

# Family planning counselling

## *An introduction*

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## By the end of this session, you should be able to:

- Communicate information on benefits/ importance of counselling on birth spacing / family planning method use
- Demonstrate effective communication and counselling skills
- Describe existing evidence & gaps on counselling strategies

# Key Facts about family planning/contraception

- Globally, many women and couples want to postpone or avoid pregnancy.
- More women or their partners are using contraceptive methods today than ever before.

**YET**

- An estimated 218 million women of reproductive age, mostly in low and middle-income countries, have an unmet need for modern contraceptive methods.
- Around 9% of women (1 in 10 women of reproductive age) who want to avoid or postpone pregnancy are not using any form of contraception/ have an unmet need for family planning.

**Improving the quality of contraceptive counseling is one strategy to prevent unintended pregnancy.**

# 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

# Meeting the unmet need for contraception

Meeting the unmet need for contraception across the reproductive cycle in low- and middle-income countries and offering all pregnant women and their newborns the standard care would result in reductions of:

- unintended pregnancies by 68%
- unsafe abortions by 72%
- maternal deaths by 62%
- neonatal deaths by 69%.\*

Recommended by the World Health Organization (WHO)

\* *Adding it up: investing in sexual and reproductive health*. New York, NY: Guttmacher Institute, 2020.

# 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
- Quality of available services
- Gender-based barriers
- Users and provider's bias
- **Poor counselling** - fear or experience of side-effects; cultural or religious opposition

# Benefits of family planning & birth spacing (1)

- Empowers people and enhance education - Delaying having children can give people the opportunity to complete education or further studies.
- Prevents adolescent pregnancy - Younger women (adolescents) can delay pregnancy until their bodies are mature and they are ready in terms of their life course.
- Spacing births allows the mother to recover physically and emotionally before she gets pregnant again, and faces the demands of pregnancy, birth and breastfeeding.
- Waiting to become pregnant at least 24 months after birth can lead to health benefits for the mother and baby.

# Benefits of family planning & birth spacing (2)

- STIs including HIV/AIDS can be prevented with correct and consistent use of condoms.
- Older women (over 35) can prevent unwanted pregnancies that are often risky for their health and can lead to complications for both mothers and infants.
- Prevents unplanned pregnancy, abortion and pregnancy-related health risks of women.
- Limiting the number of children in a family means more resources for each child and more time for the parents to dedicate to each child.

Family planning helps to decide if, when and how many children you choose to have (timing of pregnancies and birth spacing)



# Counselling

- 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.



# Why counselling for family planning

The role of family planning counselling is to support a woman and her partner in choosing the method of FP that best suits them and to support them in solving any problems that may arise with the selected method.

- Spacing
- Limiting
- Switching methods – address discontinuation rates

# Contraceptive counselling: definition

- Contraceptive counseling is defined as the exchange of information on contraceptive methods based on an assessment of the client's needs, preferences and lifestyle to support decision-making as per the client's intentions.
- This includes the selection, discontinuation or switching of a contraceptive method.
- The key principles are based on coercion-free and informed choice; neutral, understandable and evidence-based information; collaborative and confidential decision-making process; ensuring respectful care, dignity and choice.

# Effective communication & counselling skills

# Elements of good counselling

- 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



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

# Counselling 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







# Models of family planning counselling

There are various models of family planning counselling -

- **GATHER** model (**G**reet the client, **A**sk about situation and needs, **T**ell about different methods and options, **H**elp clients choose, **E**xplain how to use a method, **R**eturn).
- **REDI** model (**R**apport-building, **E**xploration, **D**ecision-making, and **I**mplementing the decision).

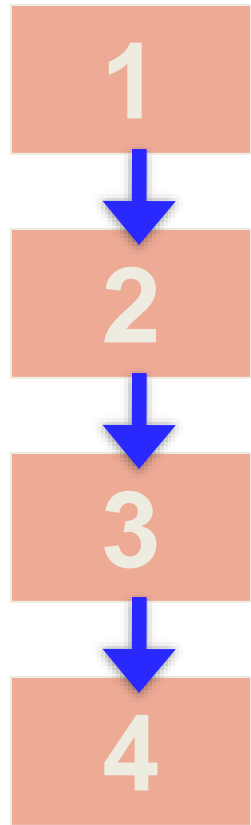
## COUNSELLING PROCESS

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

# Communication and counselling skills

- Success of FP counselling depends on ability to establish and maintain a good connection:
  - Builds trust
  - Helps client relax
  - Helps client communicate openly
- Good communication and counselling skills are keys for maintaining good connection throughout the counseling session.

# Stages of FP counselling



**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**

# 1

## Assess client's needs and 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

# Questions about the client

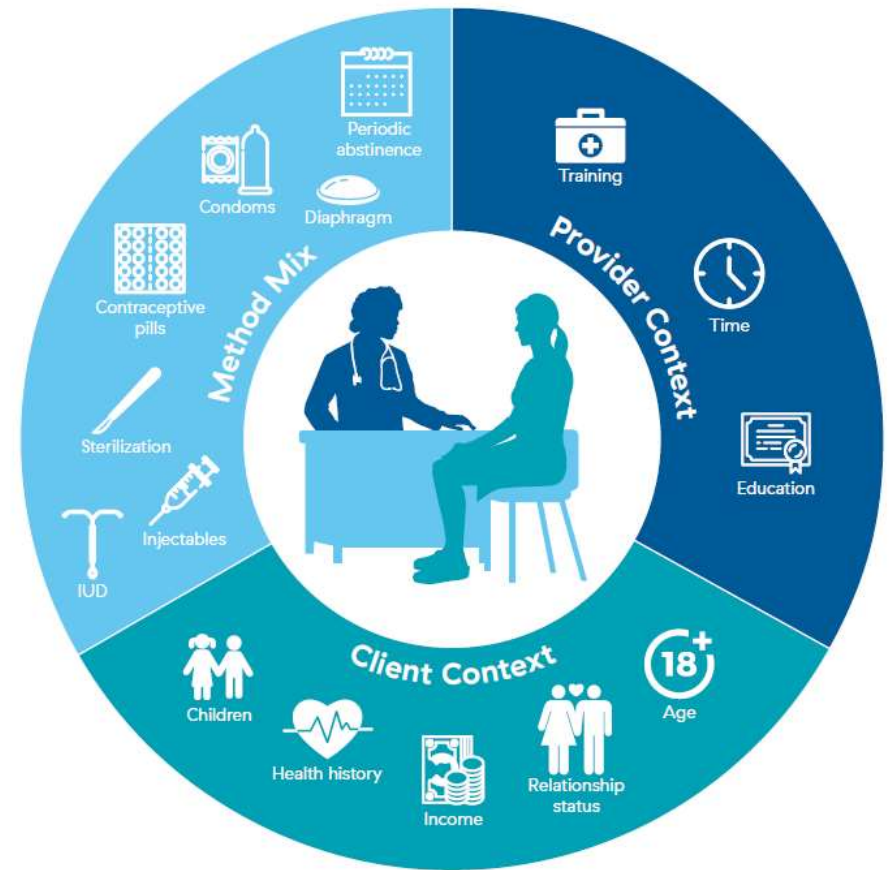
- Ideal family size
- Home life
- Partner(s)
- Health
- Sexual behavior
- HIV status



# 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)



Source: USAID-funded SHOPS Plus project led by Abt Associates

## 2 Provide information and options *(continued)*

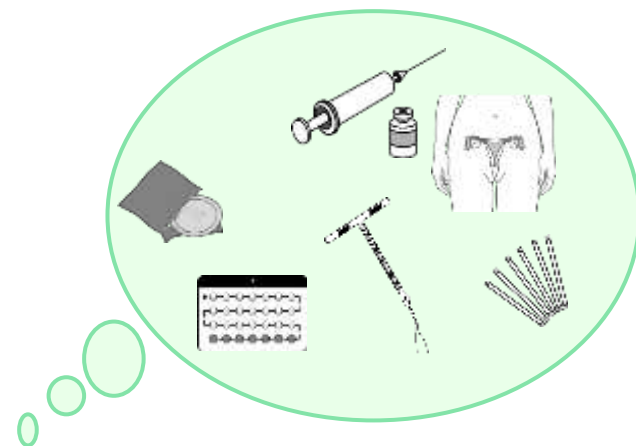
- Explain benefits of FP and healthy spacing
- If client wants FP, help client identify methods suited to her needs
- Give information on methods of interest
- Respond to other client questions or concerns





# How 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



# What is informed choice?

**All family planning clients have right to informed choice:**

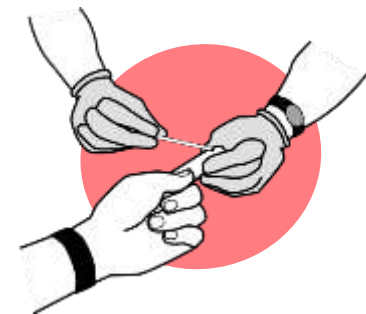
- Opportunity to freely choose among options
- Complete, accurate information about all appropriate, available options



# 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



## 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





## Counselling diverse groups

# Counselling clients with different needs

- Different client's have different needs
  - Women who want to delay pregnancy- adolescents vs. adults
  - Postabortion or postpartum women vs. interval
  - Male Vs. female
  - Special needs (physical or mental disability, HIV, Violent relationships)

# Counselling needs of adolescents

- Young people deserve nonjudgmental and respectful care
- Show them that you enjoy working with them
- Use terms that suit young people
- Try to make sure that a young woman's choices are her own
- Speak without expressing judgment
- Take time to fully address questions, fears, and misinformation



# Counselling needs after an abortion

Explain that fertility returns quickly and discuss FP options. Support woman & her partner in choosing a method that meets their needs:

- If a woman has no post-abortion complications or infection, she can safely use any FP method, and can start all methods immediately post-abortion (except for the natural calendar method, when she should wait for 3 months).
- If an infection is present or suspected, advise her to avoid intercourse until the infection is ruled out or fully treated. Delay female sterilization and IUD insertion until an infection is fully treated but offer other methods to use in the meantime.
- For IUD insertion or female sterilization after a second trimester abortion, the provider may need special training because of the changed uterine size and the position of the fallopian tubes.
- If a woman thinks she could be at risk of getting STI/HIV, she should use a condom in all sexual relations.
- Explain emergency contraception & offer emergency contraceptive pills to take home in case they may need them.

# Counselling needs of postpartum woman

- A woman can become pregnant within several weeks after birth if she has sexual relations and if she is not breastfeeding exclusively.
- It is important that as a health worker you discuss the importance of family planning and birth spacing, and help couples in choosing the contraceptive method that is right for them.



# Counselling post partum woman (1)

- Begin discussing FP during pregnancy, particularly during the third trimester, after birth and in the immediate postpartum period.
- Several methods of FP can be started immediately after birth, but others may need to be delayed if the woman is breastfeeding.
- If the woman wants female sterilization or an Intrauterine Device (IUD) inserted immediately after childbirth, she should inform her birth attendant and plan to give birth in a health facility.

## Counselling post partum woman (2)

- Advise women about the benefits of using breastfeeding as a FP choice, known as the Lactational Amenorrhoea Method (LAM). LAM provides protection when the following three requirements are met:
  - the woman is exclusively breastfeeding a baby, day and night
  - during the first six months after birth and
  - her menstrual periods have not returned.

### REMINDER

- Exclusive breastfeeding means that the baby is not given any other food or drink, not even water. She or he is only given breast milk.
- Once the baby reaches six months, or receives complementary foods or the mothers' periods have returned, she should use another family planning method. Before this time she needs to start thinking about what method she will use after LAM.

# Counselling needs of men

- Encourage men to make decisions about sexual and reproductive health jointly with their partners.
- Encourage women to bring their partners to see clinical providers for joint counseling, decision-making, and care.
- Coach men and women on how to talk with their partners about family planning and STIs.
- Suggest women clients that they tell their partners about health services for men. Give them informational materials to take home, if available.
- Correct men's misperceptions and give them information to inform their decisions and opinions.




Source: Essential considerations for engaging men and boys for improved FP outcomes. USAID. 2018

# Evidence on counselling

# Contraceptive counselling: best practices to ensure quality communication and enable effective contraceptive use

Effective contraceptive counselling can help individuals choose a method that meets their needs and preferences, manage any side effects, and continue using their preferred method or switch to an alternative one.

 **NIH Public Access**  
**Author Manuscript**  
*Clin Obstet Gynecol*. Author manuscript; available in PMC 2015 December 01.

Published in final edited form as:  
*Clin Obstet Gynecol*. 2014 December ; 57(4): 659–673. doi:10.1097/GRF.000000000000059.

**Contraceptive Counseling: Best Practices to Ensure Quality Communication and Enable Effective Contraceptive Use**

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**Abstract**

Improving the quality of contraceptive counseling is one strategy to prevent unintended pregnancy. We identify aspects of relational and task-oriented communication in family planning care that can assist providers in meeting their patients' needs. Approaches to optimizing women's experiences of contraceptive counseling include working to develop a close, trusting relationship with patients and using a shared decision-making approach that focuses on eliciting and responding to patient preferences. Providing counseling about side effects and using strategies to promote contraceptive continuation and adherence can also help optimize women's use of contraception.

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# Does family planning counselling reduce unmet need for modern contraception among postpartum women

Counselling women either before or after discharge reduces unmet need for postpartum contraception but counseling in both periods is most effective.

PLOS ONE

RESEARCH ARTICLE

Does family planning counseling reduce unmet need for modern contraception among postpartum women: Evidence from a stepped-wedge cluster randomized trial in Nepal

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Abstract

Background

Postpartum women have high rates of unmet need for modern contraception in the two years following birth in Nepal. We assessed whether providing contraceptive counseling during pregnancy and/or prior to discharge from the hospital for birth or after discharge from the hospital for birth was associated with reduced postpartum unmet need in Nepal.

Methods

OPEN ACCESS

**Citation:** Puri MC, Huber-Krum S, Canning D, Guo M, Shah IH (2021) Does family planning counseling reduce unmet need for modern contraception among postpartum women: Evidence from a stepped-wedge cluster randomized trial in Nepal. PLOS ONE 16(3): e0249106. <https://doi.org/10.1371/journal.pone.0249106>

**Editor:** Rubee Dev, University of Alberta, CANADA



# Effectiveness of counselling strategies

- A systematic review on the evidence on the comparative effectiveness of different contraceptive counselling strategies found that contraceptive counselling has the potential to improve the effective use of modern contraception and reduce unmet need.
- High-quality evidence was lacking, and no clear consensus exists on how best to deliver contraceptive counselling to meet the contraceptive needs of women and improve client satisfaction.



## A systematic review of the effectiveness of counselling strategies for modern contraceptive methods: what works and what doesn't?

Francesca L. Cavallaro <sup>1</sup>, Lenka Benova,<sup>2,3</sup> Onikepe O. Owolabi,<sup>4</sup> Moazzam Ali <sup>5</sup>

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmj-2019-003371>).

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<sup>5</sup>World Health Organization, Geneva, Switzerland

### ABSTRACT

**Aim** The aim of this systematic review was to synthesise the evidence on the comparative effectiveness of different counselling strategies for modern contraception on contraceptive behaviour and satisfaction, and to examine their advantages and disadvantages.

**Methods** Six electronic databases (Medline, Embase, Global Health, Popline, CINAHL, Plus, and Cochrane Library) were searched to identify publications comparing two or more contraceptive counselling strategies and reporting quantitative results on contraceptive

### Key messages

- Detailed counselling on side effects for users initiating new methods may be effective at improving continuation (evidence of effect in three of four studies).
- Additional counselling sessions in pregnancy or postpartum may increase postpartum contraceptive uptake (evidence of effect in four of five studies).
- Caution is required in interpreting the

# Evidence gap on counselling

## Selected evidence gaps on counselling:

- Women's experiences with and expectations of counselling in a variety of global settings.
- How best to deliver counselling services.
- What are the core elements of high-quality of contraceptive counselling?
- What are the minimum skills and competencies for contraceptive counsellors?
- What should be in a comprehensive package of best practices for FP counselling for different populations (e.g., young people)?

# Additional reading

- Adolescents and family planning: what the evidence shows. ICRW; 2014.
- Ali M, Tran NT, Kabra R, Kiare J. Strengthening contraceptive counselling: gaps in knowledge and implementation research. <http://dx.doi.org/10.1136/bmj.srh-2021-201104>
- Compendium of WHO recommendations for postpartum family planning. WHO; 2016.
- Family planning: a global handbook for providers, 2018 edition. WHO; 2018.
- Global consensus statement for expanding contraceptive choice for adolescents and youth to include long-acting reversible contraception. FP2020; 2017.
- Medical eligibility criteria wheel for contraceptive use. WHO; 2015.
- Reducing early and unintended pregnancies among adolescents: evidence brief. WHO; 2017.
- Self-administration of injectable contraception: information note. WHO; 2020.
- Task sharing to improve access to family planning/contraception: summary brief. WHO; 2017.

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All materials can be downloaded for free, and you may adapt or translate them for your own work. If you do use or adapt these materials, please let us know!

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### Featured Module: Benefits of Family Planning

This module is designed to provide a basic definition of family planning and discuss how it can help improve the lives of women, children, families, and communities. © 2012

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