2

COUNSELLING AND INFORMED CHOICE IN FAMILY PLANNING

Introduction

Counselling is one of the most important components of family planning (FP). It is the responsibility of service providers at all levels to offer effective counselling on FP methods in order to increase clients' satisfaction and ensure continuity in their method of choice.

Steps of Family Planning Communication

Communication is the process of sharing our ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people we are talking with. When we communicate we speak, listen, and observe.

Motivation

Motivation is a one-way process influencing the behavior of a person in a particular direction. Motivational activities are biased. They often attempt to influence an individual or a group. Motivation for FP is the process of bringing about an attitudinal change for creating awareness to accept the advantages of the contraceptives that the provider wants to offer. For example, a service provider explains the advantages of a method but does not explain its limitations. The information is biased and incomplete and influences the client.

Giving Information

Information-giving activities focus on providing facts about methods. The information presented may be complete or limited and may be correct or incorrect.

Counselling

Counselling is a two-way process in which unbiased information is given to the clients about all available methods so they can make a free, well-informed decision. FP counselling is the process of helping clients to make informed and voluntary decisions about the choice of contraceptives. The role of family planning counselling is to support a woman and her partner in choosing the method of family planning that best suits them and to support them

in solving any problems that may arise with the selected method. During late pregnancy, after giving birth and after an abortion, it is important that the woman or the couple receives and discusses correct and appropriate information so that they can choose a method which best meets their needs. Counselling focuses on the client's/patient's situation and needs.

Table 2-1. Family Planning/Reproductive Health Communication Activities

Activity	Goal	Content	Direction	Location
Motivation	Influencing behaviour in a particular direction	Propaganda or persuasion	One-way	Anywhere
Information Giving	Providing facts and raising awareness	Facts, complete or incomplete	One- or two-way	Anywhere
Counselling	A satisfied client having free and informed choice	Facts; Client's feelings and Motives	Two -way	Private

Principles of Good Counselling

- **Treat each client well.** All clients deserve respect, regardless of their age, marital status, ethnic group, sex, or sexual and reproductive health (RH) behaviour. (See "Greet".)
- **Interact.** Each client is a different person. Ask questions, listen, and respond to each client's own needs, concerns, and situation following MEC 2015. (See "Ask".)
- **Give the right amount of information.** Provide enough information for the client to make informed choices but not so much that the client is overloaded. Use IEC and reference material (See "Tell".)
- **Tailor and personalize information.** Give clients the specific information that they need and want, and help clients see what the information means to them. (See "Tell".)
- **Provide the FP method that the client wants.** Provide the method unless a valid medical reason prevents it. (See "Help".)
- **Help clients remember instructions.** (See "Explain".) Ask the client to return for follow-up. (See "Return".)

Frame Work of Counselling

Two approach

1. GATHER Approach
2. Balanced Counselling Strategy Plus.

GATHER Approach[1]

FP counselling has six elements, which can be remembered by the word GATHER.

G = GREET the client in a friendly and polite manner.

A= ASK and assess the client's knowledge, needs, and feelings. Remove any doubts/concerns the client has and listen actively following MEC Wheel.

T= TELL the client about all available FP methods with the help of samples, flip charts, leaflets, and brochures.

H= HELP the client choose a method. A particular method may not be suitable for a particular client. Explain this clearly and help the client choose another method. If this method is not available, help by referring the person to a relevant facility.

E= EXPLAIN the use of the chosen method. This would include how it should be used, its effectiveness, advantages and limitations, possible side effects, warning signs, and follow-up regime. To ensure that the client has understood, ask the client to repeat the information given. The client must also be informed of the warning signs for which return to the facility is important.

R= RETURN/ REASSURANCE for follow-up. At the follow-up visit, inquire if the client is still using the method. If the answer is “yes”, ask if there are any problems or side effects; also confirm that the method is being correctly used. Give appropriate advice about any minor side effects, and refer for treatment if side effects are severe.

- In discussing contraceptive options with clients, the counsellor should briefly review all available methods, even if a client has a preference for a specific method. The counsellor should be aware of a number of factors about each client that may be important, depending on the method in question. These are:
- Reproductive goals of the client or couple (spacing or timing births)
- Personal factors including the time, travel costs, pain, or discomfort likely to be experienced
- Accessibility and availability of other methods at referral facilities
- The need for protection against STIs (e.g., hepatitis B and C, HIV/AIDS)

Counselling can be divided into three phases (following BCS plus algos)

- Initial counselling: all methods are described and the client is helped to choose the most appropriate method.
- Method-specific counselling prior to and immediately following service provision: the client is given instructions on how to use the method, and common side effects, warning signs, and follow-up regime are discussed.
- Follow-up counselling: during the return visit, use of the method, satisfaction with it, and any problem that may have occurred are discussed.

These important elements should be followed during counselling for every contraceptive method.

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[1]Adapted from: Gallen M, Lettenmaier C, and Green CP. 1987. Counseling makes a difference. Population Reports Series J(35): 1–31.

Balanced Counseling Strategy

Purpose of BCS Toolkit

The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers is designed to provide the information and tools needed for health care facility directors, supervisors, and service providers to implement the Balanced Counseling Strategy in their family planning services. The third edition of the BCS+ includes content updated according to the latest WHO Medical Eligibility Criteria (2015). It incorporates the most up to date evidence on clinical indications for the provision of family planning methods. The updated cards include instructions for providers, guiding them through supplemental counseling and services that family planning clients may need.

This toolkit includes the following:

- **BCS User's Guide** on how to implement the Balanced Counseling Strategy. It can be distributed during training on BCS or used on its own with the BCS job aids.
- **BCS job aids** comprising:
  - **The BCS algorithm** that summarizes the 11 steps needed to implement the Balanced Counseling Strategy during a family planning counseling session. These steps are organized under three stages of the consultation: pre-choice, method choice, and post-choice. During each stage of the counseling session, the provider is given step-by-step guidance on how to use the Balanced Counseling Strategy. Depending on the client's response to the questions posed, the algorithm outlines which actions to take. The BCS algorithm is on page 5 and can also be found with the job aids.
  - **Counseling cards** that the provider uses during a counseling session. There are 16 counseling cards. The first card contains 6 questions that the service provider asks to rule out if a client is pregnant (Stanback et al. 1999). The other 15 cards each contain information about a different family planning method. Each card has an illustration of the contraceptive method on the front side of the card. The back of the card contains a list of 5 to 7 key features of the method. It also describes the method's effectiveness, which is represented by a number and also written out.
- **Method brochures** on each of the 15 methods represented by the ounseling cards. They are designed to help the client and provider narrow down the appropriate method for the client. The information in the method brochures follows the majority of family planning programming norms (Hatcher et al. 2004;
  WHO/RHR and JHU/CCP 2007). Once the client has selected a method, the provider gives the client a brochure about the method to take home.
- **BCS Trainer's Guide** that supervisors and others can use to train health care facility directors and service providers on how to use the Balanced Counseling Strategy for counseling family planning clients.

Algorithm for Using the Balanced Counseling Strategy Plus

Third Edition

Pre-Choice Stage	1. Establish and maintain a warm, cordial relationship. 2. Inform client that there will be an opportunity to address other health needs after family planning needs are addressed. 3. Ask client about current family size, and current contraceptive practices. Counsel the client on Healthy Timing and Spacing of Pregnancy using counseling card. a. If client is currently using a family planning method, ask about her/his satisfaction with it and interest in continuing or changing the method. 4. Rule out pregnancy using the checklist card to be reasonably sure a woman is not pregnant 5. Display all of the method cards. Ask client if she/he wants a particular method. 6. Ask all of the following questions. Set aside method cards based on the client's responses. a. Do you wish to have children in the future? If "Yes," set aside vasectomy and tubal ligation cards. Explain why. If "No," keep all cards and continue. b. Have you given birth in the last 48 hours? If "Yes, set aside combined oral contraceptives (the Pill), combined injectables and progestin only injectables. Explain why. If "No," continue with next question c. Are you breastfeeding an infant less than 6 months old? If "Yes," set aside the combined oral contraceptives (the Pill and combined injectable cards. Explain why. If "No," or she has begun her monthly bleeding again, set aside Lactational Amenorrhea Method (LAM) card. Explain why. d. Does your husband support you in family planning? If "Yes," continue with the next question. If "No," set aside the following cards: female condom, male condom, Standard Days Method, Two Day Method and withdrawal. Explain why. e. Do you have any medical conditions? Are you taking any medications? If "Yes, ask further about which conditions or medications. Refer to WHO Medical Eligibility Criteria Wheel or current national guidelines and set aside all contraindicated method cards. Explain why. If "No," keep all the cards and continue. f. Are there any methods that you do not want to use or have not tolerated in past? If "Yes," set aside the cards the client does not want. If "No," keep the rest of the cards.
Method Choice stage	1. Briefly review the methods that have not been set aside and indicate their effectiveness. a. Arrange the remaining cards in order of effectiveness (number on back of each card. b. In order of effectiveness (lowest number to highest), briefly review the attributes on each method card. 2. Ask the client to choose the method that is most convenient for her. 3. Using the method-specific brochure, check whether the client has any condition for which the method is not advised. a. Review "Method not advised if you..." section in the brochure. b. If the method is not advisable, ask the client to select another method from the cards that remain. Repeat the process from Step 8.

Post- choice stage	1. Discuss the method chosen with the client, using the method brochure as a counseling tool. Determine the client's comprehension and reinforce key information. 2. Make sure the client has made a definite decision. Give her the method chosen, a referral, and a back-up method depending on the method selected. 3. Encourage the client to involve husband in decisions about practice of contraception through discussion or a visit to the clinic.

Systematic screening for other services stage	1. Using information collected previously; determine client's need for postpartum, newborn, and infant care or well-child services. a. If client reported giving birth recently, review the Promoting Healthy Postpartum Period card and Promoting Newborn and Infant Health card with client. Provide or refer for services, if needed. b. For clients with children less than 5 years of age, ask if the children have been taken to well-child services. Provide or refer for immunizations and growth monitoring services, if needed. 2. Ask client when she had her last screening for cervical cancer (VIA or pap smear). a. If her last screening was more than 3 years ago (*6-12 months if she is HIV positive) or she doesn't know, ask if she would like to have a screening today. Review the Screening for Cervical Cancer card. Provide or refer for services. b. If her last screening was less than 3 years ago*, continue with next question. 3. Discuss STI/HIV transmission & prevention and dual protection with the client using the counseling cards. Offer condoms and instruct her in correct and consistent use. 4. Conduct STI and HIV risk assessment using the counseling card. If symptoms are identified, treat her syndromically. 5. Ask client whether she knows her HIV status. a. If client knows she is living with HIV, - Review Positive Health, Dignity, & Prevention counseling card with client. - Refer client to center for wellness care and treatment. b. If client knows s/he is HIV negative, -Discuss a timeframe for repeat testing. c. If client does not know her status, - Discuss HIV Counseling and Testing - Offer or initiate testing with client, according to national protocols. - Counsel client on the test results. d. If client is living with HIV, review Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment. 6. Give follow-up instructions, a condom brochure, and the brochure for the method chosen. Set a date for next visit. 7. Thank her for the visit. Complete the counseling session.

Benefits of Counselling

Counselling is a vital part of FP. It helps clients:

- Arrive at an informed choice of reproductive options;
- Select a suitable contraceptive method with which they are satisfied; and
- Use the chosen method safely and effectively.

Qualities of a Good Counsellor

Knowledge

A good counsellor should have knowledge of:

- Demographic context: national and global perspective
- Effects of rapid population growth on the socio-economic infrastructure of the country
- Follow FP Compliance policy in the country
- Government policies regarding population
- Influence of FP on the health of mother and child
- Common myths, misunderstandings, and misconceptions regarding FP and how they can be countered
- Local customs and traditions
- The human reproductive system (anatomy and physiology) Contraceptive technology update
- Client eligibility criteria, policies, and administrative procedures of the facility
- Concepts, principles, and goals of counselling
- Recordkeeping/reporting
- Follow-up/referral systems and procedures

Figure 2-1. Steps in Counselling

Initial Counselling

Client Reception

- Greet the client warmly and introduce yourself.
- Obtain basic information (name, address, etc.).

Counselling Area

- Ask about the client's reproductive goals and possible need for protection against STIs, including hepatitis B and C, HIV and AIDS. Ask if the client wants to space or limit births.
- Discuss the client's needs, concerns, and fears in a thorough and empathetic manner. Explore any attitudes or cultural or religious beliefs that either favour or eliminate one or more methods.
- Provide information about all contraceptive choices available and the risks and benefits for each. Help the client to choose an appropriate method.

Methods-specific Counselling

Counselling Area

Once the client chooses a method:

- Make sure that the client has no medical condition that would be a problem or require more frequent follow-ups.

- Clearly discuss the characteristics of the method, emphasizing the following points:
  - Effectiveness
  - Use
  - Convenience, comfort, and reversibility
  - Protection against STIs, including hepatitis B, C and HIV and AIDs
- Explain common side effects or problems associated with the method, especially changes in the menstrual bleeding pattern, and be sure they are fully understood.
- If the client is at risk for STIs, inform that use of a barrier contraceptive is a must.
- Correct doubts and misinformation about the method.

Procedural/Examination Area

- Review client assessment data to determine if the client is an appropriate candidate for the methods or if there is any problem that should be monitored more frequently while the client is using it.
- Counsel how to use the method and what to do if any problem or side effect arises. Special emphasis should be given to menstrual bleeding patterns.
- Provide information on warning signs, medical problems, and the need to return to the clinic immediately, should any occur.
- Assure that the client can return to the clinic at any time to receive advice and medical attention.
- Ask the client's questions.
- Complete the client's record.

Follow-up/return Visit Counselling (continuing Client)

Counselling/Examination

- If the client has problems, resolve them. This can include offering a new method or referring the client to an appropriate facility.
- Check whether the client is satisfied.
- Inquire about problems and respond to concerns about side effects or problems.
- Ask the client to repeat the instructions related to the selected method to confirm that the client understood well.

Skills

A good counsellor should be able to:

- Build up a good rapport with the clients.
- Deal with clients at their level of education and understanding.
- Show empathy.
- Deal tactfully with sensitive issues.
- Listen patiently to the client's point of view.
- Be discreet and maintain confidentiality.
- Pay full attention to the client's need.
- Help the client to make a decision.

Attitude

A good counsellor should:

- Have a positive attitude towards FP.
- Be unbiased towards different population groups.
- Give unbiased information on FP methods.
- Have a desire to work with people. Be punctual.
- Be a hard worker.
- Be pleasant and polite. Be helpful.
- Be attentive to the client's problems. Not ridicule the client over any issue.
- Show tolerance for values that differ from her/his own values.
- Be aware of factors that affect decision-making.
- Provide counselling in local languages.
- Be well-versed in the local language(s) of the client population.
- Show respect for the right and ability of people to make their own decisions.
- Be comfortable with issues related to human sexuality and people's expressions of their feelings.
- The provision of counselling should be part of every interaction with the client. Information and counselling commonly will come from more than one source. Therefore, all staff should be knowledgeable about all available contraceptive methods.

Counselling helps to establish a positive interpersonal relationship between service providers and clients. When providers treat clients as valued customers and give them good service by listening to, understanding, and responding to their needs, their clients are more likely to be satisfied. When clients are satisfied with their treatment at a clinic, they will tell their friends and relatives about their good experience (and conversely, if they are dissatisfied they will pass along their bad experience, too).

Standards of a Good Counsellor

Effective counselling focuses on the client's individual needs and situation. Good counsellors are willing to listen and respond to the client's questions and concerns. The good counsellor:

- Understands and respects the client's rights.
- Earns the client's trust.
- Understands the benefits and limitations of all contraceptive methods.
- Understands the cultural and emotional factors that affect a client's or a couple's decision to use a particular contraceptive method.
- Encourages the client to ask questions.
- Uses a non-judgemental approach that shows the client respect and kindness.
- Presents information in an unbiased, client-sensitive manner.
- Listens to the client's concerns actively.
- Understands the effect of nonverbal communication.

- Recognizes when to refer the client to an appropriate facility.
- Attends to the client as quickly as possible.

Guidance Tools Can Improve Counselling

Using audiovisual aids, such as flip charts, can help providers communicate effectively with the clients and tailor information according to clients' individual situations and needs at both the initial and return visits. Checklists can be a useful screening tool for health care providers in resource-poor settings.

Instructions to the Counsellor

Give Information Clearly so That the Clients Understand

- Use simple words and short sentences in a language the client understands.
- Use pictures and models adapted to the local culture.
- Show samples of different contraceptives, and let the client handle them.
- Stop from time to time to ask if the client has understood.
- Ask if the client has any questions.
- Repeat instructions.
- Ask the client to repeat the instructions.
- Give the client written or printed information to take home.

Counsellor's Kit

- Diagrams of male and female reproductive anatomy/modules/flip chart
- Samples of all available contraceptive methods
- A checklist of the minimum information that all clients should receive
- A leaflet on common questions and answers about Islam and FP
- A list of referral outlets
- A list of contra-indications for all method
- Algorithm for BCS Plus
- Counselling cards for BCS Plus.
- Brochures for Client

Informed Choice

Informed choice means that a person freely makes a carefully considered decision based on accurate, useful information. An important purpose of FP counselling is to help the client make informed choices about FP and RH.
“Informed” means that:

- Clients have the clear, accurate, and specific information required to make their reproductive choices, including a choice among FP methods.
- Good-quality FP programs explain each FP method as needed, without overloading

clients with information, and helping clients to use each method effectively and safely.

- Clients understand their own needs because they have thought about their own situations through interpersonal communication and through mass-media messages.
- “Choice” means that:
- Clients have a range of FP methods to choose. Health care providers offer different methods to suit clients' needs. If a method cannot be provided, then the clients are referred to another facility.
- Clients make their own decisions. Counsellors help the clients think through their decisions, but do not persuade the clients to make a certain choice.

Informed Consent

Informed consent is the client's voluntary decision to opt for any contraceptive after receiving all relevant information regarding the requested method. Special care should be taken when a client is:

- Pregnant, and specifically, consent should not be obtained when a woman is in labour
- Mentally retarded

Client Assessment

The primary objectives of assessing a clients prior to providing FP services are to determine:

- That the client is not pregnant;
- Whether any conditions requiring precaution exist for a particular method; and
- Whether there are any special problems that require further assessment, treatment, or regular follow-up.

This information usually can be determined by asking a few key questions. Unless specific problems are identified, the safe provision of most contraceptive methods, except IUCDs and voluntary sterilization, does not require performing a physical or pelvic examination because:

- The currently available low-dose combined (oestrogen and progestin) contraceptives, such as combined oral contraceptives (COCs) and combined injectable contraceptives (CICs), are quite safe.
- Progestin-only implants, injectables, and pills are free of oestrogen-related effects, and the amount of progestin delivered per day is lower than with COCs.

With the exception of condoms, no contraceptive method provides protection against STIs (e.g., hepatitis B and C, HIV/AIDS). All clients should be made aware of the risks of STI transmission.

How to Be Reasonably Sure That the Client Is Not Pregnant

One can reasonably be sure that a client is not pregnant if there are no signs or symptoms of pregnancy (e.g., breast tenderness or nausea) and she:

- Has not had intercourse since her last menses; or
- Has been correctly and consistently using a reliable contraceptive method; or within the first 7 days after the start of menses (days 1–7); or
- Is within 4 weeks postpartum (for non-breastfeeding women); or within the first 7 days postabortion; or
- Is fully breastfeeding, less than 6 months postpartum, and has had no menstrual bleeding yet.
- Have you abstained from unprotected [no method of FP] sex since your last menstrual bleeding or delivery?

When a woman is more than 6 months postpartum, the health care provider can be reasonably sure that the client is not pregnant if:

- Breastfeeding frequency is kept high;
- She has no menstrual bleeding (amenorrhoeic); and
- No clinical signs or symptoms of pregnancy are present.

Pelvic examination is seldom necessary, except to rule out pregnancy of greater than 6 weeks, measured from the last menstrual period (LMP).

Pregnancy testing is unnecessary except in cases where:

- It is difficult to confirm pregnancy (i.e., 6 weeks or less from the LMP); or
- The results of the pelvic examination are equivocal (e.g., the client is overweight, making sizing the uterus difficult).

In these situations, a sensitive urine pregnancy test may be helpful, if readily available and affordable. If pregnancy testing is not available, counsel the client to use a temporary contraceptive method like condoms or abstain from intercourse until menses occurs or pregnancy is confirmed.

Counselling of Clients with Special Needs

FP offers freedom from fear of unplanned pregnancy and can improve sexual life, partner relations, and family well-being. Many contraceptive methods are available, including methods that are short or long-acting, permanent or reversible, hormonal or non-hormonal, and for use by women or men. When properly provided and used, currently available contraceptives are safe and effective for the vast majority of users.

Most healthy women are eligible to use any method of contraception and can select a method that best meets their needs. As a woman moves through the different stages of reproductive life, her contraceptive needs and her health status may change. Not all

methods are equally acceptable at each stage of a woman's life. Adolescents, postpartum and postabortion women, breastfeeding women, and women over the age of 35 are groups with special contraceptive and counselling needs.

Youth Friendly Services:

For youth, services should be

- **EQUITABLE:** All youth, not just certain groups, will have equal access to the health services they need.
- **ACCESSIBLE:** Youth are physically able to obtain the services that are provided (i.e., services are provided at times and in places that are accessible to all young people).
- **ACCEPTABLE:** Health services are provided in ways that meet the expectations of young people.
- **APPROPRIATE:** The health services provided are those that young people need and are appropriate for young people at their various stages of life (i.e., young adolescence, older adolescence and young adulthood).
- **EFFECTIVE:** The right health services are provided in the right way and make a positive contribution to young people's health.
- **GENDER EQUITABLE:** Services are safe, affordable and accessible for young women and young men, within a context that promotes the rights of women and girls to make decisions and determine their life outcomes

Youth-friendly service for a youth will:

- Involve youth in program design
- Use youth role models/peer educators
- Welcome men and women
- Offer couples counseling/support groups
- Link with institutions that also work with married young people
- Train staff to understand the complexity of early marriage and how to work with married youth
- Encourage couples to visit the clinic together
- Provide information and services for family planning
- Provide information and services for safe motherhood
- Provide information and education about healthy spacing and timing of pregnancy

Annex: Facility Observation Tool for Youth Friendly Services

This question guide can be used to assess the clinic needs and capacity for youth friendly services. Information can be collected through a combination of observations and individual interviews with service providers.

Facility Observation Tool	Yes/No/NA	Comments
Are any young people excluded from services at this facility?		
Does the facility provide information about where young people can access other youth friendly health or social services in the community?		
Is the facility open during hours that are convenient to youth?		
Is the facility located in an area that is accessible to youth and safe for them to travel to?		
Are services free of cost or affordable for young people?		
Does the facility have posters, brochures and other IEC materials that target young people, including information about their rights?		
Are young people greeted warmly upon entering? *All staff demonstrate respect and concern for young people?*		
In the reception and waiting areas, is it possible to hear conversations between receptionist and clients?		
Is there a confidentiality policy and non-disclosure policy in place?		
Are sessions conducted in an area that provides privacy so that nobody can see or hear the conversations taking place?		
Are there separate clinic hours or waiting areas just for young people?		
Are youth referred to specific providers that have appropriate background/training?		
Does adequate time is allocated for client and provider interaction?		
Are there any Peer counselors available at the facility?		
Does the facility have a youth-friendly strategy or action plan in place?		
Is there a confidential mechanism for youth to provide feedback?		

Adolescents

Adolescents who are married need access to safe and effective contraception. Many adolescents use no contraception or use a method irregularly, so they are at high risk of unwanted pregnancy, unsafe abortion, and STIs. In general, adolescents are eligible to use any method of contraception. Services should avoid unnecessary procedures that might discourage or frighten teenagers, such as requiring a pelvic examination when they request contraceptives.

Postabortion Women

Women who recently have had an abortion have special RH needs that influence their contraceptive options. Counsellors should be aware of these health issues so that they can provide appropriate counselling. Most important are the postabortion women who may face immediate, acute, and possibly life-threatening medical problems. Women with abortion-related complications need immediate medical attention as well as appropriate information and counselling with respect to FP once their condition has stabilized.

Postpartum Women

Women who recently have given birth also have special RH needs that influence their contraceptive options. In postpartum women, return to fertility is influenced by whether the woman is breastfeeding. In women who are not breastfeeding, the first postpartum ovulation may occur at any time from day 21 to day 90 after delivery. Women who are not breastfeeding or who have weaned their infants are eligible to use any contraceptive method, provided that there are no delivery-related complications and they are screened for any existing health conditions.

Breastfeeding Women

Women who are breastfeeding also have special health needs and concerns. They should not use a contraceptive method that will affect breast milk or the health of the infant, such as a combined oral contraceptive pill or combined injectables. These methods should be delayed until after 6 months. According to MEC 2015 Progestin-only pills and Implants can be offered to the women immediately after the delivery and an IUCD may be inserted either within 48 hours of delivery or after 4-6 weeks postpartum.

Women over Age 35

Although many women achieve the desired family size by the time they reach 35 years, women remain fertile until menopause, which generally occurs between the ages of 45 and 55 years. Contraception is recommended until 1 year after the menstrual cycle ceases. In addition, women over age 35 may need protection against STIs, including HIV. Access to appropriate and acceptable contraceptives is important for women in the later

reproductive years because pregnancy after age 35 carries increased health risks for both the woman and child. A woman's choice and use of contraceptives during this time may be influenced by whether she wants more children, has health problems (such as diabetes, hypertension, anaemia, or genital tract disorders), or smokes, as well as by her previous experience with contraceptives. For women who are experiencing uncomfortable menopausal symptoms, oestrogen-containing hormonal methods may be a good choice, as they can alleviate some symptoms. Because older women are more likely to have pre-existing health problems, FP programmes should provide careful screening and counselling for these women when providing contraception.

Services for Clients with Chronic Health Problems

Clients with chronic or serious health problems still need access to safe and effective contraception. Providing an appropriate contraceptive method for these clients can be complicated since the health condition may limit the contraceptive choices. The counsellor must know about possible interactions among medical conditions, drugs, and contraceptives, and must be able to provide appropriate counselling. Women who have chronic or serious medical conditions may need medical follow-up and monitoring more often than other women. In balancing the needs and desires of the client, counsellors must consider that, for women with serious health conditions that make pregnancy dangerous, providing no contraceptive method would be even more dangerous than providing a method with minor side effects. Issues of mentally handicapped clients also need to be addressed through proper counselling of their spouses and family members.

Contraception for HIV-Infected Women

Women infected with HIV face a variety of RH decisions involving their desire for pregnancy, their contraceptive practices, and choices and decisions if an unintended pregnancy occurs. HIV-infected women should be allowed to make these decisions freely. Interventions to offer voluntary FP can give these women more control over their reproductive lives and serve as a strategy to prevent perinatal HIV infection. Follow the MEC Wheel 2015 in making decision.

Male condoms, used consistently and correctly, are effective in preventing HIV transmission if either partner is infected with HIV. Female condoms also offer significant protection from STIs, but their use has been limited by cost and user acceptability. Other methods of contraception such as hormonal contraceptives and IUCDs are effective in preventing unplanned pregnancies, but do not prevent HIV transmission.

Special Needs of Abused Women

Abused women clearly have special needs, including medical, psychological, and legal support, and safe housing for themselves and their children. To be effective, solutions must acknowledge the whole problem. Health care planners and other health care providers are

in an excellent position to intervene because they represent one of the few institutions to come in contact with most women during their reproductive lives, the time of highest risk for domestic violence. FP providers must become aware of power imbalances and the resulting health effects. They cannot do their jobs effectively without being concerned about how the issue of power affects women's RH.

The most important contraceptive service for women in violent relationships is counselling, which must include recognition of the woman's difficulties with her partner and help in choosing a method that will not make those difficulties worse. Ideally, it will include referral or in-house professional counselling regarding violence issues and the resources available in the community.

Battered women who cannot protect themselves from STIs through condom use may need repeated screening and treatment for STIs. Emergency contraception is also a pressing need for many battered women.

Counselling Men

Men have special counselling needs and should receive special attention from health care providers to motivate them to make responsible choices regarding RH practices.

Men's Special Counselling Needs

- Men should be encouraged to support women's use of FP methods or to use FP methods themselves.
- It is important to talk to young men about responsible and safe sex before they become sexually active.
- Men often have less information or are more likely to be misinformed about FP methods, male and female anatomy, and reproductive functions because they tend to talk less about these issues than women.
- Men are often more concerned about sexual performance and desire than women.
- Men often have serious misconceptions and concerns that FP methods will negatively affect their sexual pleasure and/or performance.
- Men are often concerned that women will become promiscuous if they use FP.
- Many men do not know how to use condoms correctly. Health care providers should always demonstrate correct condom use, using a model when possible.
- Men are often not comfortable going to a health facility, especially if it serves women primarily.

Encourage men to participate in FP. Involving men can be crucial to a continuing client strategy. Men are more likely to support continued contraceptive use when they participate. Group Counselling/ Mohalla meetings could be good forum for engaging men in FP.

Counsellors can involve men and serve them better if they take four steps:

- Offer men FP and other RH services.
- Provide men with accurate information about FP.
- Explain how men can assure their own RH as well as that of their partners.
- Encourage couples to talk to each other about FP, as well as talking to health care providers.

Counsellors can often encourage men to talk with their partners about practicing FP and sharing decision-making by appealing to their sense of responsibility in family matters.

Rumours and Misconceptions

Rumours are unconfirmed stories that are transferred from one person to another by word of mouth. In general, rumours arise when:

- An issue or information is important to people, but it has not been clearly explained.
- There is nobody available who can clarify or rectify the incorrect information.
- The source of the rumour is perceived to be credible.
- People are motivated to spread them for political reasons.

A misconception is a mistaken interpretation of ideas or information. If a misconception is imbued with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumour.

Methods for Counteracting Rumours and Misconceptions

- When a client mentions a rumour, always listen politely. Do not ridicule her/ him.
- Define what a rumour or misconception is.
- Find out where the rumour came from and talk with the people who started it or repeated it. Check whether there is some basis for the rumour.
- Explain the facts.
- Use strong scientific facts about FP methods to counteract misinformation.
- Always tell the truth. Never try to hide side effects or problems that might occur with various methods.
- Clarify information with the use of demonstrations and visual aids.
- Give examples of people who are satisfied users of the method (only if they are willing to have their names used). This kind of personal testimonial is most convincing.
- Reassure the client by examining and informing her/him about the findings.
- Counsel the client about all available FP methods.
- Reassure and let the client know that further care will be provided through home visits.

Relationship between Contraceptive Methods and Sexual Life

FP has much to do with sexual life and health protection and is not restricted to decisions relating to procreation. Any member of the community who is of reproductive age should be considered a potential FP client.

FP services are a type of preventive health service. Therefore, the rights of FP clients should be seen in the overall context of the rights of the clients for any health services.

The Rights of Family Planning Clients

Right to Information

All individuals in the community have a right to information about the benefits of FP for themselves and for their families.

Right to Access

All individuals in the community have a right to receive services from FP programmes, regardless of their social status, economic situation, religion, political belief, ethnic origin, marital status, geographical location, or any other group identity.

Right of Choice

Individuals and couples have the right to decide freely whether or not to practice FP. A client's concept of acceptability and appropriateness changes with circumstances. Therefore, the right of choice also involves clients' decisions concerning discontinuation or switching of method.

Right to Safety

Family planning clients have a right to safety while practicing FP. This right to safety implies the following:

- Clients have a right to protection against any possible negative effect of a contraceptive method on their physical and mental health.
- Since unwanted pregnancies may represent a risk to health, the right of the client to safety also includes the right to effective contraception.
- When receiving FP services, clients also have a right to protection against the possibility of acquiring infection from contact with a contaminated instrument.

Right to Privacy

When discussing needs or concerns, the client has a right to an environment in which she/he feels confident and relaxed. Auditory and visual (during examination) privacy should be ensured.

Right to Confidentiality

The client should be assured that any information disclosed or any details of the services received will not be communicated to others without consent.

Right to Dignity

FP clients have a right to be treated with courtesy, consideration, and attentiveness, and with full respect of their dignity, regardless of their level of education and social status.

Right to Comfort

The client has a right to comfort. This right of the client is intimately related to adequacy and quality of services (e.g., service delivery sites should have proper ventilation, lighting, seating, and toilet facilities). The environment in which the services are provided should be in keeping with the cultural values, characteristics, and demands of the community.

Right of Continuity

Clients have a right to receive contraceptive services and supplies for as long as they need them. The services provided to a particular client should not be discontinued unless the decision is made jointly between the counsellor and the client.

Right of Opinion

Clients have the right to express their positive or negative views (thanks or complaints) about the quality of services they receive at the facility.

Table 2-2. Comparative Statement of Failure Rate of Different Contraceptives in First Years of Use[1]

Family Planning Method	First-Year Pregnancy Rates (Trussell[a])		12-Month Pregnancy Rates (Cleland and Ali[b])
	Consistent and Correct Use	As Commonly Used	As Commonly Used
Implants	0.05	0.05	
Vasectomy	0.1	0.15	
Levonorgestrel IUCD	0.2	0.2	
Female sterilization	0.5	0.5	
Copper-bearing IUCD	0.6	0.8	2
Lactational amenorrhoea method (LAM) (for 6 months)	0.9	2	
Monthly injectables	0.05	3	
Progestin-only injectables	0.3	3	2
Combined oral contraceptives	0.3	8	7
Progestin-only oral pills	0.3	8	
Combined patch	0.3	8	
Combined vaginal ring	0.3	8	
Male condoms	2	15	10
Ovulations method	3		
TwoDay Method	4		
Standard Days Method	5		
Diaphragms with spermicide	6	16	
Female condoms	5	21	
Other fertility awareness methods		25	24
Withdrawal	4	27	21
Spermicides	18	29	
Cervical cap	26[b] 9[a]	32[b] 16[a]	
No method	85	85	85

KEY

0-0.9 Very effective

1-9 Effective

10-25 Moderately effective

26-32 Less effective

a Trussell J. Contraceptive efficacy. In: Hatcher R et al., eds. 2007. Contraceptive Technology, 19th revised ed. Rates for monthly injectables and cervical cap are from Trussell J. Contraceptive failure in the United States. 2004. Contraception 70(2): 89–96.

b Cleland J and Ali MM. 2004. Reproductive consequences of contraceptive failure in 19 developing countries. Obstetrics and Gynecology 104(2): 314–320

[1]Source: World Health Organization Department of Reproductive Health and Research (WHO/RHR)