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MINISTRY OF HEALTH-ETHIOPIA



A CONTRACEPTIVE COUNSELING POCKETBOOK FOR FAMILY PLANNING SERVICE PROVIDERS

**A contraceptive counseling
pocketbook for family planning service
providers in Ethiopia**

ACKNOWLEDGEMENTS

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INTRODUCTION

High quality contraceptive counseling is critical to promote reproductive health, rights, and well-being. Contraception helps women prevent unwanted pregnancies and can improve maternal and child health.

National studies suggest room to improve counseling quality based on the “Method Information Index Plus” indicator.

Qualitative research with women in some regions has also identified providers sometimes pressure women to use—or refuse to remove—long-acting methods, which is not in line with quality guidelines.

This pocketbook is intended as a reference to complement, not replace, Ministry of Health (MOH) training materials and counseling tools.

Part 1 spotlights communication approaches critical to improving quality of contraceptive counseling** and client experience.

Part 2 summarizes the steps of the REDI approach to contraceptive counseling used by the MOH.

**Contraceptive counseling refers to the process of information exchange between provider and client about method options and provider support for client decision making (about selection, discontinuation, or switching) based on the client's needs and preferences.

PART 1

COMMUNICATION SPOTLIGHTS



SPOTLIGHT 1

Privacy and Confidentiality



WHY?

Making sure all sessions have the maximum privacy and confidentiality increases clients' trust and encourages discussion of sensitive information.

Quick Tips

- Close the door
- Close the window/curtain
- Do not ask personal questions in front of others
- Ensure clients' information and/or documents are handled confidentially
- Reassure client you will not share their information without permission



SPOTLIGHT 2

Hearing from clients



WHY?

Probing for client perspectives helps prioritize their preferences and facilitates their comprehension.

Quick Tips

- Don't make assumptions about client needs
- Ask open-ended questions
- Praise and encourage client to share concerns
- Do not answer calls or texts during counseling
- Communicate empathy and interest, not disapproval
- Paraphrase and probe to demonstrate attention

- Practice positive non-verbal skills such as smiling and maintaining eye contact
- Do not show you are in a hurry or do other side activities
- Give clients adequate time to decide



SPOTLIGHT 3

Discussing a range of options



WHY?

Making sure clients receive a balanced overview of all methods they are eligible for is essential to helping them identify a method that will work best for them.

Quick Tips

- Even when clients have a method in mind, offer to discuss other options
- Help clients eliminate options that are counter to their medical conditions
- Give in-depth information about the method(s) the client is interested in
- Be specific and check client's understanding



SPOTLIGHT 4

Discussing side effect concerns



WHY?

Clients need side effect information to make an informed choice and many have concerns that, if not addressed, keep them from continuing use when they want protection

Quick Tips

- Provide balanced, thorough information on possible side effects
- Clarify which are common and which require medical attention
- Discuss how client feels about potential bleeding changes with some methods
- Be clear no methods require changing housework or other activities

- Ask and listen to fully understand concerns
- Do not downplay concerns or dismiss misinformation as rumor rather, explain the facts and reassure



SPOTLIGHT 5

Supporting client choice without pressure



WHY?

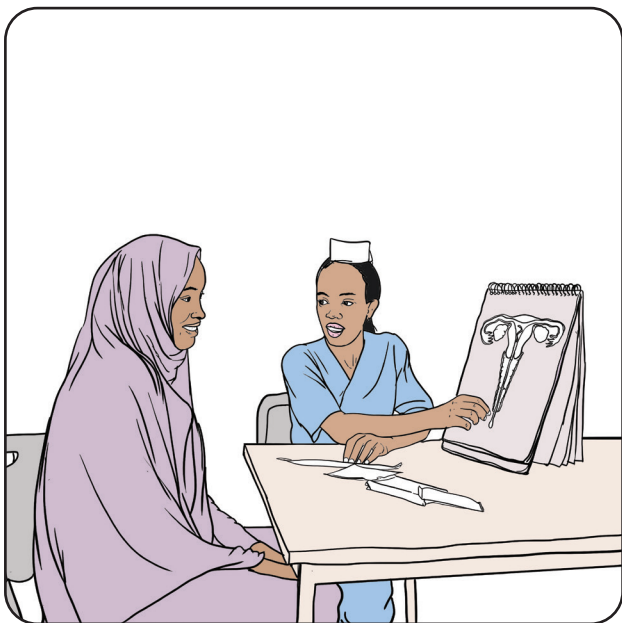
Supporting the rights of clients to make informed decisions voluntarily is crucial to high quality care.

Providers should not pressure clients to use a method without their choice for any reason, as this goes against client choice and can be counter-productive if clients lose trust.

Quick Tips

- Do not tell the client which method to choose
- Encourage the client to make a decision based on preference and situation

- Recognize IUDs and implants are not right for all clients, even those eligible
- Respect that the client may need more time to finalize their decision



SPOTLIGHT 6

Supporting discontinuation without pressure



WHY?

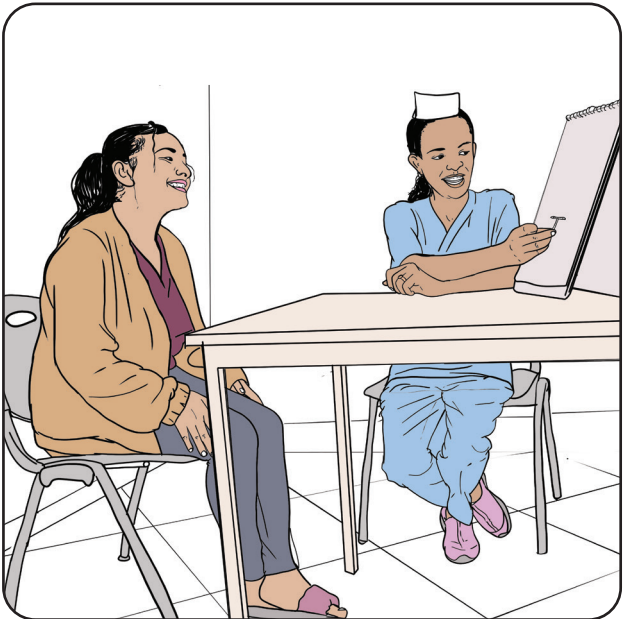
When clients are unsatisfied with their method, provider support for switching or discontinuation is essential to high quality care.

Providers should not pressure women to use a particular method for any reason, as this goes against client choice and can be counter-productive if clients lose trust.

Quick Tips

- When a client is not happy, offer to address concerns or discuss other options
- Understand the reason behind the client's unhappiness with a method and identify if that can be managed medically

- Always honor request for removal after counseling the client, regardless of when insertion occurred
- Do not pressure client to continue



PART 2

The Four Steps of Contraceptive Counseling from the REDI Framework

R: Rapport Building

E: Exploring

D: Decision Making

I: Implementing the Decision

Please refer to the MOH's training manual on contraceptive counseling for more detail on the REDI approach to counseling.

STEP 1:

RAPPORT BUILDING

1. Greet client with respect
2. Make introductions and identify category of the client (i.e., new, satisfied return, or dissatisfied return)
3. Assure confidentiality and privacy
4. Explain the need to discuss sensitive and personal issues
5. Use communication skills effectively (throughout the phases):
Active listening, paraphrasing, encouragement, and praising.



STEP 2:

EXPLORING

1. Explore in depth the client's reason for the visit (this will help determine the client's counseling needs.)

For new clients

2. Explore client's future reproductive health (RH)-related plans, current situation, and

past experience:

- a. Reproductive history and goals, while explaining healthy timing and spacing of pregnancy
- b. Social context, circumstances, and relationships
- c. Sexuality
- d. History of STIs, including HIV, while explaining STI risk and dual protection and helping the client perceive their risk for contracting and transmitting STIs

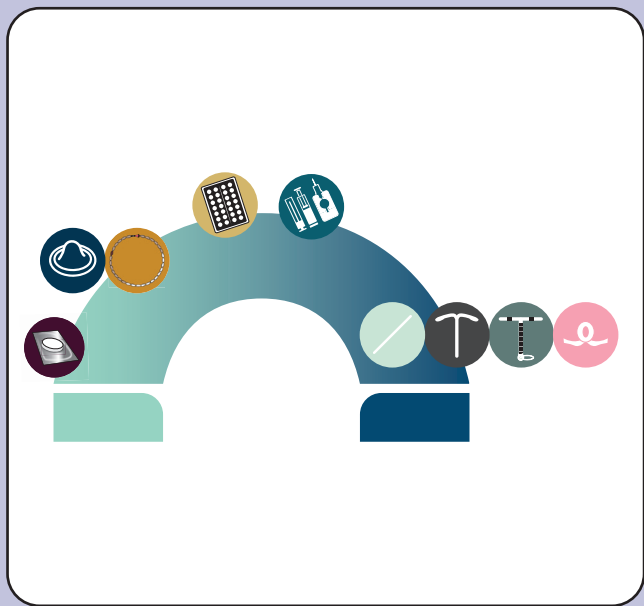
3. Explore the client's sexual relationships and practices, social and gender context for decision-making, and risk of STI/HIV:
 - a. Sexual relationships and practices
 - b. Social and gender context for decision making
 - c. Risk of STI/HIV
4. Focus your discussion on the method(s) of interest to client: discuss the client's preferred method, if any, or relevant family planning options if no method is preferred, give information as needed, and correct misconceptions
5. Rule out pregnancy and explore factors related to monthly bleeding, any recent pregnancy and medical conditions

STEP 3:

DECISION-MAKING

Identify the decisions the client needs to confirm or make (for satisfied clients, check if client needs other services; if not, go to Phase 4, Step 5)

1. Explore relevant options for each decision
2. Help the client weigh the benefits, disadvantages, and consequences of each option (Provide information to fill any remaining knowledge gaps)
3. Encourage the client to make his or her own decision



STEP 4:

IMPLEMENTING THE DECISION

1. Assist in developing a specific plan for implementing the decision(s) (obtaining and using the method chosen, risk reduction for STIs, dual protection, etc.)
2. Have the client develop skills to use his or her chosen method and condoms
3. Identify barriers that the client may face in implementing their decision
4. Develop strategies to overcome the barriers
5. Make a follow-up plan and/or provide referrals, as needed



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HEALTHIER CITIZENS FOR PROSPEROUS NATION!