

PN-ABL660

Final Narrative Report
to
Family Health International
on
Promoting the Role of Informed Choice
in Family Planning Programs
(Subagreement 6868)

Period covered:

May 15, 1990 - July 15, 1991

Submitted by:

Program for Appropriate Technology
in
Health (PATH)
Suite 700
1990 M Street, N.W.
Washington, D.C. 20036

August 1991

TABLE OF CONTENTS

I. INTRODUCTION 1

II. ACTIVITIES 1

III. RECOMMENDATIONS 4

Appendices

- A. Summary of Pretests
- B. Pretesting Package
- C. Final Slide Show Package

I. INTRODUCTION

In May 1990, Family Health International (FHI) contracted the Program for Appropriate Technology in Health (PATH) to develop and make available a slide show to introduce and promote the concept and practice of informed choice to family planning personnel, policy makers, and program managers in developing countries. The project, "Promoting the Role of Informed Choice in Family Planning Programs," began May 15, 1990, and was to end on May 15, 1991. However, due to travel restrictions resulting from the Gulf war, PATH received a no-cost extension until July 15, 1991.

II. ACTIVITIES

PATH's initial task was to gain permission from the Johns Hopkins University Center for Communication Programs (JHU/CCP) to adapt and pretest the slide show they prepared for the Cooperating Agencies' Task Force on Informed Choice. The goal was to ensure that this show conveys the concept of informed choice to the target audience -- family planning service providers and program managers in the developing world -- in a relevant and meaningful way. PATH staff worked with JHU/CCP staff on the second version of this Task Force slide show.

PATH staff then showed this second version to some of our family planning colleagues. The viewers felt that this version was much better than its predecessor, but that it still needed to be shortened in order to hold the attention of the audience.

Therefore, we rewrote the script and reduced the number of slides by almost 50 percent. The new script retained much of the information of the previous one while clarifying and simplifying the main messages -- what informed choice is and why it is important for both clients and family planning programs.

PATH staff then conducted pretests with a variety of family planning personnel from the developing world. Pretests included, in chronological order:

- International Conference on Postpartum Contraception (Mexico City)
- CEDPA workshop (Washington, D.C.)
- Management Sciences for Health workshop (Boston, Massachusetts)
- Sri Lanka: participants included a variety of family planning clinicians and medical students
- Sierra Leone: family planning clinic staff, field supervisors, program managers, and information, education, and communication (IEC) staff
- JHU/CCP staff (Baltimore, Maryland)
- WEMOS seminar (The Netherlands)
- Bogota, Colombia: family planning program managers.

A summary of these pretests, with details about participants and collaborating organizations, is included as Appendix A.

Pretests included an introduction to the slide show, completion of pre-show questionnaires, presentation of the show, completion of post-show questionnaires, and a discussion of the show and ways to improve it. Pretesters received a "pretesting package" in order to standardize the procedure (see Appendix B, Sample Pretesting Package).

Pretest Results

While results varied between pretests (see PATH's quarterly narrative reports for detail), some common points and themes were made by pretesting participants:

- Informed choice is important and should be included in all family planning programs.
- The difference between informed choice and informed consent is clearly presented in the slide show.
- The text is clear (though the language could be simplified) and the length of the show is fine.

- The show is most appropriate for program managers and clinic staff. It may be too elementary for policy makers. Also, from a logistical perspective, it may be impossible to get enough policy makers together to make a slide show viable.
- Most thought it should be shown to clinic staff, and they suggested adding specific information on the things a clinician needs to know about each method and what they need to tell clients about the methods in order to foster informed choice.
- A significant number of participants felt it was appropriate for clients.
- The show should more clearly point out the importance of providing a variety of methods.
- A video may be better because video players and monitors are often more accessible than slide projectors and the impact will be greater. Video is especially valid as a way to reach policy makers.
- Give specific examples of the consequences of not fostering informed choice in a family planning program.
- The slides do not always match the text.
- The slides should be of people from the region where the show is being presented.
- Include some Western images so it doesn't appear that informed choice is only an issue for the developing world.

PATH staff revised the show based on pretest results. Revisions included emphasizing the importance of "method mix," simplifying the language, and locating better slides for those found to be inappropriate or incorrect. We also searched for, and created, slides that represent the Western world in order to make the show more fully international.

PATH staff also drafted the guidelines that will accompany the slide show when it is distributed. These guidelines include suggestions for adapting and presenting the show (see Appendix C).

In order to meet the need expressed in the pretests for more information on methods, PA.' staff began drafting text for an accompanying slide show for service providers.

IV. RECOMMENDATIONS

Some specific recommendations emerged from the project:

- A supplement to this slide show is needed for service providers. This show would emphasize method mix and the importance of providing specific information on various methods to clients.
- Video should be explored as an appropriate way to reach policy makers.
- More documentation is needed on why informed choice is important and how it affects family planning programs. The slide show introduces the concept; this booklet would provide background information and supporting data.

Summary of Pretests

1. International Conference on Postpartum Contraception (Mexico City)
Pretest participants included 110 representatives of family planning organizations from around the world (predominantly from the developing world). The slide show was presented in English and Spanish (simultaneously) and pre- and post-show questionnaires were available in English, French, and Spanish. The conference was sponsored by Family Health International and held in September 1990.
2. CEDPA workshop (Washington, D.C.)
Thirty-one women program managers from Arabic-speaking countries participated in this pretest. It was held on October 18, 1990, at the end of a CEDPA workshop. The entire presentation (including the slide show, discussion, and questionnaires) was held in Arabic.
3. Management Sciences for Health course (Boston, Massachusetts)
On November 5, 1990, PATH pretested the show at a Management Sciences for Health (MSH) course in Boston. The 32 participants included World Health Organization and Ministry of Health program managers from developing countries and MSH family planning program staff.
4. Sri Lanka
Four separate pretests were conducted in Sri Lanka in early November 1990. Three groups consisted of service providers and hospital staff and one group included medical students. A total of 39 people participated in the pretests. The Family Planning Association of Sri Lanka facilitated these pretests (P.O. Box 365, 37/27 Bullers Lane, Colombo, SRI LANKA).
5. JHU/CCP staff (Baltimore, Maryland)
A group of information, education, and communication (IEC) staff from The Johns Hopkins University Center for Communication Programs (JHU/CCP) watched the show in November 1990 and discussed possible improvements.
6. Sierra Leone
On January 11, 1990, a pretest was held with 16 family planning clinic staff; field supervisors; program managers; and IEC staff. Participants represented a variety of family planning organizations in Sierra Leone.
7. WEMOS seminar (The Netherlands)
In April, 1991, PATH staff presented the slide show to 13 attendees of the WEMOS-sponsored seminar on "Women's Perspectives on Contraceptive Methods in Use." Pretest participants included women from around the world (about half were from developing countries).

8. Bogotá, Colombia*

PATH staff conducted a pretest in Bogotá, Colombia, in May, 1991, with 15 family planning program managers from the public and private sectors. The pretest was organized by Asociación Sociedad Médico Farmacéutica (SOMEFA) and the regional office of the Association for Voluntary Surgical Contraception (AVSC). It was conducted entirely in Spanish. (SOMEFA, Carrera 9a, No. 61-81, Of. 504, Bogotá, COLOMBIA; AVSC, Carrera 11a, No. 90-16, Of. 601, Apartado 89773, Bogotá, COLOMBIA)

* The Latin America pretest was originally scheduled to take place in the Dominican Republic, with the help of Asociación Dominicana Pro-Bienestar de la Familia (Profamilia). But despite a great deal of effort and flexibility on Profamilia's (and especially Dr. Milton Cordero's) part, we were not able to schedule a pretest due to travel restrictions caused by the Gulf war and conflicts in Profamilia's schedule after the war was over. (Profamilia, Socorro Sánchez No. 64, Zona 1, Apartado Postal 1053, Santo Domingo, D.N., REPUBLICANA DOMINICANA.)

Pretesting Guidelines for the Informed Choice Slide Show

NOTE TO PRESENTER:

The pretesting session will take approximately one hour. It includes the following sections:

Introduction	5 min.
Pre-Test	5 min.
Presentation of Slide Show	20 min.
Post-Test	10 min.
Discussion	20 min.

The introduction provides relevant background information. You may choose to read it as written or put the key points into your own words. But please be sure to tell the participants who the show is intended for and that it will be distributed as part of a package that includes supporting data and suggestions for adapting the show to a particular region.

INTRODUCTION

Last year, a task force of international family planning and population agencies issued a report on informed choice. In the report, the task force called for greater attention to informed choice as a component of quality of care in family planning programs. The slide show you are about to see is a response to that call. "The Role of Informed Choice in Family Planning" was produced by the Johns Hopkins University Center for Communication Programs (JHU/CCP) and revised by PATH with help from Family Health International. The show is intended for family planning policy makers and program managers. Its goal is to introduce informed choice and promote its practice in family planning programs.

When it is completed, the slide show will be distributed throughout the world along with a publication that gives supporting information on the topics raised by the show. The publication will also encourage people to adapt the show to their regions--replacing slides of other countries with appropriate local pictures. The slide show will not be used alone; it will be used to trigger discussions on informed choice.

We're now at the pretesting stage and we need your help. We are taking the show to representatives of the target audience--people like yourselves. We'd like to get your opinions of and reactions to the show so we can make necessary changes. First, we'd like you to take a few minutes to answer some questions on our "Pre-Show Questionnaire." Then, watch the 15-minute show. You may want to write down any comments or questions you

have about the show while you're watching it. Afterwards, fill in the "Post-Show Questionnaire." Finally, we'll have a short discussion. The entire session should only take about an hour.

Your input will help us develop a more effective slide show. Thank you for your help. Does anyone have any questions before we get started?

PRE-SHOW QUESTIONNAIRE

Collect questionnaires.

PRESENT SLIDE SHOW

POST-SHOW QUESTIONNAIRE

Collect questionnaires.

DISCUSSION

This can be fluid, but we'd like the group to discuss the following:

- 1) Is this the best format for introducing informed choice? (discussion--try to get them to elaborate) Would you use this slide show? Would you prefer video? If so, are videotape players and televisions commonly available in clinics and family planning program offices in your region? Should the narration be on an audio cassette?
- 2) Should the show be shortened? If so, by how much? What sections or slides could be deleted?
- 3) Is it important to have more information on the content of each slide--for example, "This woman in Tunisia is discussing family planning with a nurse"?
- 4) Did the slide show clarify the difference between informed choice and informed consent? If not, what would make it more clear? More text? Another slide?
- 5) Is the show useful? How can it be improved to be more useful?

PRE-SHOW QUESTIONNAIRE

CHECK ONE BOX UNDER EACH NUMBER:

- 1) Informed choice is:
 - a. the same thing as informed consent.
 - b. a continuing process of providing information and discussing options.
 - c. explaining to a client which family planning option is best for him or her.

- 2) The benefits of informed choice are:
 - a. clients are satisfied and will use the method correctly.
 - b. programs can more easily reach their quotas.
 - c. it saves time for counselors and clients.

- 3) Who should be responsible for making sure that informed choice is built into a family planning program?
 - a. clients
 - b. nurses and counselors
 - c. policy makers
 - d. program managers
 - e. both policy makers and program managers

- 4) To integrate informed choice into my program or clinic, I would:
 - a. train service providers to provide unbiased information.
 - b. develop a consent form for clients to sign.
 - c. inform nurses that they should convince more clients to use family planning.

DATE: _____ PLACE: _____

POST-SHOW QUESTIONNAIRE

Name (optional): _____

Occupation _____ Country _____

CHECK ONE BOX UNDER EACH NUMBER:

- 1) Informed choice is:
 - a. the same thing as informed consent.
 - b. a continuing process of providing information and discussing options.
 - c. explaining to a client which family planning option is best for him or her.
- 2) The benefits of informed choice are:
 - a. clients are satisfied and will use the method correctly.
 - b. programs can more easily reach their quotas.
 - c. it saves time for counselors and clients.
- 3) Who should be responsible for making sure that informed choice is built into a family planning program?
 - a. clients
 - b. nurses and counselors
 - c. policy makers
 - d. program managers
 - e. both policy makers and program managers
- 4) To integrate informed choice into my program or clinic, I would:
 - a. train service providers to provide unbiased information.
 - b. develop a consent form for clients to sign.
 - c. inform nurses that they should convince more clients to use family planning.

- 5) Rate the slide show on how clearly it communicates the following messages (1=poor, 2=satisfactory, 3=good, 4=excellent):

CIRCLE ONE NUMBER FOR EACH ITEM:

- a) Informed choice (IC) is a component of quality care.
- b) IC increases client satisfaction.
- c) IC includes choosing whether or not to become pregnant.
- d) IC includes choosing an appropriate method for avoiding pregnancy.
- e) An individual's contraceptive choices will change over time.
- f) To promote IC, programs can offer information, a variety of methods, and counseling.
- g) Good communication is the foundation of IC.
- h) Client satisfaction determines a program's success.
- i) Managers are responsible for ensuring that their programs provide IC.

Poor		Excellent	
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

- 6) The length of the slide show was: ___ too short ___ about right ___ too long.

CHECK AS MANY ANSWERS AS APPLY:

- 7) This slide show would be more effective if:
 - a. it were a video or film.
 - b. the narration were recorded on audio tape.
 - c. it included more information on different methods.
 - d. the script were simplified.
 - e. it included more charts and data.
 - f. other _____
- 8) To whom would you recommend showing this slide show?
 - a. policy makers
 - b. clients
 - c. program managers
 - d. nurses and counselors
 - e. doctors
 - f. anyone
 - g. other _____

THE ROLE OF INFORMED CHOICE IN FAMILY PLANNING

1. The concept of informed choice is at the heart of high quality family planning programs.
2. Informed choice means that a client makes a decision about fertility after getting appropriate and correct information, and being offered a variety of options. An informed choice is a freely made decision about fertility.
3. It means making a decision about family size, deciding whether to use family planning, and deciding what methods to use.
4. Why is informed choice important? Because people have a basic right to make choices that affect their lives. When men and women make their own, thoughtful decisions about family planning and child spacing, they are more likely to be happy with their choice.

5. Studies from around the world show that when people choose to use a method, and when that method is properly explained to them, they are more likely to follow instructions for its use and continue using family planning over time.
6. They are also more likely to recommend family planning to friends and relatives. So in the long run, programs that ensure informed choice will improve their contraceptive prevalence rates.

Informed choice is not the same as "informed consent."

7. Informed consent is permission from a client for a surgical procedure, a permanent method, or participation in a research project. It should be given without coercion or fraud and with knowledge of possible risks and alternatives. After discussion with a counselor, a client may sign a written form, affix a thumbprint, or verbally give consent.
8. Informed consent is primarily a legal concept that supports quality of care in specific situations...
9. while informed choice is a broader concept that supports quality of care in all client-provider interactions.
10. Informed choice is important both for clients and for family planning programs.

11. First, we'll look at it from the client's perspective, since clients must understand and be satisfied with the information they receive. Then we'll see how programs can create the best possible environment for informed choice.
12. Informed choice begins when men and women learn that they can affect their own fertility and choose the number of children they will have and when they will have them.
13. People affect their fertility by deciding to become pregnant now; to become pregnant later; or to have no more pregnancies.

14. In theory, "pregnancy now" means that a woman can become pregnant when she wants. A couple should understand that by choosing not to use family planning while continuing to have sexual intercourse, they are in effect choosing the possibility of pregnancy.
15. Here, a natural family planning counselor discusses signs of fertility with a couple so they will know when the woman is most likely to conceive.
16. Choosing "pregnancy later" means delaying or spacing births. A woman or couple may decide to wait until they feel ready to care for children. Couples who are aware that the health of both mothers and children might suffer when children are born too close together may wish to space births a few years apart.

17. When a couple chooses "no more pregnancies," they may have decided that they have all the children they want and can care for properly, or they may be concerned about the medical risks of pregnancy. As shown in this Honduran poster, they may choose a permanent contraceptive method.

18. Each of these cases -- whether the client seeks pregnancy now, pregnancy later, or no more pregnancies -- involves a contraceptive choice. If a client wishes to delay or prevent pregnancy, he or she is ready to learn about available options, choose a suitable method, and understand how to use it.

19. For medical reasons, a client's first choice may not be appropriate for him or her. Clinicians can help the client decide from among their remaining options.
20. A woman's stage of reproductive life influences her decision about methods. When a woman is breastfeeding, for example, she will need to choose a method suitable for this stage in her life. Reproductive choices reflect a woman's present and future plans for childbearing.
21. Informed choices about contraceptive methods depend on access to information; personal preference; convenience; and availability of methods. Sometimes, cost may be a factor.

22. Information about family planning is the first stage of informed choice. Clients have to be aware of family planning options. In this marketplace in Nigeria, nurses from a nearby clinic bring information to villagers.

Besides being aware of family planning, clients need to understand how it works.

23. To make a good choice, clients need to know about sexuality and reproduction and about the advantages and disadvantages of various methods. They also need to understand how to minimize other risks of sexual behavior -- including not only pregnancy but sexually transmitted diseases such as AIDS.

24. Personal preference is a factor in contraceptive choice. It is influenced by many things: by friends, by beliefs, by values, and by past experience. People are often comfortable using methods that their friends recommend. These Bangladeshi women are discussing the pill.

25. Convenience, both in the use of the method and access to services, makes a big difference to some people. This Nigerian poster highlights the convenience of injectable contraceptives.

26. Availability is also important. In many places, pharmacies are easy for people to reach.

Point-of-purchase displays, like this one in Jamaica, are highly visible and make it easy for customers to make a purchase.

The more methods available, the greater the chance that a client or couple will find a method they like.

We've looked at what informed choice means for clients. It also has implications for programs.

27. Family planning programs ensure informed choice by offering a wide range of methods and enabling their clients to choose.

28. Some environments present special challenges to program managers in implementing informed choice. Space, time, and resource limitations may discourage contraceptive use.

Government and donor policies, as well as educational limits, may hinder informed choice.

29. Family planning program managers must consider these challenges when designing their programs. They must also remember that cultural values and religious beliefs define the context in which choices are presented and taken.

30. Family planning programs can promote informed choice through mass media, through education and outreach efforts, and through effective, face-to-face communication with clients.

31. Mass media usually refers to radio, television, and newspapers ...
32. ...but it also includes materials such as posters and billboards. Mass media is a cost-effective way to provide information because it reaches many people at once.
33. This poster from the Caribbean is an example of a direct, simple message about family planning. It reinforces the need for couples to choose a method together.

34. Education and outreach can take many forms. In some countries, telephone hotlines are a good way to encourage response to a media campaign. "Dial-a-Friend" was widely publicized throughout the Philippines. It allowed callers to ask confidential questions about family planning and to find out where to go for personal counseling. This kind of access to information helps to ensure informed choice.
35. Video is now used widely to provide information to large numbers of people. Videotapes can be aired on television as a mass media tool to reach millions of people, or shown to a specific group -- as in this Asian clinic.

36. This theater presentation in Nigeria illustrates that, by combining education and entertainment, media such as puppetry and theater can successfully capture people's attention.
37. Information can be offered through adult education classes in the workplace, as shown by this Kenyan mobile video unit.
38. Community-based outreach is an important way to bring both information and method options to rural clients. This outreach volunteer in Thailand is talking with a villager about the contraceptive methods he provides, as well as those available at a nearby clinic.
39. Nurses often educate clients at the clinic, as here in Tunisia, where the waiting room is used to provide instruction.

40. Person-to-person counseling by the service provider is perhaps the most important step in ensuring informed choice. An effective counselor empowers the client to turn information into action that suits the client's own needs; the counselor does not try to influence or coerce the client.

41. Counseling is a very personal interaction and should be done in a private, comfortable space so that clients feel free to discuss personal questions and concerns. It should be considered an ongoing process, not a one-time event.

42. Effective counseling should include six steps which can be remembered by the English word "GATHER." Greet clients politely and give them your full attention; Ask clients about themselves and their concerns; Tell clients about available methods; Help clients choose a method; Explain how to use the method they choose; and Schedule a Return visit or refer elsewhere.
43. Referrals are necessary when a needed service is not available at one location, or from a particular service provider. Referrals expand options available to clients.

44. People make informed choices in settings where quality of care is ensured. That is, in settings where they trust the service providers to give ongoing, competent service, where they have access to the information they need, and where they can choose from a variety of methods.

How can family planning managers support and ensure the existence of informed choice in their programs?

45. Through training, service protocols, and project monitoring, research, and evaluation.

46. Although clinicians and outreach workers may be familiar with contraceptives, they may have biases about particular methods. Such biases interfere with their ability to help their clients make an informed choice. Training in interpersonal communication skills and values awareness can help.
47. Role playing is one of the best ways to help service providers understand how it feels to be a client so they can provide better counseling.
48. Together, doctors, nurses, and counselors can develop service delivery protocols that clarify or standardize procedures and support opportunities for informed choice.

49. Research before beginning a program offers valuable information about what clients know, need to know, and are concerned about. These teenage girls in Zimbabwe are taking part in a focus group discussion to help plan a family life education program.
50. Once communication needs are identified, programs take action to meet them. Materials or campaigns need to be tested to ensure that the right message is reaching the intended audience. In Egypt, these researchers are pretesting family planning materials in a rural area.
51. Monitoring helps program managers observe the overall quality of care provided. Managers can monitor their programs by reviewing clinic or pharmacy records, interviewing clients and providers, and observing clinic activities.

52. Evaluation uses many of the same tools as research and monitoring. These Bolivian researchers are evaluating response to a radio campaign. Evaluation can support informed choice by identifying what works and what doesn't, what is practical, and what is cost-effective in providing clients with the information they need to make informed choices.

53. In Ogun State, Nigeria, project managers evaluated the impact of a training in interpersonal communication for nurses. As this graph shows, trained counselors (indicated by the first red column) were more likely to schedule return appointments for their clients than were untrained counselors (indicated by the first blue column). Even more important, clients of trained counselors (the second red column) were more likely to come back for follow-up visits than those seen by untrained counselors (the second blue column).

54. In conclusion, it's important to remember that good communication is the foundation of informed choice.
55. Clients must understand their reproductive options and consciously and freely choose their course of action. Well-designed and implemented programs ensure that informed choice happens when...
56. a community-based distributor in Zimbabwe visits a village...
57. Bangladeshi men learn about the male reproductive system...
58. a Filipino woman seeks information at her workplace...
59. an Egyptian woman returns to the clinic for more information, or...

60. a Kenyan couple discusses family planning with a counselor.
61. When managers and providers create an environment of truly informed choice, clients will make their programs successful. For more than anything else, client satisfaction determines a program's success.
62. Thank you.

THE ROLE OF INFORMED CHOICE IN FAMILY PLANNING

10/30/90

1. The concept of informed choice is at the heart of high quality family planning programs.
2. Informed choice means that a client makes a decision about fertility after getting appropriate and correct information, and being offered a variety of options. An informed choice is a freely made decision about fertility.
3. It means making a decision about family size, deciding whether to use family planning, and deciding **what** methods to use.
4. **Why** is informed choice important? Because people have a basic right to make choices that affect their lives. When men and women make their own, thoughtful decisions about family planning and child spacing, they are more likely to be happy with their choice.
5. Studies from around the world show that when people **choose** to use a method, and when that method is properly explained to them, they are more likely to follow instructions for its use and continue using family planning over time.
6. They are also more likely to recommend family planning to friends and relatives. So in the long run, **programs** that ensure informed choice will improve their contraceptive prevalence rates.

Informed choice is **not** the same as "informed consent."

7. Informed consent is permission from a client for a surgical procedure, a permanent method, or participation in a research project. It should be given **without** coercion or fraud and with knowledge of possible risks and alternatives. After discussion with a counselor, a client may sign a written form, affix a thumbprint, or verbally give consent.
8. Informed **consent** is primarily a legal concept that supports quality of care in specific situations...
9. While informed **choice** is a broader concept that supports quality of care in all client-provider interactions.
10. Informed choice is important both for clients and for family planning programs.
11. **First**, we'll look at it from the client's perspective, since clients must understand and be satisfied with the information they receive. Then we'll see how **programs** can create the best possible environment for informed choice.
12. Informed choice begins when men and women learn that they **can** affect their own fertility and **choose** the number of children they will have and when they will have them.
13. People affect their fertility by deciding to become pregnant now; to become pregnant later; or to have no more pregnancies.
14. In theory, "pregnancy now" means that a woman can become pregnant when she wants. A couple should understand that by choosing **not** to use family planning while continuing to have sexual intercourse, they are in effect choosing the possibility of pregnancy.

15. Here, a natural family planning counselor discusses signs of fertility with a couple so they will know when the woman is most likely to conceive.
16. Choosing "pregnancy later" means delaying or spacing births. A woman or couple may decide to wait until they feel ready to care for children. Couples who are aware that the health of both mothers and children might suffer when children are born too close together may wish to space births a few years apart.
17. When a couple chooses "no more pregnancies," they may have decided that they **have** all the children they want and can care for properly, or they may be concerned about the medical risks of pregnancy. As shown in this Honduran poster, they may choose a permanent contraceptive method.
18. Each of these cases -- whether the client seeks pregnancy now, pregnancy later, or no more pregnancies -- involves a contraceptive choice. If a client wishes to delay or prevent pregnancy, he or she is ready to learn about available options, choose a suitable method, and understand how to use it.
19. For medical reasons, a client's first choice may not be appropriate for him or her. Clinicians can help the client decide from among their remaining options.
20. A woman's stage of reproductive life influences her decision about methods. When a woman is breastfeeding, for example, she will need to choose a method suitable for this stage in her life. Reproductive choices reflect a woman's present and future plans for childbearing.
21. Informed choices about contraceptive methods depend on access to information; personal preference; convenience; and availability of methods. Sometimes, cost may be a factor.

22. Information about family planning is the first stage of informed choice. Clients have to be aware of family planning options. In this marketplace in Nigeria, nurses from a nearby clinic bring information to villagers.

Besides being aware of family planning, clients need to understand how it works.

23. To make a good choice, clients need to know about sexuality and reproduction and about the advantages and disadvantages of various methods. They also need to understand how to minimize other risks of sexual behavior -- including not only pregnancy but sexually transmitted diseases such as AIDS.

24. Personal preference is a factor in contraceptive choice. It is influenced by many things: by friends, by beliefs, by values, and by past experience. People are often comfortable using methods that their friends recommend. These Bangladeshi women are discussing the pill.

25. Convenience, both in the use of the method and access to services, makes a big difference to some people. This Nigerian poster highlights the convenience of injectable contraceptives.

26. Availability is also important. In many places, pharmacies are easy for people to reach. Point-of-purchase displays, like this one in Jamaica, are highly visible and make it easy for customers to make a purchase. The more methods available, the greater the chance that a client or couple will find a method they like.

We've looked at what informed choice means for clients. It also has implications for programs.

27. Family planning programs ensure informed choice by offering a wide range of methods and enabling their clients to choose.
28. Some environments present special challenges to program managers in implementing informed choice. Space, time, and resource limitations may discourage contraceptive use. Government and donor policies, as well as educational limits, may hinder informed choice.
29. Family planning program managers must consider these challenges when designing their programs. They must also remember that cultural values and religious beliefs define the context in which choices are presented and taken.
30. Family planning programs can promote informed choice through mass media, through education and outreach efforts, and through effective, face-to-face communication with clients.
31. Mass media usually refers to radio, television, and newspapers ...
32. ...but it also includes materials such as posters and billboards. Mass media is a cost-effective way to provide information because it reaches many people at once.
33. This poster from the Caribbean is an example of a direct, simple message about family planning. It reinforces the need for couples to choose a method together.

34. Education and outreach can take many forms. In some countries, telephone hotlines are a good way to encourage response to a media campaign. "Dial-a-Friend" was widely publicized throughout the Philippines. It allowed callers to ask confidential questions about family planning and to find out where to go for personal counseling. This kind of access to information helps to ensure informed choice.
35. **Video** is now used widely to provide information to large numbers of people. Videotapes can be aired on television as a mass media tool to reach millions of people, or shown to a specific group -- as in this Asian clinic.
36. This theater presentation in Nigeria illustrates that, by combining education and entertainment, media such as puppetry and theater can successfully capture people's attention.
37. Information can be offered through adult education classes in the workplace, as shown by this Kenyan mobile video unit.
38. Community-based outreach is an important way to bring both information and method options to rural clients. This outreach volunteer in Thailand is talking with a villager about the contraceptive methods he provides, as well as those available at a nearby clinic.
39. Nurses often educate clients at the clinic, as here in Tunisia, where the waiting room is used to provide instruction.
40. **Person-to-person counseling** by the service provider is perhaps the most important step in ensuring informed choice. An effective counselor empowers the client to turn information into action that suits the client's own needs; the counselor does **not** try to influence or coerce the client.

41. Counseling is a very personal interaction and should be done in a private, comfortable space so that clients feel free to discuss personal questions and concerns. It should be considered an ongoing process, not a one-time event.
42. Effective counseling should include **six steps** which can be remembered by the English word "GATHER." **G**reet clients politely and give them your full attention; **A**sk clients about **themselves** and their concerns; **T**ell clients about available methods; **H**elp clients choose a method; **E**xplain how to use the method they choose; and **S**chedule a **R**eturn visit or refer elsewhere.
43. Referrals are necessary when a needed service is not available at one location, or from a particular service provider. Referrals expand options available to clients.
44. People make informed choices in settings where quality of care is ensured. That is, in settings where they trust the service providers to give ongoing, competent service, where they have access to the information they need, and where they can choose from a variety of methods.

How can family planning managers support and ensure the existence of informed choice in their programs?

45. Through training, service protocols, and project monitoring, research, and evaluation.
46. Although clinicians and outreach workers may be familiar with contraceptives, they may have biases about particular methods. Such biases interfere with their ability to help their clients make an informed choice. Training in interpersonal communication skills and values awareness can help.

47. Role playing is one of the best ways to help service providers understand how it feels to be a client so they can provide better counseling.
48. Together, doctors, nurses, and counselors can develop service delivery protocols that clarify or standardize procedures and **support** opportunities for informed choice.
49. Research before beginning a program offers valuable information about what clients know, need to know, and are concerned about. These teenage girls in Zimbabwe are taking part in a focus group discussion to help plan a family life education program.
50. Once communication needs are identified, programs take action to meet them. Materials or campaigns need to be tested to ensure that the right message is reaching the intended audience. In Egypt, these researchers are pretesting family planning materials in a rural area.
51. Monitoring helps program managers observe the overall quality of care provided. Managers can monitor their programs by reviewing clinic or pharmacy records, interviewing clients and providers, and observing clinic activities.
52. **Evaluation** uses many of the same tools as research and monitoring. These Bolivian researchers are evaluating response to a radio campaign. Evaluation can support informed choice by identifying what works and what doesn't, what is practical, and what is cost-effective in providing clients with the information they need to make informed choices.

53. In Ogun State, Nigeria, project managers evaluated the impact of a training in interpersonal communication for nurses. As this graph shows, trained counselors (indicated by the first red column) were more likely to schedule return appointments for their clients than were untrained counselors (indicated by the first blue column). Even more important, clients of trained counselors (the second red column) were more likely to come back for follow-up visits than those seen by untrained counselors (the second blue column).
54. In conclusion, it's important to remember that **good communication** is the foundation of informed choice.
55. Clients must understand their reproductive options and consciously and freely choose their course of action. Well-designed and implemented programs ensure that informed choice happens when...
56. a community-based distributor in Zimbabwe visits a village...
57. Bangladeshi men learn about the male reproductive system...
58. a Filipino woman seeks information at her workplace...
59. an Egyptian woman returns to the clinic for more information, or...
60. a Kenyan couple discusses family planning with a counselor.
61. When managers and providers create an environment of truly informed choice, clients will make their programs successful. For more than anything else, **client satisfaction** determines a **program's success**.
62. Thank you.

“The Role of Informed Choice in Family Planning Programs”

A slide show for family planning
personnel, policy makers and
program managers

Guidelines for Adapting and Presenting "The Role of Informed Choice in Family Planning"

Background

Informed choice is key to high quality family planning programs. Informed choice means that clients make their own decisions about whether or when to have children and how to implement their decisions. Clients must first get appropriate and correct information and have a variety of options from which to select.

For the people who plan and implement family planning programs, this means acknowledging people's right to make decisions that affect their lives and providing clients with information and support so that they can make their own choices.

Studies¹ from around the world show that when people choose to use a method, and when that method is properly explained to them, they are more likely to follow instructions for its use and continue practicing family planning over time. They are also more likely to recommend family planning to their friends and relatives. So in the long run, programs that ensure informed choice will improve contraceptive prevalence and effectiveness rates.

In July of 1989, a task force of international family planning and population agencies issued a report on informed choice.² In the report, the task force called for greater attention to informed choice as a component of quality of care in family planning programs. "The Role of Informed Choice in Family Planning" is a response to that call.

This 20-minute slide show was developed to help illustrate the concept of informed choice. Its purpose is to introduce informed choice to family planning program managers and service providers and promote its practice in family planning programs.

¹ Bruce, J., "Fundamental Elements of the Quality of Care: A Simple Framework," *Studies in Family Planning*, 21:2:61-91, 1990. Pariani, S., "Continued Use of Contraceptives Among Clients in East Java, Indonesia," University of Southern California, Los Angeles, Study, 1989. Bruce, J., "Users' Perspectives on Contraceptive Technology and Delivery Systems: Highlighting Some Feminist Issues," *Technology in Society*, 9:359-383, 1987. "Counseling Makes a Difference," *Population Reports*, J:35, 1987. Fisher, A.A. and V. de Silva, "Satisfied IUD Acceptors as Family Planning Motivators in Sri Lanka," *Studies in Family Planning*, 17:5:235-242, 1986.

² Informed Choice: Report of the Cooperating Agencies Task Force, July 1989.

44

You may want to develop a short list of questions (6 or fewer) to ask previewers so that you get comparable information from all previewers. This will help you to judge whether a previewer's comment is idiosyncratic or shared by many viewers. Sample questions are presented in the section called "Presenting the Show."

Adapting the Show

Regardless of whether you adapt the images (and corresponding text) to make them more local or regional, you may need to clarify the text. While we tried to write a script that is free of idioms and technical terms that are not universally understandable, you will be a better judge of how clear the text is for people in your country and region.

Images

If you decide to make the show more locally relevant, first watch the entire show, noting the slides that are obviously from another region. Then, replace those slides with slides that convey the same message, but which depict your region. Whether you take new slides or use slides already available from your facility, look for typical settings and shots that match the text.

Be sure to make necessary changes in the script. For example, if you replace the slide that reads, "In this marketplace in Nigeria..." with a local image, change the script as well.

Text

Make the corrections suggested by your previewers. If you do not have a chance to preview the show with others, read through the script to ensure that it is understandable. Make any necessary changes to the wording. Clarify the sections that you think will not be understood and use local terms or idioms.

Translate the entire script into the common language of your audience.

The Role of Informed Choice in Family Planning

1. The concept of informed choice is at the heart of high quality family planning programs.
2. Informed choice means that a client makes a decision about having children after getting appropriate and correct information, and being offered a variety of options. An informed choice is a freely made decision about having children.
3. It means making a decision about family size, deciding whether to use family planning, and deciding **what** methods to use.
4. **Why** is informed choice important? Because people have a basic right to make choices that affect their lives. When men and women make their own, thoughtful decisions about family planning and child spacing, they are more likely to be happy with their choice. When clients have **not** chosen contraception freely and carefully, clinicians must spend more time managing problems, helping dissatisfied clients switch methods, or locating clients who fail to return for follow-up care.
5. Studies from around the world show that when people **choose** to use a contraceptive method, and when that method is properly explained to them, they are more likely to follow instructions for its use and continue using family planning over time.
6. They are also more likely to recommend family planning to friends and relatives. So in the long run, **programs** that ensure informed choice will improve their contraceptive prevalence rates.

14. In theory, "pregnancy now" means that a woman can become pregnant when she wants. But a couple should understand that by choosing **not** to use family planning while continuing to have sexual intercourse, they are in effect choosing the possibility of pregnancy.
15. Here, a natural family planning counselor discusses signs of fertility with a couple so they will know when the woman is most likely to conceive.
16. Choosing "pregnancy later" means delaying or spacing births. A woman or couple may decide to wait until they feel ready to care for children. Couples who are aware that the health of both mothers and children might suffer when children are born too close together may wish to space births a few years apart.
17. When a couple chooses "no more pregnancies," they may have decided that they have all the children they want and can care for properly, or they may be concerned about the health risks of pregnancy. As shown in this poster from Honduras, they may choose a permanent contraceptive method.
18. Each of these cases -- whether the client seeks pregnancy now, pregnancy later, or no more pregnancies -- involves a contraceptive choice. If a client wishes to delay or prevent pregnancy, he or she is **ready to learn** about the different methods available, choose a suitable method, and understand how to use it.

24. Personal preference is a factor in contraceptive choice. It is influenced by many things: by friends, by beliefs, by values, and by past experience. People are often comfortable using methods that their friends recommend. These Bangladeshi women are discussing the pill.

25. Convenience, both in the use of the method and access to services, makes a big difference to some people. This Nigerian poster highlights injectable contraceptives.

26. Availability is also important. In many places, pharmacies are easy for people to reach. Point-of-purchase displays, like this one in Jamaica, are highly visible and make it easy for customers to make a purchase. The more methods available, the greater the chance that a client or couple will find a method they like.

We've looked at what informed choice means for clients. It also has implications for programs.

27. Family planning programs can ensure informed choice by offering a wide range of methods, providing information about methods, and enabling their clients to choose.

28. Some situations present special challenges to program managers in implementing informed choice. Limited resources may create crowded clinics and over-worked staff. This, in turn, may discourage potential users. Government and donor policies may also hinder informed choice.

29. Family planning program managers must **consider these challenges** when designing their programs. They must also remember that cultural values and religious beliefs define the context in which choices are presented and taken.
30. Family planning programs can promote informed choice through mass media, through education and outreach efforts, and through effective, face-to-face communication with clients.
31. Mass media usually refers to radio, television, and newspapers ...
32. ...but it also includes materials such as posters and billboards. Mass media is a cost-effective way to provide information because it reaches many people at once.
33. This poster from Central America is an example of a direct, simple message about family planning. It reinforces the need for couples to choose a method together.
34. Education and outreach can take many forms. For example, in some countries, telephone hotlines are a good way to encourage response to a media campaign. "Dial-a-Friend" was widely publicized throughout the Philippines. It allowed callers to ask confidential questions about family planning and to find out where to go for personal counseling. This kind of access to information helps to ensure informed choice.
35. **Video** is now used widely to provide information to large numbers of people. Videotapes can be aired on television as a mass

media tool to reach millions of people, or shown to a specific group -- as in this Asian setting.

36. This theater presentation in Nigeria illustrates that, by combining education and entertainment, media such as puppetry and theater can successfully capture people's attention.
37. Information can be offered through adult education classes in the workplace, as shown by this Kenyan mobile video unit.
38. **Community-based outreach** is an important way to bring both information and method options to rural clients. This community-based distributor in Thailand is talking with a villager about the contraceptive methods he provides, as well as those available at a nearby clinic.
39. Nurses often educate clients at the clinic, as here in Peru, where the waiting room is used to provide instruction.
40. **Person-to-person counseling** by the service provider is perhaps the most important step in ensuring informed choice. An effective counselor empowers the client to take action that suits the client's own needs; the counselor does **not** try to influence the client.
41. Counseling is very personal and should be done in a private space so that clients feel free to discuss personal questions and concerns. It should be considered an ongoing process, not a one-time event.

42. Effective counseling should include **six steps** which can be remembered by the English word "GATHER." Greet clients politely and give them your full attention; Ask clients about **themselves** and listen to their concerns; Tell clients about available methods; Help clients choose a method; Explain how to use the method they choose; and Schedule a **Return** visit or refer them elsewhere.
43. Referrals are necessary when a needed service is not available at one location, or from a particular service provider. Referrals expand the choices available to clients.
44. People make informed choices in settings where they receive good quality of care. That is, in settings where they trust the service providers to give ongoing, competent service; where they have access to the information they need; and where they can choose from a variety of methods.

How can family planning managers ensure informed choice in their programs?

45. Through training, service protocols, and project monitoring, research, and evaluation.
46. Although clinicians and outreach workers may be familiar with contraceptives, they may have biases about particular methods. Such biases can interfere with their ability to help their clients make an informed choice. Training in interpersonal communication skills and values awareness can help.

47. Role playing is one of the best ways to help service providers understand how it feels to be a client so they can provide better counseling.
48. Together, doctors, nurses, and counselors can develop service delivery **protocols** that clarify or standardize procedures and **support** opportunities for informed choice.
49. Research before beginning a program offers valuable information about what clients know, what they need to know, and what they are concerned about. These teenage girls in Zimbabwe are taking part in a focus group discussion to help design a family life education program.
50. Once communication needs are identified, programs take action to meet them. Communication materials or campaigns need to be tested to ensure that the right message is reaching the intended audience. In Egypt, these researchers are pretesting family planning materials in a rural area.
51. Monitoring helps program managers observe the overall quality of care provided. Managers can monitor their programs by reviewing clinic or pharmacy records, interviewing clients and providers, and observing clinic activities.
52. Evaluation uses many of the same tools as research and monitoring. Evaluation can support informed choice by identifying what works and what doesn't, what is practical, and what is cost-effective in providing clients with the information they

- need to make informed choices. These Bolivian researchers are evaluating response to a radio campaign.
53. In Ogun State, Nigeria, project managers evaluated the impact of training in interpersonal communication for nurses. As this graph shows, trained counselors (indicated by the first red column) were more likely to schedule return appointments for their clients than were untrained counselors (indicated by the first blue column). **Even more important**, clients of the trained counselors (the second red column) were more likely to come back for follow-up visits than those seen by untrained counselors (the second blue column).
 54. In conclusion, it's important to remember that good **communication** is the foundation of informed choice.
 55. Clients must understand their reproductive choices and consciously and freely choose their course of action. Well-designed and implemented programs ensure that informed choice happens when ...
 56. a community-based distributor in Zimbabwe visits a village...
 57. a Filipina woman seeks information at her workplace...
 58. a man in Nepal learns about contraceptive methods from a community motivator...
 59. an Egyptian woman returns to the clinic for more information, or...

60. a Kenyan couple discusses family planning with a counselor.
61. When managers and providers create an environment of truly informed choice, clients will make their programs successful. For more than anything else, **client satisfaction** determines a **program's success**.
62. Thank you.

- 54