



**Guide to Using the Balanced
Counseling Strategy
in Family Planning**

Population Council

FRONTIERS
IN REPRODUCTIVE HEALTH



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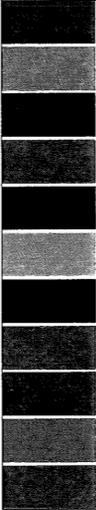
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Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
www.popcouncil.org

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IN REPRODUCTIVE HEALTH

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Population Council/FRONTIERS
4301 Connecticut Ave., N.W., Suite 280
Washington, D.C. 20008



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The Population Council/FRONTIERS
Regional Office for Latin America
Panzacola 62 – 102
Colonia Villa Coyoacán
04000 México, D. F.
Teléfono 5255-5999-8630

Ricardo Vernon,
Regional Director

Antonieta Martín
Regional Communications Officer

disemina@popcouncil.org.mx

Introduction

This Guide is based on the work carried out by Dr. Federico León, both in his native Peru and in Guatemala, over a period of various years. The following people played a part in developing the job-aids of the *Balanced Counseling Strategy* which was conceived, developed and tested by Federico León, Ph.D.: Irma Ramos, Gloria Lagos, Mariel León, Rosa Monge and Walter Ventosilla in Peru; Marisela de la Cruz, Carlos Brambila, Verónica Dávila, Gustavo Gutiérrez, Carlo Bonatto, Carlos Morales, Benedicto Vásquez and Julio García Colindres in Guatemala; and David Silva in México. The present document aims at helping those providing family planning services to employ the *Balanced Counseling Strategy* in order to provide higher quality of care services to clients. This *Strategy* was developed and tested in projects conducted during 2000 and 2003, with the Peruvian Ministry of Health, and with the Guatemalan Ministry of Public Health and Social Welfare between 2001 and 2002. The Peruvian and Guatemalan Social Security Institutes also tested the *Strategy*.

Given the results achieved in all the institutions where it was tested, especially in terms of improvement in the quality of family planning services, the use of this *Strategy* is recommended in any family planning program that wishes to improve the interaction between the provider and the client and to improve quality of care.

The guide is accompanied by support materials or job-aids for the provider and client, consisting of (1) an algorithm which, sequencing information and actions to be taken by the provider, can be adapted to suit the local needs of any institution providing family planning. (2) Twelve cards with four basic descriptions of eleven contraceptive methods, and a card with questions to discard pregnancy. (3) Brochures containing information about each method and their use, recommendations and cautions about use, possible side effects, warning signs indicating that the client should go back to the service provider, the appropriate follow-up instructions, and the benefits from its use.

Follow the instructions in this guide, using the algorithm and the job-aids for a better understanding of the process.

We hope it proves useful and easy to implement.

Evaluating the quality of family planning services

According to a study carried out in Peru in 1999, there are three problems which are detrimental to the quality of the family planning services offered by the provider in face-to-face interaction with the client.

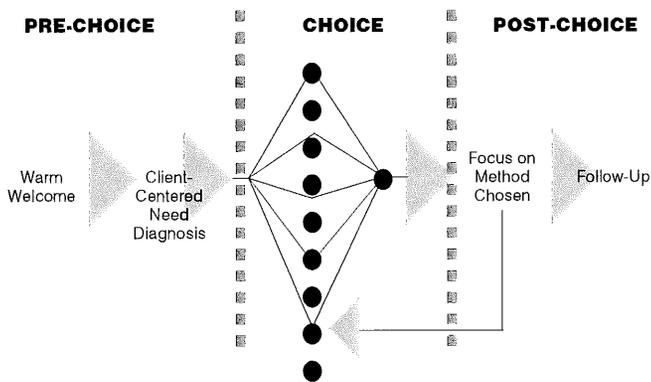
1. The questions which the provider asks the client in order to assess her contraceptive needs are of a medical nature, ignoring issues about the woman's reproductive intentions, and whether her couple cooperates in the family planning effort.
2. The information obtained does not help the client to make informed decisions, since the provider describes the features and instructions on how to use all the methods offered by the program without taking the client's particular needs into account.
3. The bulk of the consultation time is used to talk about alternative contraceptive methods, and the provider neglects to talk about the contraindications, secondary effects and usage procedures which pertain to the method chosen by the client. It was ascertained that the client went away at the end of the consultation knowing little about the chosen method.

The underlying informed choice paradigm is a linear decision-making model that demands too much from clients' information-processing capabilities. In practice, humans do not process such extensive information, they implement bounded rationality strategies that include sequential decision-making.

Meeting the needs of the client and the provider

Figure 1 shows a proposal for interaction during the family planning consultation aimed at simplifying the client's task and providing the provider with working tools.

Figure 1. Peru MOH's Balanced Counseling Strategy



In the phase prior to choosing a method (Pre-choice), the client is cordially welcomed and asked a series of questions in order to identify her family planning needs. The needs evaluation, aimed at choosing a method, consists of dismissing irrelevant methods –i.e. those which the provider and the client jointly conclude are not relevant for the client and hence not in need of analysis in the later phases of the consultation. Included in this group of methods are those which, for example, the client did not tolerate in the past; tubal ligation and vasectomy if the client wishes to have children in the future; the calendar and Billings methods if the client's partner does not cooperate in the family planning process; combined oral contraceptives if the client is breastfeeding, etc.

In the choice phase, the provider offers the client personalized information to help her choose a method. This means that (1) the provider takes into account only those methods which are relevant for the client, and (2) provides her only with the information which is essential to making a preliminary choice, so as to avoid giving her more information than she can process. From then on (Post-choice), information is focused on the method chosen by the client. If there are contraindications against this method or if it does not satisfy her, the client can go back to the choice phase and chose a different method.

Finally the client receives instructions from the provider and is given the brochure pertaining to the chosen method, so that she may later refresh her memory about use of the method and its possible side effects, in the hope that she will thus feel sure about continuing to use it, or come back for another consultation so as to dispel doubts or change methods.

The *Balanced Counseling Strategy* uses three types of job-aids: an algorithm, cards containing basic information about each contraceptive method, and brochures which provide fuller information about each method. All of the aids form part of this package.

The cards make it easier for the client to chose a method while, at the same time, meeting the provider's needs with regard to organizing the information and handling the consultation. The front of the cards displays the name of the method and a diagram of it, while the back contains written information about four fundamental attributes. In conjunction with the Peruvian Ministry of Health, twelve cards were put together, one with questions aimed at ruling out pregnancy and the rest describing the methods which the program offered –i.e. tubal ligation, vasectomy, IUD, combined oral contraceptives, the mini-pill, the progestin-only injectable, the condom, vaginal tablets, the calendar method, the Billings method, and the lactation-amenorrhea method (LAM).

The *Strategy* instructs the provider to spread the cards out on a table at the beginning of the counseling process and to remove the corresponding card when s/he identifies a method not suited to the client's needs, telling her why s/he is doing so. Once all those methods which are unsuited to the client have been removed, the provider reads out loud -or lets the client take the cards and read out loud, if she so prefers- the four basic features of each of the methods still on the table, before asking her to choose one of these methods.

The brochures –one for each method– contain full instructions regarding use, details of how the method works, advantages, contra-indications, side effects, alarm signals, and follow-up indications based on the bulk of the family planning guidelines issued by the public-health services of various Latin American countries, with updating based on the book, issued by the World Health Organization, The Johns Hopkins University, and the Pan American Health Organization, entitled "*The Essentials of Contraceptive Technology*". Once the client has chosen a method, the provider takes the brochure that corresponds to the chosen method, reads it together with the client, provides her with the pertinent information, and gives her the brochure so she can read through it again at home in case she needs to consult information she forgot.

Potential and Limits of the *Balanced Counseling Strategy*

THE PROJECT IN PERU

The *Balanced Counseling Strategy* was tested in health centers of the Peruvian Ministry of Health where 24 health directorates (DISAs) were assigned at random to the intervention or control group. A hundred and five providers from the intervention group received two days training and one day retraining. The intervention raised the quality of care given and also the level of client knowledge about the method chosen when the latter was the IUD or a hormonal method, at a cost of 4 minutes extra counseling time.

Quality of care and length of consultations were observed before the intervention using the simulated-client technique. User knowledge was evaluated through exit interviews. Improvement was achieved, although only 37 percent of the trained providers used the cards and the brochures; 63 percent of the trained providers who did not use the job-aids during the consultation showed no improvement whatsoever, while those who did use them showed an improvement in the quality of care of 4.8 standard-deviation points. One year of follow-up on the clients revealed that there was a significant, although modest, impact on the use of family planning.

THE PROJECT IN GUATEMALA

An operations research project with the Guatemalan Ministry of Public Health and Social Welfare measured whether the algorithm was accepted and could be inserted, with good results, in terms of quality of care, by non-physician health providers such as nurse auxiliaries. Providers from 40 health centers and posts in Quiché (Mayan population) and Jutiapa (ladino population) were trained in the use of the algorithm and the cards and brochures pertaining to methods, and then subjected to four reinforcement or supervisory visits. Forty establishments in Quetzaltenango (Mayan population) and Jalapa (ladino population) received only the brochures. An evaluation of the services was carried out with simulated clients before the intervention to assess the behavior of the providers during consultations.

Acceptance of the new model was double the acceptance that was achieved in Peru: 72 percent of the trained providers used the algorithm and the job-aids. Increases attributable to the intervention reached three standard-deviation points. In this project, the providers in the intervention group offered nine additional minutes of consultation time.

In institutional contexts where there is a greater flow of patients, the increase in consultation time required to improve information by means of the *Strategy* can turn out to be too expensive in the eyes of the providers. This seems to have been the case with the Peruvian Social Security Institute (EsSalud) in Lima, where 20 establishments received the *Strategy* and 20 remained as control group. In the first measurement made after the intervention, the providers in both groups were warned that their next patient was a simulated client, but this was not done in the baseline or in the second post-intervention measurement. It was noticeable that both groups raised quality of care when they felt observed and lowered it when they felt they were not being observed. However, results were better for the experimental group, which shows that, though the *Strategy* works better when it is a matter of raising quality, it is nonetheless necessary to persuade providers to use it more consistently. It is possible that, with more practice, their skills will improve and consultation time be reduced, thus eliminating the main factor of resistance.

The case of the Guatemalan Social Security Institute, where the *Balanced Counseling Strategy* was also tested, is an interesting one, since, here, almost all the clients were post-partum women, and the quality of care was assessed based on their own perceptions, in exit interviews which were carried out with 38 cohorts per week. Systematically improved levels of quality of care were achieved starting from the week in which the intervention started, but there was a substantial weekly fluctuation in quality. This suggests that certain providers may need more training than others in order to achieve the same results.

Guide To Using The Balanced-counseling Strategy

INSTRUCTIONS FOR THE PROVIDER

The *Balanced Counseling Strategy* assumes family planning to be the main motive of the consultation. It may also transpire that there were other reasons for the consultation, but it turned out to include family planning. Moreover, the *Strategy* assumes that the counseling is being offered to a woman, though it can easily be adapted to apply to men.

The job-aids which support the provider's efforts are, as has already been mentioned, the balanced-counseling algorithm, cards for each of method offered by the program, a card with questions to rule out pregnancy, and the brochures for each method. It should be foreseen that, in order to implement the *Balanced Counseling Strategy*, a substantial number of brochures for each method is needed, both to support the provider during the consultation and for women to take home for later perusal. The card containing questions to rule out pregnancy plays an important role in being able to give the client the method of her choice immediately.

The algorithm shows that the counseling phase is divided into three stages. Please use the algorithm together with cards and pamphlets for a better understanding of the process.

1. THE PRE-CHOICE PHASE

This phase endeavors to create favorable conditions to choose the right method. It includes eight steps which, in the case of some clients, can be reduced to just three (for example, if the client arrives having already made an informed choice of method).

■ Step 1: Achieve and maintain a cordial relationship

The guidelines for this stage are the same as would be given for any health-related service –i.e. that the provider establish a good relationship with the client. To achieve this, the provider treats the client in a formal, but friendly, manner. The provider should call the client by her name, show interest in what she says, make eye contact with her, listen to and answer her questions, be supportive and show understanding without being judgmental, and ask questions in order to encourage her to participate.

■ Step 2: Rule out pregnancy

It is indispensable that pregnancy be ruled out, since it is a contraindication for the use of most contraceptive methods. In this step, the card with questions to rule out pregnancy is used. The questions are simple ones. For example, "Have you given birth during the last 4 weeks?" If the woman answers yes, then the possibility of pregnancy is ruled out. "Have you had your period during the last 7 days?". If the answer to any of the questions is yes, then the woman is not pregnant. If the woman gives a negative answer to all the questions, a pregnancy test must be carried out. While she is waiting for the result of this test, it is recommended she use some sort of barrier method such as condoms or vaginal tablets.

If the woman is pregnant, she is offered prenatal care and told about the advantages of leaving 3-5 years between pregnancies in order to safeguard the health of the mother and her child.

Step 3: Verify the woman's wishes regarding a method

Ask the client if she has a specific method in mind and, if she has not chosen any method, go to Step 4. When the woman has all the information and has taken a decision regarding a method, the service provider goes straight to Step 14.

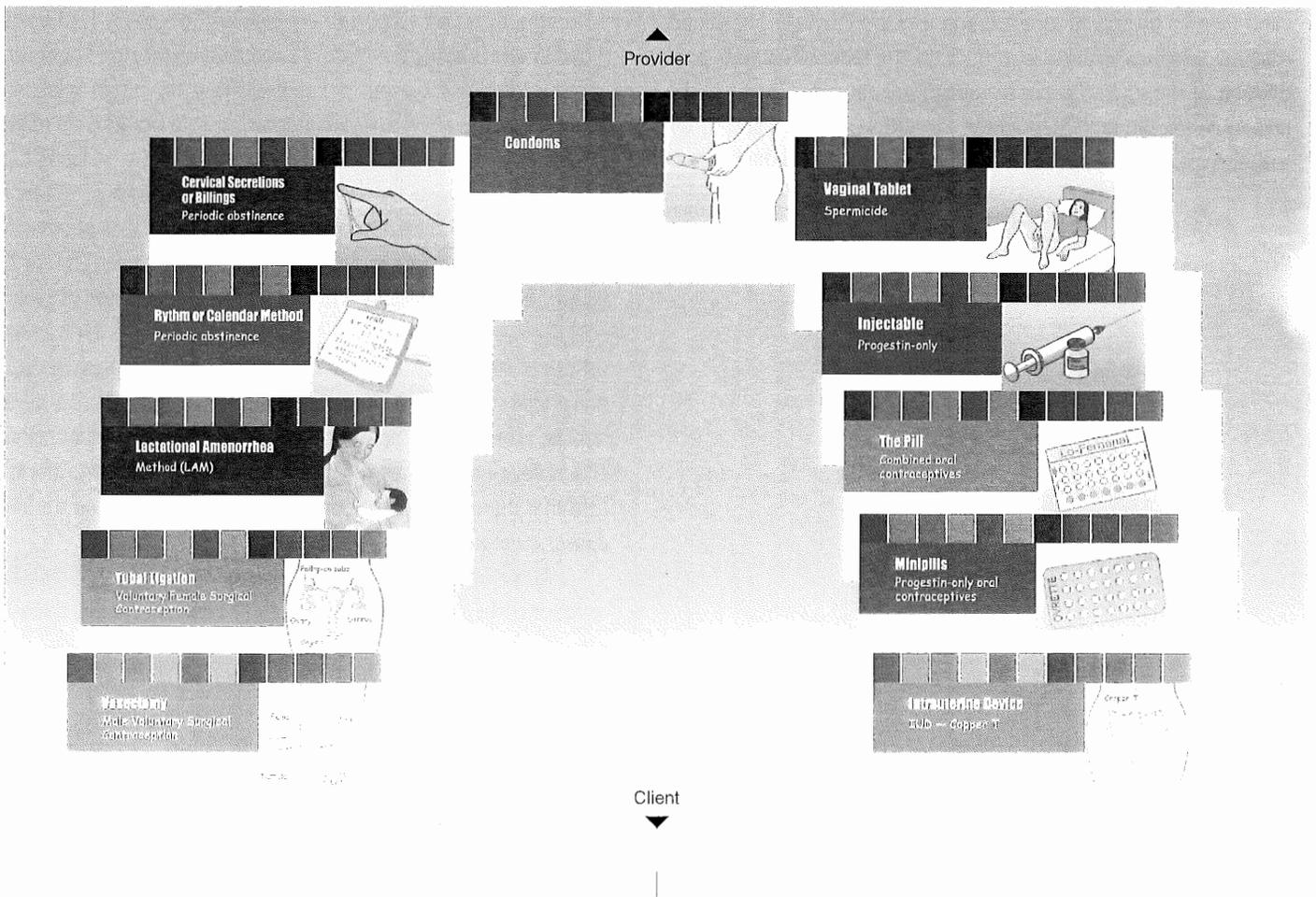
Sometimes, the client does not have all the information about the method she wants to use, or she is unaware of alternatives which might be more comfortable or convenient for her. If the provider detects such a situation, s/he should give the woman the information she requires in order either to reconsider or to persist in her decision. Hence, the provider must ask which methods the client knows about and which she took into account when making her decision. If there is evidence that there was no informed choice of the method, s/he must point out the convenience of reassessing the choice based on complete, updated information, and pass directly to Step 4.

Step 4: Spread the cards out on the table

There will only be cards pertaining to the contraceptive methods offered by the family planning program, though, at times, it is recommended that all the contraceptive methods be discussed, even though they are not available in the establishment (for example, when there is no infrastructure for inserting an IUD, or performing tubal ligations or vasectomies). If other establishments belonging to the program offer the aforesaid methods, the counselors in the lower-level establishment should offer them, referring the client to the establishment which is equipped to supply them.

In Step 4, the provider spreads out the cards about contraceptive methods on the table, grouping them as shown in Figure 2. This grouping is consistent with the next steps of the algorithm and allows him/her to recall, instantly, where the card pertaining to the method being discussed is. When embarking on this process, s/he should say "Now we're going to talk about how the various methods are used and what their requirements are, in order to rule out those that are not useful for you."

Figure 2. Distribution of the Cards on the Work Table



■ **Step 5: Identify the reproductive intentions of the client**

Ask the client if she wants to have children in the future in order to determine whether the definitive methods are relevant for her. If the person wants to have more children, or is not sure whether this is the case, you should rule out tubal ligation and vasectomy and concentrate on temporary methods following the flow of the algorithm. You should do this by explaining to the client that sterilization is not suitable for her because it would prevent her from having children in the future, while removing the two cards pertaining to male and female sterilization from the table.

The temporary methods should not, however, be ruled out, especially the long-term methods such as the IUD and the progestin-only injectable (DMPA), when the client states that, while she does not want more children, she does not wish to be sterilized, either because she is not completely sure about not wanting children in the future or because she is afraid of undergoing surgery. In such cases, the client should be given information about both temporary and definitive methods.

■ **Step 6: Verify if the woman is breastfeeding**

Find out whether the client is breastfeeding a baby under 6 months old and has not yet started to have her period again since childbirth. If the mother is breastfeeding exclusively, she is a candidate for the lactation-amenorrhea method (LAM), but should rule out combined oral contraceptives, since these affect milk production. If the mother is not lactating, you should rule out LAM and move to the next step in the algorithm, taking care, at all times, to explain the reasons for dismissing LAM to her.

■ **Step 7: Find out about the client's relationship with her partner**

By asking the woman about this, you can find out whether her partner agrees with, and plays a part in, family planning. Women who do not have their husband's support cannot use certain methods –e.g. the natural ones (calendar and Billings) and the local ones (condom and vaginal tablets). Cooperation from, and communication with, one's partner is needed in order to allow time, within the sexual relationship, to put the barrier methods in place, or to refrain from sexual relations on the woman's fertile days. However, you should let the client know that one of the aims of family planning counseling is to strengthen communication between partners in order that they may take joint responsibility in planning how many children they want to have. It would be desirable to find out whether the client's partner would be willing to attend a joint-counseling session. If the woman has her partner's support, you may move on through the algorithm without ruling these methods out.

■ **Step 8: Find out whether there is intolerance towards any of the methods.**

This step focuses on the woman's contraceptive antecedents, so as to identify any problems she may have had in the past with regard to contraception. You should begin by finding out whether she is using any method and fully exploring her contraceptive history. Rule out the method that the client wishes to abandon, or has previously abandoned, due to intolerance of side effects or uncomfortable usage requirements (e.g. sexual abstinence in the case of the calendar method, or having to remember to take the pill every day), or to intolerable side effects (for example, the bleeding which may be caused by the IUD, or the lack of bleeding caused by the injectable), or because of lack of cooperation of her partner (e.g. use of the condom). However, if the client stopped using, or wants to stop using, a method due to misguided rumors and false information, you should clear up the doubts, provide accurate information, and not rule out the method. Examples of rumors or false information are when the client is told that injected contraceptives cause sterility, or that the IUD causes cancer.

If the client's contraceptive history does not show intolerance, or if she says that she has not used any method previously, you should move on to the next step in the algorithm without ruling any of the methods out.

2. SELECTION STAGE

Up to now the client's wishes have made it possible for the contraceptive methods which are irrelevant for her to be ruled out. Now you must go on to choose the method which best meets the client's needs. This step should be introduced with a statement which aids decision making, which is to say that the client should be given information which allows her to choose a method which satisfies her needs.

■ Step 9: Verify which methods are available

The establishment may have run out of one or more methods, in which case you should follow pertinent institutional guidelines and decide whether to offer the unavailable method(s) or not. If policies preclude offering methods which are not available in the establishment, explain the situation to the client and remove the corresponding card(s) from the table. If policies allow the method to be offered although it is not in stock, explain to the client that one or more methods are not presently available at the establishment will be considered (pointing to the pertinent cards on the table), so that, if she chooses one of the said methods, she will be referred to another health service which does have it in stock. If the lack of stock is temporary, tell the client that she may return when the method is available and should either abstain from sexual relations or use a barrier method such as the condom or vaginal tablets in the meantime.

■ Step 10: Redistribute the cards and describe the methods which have not been ruled out

On the table, redistribute the cards pertaining to the contraceptive methods which have not been ruled out, arranging the methods by their effectiveness, which is indicated by the number in the card's bottom right-hand corner. Put the most effective method at one end and the least effective at the other. Read out loud the four essential attributes of each method that has not been discarded if the reader is unable to read, or let her read these attributes if she so wishes.

Do not speak about contraceptive effectiveness before completing the description of the four attributes of each relevant method. It is, however, important to mention that the condom (whether it is among the methods ruled out or not) is the only method offering double protection—against pregnancy and against sexually transmitted infections, including HIV-AIDS.

■ Step 11: Talk about each contraceptive's effectiveness

Explain to the client that the number in the bottom right-hand corner of each card refers to the percentage of unwanted pregnancies which can occur with each method. For example, the numbers 6 to 26 appear on the vaginal-tablet card, referring to the percentage of women who may get pregnant during their first year using this method: as many as 26 women can get pregnant if the method is used incorrectly, and only 6 when it is used correctly. In the case of the injectable, tubal ligation and vasectomy, less than one percent of the women will get pregnant. Follow this procedure, moving systematically from the most effective to the least effective method.

■ Step 12: Ask the client to choose a method

Ask the client if she has any doubts or comments regarding the characteristics of the relevant contraceptive methods, answer all her questions and dispel any doubts. Next, ask the client to choose the most convenient method. Users who pass to this point in the algorithm from Step 19, rather than from the previous step, should take the time to recheck the features of each of the relevant methods.

■ Step 13. Let the client choose a method

If the client asks you to make the choice for her, tell her that she is the one who knows best about her family planning needs, with regard both to the method itself, to its side effects and recommendations, and to her life with her partner. The client must assume responsibility for using the method. Once she has chosen, move on to the next point in the algorithm. Do not remove the other methods from the table, since it may be necessary to go back to the method-selection phase if there are contraindications or if the client is no longer sure about her preliminary choice now that she knows more about the method. If the client concludes that none of the methods suits her or says that she can't make a choice, go to Step 20.

■ **Step 14: Ascertain contraindications due to the client's health condition**

This point in the algorithm is reached from the previous step or from Step 3. See the contraindications section for each method in the corresponding brochure. The list should be exhaustive. For example, the IUD or copper T "SHOULD NOT BE USED BY WOMEN WHO: are, or think they might be, pregnant; are experiencing non-menstrual vaginal bleeding; have various partners who do not use condoms; have a vaginal infection; have, or have recently (in the last 3 months) had, an inflammatory pelvic disease; have disorders of the womb or benign tumors that deform the womb; have genital cancer.

Use plain language which the client can understand. It is up to you to decide if a pelvic examination is required to rule out contraindications. If the client has contraindications and has passed to the present step from Step 13, explain to her that she needs to choose another method, then go back to Step 12. If she has contraindications and has come from Step 4, explain to her that she needs to choose another method and go back to Step 4. If there are no contraindications, go to Step 15.

3. POST-SELECTION PHASE

Once the client has made an informed choice of a method and you have ascertained that there are no contraindications, you need to give her detailed instructions as to use and information about other aspects of the method chosen. For this purpose, you should use the pertinent brochure, saying "You're going to take this brochure home so that you can consult it whenever you need to, but first I want to go through it with you." Once she has finished going through the information pertaining to the method, repeat the recommendation that she should consult the brochure at home whenever she cannot remember some part of the explanation or recommendations you have given her.

■ **Step 15: Describe the procedures**

The client should know the procedures for using the method and the possible side effects that may result. Generally, this information has practical repercussions which should be taken into account in the decision-making process. In the LAM method, for instance, when the woman breastfeeds she stimulates the production of the prolactine hormone which inhibits ovulation. Without ovulation, there can be no pregnancy, but this occurs only where breastfeeding is exclusive of other type of food or liquids. If the baby eats or drinks anything else, it will not produce enough hormones for contraceptive purposes. This information serves to make the client aware how important it is to stick to breastfeeding only. This type of information about each method should be provided using accessible language; the use of technical language is not recommended, since the client will probably not understand it. For example, the brochure about vasectomy explains that "the health care provider makes either 1 or 2 small openings in the man's scrotum (the sac of skin that holds the testicles) and closes off both the tubes that carry sperm to his semen. The man can still have erections and ejaculate semen, but his semen has no longer sperm in it. It is a permanent method." The anatomical illustration in the brochure shows the client where the tubes are cut, permits him/her to understand how surgery prevents sperm from getting through, and clearly illustrates how neither the testicles nor the penis are touched during the procedure.

■ **Step 16: Supply the client with the usage instructions**

This is one of the most important steps in the algorithm. Only by following these instructions to the letter will the client be able to ensure that the method is an effective means of contraception, so the provider should be exhaustive.

For example, the brochure about the pill gives instructions on: "HOW TO USE: Must be taken every day. If the woman forgets, she risks becoming pregnant. Taking the pill at the same hour each day is preferable and may help the woman remember, for example every night before going to bed. When to begin or reinitiate taking pills: between the first and the fifth day of the menstrual bleeding; if you start taking the pill any other day, you should avoid having sex or use condoms or spermicides during one week; women can start taking combined oral contraceptive pills 3 weeks after childbirth, if they are not breastfeeding; between the first and the fifth day after an abortion or miscarriage; if more time has passed, avoid having sex or use condoms or spermicides during one week. Start with the first pill of the packet and follow the arrows to take the rest of the pills, one each day. When you finish a packet, start a new one the very next day if the packet has 28 pills, or wait seven days before starting the new packet if this has 21 pills. If you forgot to take one pill, take it immediately when you remember and take the next at the usual time. Do not stop taking them. If you forget to take the pill for 2 or more days (the white pill in case of 28 packets), stop taking the rest of the pills, wait for your period and start a new packet. To avoid pregnancy, do not have sex or use a condom or spermicides until you have taken the seventh pill of the new packet. If you missed a brown pill (in the case of 28 pills packet), throw it away and take the rest as usual, one each day. If you throw up within the first half hour after taking the pill, take another one from a separate packet. If you experience diarrhea or vomiting for two or more days, avoid having sex or use a barrier method during the following seven days. Stop taking the pill if you will stay in bed for more than a week."

■ **Step 17: Describe possible side effects and warning signs**

If the client is unaware of the method's side effects she may be afraid when she experiences them and suspend use, or, more seriously, may be led to abandon family planning completely. If she already knows about the side effects and is aware that they do not threaten her health, she will be more capable of tolerating them and waiting until they disappear. Likewise, she should possess detailed knowledge about the warning signs; otherwise her health may be placed at risk. For example, the brochure about the mini-pill advises the client to "RETURN TO SEE THE DOCTOR IMMEDIATELY IF YOU HAVE: Very bad headaches. Skin or eyes become unusually yellow. Brief loss of vision, blurred vision, or if you see flashing lights or zigzag lines. Absence of menstrual period for two months; you might be pregnant. Abdominal pain or tenderness, or faintness. Constant vomiting even when taking the pill along with food.

■ **Step 18: Check understanding and reinforce basic knowledge**

Check whether the client has understood the information provided to her about the contraceptive method, so as to ensure its effective, healthy use. In order to check understanding, ask the client to explain, in her own words but aided by the brochure, details relating to:

- ▶ How she should use the method she has chosen.
- ▶ The discomforts which might arise when using the method.
- ▶ Warning signs which might lead her to revisit the health provider.

It is normal for the client to be unable to recall all the details at this point in the session, but it is very important that she show that she can find the relevant information in the brochure. In the case of clients who don't know how to read, you should spend more time on explanations and ask the client to identify someone close to her able to read the instructions that she may have forgotten to her. Whenever she seems to be in doubt, reinforce the basic information.

■ **Step 19: Verify that the choice of method is a firm one**

Ask the client if her decision constitutes a definitive choice of method. Changing one's mind is permissible. This step confirms the choice of a method once the person has fully understood its characteristics, offering the client a chance to change her mind. If she is unsure and prefers to consider other options, return to Step 12. Otherwise, go on to the next step.

■ **Step 20: Consider the condom a method which offers double protection**

There are some contraindications which mean that the provider should hold off supplying the method requested by the client. One such case is when you cannot be sure that the woman is not pregnant and need to resort to a pregnancy test. The provider might also supply the method on condition that the client start using it when pregnancy has been ruled out. Another eventuality is when the client has been referred to a larger-capacity establishment for an IUD insertion or for her or her partner to be sterilized. In all of these situations, until she is ready to use the chosen method she should use a barrier method or abstain from sexual relations. In such cases, offer her information about the condom and the vaginal tablet in all the detail.

It is important that all clients be aware that the condom provides double protection, preventing pregnancy and sexually transmitted infections. The client may make regular use of a contraceptive method that she trusts because of its effectiveness, while using a condom at the same time to avoid contracting an STI, including HIV-AIDS.

■ **Step 21: Administer or supply the method, make a follow-up appointment, or refer the client to another health establishment**

Do not delay starting to use the chosen method unnecessarily. If circumstances are favorable, inject the client, give her the chosen packet of pills or barrier method, or hand over the materials in support of natural methods before the consultation ends. If this is not possible, schedule another appointment or formally refer the client to another health establishment.

■ **Step 22: Give indications about follow-up and end the consultation**

In this last step, the necessary commitments are made to ensure that the contraceptive is used in a healthy manner and the woman does not abandon family planning. Ongoing use of the method is important, but it is more important that, if unhappy with the method, the woman understand the importance of continuing family planning and seek further consultation so as not to stop her contraceptive protection. The client should be assured that it is perfectly legitimate to change methods if she feels any discomfort, and, in such an eventuality, the establishment should welcome her in order to help her do so. The client is also entitled to change her reproductive intentions and stop using a contraceptive method if she decides to get pregnant.

You should anticipate the client's contraceptive needs in the short, medium and long terms. Give her an appointment for control and for providing her with a new supply of the method, and tell her that she can come back for another consultation whenever she has doubts or problems. Take the various possibilities into account. For example, pill clients should be warned that, if they later find it more comfortable to obtain new provisions at a pharmacy, they should receive new usage instructions, since there are packets of pills containing 21 pills or 28.

When bringing the session to end, you should be aware of the importance of maintaining a friendly attitude so that the client perceives that she will always be welcome.



