

Elements of Informed Choice

Counseling is an interactive process, where the provider listens to the client's needs, tries to elicit the client's concerns, and offers relevant information to better enable the client to make decisions. The process ideally includes the provider giving a balanced presentation of the advantages and disadvantages of each method and asking the client what she understands about the choices available to her. **The World Health Organization and others have stipulated the importance of providers NOT coercing or overly emphasizing certain methods over others.**

The following is a summary of recommendations made by the International Planned Parenthood Federation based on their evaluation of the association between counseling, quality of care, and method continuation:

- 1) Counseling on contraception should be focused mainly on the essential information and discussions needed by the client to make an adequate contraceptive choice and for using the method properly and consistently.
- 2) Counseling should be restricted to the number of issues that can be properly discussed within the available time.
- 3) The amount of information provided during a counseling session should be in accordance with what the client can understand and retain in her memory. We must remember that the process of learning should be a continuous one, and that no one should be expected to learn in one counseling session more than what is reasonably possible.
- 4) Service providers must remember that every client has different needs and levels of knowledge and understanding of family planning. Therefore the focus of counseling, the counseling technique and the time spent with the client should be tailored according to the characteristics and needs of the individual client.

Further elements of informed choice have been defined by the Cooperating Agencies Task Force on Informed Choice. The following report summary is taken from: Cooperating Agencies Task Force on Informed Choice. *Informed Choice: Report of the Cooperating Agencies Task Force*. Baltimore MD, The Johns Hopkins University, 1989.

Informed Choice: Report of the Cooperating Agencies Task Force

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Report of the Cooperating Agencies Task Force on Informed Choice: Executive Summary

The Cooperating Agencies (CA) Task Force on Informed Choice, consisting of representatives of 17 organizations working in international family planning programs, met in April and November 1988 and in February 1989. The following recommendations represent the consensus of the CA Task Force members regarding the most important actions needed to promote informed choice in developing countries:

Recommendation No. 1

Expanded Definition of Informed Choice

Informed choice is effective access to information on reproductive choices and to the necessary counseling, services and supplies to help individuals choose and use an appropriate method of family planning, if desired. The Cooperating Agencies Task Force broadened the definition of informed choice from a choice of family planning methods to encompass various reproductive choices, including the possibility of choosing pregnancy. Thus, informed choice begins prior to the choice of a particular method, at the time when a person first learns that there is a way to control his or her fertility.

Recommendation No. 2

Continual Process

Informed choice should be seen as a continual process as new acceptors try out one method and then shift to other methods or nonuse as their needs or preferences change.

Recommendation No. 3

Method Choices

Within each given service area, an appropriate range of contraceptive methods should be available to meet the needs of various types of contraceptive users. Available methods should include male and female methods, some reversible methods which are temporary as well as long-acting ones, and permanent methods. Program administrators should strive for "effective access," which means that, at a minimum, major groups of contraceptive methods are available in each regional area of a country.

Recommendation No. 4

Referrals

Providers that offer only one or a limited range of family planning methods should tell clients where alternative methods are available, regardless of how distant they may be. Referral systems should be established and coordinated with providers at the local level, using written materials as appropriate.

Recommendation No. 5

Clinic Education

To complement counseling, service providers should seek to improve client education by using waiting areas for visual displays, lectures and audio-visual presentations and by providing client counselors with visual aides and audio-visual and print materials. Client education materials should be accurate, appropriate to their intended audience, and understandable.

Recommendation No. 6

Client Counseling

Each local institution should ensure that client counseling is done sensitively and effectively. The goal of counseling is to have the client arrive at a choice that he/she is satisfied with and, if the choice is to use contraception, to prepare the client to use his/her chosen method effectively. Counseling should be a two-way interaction, based on a positive relationship.

Recommendation No. 7

Monitoring and Evaluation

CAs and local institutions should build information needed for monitoring and evaluation of informed choice into their standard reporting requirements. Such information might include indicators that client counseling guidelines have been followed and service statistics on method mix and referrals (as appropriate). Evaluations should look at the structure of services, the actual delivery of services and service outcomes to assess the extent of informed choice. While CAs can provide technical support, local institutions must take primary responsibility for promoting informed choice and for monitoring service delivery sites to ensure that the appropriate steps are being taken.

Recommendation No. 8

Public Outreach

Family planning agencies should make more use of culturally sensitive mass media to reach not only potential and current contraceptive users but also others who influence reproductive decisions such as spouses, other relatives, and policy-makers. All modes of public education such as television, radio, press, magazines, group meetings, exhibits, cultural events, folk theater, all types of entertainment, field worker visits, inserts in contraceptive packages and point-of-purchase displays should be expanded. Whenever feasible, they should include information about specific methods.

Recommendation No. 9

Protocols for Service Delivery

Both public and private agencies in developing countries should develop national or regional guidelines on family planning methods and the client education process. Emphasis should be placed on continuous support of clients, not simply the first contact.

Recommendation No. 10

Training

Service delivery staff need to be trained in client counseling and interpersonal communication, since good counseling and a positive relationship with the client are essential to informed choice. Counseling staff should receive on-site training, assistance, supervision, and periodic evaluations. Each agency should develop or adapt from other agencies a portion of a training module specifically on informed choice. Trainers should encourage service providers to be attentive to the client's needs and life situation.

Recommendation No. 11

Male Involvement

Family planning programs need to pay more attention to the role of men in reproductive decisions and to expand male outreach programs. Many programs focus mainly on women, even though men have a major role in making family reproductive choices in many countries.

Recommendation No. 12

Family Planning and STDs, Including AIDS

The prevention and treatment of sexually transmitted diseases (STDs) is important to reproductive health. Family planning providers should offer basic STD services. In view of the widespread concern regarding acquired immune deficiency syndrome (AIDS), family planning providers should seek assistance from various sources for programs to prevent transmissions of the virus that causes AIDS. These programs may include staff training, counseling, peer group activities, condom promotion and distribution, the development of communication strategies and materials, and human immunodeficiency (HIV) testing (where appropriate).

Recommendation No. 13

Research Needs

More research should be conducted on various elements of informed choice, including method availability, referrals, counseling, public and clinic education, and training. Operations research can be useful to assess the most effective ways of promoting informed choice.

Recommendation No. 14

Informed Consent Requirements

While clients should make informed decisions for any contraceptive, written informed consent should be required only for voluntary sterilization, because it is intended to be (and effectively is) permanent.

Recommendation No. 15

The Role of Cooperating Agencies

CAs should review their policies and procedures in regard to informed choice, provide adequate staff training, and adopt appropriate monitoring and evaluation procedures. CAs preparing international guidelines should seek input from service providers in developing countries.

Recommendation No. 16

Agency for International Development (AID) Support to CAs

AID should provide CAs with up-to-date, accurate information pertaining to informed choice, especially in key areas such as contraceptive safety and efficacy and AIDS prevention.

The Task Force concluded that much progress has been made in promoting informed choice and that future initiatives may depend upon correcting erroneous assumptions about informed choice. In fact, the stereotypical activities associated with informed choice—boring lectures, lengthy forms and rigid guidelines—may have little to do with helping the client to make and implement choices, to understand and remember pertinent information, and to feel comfortable seeking additional information or services, as needed.

Family planning and health care professionals need to understand that implementation of programs to promote informed choice will make their job easier, not harder. Satisfied users are not only the key to high continuation rates, but also the most effective promoters of family planning.