gloves, blood pressure cuffs, specula, adequate lighting, water)
- Offers privacy for pelvic exams/IUD insertions
- Has mechanisms to make programmatic changes based on client feedback
- Has received a supervisory visit within a certain predetermined period
- Has adequate storage of contraceptives and medicines (away from water, heat, direct sunlight) on premises
- Follows state-of-the-art clinical guidelines
- Has acceptable waiting time
  - Source: MEASURE Evaluation, "Quick Investigation of Quality" (2001).



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