Appendix C

Promoting Informed and Voluntary Decision Making to Support Clients’ Rights and Address Clients’ Needs
Promoting Informed and Voluntary Decision Making to Support Clients’ Rights and Address Clients’ Needs

Presentation and Notes

The following are slides that can be used for presentations about how clients’ informed and voluntary decision making about their sexual and reproductive health is rooted in human rights. If you have access to an overhead projector, these can be photocopied onto transparencies; if no projector is available, the content of the slides can be copied onto flipcharts. Following the slides are notes, commentaries, and training suggestions that can be used to supplement the information in the slides.
Promoting Informed and Voluntary Decision Making to Support Clients’ Rights and Address Clients’ Needs

EngenderHealth, 2003
During this presentation...

- 60 women will die from preventable complications of pregnancy and childbirth
- 228 girls will undergo female genital cutting
- 240 women in the United States will be battered by their partners
- 250 women will contract HIV

Sexual and Reproductive Health Care Includes:

- Family planning information, counseling, and services
- Prevention and treatment of sexually transmitted infections (STIs) and reproductive tract infections (RTIs)
- Diagnosis and treatment of HIV and AIDS
- Antenatal, postpartum, and delivery care
- Health care for infants
- Management of abortion-related complications
- Prevention and treatment of infertility
- Information, education, and counseling on human sexuality, SRH, and parenthood
- Diagnosis and treatment of reproductive system cancers

Reproductive Rights: ICPD, 1994

The rights of individuals and couples:

- To decide freely and responsibly the number, spacing, and timing of their children
- To have the information and means to do so
- To attain the highest standard of sexual and reproductive health
- To make decisions concerning reproduction free of discrimination, coercion, and violence

Source: ICPD Programme of Action, 1994, paragraph 7.3.
Reproductive and Sexual Rights: FWCW, 1995

The human rights of women include:

- Their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence.

Considerations for Making Reproductive and Sexual Rights a Reality

• What rights are "officially" recognized and protected by law?

• How do public awareness and perceptions reflect the differing perspectives of government, religion, local communities, and individuals?

• What is the status of women? Of youth?

• How do customs and traditions influence the exercise of existing rights?
Clarifying Terms

- **Informed consent**: A medical, legal, and rights-based construct whereby the client agrees to receive medical treatment, to use a family planning method, or to take part in a study (ideally) as a result of his or her informed choice.

- **Informed choice**: An individual's well-considered, voluntary decision based on options, information, and understanding.

- **Informed and voluntary decision making**: Informed choice, applied to any health care situation.
Why Informed and Voluntary Decision Making for Reproductive Health?

- Medical ethics/human rights
- Policy requirements
- Quality of care: client satisfaction
- Program benefits confirmed by research
- Practical benefit to clients
Informed and Voluntary Decision Making Is a Good Program Strategy

Research tell us that informed choice leads to:

- Better method use and client compliance with treatment regimens
- Continued method use
- Satisfied clients, who in turn are good program promoters
Research Also Tells Us That...

Giving people a choice of family planning makes a difference.

- Contraceptive use is highest when a variety of contraceptive choices are readily available (Ross et al., 2002)
- When people get the method they prefer, they are more likely to continue using it (Pariani, 1991)
- Increased continuation contributes more to contraceptive prevalence rates than an increase in new users (Jain, 1989)
More evidence from research...

One of the major reasons why clients discontinue pills and injectables is that they are not adequately informed about side effects.

Source: EngenderHealth studies in Cambodia (2000) and Nepal (2001)
Consequences of *Not* Ensuring Informed Choice in Family Planning

- Improper method use, resulting in unintended pregnancy
- Fear of and dissatisfaction with side effects, leading to discontinuation
- Failure to recognize serious warning signs, leading to health risks
- Dissatisfaction with quality of interaction or with method given, leading to drop-out, poor word of mouth, and low use of services
And Yet…
The Reality of Informed and Voluntary Decision Making in Practice

Individuals' ability to exercise their rights to make informed and voluntary family planning and reproductive health decisions is hindered by:

- Social and cultural factors
- Laws and policies
- Service-delivery practices
- Providers' attitudes
- Resource constraints
Research and Observation
Tell Us:

Counseling often does not meet clients’ informational and emotional needs
- Incomplete information or information overload
- Little or no preparation for side effects
- Failure to address fears and concerns

Many providers lack
- Good communication skills
- A client-centered approach
- The knowledge that they need for effective counseling
- Comfort in discussing SRH
- Adequate management and supervisory support
An Expanded Conceptual Framework

Basic elements that support informed and voluntary SRH decision making:

1. Service options are available.
2. The decision-making process is voluntary.
3. People have appropriate information.
4. Good client-provider interaction, including counseling, is ensured.
5. The social and rights context supports autonomous decision making.

Influences Affecting Informed and Voluntary Decision Making in SRH

Individual and community

Policy  Service delivery
Individual and Community Factors...

That Affect Decision Making

- Sociocultural expectations and beliefs
- Rights context and individual status
- Sources and quality of information
  - Family and friends
  - Public information and education: media campaigns, articles, and radio or TV broadcasts
  - Outreach workers
Service-Site Factors...
That Affect Decision Making

- Providers' attitudes, knowledge, and skills in SRH
- Quality of counseling and time allocated for it
- Client education materials
- Method and service options available on-site
- Fee structure for SRH services
Policy and Program Factors... That Affect Decision Making

- Policies concerning an individual's right to access SRH services, regardless of age or marital status
- Laws concerning an individual's decision-making rights with respect to SRH care
- Integration of SRH services
- Targets, quotas, or performance-based funding in family planning services
- Per-case referral or provider payments in family planning services
Applying the Expanded Framework:
Fostering a Supportive Social, Policy, and Service-Delivery Environment for Informed and Voluntary Decision Making

- Help service providers to consider and address client issues that extend beyond the clinic
- Join or create alliances to advocate for social and policy change
- Ensure access to service options
- Increase individual and community participation
The Value of Informed and Voluntary Decision Making

Supporting clients’ informed and voluntary decision making:

- Helps people exercise their right to make and act on their own decisions about their health and reproduction
- Helps meet clients’ needs and increase clients’ satisfaction
- Helps meet programmatic goals
Supplementary Notes and Commentary for the Presentation

**Slide 1**

Promoting Informed and Voluntary Decision Making to Support Clients' Rights and Address Clients' Needs

EngenderHealth, 2003

**Notes to Slide 1:**

The objectives of this session are:

- To consider reproductive and sexual rights stipulated by international conferences and agreements, and discuss how these rights apply to the local situation
- To define informed and voluntary decision making (informed choice) and explain how it differs from informed consent
- To describe three levels of factors that influence informed and voluntary decision making—community and individual factors, policy factors, and service-delivery factors
- To discuss how informed and voluntary decision making applies to specific SRH needs and services

**Slide 2**

During this presentation...

- 60 women will die from preventable complications of pregnancy and childbirth
- 228 girls will undergo female genital cutting
- 240 women in the United States will be battered by their partners
- 250 women will contract HIV

**Notes to Slide 2:**

- What do these numbers mean to us?
- How do reproductive and sexual rights apply to these situations?
- Let us try to remember the individuals represented by these statistics as we go through this presentation.

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**Slide 3**

**Sexual and Reproductive Health Care Includes:**

- Family planning information, counseling, and services
- Prevention and treatment of sexually transmitted infections (STIs) and reproductive tract infections (RTIs)
- Diagnosis and treatment of HIV and AIDS
- Antenatal, postpartum, and delivery care
- Health care for infants
- Management of abortion-related complications
- Prevention and treatment of infertility
- Information, education, and counseling on human sexuality, SRH, and parenthood
- Diagnosis and treatment of reproductive system cancers

*(Source: ICPD Programme of Action, 1994, paragraphs 7.2, 7.3, and 7.6.)*

**Notes to Slide 3:**

This is a review of the list of services discussed in Session 2. Ask the group if they have anything to add.

**Slide 4**

**Reproductive Rights: ICPD, 1994**

The rights of individuals and couples:

- To decide freely and responsibly the number, spacing, and timing of their children
- To have the information and means to do so
- To attain the highest standard of sexual and reproductive health
- To make decisions concerning reproduction free of discrimination, coercion, and violence

*(Source: ICPD Programme of Action, 1994, paragraph 7.3.)*

**Notes to Slide 4:**

"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 rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have information and means to do so, and the right to attain the highest standard of sexual and reproductive health....[and] the right to make decisions concerning reproduction free of discrimination, coercion, and violence."
Slide 5

Reproductive and Sexual Rights: FWCW, 1995

The human rights of women include:
- Their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence.

Notes to Slide 5:
One year after the International Conference on Population and Development was held in Cairo, the international community reaffirmed and expanded the rights articulated in the Cairo Programme of Action to include sexual rights as well as reproductive rights.

Slide 6

Considerations for Making Reproductive and Sexual Rights a Reality

- What rights are “officially” recognized and protected by law?
- How do public awareness and perceptions reflect the differing perspectives of government, religion, local communities, and individuals?
- What is the status of women? Of youth?
- How do customs and traditions influence the exercise of existing rights?

Notes to Slide 6:
Reproductive and sexual rights still are a “foreign” concept in many parts of the world. For rights to feel “real” for people, they need to be defined and presented in ways that are culturally appropriate and meaningful to each person. These factors should be important when such a definition is being developed:
- What do people know of their rights? If people are not aware of their rights, they certainly cannot exercise them. How are rights perceived? Are they meant to benefit the individual? Do they threaten the family?
- What are the customs and traditions that influence the exercise of reproductive and sexual rights? How can these rights be presented in ways that reinforce traditional values? For example, respect and value for the family can be strengthened by giving couples the right to decide when they should have children and how many they should have.
- What are the different perspectives on rights? National governments, religious groups, and communities may have very different perspectives on issues of reproductive and sexual rights. How do these perspectives influence the individual’s sense of what their rights are and what they mean?
Notes to Slide 7:

Much of the language of reproductive and sexual rights focuses on the right to make decisions "freely and responsibly." Thus, one of the most concrete and significant ways in which we can support a rights-based approach to SRH is to support informed ("responsibly") and voluntary ("freely") decision making by individuals and couples.

The concept of informed and voluntary decision making applies broadly to any health care decision and assumes that individuals have both the right and the ability to make their own health care decisions. How does this concept relate to other similar concepts, such as informed consent and informed choice?

Informed consent: A signed informed consent form does not guarantee "informed choice." In some instances, a client might sign without understanding the information provided, or a client may "consent" to a method or procedure without feeling that he or she has any choice in the matter. In addition, informed consent is meant to protect the client’s right to make a voluntary and informed decision, but some providers use it primarily to protect themselves or the institution against subsequent accusations of coercion from clients.

Informed choice: The concept of "informed choice" means that, with or without a signed document, the client should be making a voluntary and well-informed decision. This term originally was associated with family planning, wherein an individual freely chooses whether to use a contraceptive, and which one. Although informed choice can apply to any SRH service, some providers have difficulty understanding "informed choice" outside of family planning services, because only one treatment option may exist (e.g., there is only one medication for syphilis, and thus no "choice") or because the individual’s medical condition requires the provider to make emergency decisions for the (usually female) client (e.g., in postabortion care or emergency obstetric care).

Informed and voluntary decision making: This is basically the same as "informed choice," but we use this term to underscore the importance of the decisions that individuals do make in every area of reproductive and sexual health—even when options are limited and the need is urgent.
Slide 8

Why Informed and Voluntary Decision Making for Reproductive Health?

- Medical ethics/human rights
- Policy requirements
- Quality of care: client satisfaction
- Program benefits confirmed by research
- Practical benefit to clients

Notes to Slide 8:

We have talked about the human rights that underpin informed and voluntary decision making. Sometimes ensuring clients’ informed choice is explicitly required in service guidelines and policies.

Informed and voluntary decision making is recognized as an essential element of good-quality services, which increase client satisfaction. Helping clients make informed and voluntary decisions about their reproductive health also has practical benefits to programs and to clients, which we will talk about in the next few slides.

Slide 9

Informed and Voluntary Decision Making Is a Good Program Strategy

Research tells us that informed choice leads to:
- Better method use and client compliance with treatment regimens
- Continued method use
- Satisfied clients, who in turn are good program promoters

Notes to Slide 9:

Better method use and client compliance lead to a reduction in unintended pregnancies and to improved health.

Continued method use results from clients’ getting the method they want and being prepared for side effects.
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Slide 10

Research Also Tells Us That...

Giving people a choice of family planning makes a difference.

- Contraceptive use is highest when a variety of contraceptive choices are readily available (Ross et al., 2002)
- When people get the method they prefer, they are more likely to continue using it (Parani, 1991)
- Increased continuation contributes more to contraceptive prevalence rates than an increase in new users (Jain, 1989)

Notes to Slide 10:
The full sources supporting these points are as follows:


Slide 11

More evidence from research...

One of the major reasons why clients discontinue pills and injectables is that they are not adequately informed about side effects.

Notes to Slide 11:
Informing clients about what to expect and about what is normal reduces fear and dissatisfaction, and eases adjustment to proper method use and client satisfaction.
Slide 12

Consequences of *Not Ensuring Informed Choice in Family Planning*

- improper method use, resulting in unintended pregnancy
- Fear of and dissatisfaction with side effects, leading to discontinuation
- Failure to recognize serious warning signs, leading to health risks
- Dissatisfaction with quality of interaction or with method given, leading to drop-out, poor word of mouth, and low use of services

Notes to Slide 12:
The consequences of method failure or discontinuation often are unintended pregnancy, and as a result client dissatisfaction with the program. This in turn can lead to low levels of service utilization and of contraceptive prevalence.

Extreme cases in which providers make decisions for clients and do not tell them that a procedure has been performed (e.g., postpartum IUD insertion or sterilization performed without informed choice or consent) can destroy the credibility of entire programs.

Slide 13

And Yet...
The Reality of Informed and Voluntary Decision Making in Practice

Individuals' ability to exercise their rights to make informed and voluntary family planning and reproductive health decisions is hindered by:

- Social and cultural factors
- Laws and policies
- Service-delivery practices
- Providers' attitudes
- Resource constraints

Notes to Slide 13:
Some of the challenges:

- Reproductive rights and informed choice are still new concepts in some cultures and programs.
- Some donors, governments, and family planning programs set goals for service performance and results, which may be perceived as “targets” by program managers or service providers. This may create a systematic bias for or against particular methods, which can compromise clients’ free choice.
- Some program planners still consider counseling a luxury for which they do not have sufficient resources. Convincing them that counseling is a key to service quality, client satisfaction, and achievement of program goals can be challenging.
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Slide 14

Research and Observation
Tell Us:

Counseling often does not meet clients' informational and emotional needs
• Incomplete information or information overload
• Little or no preparation for side effects
• Failure to address fears and concerns

Many providers lack
• Good communication skills
• A client-centered approach
• The knowledge that they need for effective counseling
• Comfort in discussing SRH
• Adequate management and supervisory support

Notes to Slide 14:
• Providers do not assess what the client needs and wants and do not tailor the interaction and information to the individual; they tend to give standard information whether the client needs it or not.
• Providers often fail to elicit information about the client's medical and contraceptive history.
• Most family planning providers fail to assess the client's risk of HIV and AIDS and to discuss the protection that different methods offer.
• Many providers have a poor attitude toward clients and treat them without kindness and respect.
• Some providers deliberately tell clients only positive information, believing that if they describe side effects, risks, and discomforts, they will scare clients away.

Slide 15

An Expanded Conceptual Framework

Basic elements that support informed and voluntary SRH decision making:
1. Service options are available.
2. The decision-making process is voluntary.
3. People have appropriate information.
4. Good client-provider interaction, including counseling, is ensured.
5. The social and rights context supports autonomous decision making.

Notes to Slide 15:
EngenderHealth (formerly AVSC International) developed an expanded framework for informed and voluntary decision making, to offer practical guidance to service providers and program planners. This framework identifies five basic elements that support informed and voluntary decision making; a recently developed "tool kit" guides program managers, decision makers, service providers, and community leaders in assessing factors within each element that support or hinder informed choice in their settings, and developing action plans.

For each element, the framework suggests indicators that one can look for to assess whether these elements are in place. The following are examples of indicators:
1. Service options are available.
   • Services are available where and when people need them.
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• A choice of services is offered.
• Linkages exist with other health services, and referral mechanisms are in place.

2. The decision-making process is voluntary.
• People are free to decide whether to use services, without coercion or constraint.
• People are free to choose among available service options, without coercion or constraint.
• A range of service options is accessible to all categories of clients, including unmarried individuals and adolescents.
• Service providers are objective regarding all clients and all services.
• Individuals’ right to choose is respected and supported.

3. People have appropriate information.
• People have access to appropriate and accurate information about services and options.
• People understand their risk of STIs and HIV or AIDS and the protection provided by different family planning method options.
• Service providers assess clients’ knowledge, fill in gaps, and correct any misinformation.
• Comprehensible posters and flipcharts are clearly in clients’ view.
• Samples of family planning methods are available for clients to see and touch.
• Clients understand their options, essential information about their chosen method or treatment, and how it may affect their personal situation.

4. Good client-provider interaction, including counseling, is assured.
• Clients actively participate in discussions and are encouraged to ask questions.
• All staff have good communication skills.
• All staff use language and terms clients can understand.
• All staff have complete and correct information about SRH and available services.
• All staff are respectful, nonjudgmental, and sensitive to power imbalances.
• All staff maintain clients’ privacy and confidentiality.
• Trained staff are assigned to counsel clients as a routine component of services.
• Counseling serves as the checkpoint to ensure voluntary and informed decision making.
• The service setting is organized, clean, and cheerful, to put clients at ease.
• Auditory and visual privacy are assured for counseling, regardless of the setting.
• Adequate seating is available during counseling for staff, clients, and anyone else the clients choose.

5. The social and rights context supports autonomous decision making.
• Laws, policies, and social norms support the following, plus other related rights:
  ➤ Gender equity
  ➤ Individuals’ right to decide whether and when to have children, and how many
  ➤ Clients’ right to access SRH information and services, regardless of age, gender, marital status, or sexual orientation
  ➤ The right to make decisions concerning SRH free of discrimination, coercion, and violence

(Note: This framework applies to the full array of SRH services, as well as family planning. It is adapted from: EngenderHealth. 2003. Choices in family planning: Informed and voluntary decision making. New York.)
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Slide 16

Influences Affecting Informed and Voluntary Decision Making in SRH

Individual and community

Policy  Service delivery

Notes to Slide 16:
Decision making about SRH is complex and individualized, and is often influenced by an interplay of factors related to: individual circumstances; the legal, social, and rights context in which an individual lives; policies affecting information and services; and service-delivery practices.

Considering the complexity of the individual's decision-making process regarding SRH and the factors beyond service delivery that influence the quality of SRH care provided, an accurate and complete understanding of informed and voluntary decision making can only be achieved when all of these factors—community, policy, and service delivery—are considered, both in themselves and in terms of how they influence each other.

The next three slides give examples of factors in each area.
Notes to Slide 17:

**Individual and community factors** include all of the family, educational, religious, and social messages that people experience as they grow up and live in a particular community, plus the unique way in which the individual processes and interprets all of these factors. On the one hand, an individual’s sense of what he or she needs and wants in terms of his or her own SRH is a very personal experience, yet on the other hand it is very heavily influenced by community expectations of what is right or wrong, good or bad, and acceptable or unacceptable.

These influences are particularly powerful in determining what people feel that they can or cannot talk about, and with whom. Such communication opportunities and constraints are key to the “informed” element of informed choice. The community also plays a powerful role in determining who is expected (or allowed) to make decisions about SRH and what kinds of choices are acceptable.

SRH decision making is a complex process that starts before the client comes to the clinic. The first decision is whether to seek services; many potential clients choose not to do so. Some elements of this aspect of the decision-making process include:

- The client’s ability or inability to make independent decisions (i.e., who holds power in the family?)
- Personal attitudes and preferences
- Knowledge or misinformation (from such sources as other satisfied or unsatisfied clients; paid or volunteer outreach workers; information, education, and communication campaigns; and common rumors or misconceptions)

A variety of cultural and community factors influence clients’ decision making about all aspects of their lives. The following are just a few examples:

- **Social and cultural background.** This includes such factors as religious beliefs about contraception for sons, a perception that a large family signifies wealth or serves as insurance for old age, and a woman’s value being seen chiefly in terms of her fertility. Marginalized groups, including poor, uneducated women and youth, often lack access to choices and have limited ability to make autonomous decisions.

- **Rights context.** This may involve the right to decide when to have children and how many to have, the right to be treated with respect and dignity, the right to a range of family planning methods, the right to complete and comprehensible information, and the right to information and services related to HIV, AIDS, STIs, and other health conditions. The client’s individual status (in terms of socioeconomic status, age, gender, marital status, educational attainment, or sexual orientation) influences his or her awareness of and ability to assert these rights.

- **Sources and quality of information.** In all cultures, family and friends are a primary source of information about SRH. Others include public media and outreach efforts by health workers.
Slide 18

Service-Site Factors...
That Affect Decision Making

- Providers' attitudes, knowledge, and skills in SRH
- Quality of counseling and time allocated for it
- Client education materials
- Method and service options available on-site
- Fee structure for SRH services

Notes to Slide 18:

Service-site factors can be viewed from at least three perspectives—the client’s, the provider’s, and the supervisor’s. All three perspectives need to be considered when the impact of service-delivery practices on informed and voluntary decision making is being assessed. This includes what services are actually provided, by whom they are provided, and the quality of care that is offered, as perceived by the client. The level and nature of training for providers needs to be considered, because it is unfair to expect providers to offer services in a manner for which they have not been trained. The role (and training) of supervisors is also important, because it is difficult for providers to make changes if they do not receive institutional support and ongoing guidance for those changes. Remember also that providers and supervisors are just as much influenced by the norms of their home community as clients are.

Some clients make a firm choice before coming to the clinic, although that choice may or may not be voluntary and well-informed. Others come to the clinic to seek help from a health professional, to learn about and be able to choose among method or service options. Regardless of external factors, clinic staff should serve as the checkpoint to determining where the client is in the decision-making process and then should meet that client’s individual needs, either confirming that informed and voluntary decision making has been made or helping the client to make the decision. In the reality of program implementation and day-to-day service delivery, there are additional challenges to informed and voluntary decision making.

Specifically, the provider’s role in ensuring informed and voluntary decision making is to:

- Give clients real options and correct information (assessing what they already know and want, filling the gaps to meet their needs, and correcting misinformation)
- Help clients exercise their right to decide
- Help clients confirm or reach appropriate decisions (i.e., choose services that are reasonable for their circumstances, lifestyle, and health status, and make sure that they do not have unrealistic expectations)

Note: You may want to prepare a flipchart showing these three points, to keep posted throughout the training.
Policy and Program Factors... That Affect Decision Making

- Policies concerning an individual's right to access SRH services, regardless of age or marital status
- Laws concerning an individual's decision-making rights with respect to SRH care
- Integration of SRH services
- Targets, quotas, or performance-based funding in family planning services
- Per-case referral or provider payments in family planning services

Notes to Slide 19:
Policy and program factors can compromise clients' options, their access to information or services, and their ability to decide for themselves.

Policies can include laws, governmental goals, programming objectives, and service-delivery guidelines. Factors that influence policies include politics, economics, demographic pressures, religion, and cultural expectations, with medicine and public health playing an important but often limited role. Policies are meant to guide program managers and service providers in terms of their scope of work and the quality of care expected of them. However, many policies' actual meaning and intent are not adequately communicated to the people who are meant to be guided by them.

Note: Laws and policies regarding access to services and the right to make one's own decisions may be positive or negative. For example, targets and quotas, performance-based funding or reporting, and payments to providers or clients are generally considered to be potential threats to informed choice in family planning.

The Tiahrt Amendment (1998)
One example of a policy factor that affects informed choice in family planning is the Tiahrt Amendment, an amendment to an appropriations bill passed by the U.S. Congress in 1998. This amendment specifically addressed issues of informed choice and voluntarism in family planning service-delivery projects supported by the U.S. Agency for International Development (USAID). Actually, most countries in which USAID supports family planning programs have much broader guidelines concerning quality of care, informed choice, and voluntarism than the Tiahrt Amendment requires. The difference is that the Tiahrt Amendment is an actual law—rather than a guideline—requiring that USAID report any violations to the U.S. Congress.

The Tiahrt Amendment identifies five specific requirements for USAID-assisted family planning projects:
- Targets or quotas must not be used.
- Incentives and financial awards may not be used to reward clients for accepting a family planning method or to reward program personnel for recruiting family planning clients.
- Benefits or rights must not be tied to the acceptance of a family planning method.
- Clients must receive comprehensible information on health benefits and risks, inadvisable conditions (e.g., conditions under which a method should not be used), and adverse side effects associated with the family planning method selected.
- Experimental contraceptive methods must be provided in the context of a scientific study in which participants are advised of their potential risks and benefits.
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Slide 20

Applying the Expanded Framework: Fostering a Supportive Social, Policy, and Service-Delivery Environment for Informed and Voluntary Decision Making

- Help service providers to consider and address client issues that extend beyond the clinic
- Join or create alliances to advocate for social and policy change
- Ensure access to service options
- Increase individual and community participation

- Forging alliances and creating or joining multisectoral coalitions to advocate for social and policy change to support, promote, and protect clients’ rights and informed choice
- Ensuring access to service options
- Increasing client and community participation in public information efforts, program design, and program evaluation, to better understand and meet client needs and to make programs more accountable to the community they serve

Notes to Slide 20:

Looking at the impact and interaction of all three areas of influence on informed choice—policy, service delivery, and community—may foster a supportive rights and policy environment for informed choice, one that encourages healthy client decision making. Specific strategies include:

- Embracing an expanded framework of informed choice that extends beyond the clinic walls to incorporate broader social aspects of decision making and access to services, and recognizing the impact of cultural factors on couple-provider interaction and on clients’ ability to make autonomous decisions

Slide 21

The Value of Informed and Voluntary Decision Making

Supporting clients’ informed and voluntary decision making:

- Helps people exercise their right to make and act on their own decisions about their health and reproduction
- Helps meet clients’ needs and increase clients’ satisfaction
- Helps meet programmatic goals

Notes to Slide 21:

- There is a moral imperative to ensuring that clients make informed and voluntary decisions based on their recognized rights. (It is the right thing to do.)
- Ensuring informed and voluntary client decisions maintains or improves quality of care, which increases client satisfaction.
- Ensuring informed and voluntary client decisions meets program goals as a result of increased method adoption, improved method and medication use, improved compliance with treatment regimens, and increased continuity of care.