

CHAPTER II: COUNSELING FOR EFFECTIVE CONTRACEPTION

Good counseling is an essential part of family planning (FP) services. It guides clients in making informed decisions about the safest and most suitable method of contraception that meets their needs and conditions.

An effective counseling dispels clients' fears and allows misconceptions to be corrected and clarified. Current counseling strategies emphasize client-centered sessions, client empowerment, and an equal footing between the provider and the client.



Counseling services must be provided in person, particularly in a private and face-to-face setting. This setup helps assure the client of the confidentiality of the counseling session.

WHO IS THE FP COUNSELOR?

An FP counselor is any individual who is responsible for helping a client make an informed, voluntary, and well-considered decision about fertility and contraception. He/she may be a nurse, midwife, doctor, or health educator who has received the Basic Comprehensive FP Course or the Competency-Based Training (CBT) Level 1/ Level 2. An FP counselor must have the following characteristics:

- Knowledgeable in the various FP methods
- Demonstrates a positive attitude toward work (i.e., enthusiastic, persistent, and patient)
- Sensitive, understanding, and helpful in addressing clients' needs and assessing their situations

WHO IS THE CLIENT?

Although each client is unique in need, background, and situation, the provider must consider the type of client in establishing the appropriate counseling services while ensuring the individualized nature of the counseling session. These considerations ensure that no important element is missed or overlooked. Table 2 describes the various types of FP clients and how to effectively counsel them.

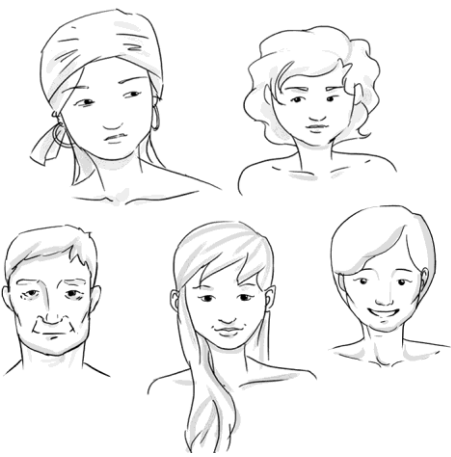


Table 2. Client type and corresponding counseling tasks	
CLIENT TYPE: New client with a method in mind	COUNSELING TASKS
1.	Discuss the client’s needs and situation as well as the client’s reproductive intent.
2.	Determine the correctness and accuracy of the client’s knowledge of the method. Clarify any misconceptions.
3.	Determine if the client is medically eligible for the method and if the method is suitable to the client’s needs and situation.
4.	If the client is eligible, discuss the correct use of the method and how to deal with side effects.
5.	Provide the method (including any backup as needed).
6.	If the client is ineligible, discuss the reasons for the ineligibility, and inform the client of other options.

CLIENT TYPE: New client with no method in mind

COUNSELING TASKS

1. Discuss the client’s needs and situation and the factors that he/she considers important in choosing an FP method.
2. Discuss relevant information about each method, and assist the client in determining the most suitable method. Include in the discussion the client’s medical eligibility, and ensure that her choice is an informed one.
3. Clarify any misconceptions.
4. Discuss how to correctly use the chosen method and how to handle any side effect.
5. Provide the method.

CLIENT TYPE: Returning clients with no problems

COUNSELING TASKS

1. Recheck the client’s knowledge about his/her chosen contraceptive method. Provide updates if any.
2. Discuss how the client is doing with the current method, including observations that the client may deem too trivial to report but may actually be important enough to have the method modified.
3. Provide the method.
4. Schedule a follow-up visit.

CLIENT TYPE: Returning clients with problems

COUNSELING TASKS

1. Perform a thorough probe of the client’s concern about the current method.
2. Explain the possible causes, and discuss the options available to the client.
3. If a new method is required, educate the client about the appropriate use and the potential side effects. Provide a temporary backup method during the transition if needed.
4. Provide the method.
5. Schedule a follow-up visit.

Basic contraceptive education provides essential information, especially during the first counseling session. The information should include the following:

Method effectiveness

- Method effectiveness is the typical or average likelihood of pregnancy for all users of a particular method regardless of whether they have used this method correctly and consistently.
- It also refers to the lowest likelihood of pregnancy when the method is used correctly and consistently as reported in reliable studies.
- This information includes how a method works and the failure rates or pregnancy rates during utilization of a particular method.
- Method effectiveness may be the most important selection criterion for some clients.



Advantages and disadvantages

- Clients have varying perceptions on the advantages and disadvantages of each method.
- The information provided to the client must therefore be adapted to his/her requirements and current conditions. For instance, taking a pill daily may be preferred by some while tedious for others. Some may prefer injectables or IUDs despite the temporary discomfort associated with these methods.

Side effects and complications

- The appropriate disclosure of the side effects of a particular method helps the client arrive at an informed decision. It also boosts user satisfaction and motivation for continued use.
- Clients must be informed that some effects are temporary or self-limiting and are not serious. However, FP service providers should emphasize the potentially dangerous symptoms that require immediate consultation, although such cases are rare.

Use of the chosen method

- The information about the use of certain methods should be correct and clear because many failure cases result from errors in usage. The provider must make
Sure that the client has adequately understood the directions.
- A useful approach is to ask the client to repeat the instructions to avoid misunderstandings. This part of client education must include the following:
 - How the method is used and when to start
 - What to do if any side effects, problems, or bothersome symptoms are noted
 - What are the danger signs that should prompt immediate consultation
 - What special strategies to use to reduce errors of usage (e.g., developing techniques to remember taking the pill daily)
 - What to do when errors do occur (e.g., forgotten pill)



When to return

- The client must be informed when to return for follow-up, resupply, or assessment and management of symptoms.
- The FP service provider should encourage the client to return any time and for any reason.
- However, the service provider should also inform the client that unless absolutely necessary, return visits are not mandatory.

Education on the prevention of sexually transmitted infections (STIs)

- Educating clients on the prevention of STIs has become an emergent need and hence an integral part of counseling because of the increase in the number of STI cases globally.
- If a client is likely to acquire an STI, he/she should be instructed on the proper use of condoms apart from the method currently used.
- The ABCDE of safe sex should also be emphasized.

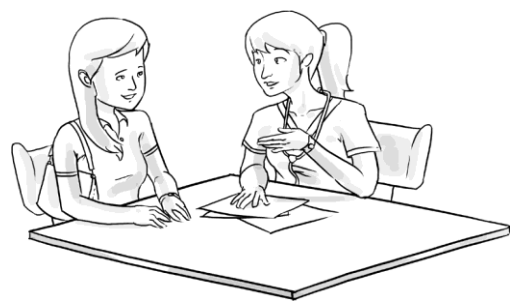
ABCDE of Safe Sex
Abstinence
Being mutually faithful
Condom use
Do not share needles
Education and information

DOs OF COUNSELING

- Treat every client respectfully.
- Make the client feel at ease.
- Be polite and sincere at all times.
- Create a feeling of trust.
- Create a relaxed, friendly, nonjudgmental environment.
- Assure client privacy and confidentiality.
- Listen, and get to know the clients (including their fears, limitations, misconceptions, needs, and situation).
- Converse in simple and clear language.
- Be alert to special needs such as STI protection.
- Give correct and appropriate information.
- Allow time for the client to process and clarify information and to ask questions without fear of criticism or judgment.
- Make sure that the client has understood the information correctly.

THE “GATHER” COUNSELING PROCESS

The “GATHER” counseling process includes learning, weighing choices, making decisions, and carrying out these decisions to effectively use an FP method. The six steps involved are represented by the word “GATHER” for easy recall.



G – Greet clients in an open, respectful manner.

- Give them your full attention.
- Talk in a private place if possible.
- Assure the clients of confidentiality.
- Ask clients how you can help, and explain what the clinic can offer in response.

A – Ask clients about themselves.

- Help clients talk about their FP and reproductive health experiences, their intentions, concerns, wishes, and current health situation and family life.
- Ask if the clients have a particular FP method in mind.
- Pay attention to their words, gestures, and expressions.
- Try to put yourself in the clients' context. Express your understanding.
- Find out the clients' knowledge, needs, and concerns about FP so you can respond helpfully.

T – Tell clients about choices.

- Depending on clients' needs, tell them what reproductive health choices they have, including FP methods or using no method at all. Focus on methods that interest the clients most, but briefly mention other available methods.
- Explain other available services that clients may want.

H – Help clients make informed choices.

- Help clients think about what course of action best suits their situations and plans.
- Encourage clients to express their opinions and ask questions. Respond fully and openly.
- Consider the Medical Eligibility Criteria for the FP method or methods that interest the clients.
- Ask if the client's sex partner will support his/her decisions. If possible, discuss choices with both partners.
- Make sure that the client has made a clear decision. Ask, "What have you decided to do?" or "What method have you decided to use?"

E – Explain fully how to use the chosen method.

- After a client chooses an FP method, provide the necessary supplies if appropriate.
- Explain how the supplies are used or how the procedure will be performed.
- Encourage questions, and answer them openly and fully.
- Give condoms to anyone at risk for STIs, and encourage them to use condoms along with any other FP method.
- Make sure that the clients understand how to use their chosen method.

R – Return visits should be welcomed.

- Discuss and agree on when the client will return for a follow-up or for additional supplies if needed.
- Always invite the client to come back any time for any reason or problem.

ENSURING INFORMED CONSENT (1)

- Informed consent is an ESSENTIAL part of the staff–client process and should be secured prior to any healthcare intervention.
- Voluntary informed consent must be obtained in writing before providing a client with any clinical service during the initial visit.
- The consent form and its contents must be fully explained to the client.
The consent form explains to the client the routine procedures that will be performed. It contains statements recognizing that consent is voluntarily given, that the client received counseling and education, that all of the client’s questions have been adequately addressed and clarified, and that the client has understood all the information provided.
- Prior to signing the consent form, the client must have received all the necessary information, must have been given the opportunity to ask questions or clarify issues, must have received the appropriate answers and clarifications, and must have understood all information correctly.
- The consent form contains the signature of the client, the signature of the person obtaining the consent, and the date. The signature of the staff authenticates the client’s signature and is not proof of client understanding.
- The consent form must be written in a language that the client understands. Otherwise, the form must be translated and witnessed by an interpreter.
- If the client is unable to read for whatever reason (e.g., illiterate, visually impaired, or cognitively challenged), the staff must read the form to him or her in full before he or she is asked to sign the consent form.
- If the client is not able to give an informed consent (e.g., mentally challenged or adolescents), the parent or guardian must sign the consent form.



Method-specific consent

This consent form is used if the client selects a method of contraception that requires a procedure (e.g., subdermal implants, IUD insertion, sterilization). Before signing this form, the client must have received information on the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of the contraceptive method chosen.

For permanent methods, the following should be discussed with the client when obtaining an informed consent for sterilization methods:

1. Temporary contraceptives also are available to the client.
2. Voluntary sterilization/vasectomy is a surgical procedure.
3. The procedure has certain risks and benefits, all of which have been explained in a way that the client can understand.
4. If successful, the procedure will prevent the client from having children.
5. The procedure is considered permanent and probably cannot be reversed.
6. The client can decide against the procedure at any time before it takes place (without losing rights to other medical, health, or other services or benefits).

FP COUNSELING FOR YOUNG MOTHERS

- Adolescent clients require skilled counseling and age- appropriate information.
- Adolescents who seek FP services must be informed about all the methods of contraception.
- They must also be informed about abstinence as well as contraceptive and safe sex practice options to reduce risks for STIs and HIV AIDS.
- Providers must not assume that adolescents are sexually active simply because they are seeking FP services.
- As the contraceptive needs of adolescents frequently change, counseling should prepare them for their use of a variety of methods that are effective and appropriate for their needs.
- Adolescents must be assured that the counseling sessions and follow- up visits are confidential. However, counselors should encourage family participation (e.g., mothers of adolescent clients) in the decision-making process of minors who are seeking FP counseling and services.



SUCCESSFUL COUNSELING

- Counseling is considered successful if the client starts and continues to use the method with satisfaction.
- Good counseling results in a client who is confident in the chosen method and consistently complies with the directions of its usage and the required subsequent visits.
- The client also acknowledges that personal needs and rights have been met and fears or misapprehensions have been allayed and addressed.

