

Choices in Family Planning

Discussion Guide

1. Service Options Are Available.

What to strive for

- Family planning (FP) services are available where and when individuals need them.
- A choice of methods is offered.
- Options are affordable.
- Referral mechanisms are in place for other methods.
- Linkages exist with other health services.

What to consider and discuss

Individual/Community Factors

- Availability of alternative sources of FP methods, e.g., community-based distribution (CBD) and pharmacies
- Community health care priorities and demand for services
- Convenience of clinic location
- Availability and affordability of public transportation

Service-Delivery Factors

- Where and when FP services are available
- What method mix is available at the service site
- The number of service providers trained to offer various methods
- Existence and effectiveness of a referral system for methods, services, and options not available on-site
- Existence and effectiveness of a system to prevent stock-outs of methods and supplies

Policies

- Policies regarding service availability and method mix
- Specific guidelines to address the needs of individuals living in remote locations
- Policy to integrate FP and other sexual and reproductive health (SRH) services
- Impact of health-sector reform on the availability of FP services
- Policies affecting adolescents' access to reproductive health services

2. The Decision-Making Process Is Voluntary.

What to strive for

- Individuals are free to decide whether or not to use services, without coercion or constraint.
- Clients are free to choose among available methods, without coercion or constraint.
- A range of service options is accessible to all categories of clients, including adolescents and unmarried individuals.
- Service providers are objective regarding all clients and methods.
- The individual's right to choose is respected and supported.

What to consider and discuss

Individual/Community Factors

- Awareness and acceptance of individuals' rights and ability to make their own decisions
- Men's attitudes about FP and decision making
- Beliefs about who should make FP decisions: individuals, couples, extended family members, or service providers
- Possibility of individuals making SRH decisions before seeking services
- Clients' beliefs about the role of the service provider in their decision-making process
- Clients' perception of their role and responsibility in FP decision making
- Beliefs about "modern" contraception in general
- Social norms and pressure regarding family size, having male children, and using particular methods
- Acceptability of using FP services, particularly by adolescents and unmarried individuals
- Freedom of women and adolescents to travel unaccompanied
- Availability and safety of public transportation to access FP services
- Reputation of the quality of services offered (e.g., respect for clients and technical competence)
- Clients' perspective on whether or not fees or payments to service providers affect their choice of methods

2. The Decision-Making Process Is Voluntary. (continued)

What to consider and discuss

Service-Delivery Factors

- Service providers' attitudes toward clients' rights and ability to make their own decisions
- Service providers' awareness of the power imbalance between providers and clients
- Service providers' recognition of the decision-making process as a continuum affected by community influences
- Service providers' skills in assessing clients' needs in reaching or confirming a decision
- Service providers' awareness of the special needs of postpartum and postabortion clients
- Existence and effectiveness of counseling to ensure that each client's choice is free of coercion and constraint
- Existence of mobile services and their effect on decision making
- Adherence to informed consent guidelines
- Criteria for performance evaluation (i.e., qualitative versus quantitative)
- Client and/or service provider payments for particular methods and whether these are perceived as incentives
- Whether client education includes the full range of available methods
- Whether accepting an FP method is required in order to receive other services or benefits
- Whether eligibility criteria are applied as indications or contraindications
- Service providers' attitudes toward specific methods, population groups (including adolescents, postabortion clients, and men), and client profiles

2. The Decision-Making Process Is Voluntary. (continued)

What to consider and discuss

Policies

- Policies concerning clients' right to decide whether to use FP and which method to use
- Policies concerning access to FP services for adolescents and unmarried individuals
- Eligibility criteria and requirements
- Policy and service guidelines regulating counseling and informed consent, when applicable, for postpartum and postabortion clients
- Informed consent policy and guidelines, including spousal and/or parental consent, and informed consent for experimental methods or procedures*
- Numerical programming objectives or staff-performance expectations based on targets,* quotas,* or couple-years of protection
- Payments to and/or incentives for clients and/or service providers*
- Fees for services or methods
- Policy linking FP method acceptance to benefits or services*
- Donor requirements for voluntary FP decision making (e.g., Tiahrt Amendment)

* Tiahrt Amendment, 1998.

3. Individuals Have Appropriate Information.

What to strive for

- Individuals have access to appropriate and accurate information about services and options.
- Individuals understand their risk for STI/HIV/AIDS and the protection that FP method options provide.
- Service providers assess clients' knowledge, fill any gaps, and correct any misinformation.
- Comprehensible posters and flipcharts are clearly in clients' view.
- Samples of FP methods are available for clients to see and touch.
- Clients understand their options, the essential information about their chosen method or treatment (including benefits and risks, conditions that would render it inadvisable for use, and common side effects),* and the way their choice may affect their personal circumstances.

* Tiahrt Amendment, 1998.

What to consider and discuss

Individual/Community Factors

- Literacy levels
- Availability of information about SRH in the community
- Knowledge of SRH issues and sources of information
- Perception of the credibility of health workers as sources of SRH information
- Myths, rumors, and beliefs about sexuality and reproduction that conflict with medical explanations
- Social norms regarding talking about SRH
- Existence of public education activities regarding SRH (e.g., public health campaigns, school education, media coverage, and community meetings)
- Level of community support for and involvement in public education for SRH

3. Individuals Have Appropriate Information. (continued)

What to consider and discuss

Service-Delivery Factors

- Service providers' training in information giving, communication skills, contraceptive technology, risk assessment for STI/HIV/AIDS, and the level of protection each FP method provides
- Service providers' comfort in discussing issues related to sexuality with all categories of clients
- Staff time available to provide information and address clients' questions and concerns
- Opportunities seized to talk to and inform clients
- Use of staff in addition to doctors and nurses to provide information and address clients' questions and concerns
- Availability of client-education materials and service provider job aids
- Assessment of clients' knowledge, SRH service needs, risk for STI/HIV/AIDS, personal circumstances and preferences, and concerns
- Whether service providers offer information based on clients' needs or on their own personal beliefs or preferences
- Amount of information provided and whether it is tailored to clients' needs
- Confirmation of clients' understanding of key information
- Training of field workers, traditional birth attendants (TBAs), community volunteers, and other outreach health workers

3. Individuals Have Appropriate Information. (continued)

What to consider and discuss

Policies

- Policies regarding:
 - ▼ Public information about and media coverage of SRH
 - ▼ Sexuality or family-life education in schools
 - ▼ Access to SRH information services for adolescents
 - ▼ Limitations on what service providers can discuss with clients (e.g., “gag rules”)
- Service-delivery guidelines on providing information to clients
- Informed consent guidelines, both for FP services and for experimental methods* or procedures,* studies, and trials
- Donor requirements affecting provision of information to clients (e.g., Tiahrt Amendment)

* Tiahrt Amendment, 1998.

4. Good Client-Provider Interaction (CPI), Including Counseling, Is Ensured.

What to strive for

- Clients and service providers have dynamic, two-way interaction.
- Clients actively participate in discussions and are encouraged to ask questions.
- Staff have good communication skills (talking, listening, eliciting, probing, assessing).
- Counseling staff provide individualized care, tailoring the client-provider interaction (CPI) and information to what clients want and need, and addressing individual circumstances and concerns.
- All staff use language and terms that clients can understand.
- Counseling staff have complete and correct information about SRH and available services.
- Staff answer clients' questions fully and clearly.
- All staff are empathetic, respectful, nonjudgmental, and sensitive to power imbalances and gender differences between clients and providers.
- All staff maintain clients' privacy and confidentiality.
- Trained staff are assigned to counsel clients as a routine component of service delivery.
- Counseling serves as the checkpoint to ensure informed and voluntary decision making.
- Memory aids are used by staff and provided to clients.
- The service setting is organized, clean, and cheerful to put clients at ease.
- Auditory and visual privacy are ensured for counseling, regardless of the setting.
- Adequate seating is available during counseling for counselors, clients, and anyone else the clients choose.

4. Good Client-Provider Interaction (CPI), Including Counseling, Is Ensured. (continued)

What to consider and discuss

Individual/Community Factors

- Community involvement in planning and evaluating services
- Attitudes about discussing SRH, in general, and with adolescents and unmarried individuals, in particular
- Comfort in discussing FP/SRH issues with health workers
- Clients' perceptions of and comfort with their role in CPI
- Clients' ability to assert themselves as active participants in interactions with staff
- Clients' satisfaction with their interactions with staff
- Social norms affecting privacy (e.g., clients accompanied to and in the clinic)
- Comprehension of print materials based on literacy and cultural interpretations of drawings

Service-Delivery Factors

- Whole-site orientation to CPI
- Service providers' training in CPI, informed decision making, and FP counseling
- Service providers' attitudes and communication skills
- Service providers' skill in assessing and responding to what clients want and need
- Service providers' commitment to client-centered services
- Service providers' knowledge of and comfort in discussing SRH
- Service providers' awareness of and response to the power imbalance between providers and clients
- Existence and effectiveness of supervision for CPI and counseling
- Performance expectations about talking to and informing clients
- Time available for CPI and counseling by trained staff
- Management commitment to hiring staff who can speak the local language(s)
- Availability of both male and female counselors to meet clients' preference
- Existence of mobile services and their effect on CPI
- Mechanisms for assessing client satisfaction
- Organization of services, client flow, and opportunities for client contact with staff
- Adequacy and condition of facilities to meet both clients' and service providers' needs for basic comfort
- Appropriateness, availability, and placement of client information
- Privacy during counseling

4. Good Client-Provider Interaction (CPI), Including Counseling, Is Ensured. (continued)

What to consider and discuss

Policies

- Policies concerning client-centered care and CPI as an element of quality of care
- Policies that specify counseling as an essential service component
- Policies and guidelines that regulate the timing of counseling for postpartum and postabortion clients
- Policies that provide guidance about allocation of resources related to CPI
- Organizational structure of FP services includes counseling
- Whether CPI and/or counseling are included in job responsibilities and performance indicators
- Service-delivery guidelines related to the physical environment and service atmosphere
- Donor recommendations regarding client information (e.g., Tiahrt Amendment)

5. The Social and Rights Context Supports Autonomous Decision Making.

What to strive for

- Laws, policies, and social norms support the following:
 - ▼ Gender equity
 - ▼ Individuals' rights to decide whether and when to have children, and how many*
 - ▼ Clients' right to access SRH information and services regardless of age, sex, marital status, or sexual orientation*
 - ▼ Clients' right to make decisions and to exercise control over their sexuality and reproduction free of discrimination, coercion, and violence
 - ▼ Clients' right to protect their health and prevent disease
 - ▼ Clients' right to privacy, confidentiality, dignity, and safety

* ICPD Programme of Action, 1994.

What to consider and discuss

Individual/Community Factors

- Status of women
- Cultural acceptability of autonomous decision making, especially for women and adolescents
- Community support for female education
- Public awareness of and education on gender equity and sexual and reproductive rights
- Existence and role of rights groups in the community
- Community awareness of and support for gender equity and sexual and reproductive rights, especially for women and adolescents
- Social norms affecting roles in SRH decision making
- Social values affecting sexual practices and behaviors (e.g., adolescent sexuality)
- Individuals' sense of empowerment in exercising their sexual and reproductive rights
- Level of priority that women put on their own health
- Social stigma associated with HIV/AIDS and abortion
- Prevalence of gender-based violence

5. The Social and Rights Context Supports Autonomous Decision Making. (continued)

What to consider and discuss

Service-Delivery Factors

- Existence of staff orientations and training in gender equity and sexual and reproductive rights
- Level of staff respect and support for clients' ability to exercise their sexual and reproductive rights and to make autonomous decisions
- Service providers' ability to overcome the power imbalance between providers and clients
- Service providers' attitudes toward specific population groups, including adolescents, postabortion clients, and clients at high risk for or living with HIV/AIDS
- Service providers' capacity to identify and address sexual and gender-based violence
- Availability of both male and female service providers to meet clients' preference
- Level of staff respect for clients' choices about involving or excluding others in the decision-making process

Policies

- Government position on international treaties, conventions, and conference plans of action related to human, sexual, and reproductive rights
- Government position on population growth
- Level of legal protections for all individuals
- Policies governing access to SRH information and services
- Spousal and parental consent requirements for SRH services
- Policies affecting individuals' rights to make autonomous decisions about their SRH and family size
- Policies regarding male involvement in FP and SRH