Unit 5
COUNSELLING FOR FAMILY PLANNING

Learning Objectives

By the end of this unit, learners will be able to:

- Define counselling
- List the benefits of family planning counselling
- Explain the concept of informed choice as it applies to family planning
- Define privacy and confidentiality in regard to family planning
- List clients' rights in regard to family planning services
- Describe the qualities of a good counsellor
- State the principles of effective counselling
- Describe the key communication and counselling skills the provider needs for effective family planning counselling
- List ways to make counselling gender-sensitive
- Describe the 4 stages of the Balanced Counselling Strategy Plus (BCS+) counselling process and the main steps of each stage
- List questions that help the provider discuss STI/HIV transmission and prevention and client's STI/HIV risk
- Describe how to conduct STI/HIV risk assessment during family planning counselling
- Demonstrate the use of key communication and counselling skills
- Demonstrate knowledge and skills in family planning counselling (using the 19 step process of BCS+).

Teaching Resources in This Unit

Learning activities

Unit assessment

Unit 5: Counselling for Family Planning

Key Points

Good family planning counselling supports informed and voluntary decision-making.

Counselling requires auditory and visual privacy.

Effective counselling increases client's satisfaction with family planning methods.

Avoid information overload—provide key information and instructions.

Listening is as important as giving correct information.

Open and accepting non-verbal behaviours facilitate communication.

The Balanced Counselling Strategy Plus integrates family planning and STI/HIV counselling.

5.1 Defining Counselling

Counselling is a type of client-provider interaction that involves two-way communication between a health care staff member and a client for the purpose of confirming or facilitating an informed decision by the client or helping the client address problems or concerns.

Quality counselling is the main way that health workers support and safeguard the client's rights to informed and voluntary decision-making. (See Section 6.3.) This means never pressuring a client to choose one family planning method over another, or otherwise limiting a client's choices for any reason other than medical eligibility. Counselling can support all other clients' rights as well (ACQUIRE Project 2008).

Counselling for family planning helps clients choose and use family planning methods that suit clients' needs.

Couples counselling refers to counselling sessions in which a woman and her partner are present in discussions with the provider. All of the information and skills presented in this unit for counselling individuals may be applied to couples counselling. However, it must be recognized that couples counselling requires special sensitivity and skills to deal with gender-related issues.

5.2 Benefits of Effective Family Planning Counselling

In addition to protecting a client's right to informed and voluntary decision-making, effective counselling:

- Increases acceptance of family planning services
- Promotes effective use of family planning services
- Increases client's satisfaction with family planning methods and services
- Enhances continuation of family planning services
- Dispels rumours and corrects misunderstandings about contraceptive methods.

5.3 Informed and Voluntary Decision-Making and Informed Choice

Good client-provider interaction, including counselling, is one of the primary conditions that supports informed and voluntary decision-making and informed choice.

Informed and voluntary decision-making is the process through which an individual should arrive at a decision about health care. It assumes that clients have the right and the ability to make their own health care decisions, voluntarily and with full information and understanding of the consequences of each option.

Informed choice is an individual's well-considered, voluntary decision based on options, information, and understanding.

When applied to decisions about family planning, informed choice means that individuals freely choose **whether** to use a contraceptive method and, if so, which one they **want** to use, based on their awareness and understanding of accurate information about the methods. Clients use the process of informed and voluntary decision-making to arrive at their informed choice.

Examples of the decisions that clients make concerning family planning include:

- Whether to use contraception to delay, space, or end childbearing
- Which method to use
- Whether to continue using contraception if side effects occur
- Whether to switch methods when the current method is unsatisfactory
- Whether to involve one's partner(s) in decision-making about family planning.

Examples of decisions that clients make concerning HIV and other sexually transmitted infections (STIs) include:

- Whether to use a condom with every act of sexual intercourse
- Whether to use a dual-protection strategy (to prevent unintended pregnancy as well as protect against STI/HIV)
- Whether to limit the number of sexual partners
- Whether to seek treatment for apparent infection
- Whether to be tested for HIV
- Whether to inform partners if an infection is diagnosed.

Examples of decisions that clients make concerning their maternal health care include:

- Whether to seek antenatal care during pregnancy
- Whether to improve one's nutrition during pregnancy
- Whether and when to have sex during pregnancy
- Whether and when to go to a health care setting for assistance with childbirth
- Whether to breastfeed exclusively and for how long
- Whether and when to use contraception after childbirth.
    - (ACQUIRE Project 2008)

5.4 Privacy and Confidentiality

Family planning providers must safeguard the client's right to privacy and confidentiality.

Privacy: This is the client's right and power to control the information (about him/herself) that others possess.

Confidentiality: This means the provider cannot disclose private information to anyone else without the patient's consent. This is the mechanism through which the provider protects the client's right to privacy.

To uphold confidentiality, providers must counsel clients in areas that provide both auditory and visual privacy, so that no one not involved in the counselling session can see the client speaking or hear what is said in the session. Further, providers must maintain and enforce confidentiality of client medical records and other personal information about clients, and must not leave client records where other clients might see the records or have access to them nor give the records to the client's family members, friends or other health workers without the client's written permission.

5.5 Other Client Rights

In addition to the rights above, family planning clients, and clients in all sectors of health care, have the following rights:

Right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality and to health overall.

Right to access to services: Services must be affordable and available, without social barriers such as discrimination based on gender, age, marital status, fertility, nationality or ethnicity, belief, social class, caste, or sexual orientation.

Right to dignity, comfort and expression of opinion: All clients have the right to be treated with respect and consideration. Providers must ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, especially when clients' views differ from the views of service providers.

Right to continuity of care: This includes services, supplies, follow-up, and referral.

Right to safety of services: Services should be provided by clinicians with sufficient skill, with attention to infection prevention and using appropriate and effective medical practices.

(PATH and Global Health Council 2003, p. 23)

5.6 Characteristics of a Good Counsellor

A family planning counsellor should have or develop the following characteristics:

- Understanding of his/her own beliefs/biases so they do not enter into the counselling process
- Honesty: Always telling the truth to the client
- Understanding and empathy: The ability to feel what the client feels and to demonstrate to the client that the counsellor understands and accepts the clients' feelings without judgment
- Sensitivity to clients' needs and concerns
- Genuineness, acceptance, and respect
- Technical competence: Being well-trained and knowledgeable about family planning methods and services.

5.7 Principles of Effective Family Planning Counselling

The key principles for cultivating good client-provider interaction and effective family planning counselling include the following:

1. Show every client respect, and help each client feel at ease.
2. Ensure auditory and visual privacy and confidentiality.
3. Encourage the client to explain needs, express concerns, and ask questions.
4. Tailor the interaction to the client's needs, circumstances, and concerns.
5. Be alert to related needs such as protection from STIs/HIV, protection from gender-based violence, and support for condom use.
6. Listen carefully. Listening is as important as giving correct information.
7. Show empathy for the client's needs.
8. Remain nonjudgmental about values, behaviours, and decisions that differ from your own.
9. Remain patient with the client, and express interest.
10. Give just key information and instructions. Avoid information overload. Use words the client knows.
11. Demonstrate comfort in addressing sexual and gender issues.
12. Respect and support the client's informed and voluntary decisions.
13. Use and provide memory aids.

5.8 Communication and Counselling Skills

To fulfill the principles listed above for effective family planning counselling, it is important for the provider to demonstrate the following communication and counselling skills:

- Listens attentively and actively to what the client says (active listening), using nonverbal facial expressions and gestures, such as smiling and nodding, to further encourage the client
- Asks the client open-ended questions to increase the amount of information provided
- Paraphrases and summarizes what a client says and reflects back feelings, to show client that he/she is listening and to help client organize her/his thoughts
- Maintains a friendly tone of voice and never pressures the client to finish speaking
- Uses prompts as needed to help client continue a narrative
- Demonstrates sensitivity to cultural, religious, and other psychosocial factors that affect a woman's (or a couple's) decisions about family planning
- Keeps in mind that clients may become embarrassed discussing family planning and related issues
- Recognizes the potential importance of the partner's or other family members' views, and helps the client overcome potential barriers; teaches negotiation skills (such as to get her partner to use a condom), if needed
- Uses visual aids appropriately to increase clients' understanding and retention of information.

Effective nonverbal communication

To facilitate communication, it is important for the provider to use open and accepting body language. The provider needs to pay attention to her/his body language to avoid sending unintentional nonverbal cues. Crossing the arms in front of the chest, for instance, sends a signal that the provider is "closed" or defensive. Smiles and nods communicate acceptance and are important and effective nonverbal signals.

It is often helpful to keep in mind the acronym "ROLES," which refers to nonverbal behaviours that encourage communication and help put clients at ease:

- **R**- Relax
- **O**- Stay open and approachable
- **L**- Lean towards the client
- **E**-Encourage client by nodding and smiling
- **S**- Sit facing client and smile

How to listen "actively"

- Meet with your clients in a private, comfortable place.
- Accept your clients as they are. Treat each as an individual.
- Listen to what your clients say and why they say it. Notice their tone of voice, choice of words, facial expressions, and gestures.
- Put yourself in your client's place as she/he talks.
- Keep silent sometimes. Give your clients time to think, ask questions, and talk. Move at the client's speed.
- Listen to your client carefully instead of thinking what you are going to say next.
- Every now and then, repeat what you have heard, paraphrasing in your own words what the client said. Then both you and your client know whether you have understood.

How to ask questions effectively

- Use a tone of voice that shows interest, concern, and friendliness.
- Ask only one question at a time. Wait for an answer.
- Ask questions that let clients tell you their family planning needs. Examples are: "What does your partner think about family planning?" "How many children do you want?"
- Ask open-ended questions.
  - These are questions that cannot be answered "yes" or "no." These types of questions encourage clients to say more.
  - Examples are: "How can I help you?" "What have you heard about implants?"
- Use short, prompting questions, such as "And then?" "Oh?" "Yes! Then what happened?" "You were saying?" (Nods and pauses are also useful as prompts.)
- Avoid starting questions with "why," or "why didn't you," as this can sound as if you are blaming the client or finding fault.
- Repeat a question in a different way if it appears the client has not understood.

5.9 Gender-Sensitive Counselling

Family planning providers may encounter circumstances and problems related to gender that influence clients' access to and use of family planning. To address gender-related issues in family planning counselling:

- Sensitively elicit information about a client's power to make decisions and obtain family planning methods, and any gender-related fears and anxieties related to family planning use.
- Offer clients information related to their reproductive rights concerning family planning.
- Encourage clients to make their own sexual and reproductive health choices.
- Consult with clients on when or if to bring partners into family planning counselling.
- Demonstrate respect for the client's right to privacy and confidentiality about use of family planning.
- Assist client in identifying safe strategies to prevent pregnancy and/or STIs/HIV based on her informed choice of family planning.

Note: For more information about gender-related issues, please see Unit 2: Gender-Sensitive Family Planning Services.

The primary tasks, client-specific tasks, communication skills, and gender-sensitive strategies of quality family planning counselling, as described above, may be applied in a variety of counselling frameworks. The particular framework used is determined by local needs and policies. This unit describes the BCS+ as one strategy that can be used.

5.10 Introduction to BCS+

In the late 1990s, in response to the need to improve family planning counselling, the Population Council developed the Balanced Counselling Strategy (BCS). However, it soon became clear that in areas with high STI/HIV infection rates, there was a need to integrate other health services into the process. This led to the creation of the Balanced Counselling Strategy Plus, or BCS+.

The BCS+ combines family planning counselling with STI/HIV counselling, screening, and testing services. The BCS+ was tested in Kenya and South Africa and was found to be both effective and acceptable for clients and providers.

A key feature of the BCS+ is a set of user-friendly job aids. (A job aid is a memory tool that minimizes error and reduces the amount of recall necessary to perform job tasks.) The complete set of BCS+ tools consists of:

- An algorithm, or flow chart, to guide the provider through the process
- A set of method cards on all contraceptive methods, each of which gives 5-7 key features of the method (See sample card, Figure 5.1)
- Information materials for clients on each of the methods.

The provider starts by setting out all the method cards (if the cards are not available, the provider can display actual methods or photographs/illustrations of methods) and, by asking the client 4 questions, eliminates methods/cards that are not appropriate for the particular client. This allows the counsellor to focus on the most relevant information (the remaining methods/cards) in the time available.

The algorithm clearly sets out each step that the counsellor should follow in each of the 4 sections or stages of the BCS+ process.

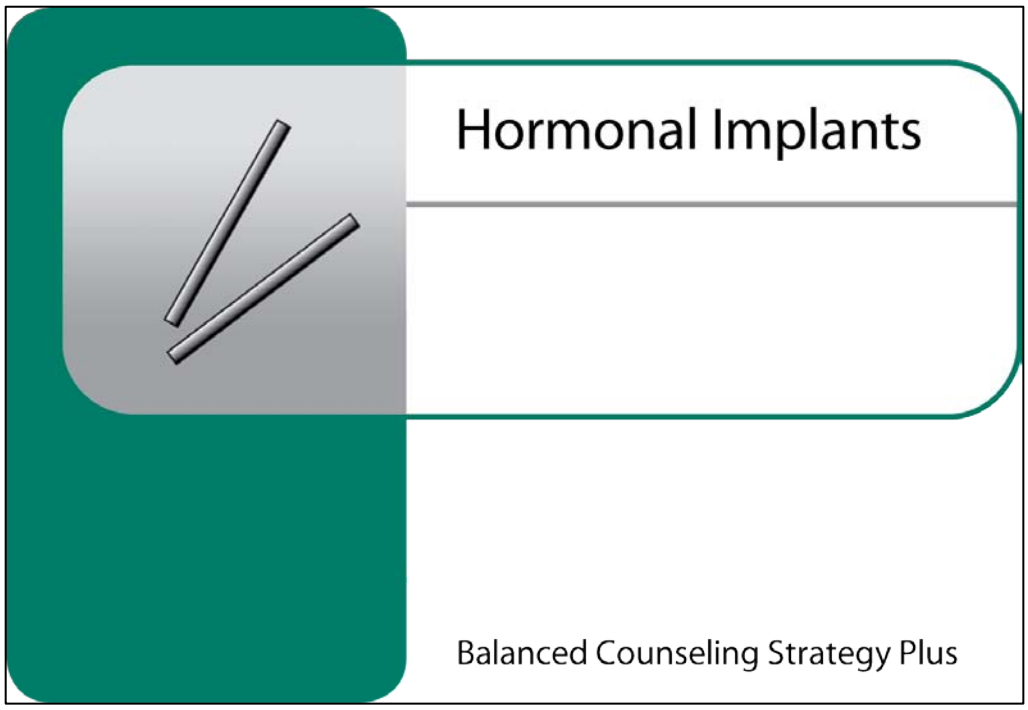
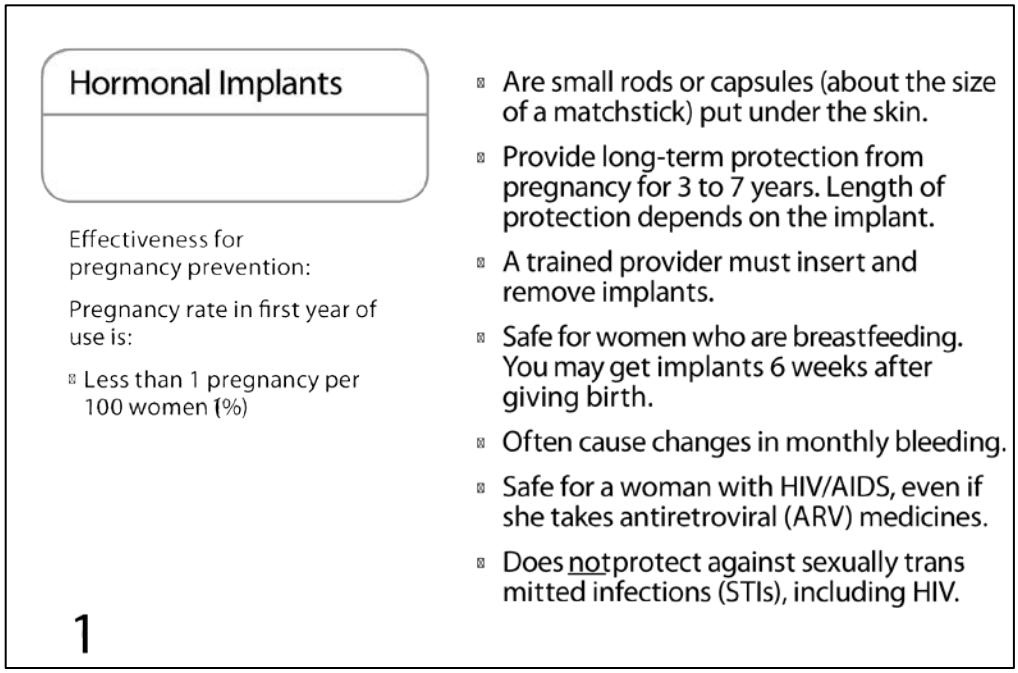


Figure 5.1: BCS+ Method Card for Implants. Front of card (above), and back of card (below)



5.11 Steps of BCS+

The BCS+ is divided into 4 counselling stages: starting with the Pre-Choice Stage, then the Method Choice Stage and the Post-Choice Stage, finishing with the STI/HIV Counselling Stage. Each stage contains a sequence of steps to follow. These steps must be performed in the order given, as each step builds upon the one before it. This outline provided below does not include

detailed sub-steps for every step of the BCS+ process. For more details, please see the BCS+ Toolkit and the BCS+ User's Guide, which can be downloaded from http://www.popcouncil.org/publications/books/2008_BalancedCounselingStrategyPLUS.asp Hard copies can be obtained by writing to: publications@popcouncil.org.

A. Pre-Choice Stage:

During this stage, the provider creates the conditions that help a client select a family planning method.

1. **Establish and maintain a warm, cordial relationship, and listen to the client's contraceptive needs.**
   - Introduce yourself and call the client by her/his name.
   - Demonstrate interest in what the client tells you.
   - Establish eye contact with the client.
   - Listen to and answer her/his questions.
   - Show support and understanding without judgment.
   - Ask questions to encourage participation.
   - Ask whether the client would like a family planning method.
2. **Rule out pregnancy using the pregnancy card or Pregnancy Checklist.** (See Unit 4: Family Planning Client Assessment and the WHO Medical Eligibility Criteria [MEC] for this checklist.)
3. **Display all of the methods using method cards, flip charts, actual methods, photographs, illustrations, or posters.** Arrange by method type: temporary methods, long term and permanent methods (LTPM), fertility awareness methods.
4. **Set aside methods that are not appropriate for the client by asking the following 4 questions:**

   a. Do you wish to have children in the future?

   If "Yes" set aside (or eliminate) vasectomy and female sterilisation. Explain why.
   If "No," keep all methods and continue.

   b. Are you breastfeeding an infant who is less than 6 months old?

   If "Yes," set aside (or eliminate) combined oral contraceptives (COCs). Explain why.
   If "No," or she has begun her monthly bleeding again, set aside the lactation amenorrhoea method (LAM). Explain why.

   c. Does your partner support you in family planning?

   If "Yes," continue with the next question.
   If "No," set aside the following cards: Standard Days Method® and TwoDay Method®. Explain why.

   d. Are there any methods that you do not want to use or have not tolerated in the past?

   If "Yes," set aside or eliminate the method(s) that the client does not want.
   If "No," keep the rest of the methods or method cards.

   - Setting aside these cards helps to avoid taking time to give information on methods that are not relevant to the client's needs.

B. Method Choice Stage:

5. Give information about the methods that have not been set aside, including their effectiveness.

- Arrange the remaining methods or method cards in order of effectiveness.
- Starting with the most effective method, tell the client the 5-7 most important characteristics of each method. Ensure that the client fully understands the information given on each method before proceeding to the next one.
- Explain that the condom (male and female) is the only method that provides dual protection against pregnancy and STIs, including HIV. Emphasize the following:
  - Male and female condoms significantly reduce the risk of infection with STIs, including HIV, when used correctly and consistently with every act of sexual intercourse.
  - When used consistently and correctly, condom use prevents 80%-95% of HIV transmission that would have occurred without condoms.

6. Ask the client to choose the method that is most convenient for her/him.

- Ask the client whether she/he has any questions or comments about any method discussed. Respond to any questions. Resolve any doubts before proceeding.
- Ask the client to choose the method that they prefer. You may give recommendations about a method, but allow the client to make the final choice.
- Once the client selects a method, do not take the remaining methods/method cards off the table. You may need to return to them if the client is not medically eligible for the selected method or changes her/his mind.
- If the client does not like any of the methods discussed or cannot make up her/his mind, give the client a back-up method, such as male or female condoms, to use until she/he decides on a method. Condoms can provide dual protection against pregnancy and STIs. Go to Step 12 (in the STI/HIV Prevention Stage).

7. Determine client's medical eligibility for the chosen method.

- Use the MEC Screening Checklist, MEC Screening Questions, or the questions on the method brochure, if available. (See Unit 4 for more information on medical eligibility criteria.)
- If client is not eligible for the method chosen, explain why and ask her/him to select another method from those that remain.

C. Post-Choice Stage:

8. Give the client complete information about the method that s/he has chosen, using the method brochure, if available, including:

- How the method works
- Side effects
- Health benefits (if applicable)
- How to use
- Follow-up (if applicable)
- When to return to the health care facility.

9. **Check the client's comprehension and reinforce key information.**
10. **Make sure the client has made a definite decision. Give her/him the selected method, or a referral and back-up method, depending on the method selected.**
11. **Encourage the client to involve her/his partner(s) in decisions about contraception, either through discussion or a visit to the clinic.**

D. STI/HIV Prevention, Risk Assessment, and Counselling and Testing Stage:

12. **Discuss STI/HIV transmission and prevention and the client's HIV status using the counselling card. Be sure to mention the following:**
    - Knowing your HIV status protects you, your partner and your family.
    - You can become infected with an STI, including HIV, through unsafe or unprotected sexual activity. STIs are common. HIV is an STI that cannot be cured.
    - HIV is transmitted through an exchange of bodily fluids such as semen, blood, and breast milk, and during delivery.
    - Maternal transmission of HIV to the child can be substantially reduced by prevention of mother-to-child transmission (PMTCT) services.
    - Some STIs can be treated. Because the infection is sexually transmitted, both partners must be treated to avoid re-infection.
    - An infected person may not show symptoms. A person with an STI, including HIV, may appear to be healthy.
    - Common STI symptoms are vaginal discharge, discharge from the penis, sores in the genital area, burning during urination for men and lower abdominal pain for women.
    - Risk of infection can be reduced by using a condom, limiting the number of sex partners, periodically abstaining from sex, using alternatives to penetrative sex, and delaying sex (adolescents).
13. **Conduct STI/HIV risk assessment using the counselling card. If the client has STI symptoms, treat her/him syndromically.**

    Discuss the following points; correct misinformation and answer any questions:
    - Number of sexual partners, both currently and in the past
    - Knowledge of partner's sexual practices and past partners
    - Type of sex or sexual activities and behaviours client is practicing (e.g., mutual monogamy, whether partner has other sexual partners, oral sex, anal sex, dry sex, or use of detergents and/or spermicides)
    - Current symptoms/treatment of STIs and history of previous STI Infections, symptoms, and treatment for self and partner(s)
    - HIV status and HIV status of partner(s)
    - Past and present condom use (including perception of partner's attitude) and whether client is aware that condoms protect against both STIs/HIV and pregnancy
    - Home life situation (e.g., partner violence and social supports)
    - Use of PMTCT services during pregnancy, delivery, and breastfeeding.

    After obtaining a clearer picture of the client's sexual risks and social context, help the client make a plan to reduce risk, using any of the following strategies:

- Reducing the number of sexual partners
- Using a condom (male or female) correctly and consistently with every act of sexual intercourse. Condoms are the only method that protects against STIs, including HIV
- Making condoms available to partner(s) and encouraging condoms' correct and consistent use
- Avoiding the use of unclean skin-cutting instruments and/or injection needles
- Having any STI or cervical infection detected and treated immediately
- Undergoing procedures involving the genital tract in a clean, aseptic environment
- Practicing dual protection
- Knowing her/his HIV status.

If the client has an STI, treat her/him syndromically according to guidelines or refer her/him for tests, if available.

14. Discuss dual protection using the counselling card. Offer male or female condoms and instruct the client in correct and consistent use.

15. Conduct HIV counselling and testing (C&T) using the counselling card. If client is known to be HIV-positive, skip to Step 17.

Key points to cover:

- Knowing your HIV status can help you make decisions about protecting yourself and your sexual partner(s) and having children.
- A test is available to determine whether a person is infected with HIV. The test involves taking a sample of blood.
- The test is free and available at clinics, hospitals, and HIV C&T sites.
- No one can force you to have the test. Taking an HIV test is voluntary.
- Test results are confidential.
- When a person is first infected with HIV, it can take 3 to 6 months before the test can detect the infection. This is called the window period. It is the reason why repeat testing can be important.
- A positive test result means you are infected with HIV and can transmit the virus to others.
- A negative test result can mean you are not infected or that you are in the window period. You should retake the test in 3 months.
- If the test is still negative, you can still get HIV at a later date. Retest in the future if you have unprotected sex or any other risky exposure.
- HIV is an STI. It is important to ask your sexual partner(s) to be tested too.

16. Discuss and offer the client an opportunity for HIV C&T. If willing, test the client and counsel her/him on the test results according to national protocols.

- Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to the client, her/his partner and family, and to the community at large.
- Discuss and offer the client opportunities for HIV C&T.
- **Remember:** Testing is voluntary and must be done with informed consent. No matter how much you believe the person should be tested, the person must make the decision herself/himself. If the client is sure of not wanting the test, do not push too hard or the

client may not return. Accept the client's position for now and have a similar discussion on the next visit. Some people need more time than others.

17. **Encourage client to disclose HIV status to her/his partner(s). Inform her/him about the benefits and risks of disclosure.**
18. **Give follow-up instructions, a brochure for the method selected, and a condom brochure.**
19. **Invite the client to return at any time. Thank him/her for the visit and complete the session.**

5.12 Discussing STI/HIV Risk, Prevention and Testing With Clients

When encouraging family planning clients to know their status and take an HIV test, the conversation will be different from the "usual" family planning session. It can be difficult to begin a conversation about HIV with a client because the provider needs to ask very personal questions.

For people to be motivated to take an HIV test, they must believe they have been or are at risk. They also need to understand what HIV is and how it is transmitted. This is why the discussion about HIV status should begin with a discussion about HIV transmission and risk.

Any of the following questions might be used when talking to a client about STI/HIV risk and status. These questions may be adjusted as needed. Family planning providers and counsellors need to practice and become comfortable with asking these and other such questions because to reduce the stigma around HIV, health workers must be able to talk freely about sex and sexual health.

- Have you ever talked to your partner(s) about family planning?
- Have you ever talked to your partner(s) about your sexual life in general?
- Do you have more than one sexual partner?
- How many sexual partners have you had in the past?
- Do you ever use condoms?
- Have you ever used any form of contraception in your sexual relationships? Which ones? How often? How does/do your partner(s) feel about contraception?
- Have you ever talked to your partner about STIs or HIV?
- To your knowledge, have you or any of your past or current partners ever had an STI?
- Have you ever been tested for HIV?
- Has/Have your partner(s) ever been tested for HIV?
- How likely do you think it is that you may be at risk for STIs or HIV? How likely do you think it is that your partner(s) could be at risk for STIs or HIV?
- Do you think you or your partner(s) may have an STI now? Do you have any symptoms that worry you?
- Has anyone ever been violent with you and demanded sex?
- Has anyone ever forced you to have sex?

Counselling for Family Planning Role Plays: General Counselling Skills

(Adapted from Macro International 2009)

Directions

- Divide class into groups of 3.
- Ask each group to select at least 3 scenarios from those listed below. Each group should act out each scenario once, rotating the roles of counsellor, client, and observer so that each person practices each role.
- Tell students to spend a few minutes reading the background information and preparing for the exercise.
- Tell the groups that after they have finished, they will take turns performing their role play(s) in front of the larger class.
- Conduct a discussion highlighting the strengths and points to improve upon.

Observer discussion questions

1. How did the clinician approach the client?
2. How did the client respond to the clinician? Did the clinician change her/his approach based on this response? If so, was it appropriate?
3. How might the clinician improve her/his interaction with the client?

Role play scenarios

- 25-year-old woman using COCs but suffering from side effects wants to continue using family planning
- 40-year-old mother of 7 children who asks about family planning
- 16-year-old adolescent who had abortion yesterday
- 18-year-old man interested in condoms because he wants to avoid acquiring an STI
- 30-year-old woman with 2 children, engages in sex work for a living and recently heard about family planning
- 20-year-old woman with no children, living with HIV and sexually active.
- 25-year-old woman with 2 children, has never used family planning
- 30-year-old woman delivered a baby 1 week ago and is breastfeeding
- 30-year-old married woman; husband works in another region and comes home twice a year
- 17-year-old woman in school who is interested in learning about family planning; she is unmarried and sexually active
- 40-year-old woman with 4 children, has never used family planning
- 20-year-old woman has 2 boyfriends and no children

- 45-year-old man whose wife gave birth to fifth child 1 week ago
- 19-year-old, unmarried woman, having sexual relations with her fiancé, is worried about becoming pregnant before she is married
- 24-year-old woman with 3 children who wants to use family planning but is unsure about having any more children. She has heard that the IUCD causes a lot of bleeding.
- 20-year-old lactating woman with a 3-month-old baby, wants to postpone her next pregnancy. Her sister uses COCs and likes that method very much. The woman says she wants to use them too.

Counselling for Family Planning Role Plays: Practicing the BCS+

(Adapted from Bruce, Linda, Wilson Liambila, Mantshi Menziwa, and Doctor Khoza 2008)

Note: The BCS+ method cards are required for this activity. They can be obtained from http://www.popcouncil.org/publications/books/2008_BalancedCounselingStrategyPLUS.asp or by writing to: publications@popcouncil.org.

Materials and advance preparation

- Enough copies of the BCS+ methods cards so that each pair of students has a complete set.
- One role-play script for each student. (More than one student may play the same client role.) Copy the role-play scripts below, or make up your own scripts. **Note:** The most appropriate methods for each role are suggested in parentheses at the end of each script.

Time required: 90 minutes

Instructions

1. Ask the students to form pairs, and ask each pair to decide who will play the role of "family planning client" and who will be a "family planning provider." Give each participant playing the "client" a role-play script.
2. Ask students to begin the role play standing so that they can greet the client. After greeting the client, they may sit down and begin the counseling session.
3. Allow about 30 minutes for the role play.
4. During the role play, walk around and observe how participants are doing. Note anything you see that is not being done well and hold on to that information for when you are processing the role play.
5. After 25 minutes, tell participants that they have 5 minutes to wrap up their counseling session. (If some participants need extra time, give them another minute or so to finish.)
6. Process the role plays as described below.
7. Ask students to switch roles, and distribute the second role play scripts to the students playing the client role. Give them 30 minutes for the second role play.
8. Process the second role play in the same way as the first.

Instructions for discussing/processing BCS+ role plays

1. Ask the learners who played the providers what it was like going through the entire BCS+ process (using the algorithm and job aids, if these were available).
2. Ask whether the learners have any questions or comments about the process, or about using the BCS+ algorithm, counselling cards, or method brochures to counsel their client.
3. Answer all questions and address all comments before proceeding.
4. Ask the learners who played the clients the following questions:
   - What was it like to be counselled using the BCS+ approach?
   - Was there anything confusing to you? If so, what?
   - Do you have any tips for the learners who played the provider?

5. Provide any positive reinforcement and input based on your observations during the role plays.

BCS+ Role Play Scripts

You are a 23-year-old married woman who has 2 young children. You want to wait 2-3 years before getting pregnant again. Your husband does not care much about family planning. You have not used modern contraceptive methods before. Your youngest child is 5 months old, and you are breastfeeding. You are very scared to use the IUCD and refuse it if offered. You are not sure of your HIV status but think your husband had many partners before marriage.

Appropriate methods: *Implants, with male or female condoms for dual protection. Other possible methods would be injectables and COCs (once she is 6 months postpartum)*

You are an 18-year-old girl. You started your menstrual bleeding 10 days ago. You are sexually active and have a boyfriend. You want to avoid getting pregnant and want COCs. Neither you nor your boyfriend wants to use condoms. Later on in the consult you reveal that you had unprotected sex 2 days ago. You have come to the clinic because you heard COCs prevent pregnancy. You have a slight vaginal discharge.

Appropriate methods: *Emergency contraceptive pills (ECPs) and COCs as an ongoing method. Other possible methods would be implants, an IUCD (if infection can be ruled out, or injectables.*

You are a 25-year-old woman with multiple sexual partners. You slowly reveal that you are a sex worker trying to earn enough money to support your 2 children. Your (paying) partners do not like to use condoms. You have heard of sexually transmitted infections and are afraid of getting one. You also cannot afford to get pregnant again.

Appropriate methods: Female condoms for dual protection. *Other possible methods would be implants, injectables, or COCs.*

You are a 30-year-old married woman who does not want any more children. You already have 4 and are tired and fed up with being pregnant. Your partner is interested in more children. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You have had mild seizures in the past and sometimes take medicine for them. If offered oral contraceptives, explain that you are afraid you will forget to take the pill every day. Your husband travels occasionally, and you are not sure if he is faithful.

Appropriate methods: *IUCD or implant, with* male or female condoms for dual protection. *Another possible method would be* female sterilisation.

You are an adolescent boy who has come to the clinic with an STI but not HIV. You are concerned about getting an STI again. You have had several girlfriends. Your current girlfriend wants to get pregnant to show you that she loves you, but you are not so happy about the idea. If the provider offers you male condoms, agree. Before you leave, ask the provider how your girlfriend can avoid getting pregnant.

Appropriate methods: *Male condom for dual protection, and the provider should encourage the girlfriend to come in.*

You are a 20-year-old woman with a 4-month-old child that you are breastfeeding. Your husband is working on a farm as an immigrant laborer and is gone 22 days of the month. You have never used family planning but want to control your fertility. You are about to start your menstruation. It is Monday, and your husband is coming home this weekend. He does not like to use condoms and is not that supportive of family planning. If offered the IUD, explain that you cannot afford to go to the hospital, which is 100 miles away.

Appropriate methods: *Progestin-only pills—Minipill. She may also consider DMPA. Because her husband is not supportive of family planning, she should return for the injection within 7 days of the start of her monthly bleeding, so she would not need to use a back-up method.*

You are a 35-year-old married woman who has 3 children. The youngest child is 6 weeks old. You are not ready to have another child for a while. Your husband does not cooperate with family planning. You live fairly far from the health center. You have heard evil things about the IUD and refuse it if offered. If offered implants, explain that your husband would notice and be very angry with you. You had an extramarital affair several years ago.

Appropriate methods: *Progestin-only injectable — DMPA is best because client only has to return every 3 months.*

You are 18 years old and single. You have a boyfriend and do not want to get pregnant. You and your boyfriend go to school. You are about to begin your menstruation. If offered the IUD or Norplant, reveal that you do not want something foreign in your body. If offered injectables, scream and say you hate needles. If offered the minipill, explain that you have come to the clinic before for the minipill, but they are always out of stock. You have no conditions that prevent you from taking the Pill. Besides, there is a pharmacy in your community that carries the most popular Pill. You have had several boyfriends in the past.

Appropriate method: *Combined oral contraceptives.*

You are 29 years old and have been fully breastfeeding your child and using LAM as a birth control method. You are beginning to give your infant food. You want to make sure that using LAM is still the same. You have chosen LAM because you want to breastfeed your baby, and you are very religious. You and your husband do not believe in modern contraceptive methods. Your husband supports you in wanting to space your children. If TwoDay Method® is offered, you do not want to touch your genitals. Both you and your husband are monogamously faithful.

Appropriate method: *Standard Days Method®*

You are a 22-year-old woman with a 1-year-old child. You are in a stable marriage, and your husband supports family planning. You do not like modern contraceptive methods. Sometimes he will use a condom but not consistently because it reduces feeling for him. You do not like the side effects of hormonal methods. You are religious and would not like a modern method. If the provider offers you a fertility awareness method, such as Standard Days Method® or TwoDay Method®, appear to be interested. Then, reveal that your monthly menstruation cycles are very irregular.

Appropriate method: *Female condom.*

Counselling for Family Planning Activity: Asking Questions about HIV Risk

(Adapted from Bruce, Linda, Wilson Liambila, Mantshi Menziwa, and Doctor Khoza 2008.)

Instructions

1. Explain that when encouraging family planning clients to know their status and take an HIV test, the conversation will be different from the usual family planning session.
2. Point out that for people to be motivated to take an HIV test, they must believe they have been or are at risk. They also need to understand what HIV is and how it is transmitted.
3. Explain that it can be difficult to begin a conversation about HIV with a client because very personal questions will need to be asked.
4. Ask students to pair up and ask each other some of the questions (below). Have them note which questions they feel uncomfortable asking or answering.
5. After some time, bring students back to the large group and discuss. Remind students that discussing sex can be an uncomfortable experience, even for health professionals.
6. Point out that in order for clients to understand HIV, recognize their sexual behaviour, and believe they are at risk and ask to be tested, we must have these conversations about sex and be confident doing so. In addition, to reduce the stigma around HIV, we must talk freely about sex and sexual health.

Questions for student pairs

- Have you ever talked to your partner(s) about family planning?
- Have you ever talked to your partner(s) about your sexual life in general?
- Do you have more than 1 sexual partner?
- How many sexual partners have you had in the past?
- Do you ever use condoms?
- Have you ever used any form of contraception in your sexual relationships? Which ones? How often? How does/do your partner(s) feel about contraception?
- Have you ever talked to your partner about STIs or HIV?
- To your knowledge, have you or any of your past or current partners ever had an STI?
- Have you ever been tested for HIV?
- Has/Have your partner(s) ever been tested for HIV?
- How likely do you think it is that you may be at risk for STIs or HIV? How likely do you think it is that your partner(s) could be at risk for STIs or HIV?
- Do you think you or your partner(s) may have an STI now? Do you have any symptoms that worry you?
- Has anyone ever been violent with you and demanded sex?
- Has anyone ever forced you to have sex?

Counselling for Family Planning Quiz Questions

Questions 1–12: Indicate whether the following statements about male and female condoms are **true** or **false** by writing a "T" for true or an "F" for false in the space provided before each statement.

___ 1. Family planning counselling is the activity in which a provider tells the client everything she/he needs to know about different contraceptive methods.

___ 2. Privacy is the client's right and power to control the information (about him/herself) that others possess.

___ 3. A good counsellor knows when to tell the truth and when not to in order to show empathy with a client.

___ 4. A good counsellor remains nonjudgmental of clients, even when he or she disagrees with a client's behaviour or point of view.

___ 5. The provider needs to pay attention to her/his body language to avoid sending unintentional nonverbal cues.

___ 6. A counsellor should ask closed questions to get direct answers from clients and to reduce the time spent per counselling session.

___ 7. The steps in the BCS+ can be performed out of order, as long as all the steps for a given stage are completed.

___ 8. During the Method Choice Stage of BCS+, the provider presents the methods in order of effectiveness.

___ 9. Male and female condoms are the only contraceptives that provide dual protection against pregnancy and STI/HIV.

__ 10. The STI/HIV Prevention, Risk Assessment, and Counselling and Testing stage is the second stage of the BCS+.

__ 10. During the BSC+ process, a client's medical eligibility for selected methods is determined before asking the client to choose the method that is most convenient for her/him.

__ 11. A discussion with a client about HIV status should begin with a discussion about HIV transmission and risk.

__ 12. HIV counselling and testing is an integral part of BCS+.

Questions 13–17: Circle the letter that offers the best response to each question.

13. Informed choice means that a family planning client:

    a. Has been informed about all methods and agrees to use the contraceptive method the provider recommends
    b. Has been informed about the side effects of the method she has chosen
    c. Has informed the provider of the method she or he wants
    d. Has the right to freely choose whether to use a contraceptive method and, if so, which one they want to use, based on their awareness and understanding of accurate information about the methods

14. Which one of the following is **not** a principle of good client-provider interaction?

    a. Encourage the client to ask questions

b. Use and providing memory aids
c. Give all available information about all reproductive health issues
d. Provide just key information and instructions
e. All of the above are principles of good client-provider interaction.

15. To uphold confidentiality a provider must:

a. Counsel clients in areas where the client cannot be seen
b. Counsel clients in areas where the discussion cannot be heard
c. Not share medical information with the client's family members without written permission
d. All of the above

16. Which of the following is one of the 4 questions asked during the BCS+ pre-choice stage?

a. Have you tried any family planning methods in the past?
b. How will you pay for your method?
c. Does your partner support you in family planning?
d. Do you smoke?
e. All of the above

17. A plan to reduce the risk of STI/HIV infection includes which of the following strategies?

a. Avoid the use of unclean skin-cutting instruments and/or injection needles.
b. Do not use a condom unless having sex with a partner whose HIV status is unknown.
e. Encourage partner(s) to shower every day.
f. All of the above.

18. List 2 benefits of family planning counselling:

19. List 3 client rights in regard to family planning:

20. List 2 ways to make family planning counselling gender-sensitive:

Counselling for Family Planning Quiz Questions Answer Key

F __ 1. Family planning counselling is the activity in which a provider tells the client everything she/he needs to know about different contraceptive methods. **Family planning counselling involves two-way communication between a health care provider and a client for the purpose of confirming or facilitating an informed decision about family planning by the client or helping the client address problems or concerns.**

T __ 2. Privacy is the client's right and power to control the information (about him/herself) that others possess.

F __ 3. A good counsellor knows when to tell the truth and when not to in order to show empathy with a client. **A good counsellor always tells the truth.**

T __ 4. A good counsellor remains nonjudgmental of clients, even when he or she disagrees with a client's behaviour or point of view.

T __ 5. The provider needs to pay attention to her/his body language to avoid sending unintentional nonverbal cues.

F __ 6. A counsellor should ask closed questions to get direct answers from clients and to reduce the time spent per counselling session. **A counsellor should ask the client open-ended questions to help increase the amount of information provided.**

F __ 7. The steps in the BCS+ can be performed out of order, as long as all the steps for a given stage are completed. **The steps must be performed in the order given, as each step builds upon the one before it.**

T __ 8. During the Method Choice Stage of BCS+, the provider presents the methods in order of effectiveness.

T __ 9. Male and female condoms are the only contraceptives that provide dual protection against pregnancy and STI/HIV.

F _ 10. The STI/HIV Prevention, Risk Assessment, and Counselling and Testing Stage is the second stage of the BCS+. **This is the fourth and final stage of the BCS+ process.**

F _ 10. During the BSC+ process, a client's medical eligibility for selected methods is selected before asking the client to choose the method that is most convenient for her/him. **Ask first about convenience and then determine medical eligibility.**

T _ 11. A discussion with a client about HIV status should begin with a discussion about HIV transmission and risk.

T _ 12. HIV counselling and testing is an integral part of BCS+.

13. Informed choice means that a family planning client:

    d. Has the right to freely choose whether to use a contraceptive method and, if so, which one they want to use, based on their awareness and understanding of accurate information about the methods

14. Which one of the following is not a principle of good client-provider interaction?

    c. Give all available information about all reproductive health issues

15. To uphold confidentiality a provider must:

d. All of the above

16. Which of the following is one of the 4 questions asked during the BCS+ pre-choice stage?

c. Does your partner support you in family planning?

17. A plan to reduce risk of STI/HIV infection includes which of the following strategies?

a. Avoid the use of unclean skin-cutting instruments and/or injection needles.

18. List 2 benefits of family planning counselling:

Any 2 of the following:

- Increases acceptance of family planning services
- Promotes effective use of family planning services
- Increases client's satisfaction with family planning methods and services
- Enhances continuation of family planning services
- Dispels rumours and corrects misunderstandings about contraceptive methods.

19. List 3 client rights in regard to family planning:

Any 3 of the following:

- Right to privacy
- Right to confidentiality
- Right to accurate, appropriate, understandable, and unambiguous information
- Right to access to services
- Right to dignity, comfort, and expression of opinion
- Right to continuity of care
- Right to safety of services

20. List 2 ways to make family planning counselling gender-sensitive:

Any 2 of the following:

- Sensitively elicit information about a client's power to make decisions and obtain family planning methods, and any gender-related fears and anxieties related to family planning use.
- Offer clients information related to their reproductive rights concerning family planning.
- Encourage clients to make their own sexual and reproductive health choices.
- Consult with clients on when or if to bring partners into family planning counselling.
- Demonstrate respect for the client's right to privacy and confidentiality about use of family planning.
- Assist client in identifying safe strategies to prevent pregnancy and/or STIs/HIV based on her/his informed choice of family planning.

Learning Guide for Balanced Counselling Strategy Plus

(to be used by participants)

Rate the performance of each step or task observed using the following rating scale:

1 **Needs Improvement:** Step or task not performed correctly or out of sequence (if necessary) or is omitted

2 **Competently Performed**: Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently

3 **Proficiently Performed**: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant_____ Course Dates_____

Learning Guide for BCS+

Task/Activity	Cases				
PRE-CHOICE STAGE					
STEP 1: ESTABLISH AND MAINTAIN A WARM, CORDIAL RELATIONSHIP, LISTEN TO THE CLIENT'S CONTRACEPTIVE NEEDS.					
1. Introduce yourself and call the client by her/his name.					
2. Demonstrate interest in what the client tells you.					
3. Establish eye contact with the client.					
4. Listen to and answer her/his questions.					
5. Show support and understanding without judgment.					
6. Ask questions to encourage participation.					
7. Ask whether the client would like a family planning method.					
STEP 2: RULE OUT PREGNANCY USING THE PREGNANCY CHECKLIST (See Unit 4: Family Planning Client Assessment and the WHO MEC for this checklist)					
STEP 3: DISPLAY ALL OF THE METHODS USING METHOD CARDS, FLIP CHARTS, ACTUAL METHODS, PHOTOGRAPHS, ILLUSTRATIONS, OR POSTERS. (Arrange by method type: temporary, long-term and permanent methods [LTPM], fertility awareness methods.)					
STEP 4: SET ASIDE METHODS THAT ARE NOT APPROPRIATE FOR THE CLIENT BY ASKING THE FOLLOWING 4 QUESTIONS:					
1. *Do you wish to have children in the future?* • If "Yes" set aside (or eliminate) vasectomy and female sterilisation. Explain why. • If "No," keep all methods and continue.					
2. *Are you breastfeeding an infant that is less than 6 months?* • If "Yes," set aside (or eliminate) combined oral contraceptives (COCs). Explain why. • If "No," or she has begun her monthly bleeding again, set aside the					

Learning Guide for BCS+

Task/Activity	Cases				
lactation amenorrhoea method (LAM). Explain why.					
3. *Does your partner support you in family planning?* • If "Yes," continue with the next question. • If "No," set aside: Standard Days Method© and Two Day Method. Explain why.					
4. *Are there any methods that you do not want to use or have not tolerated in the past?* • If "Yes," set aside or eliminate the method(s) that the client does not want. • If "No," keep the rest of the methods.					
METHOD CHOICE STAGE					
STEP 5: GIVE INFORMATION ABOUT THE METHODS THAT HAVE NOT BEEN SET ASIDE, INCLUDING THEIR EFFECTIVENESS.					
1. Arrange the remaining methods in order of effectiveness.					
2. Starting with the most effective method, tell the client the 5 to 7 most important characteristics of each method. Ensure that the client fully understands the information given on each method before proceeding to the next one.					
3. Explain that the condom (male and female) is the only method that provides dual protection against pregnancy and STIs, including HIV. Emphasize the following: • Condoms significantly reduce the risk of infection with STIs/HIV when used correctly and consistently with every act of sexual intercourse. • When used consistently and correctly, condom use prevents 80% to 95% of HIV transmission that would have occurred without condoms.					
STEP 6: ASK THE CLIENT TO CHOOSE THE METHOD THAT IS MOST CONVENIENT FOR HER/HIM.					
1. Ask client whether she/he has any questions or comments about any method discussed. Respond to any questions. Resolve any doubts.					
2. Ask client to choose the method that she/he prefers. You may give recommendations, but allow the client to make the final choice.					
3. Once the client selects a method, keep remaining methods on the table.					
4. If the client does not like any of the methods discussed or cannot make up her/his mind, give the client a back-up method. Go to Step 12.					
STEP 7: DETERMINE CLIENT'S MEDICAL ELIGIBILITY FOR THE CHOSEN METHOD.					
1. Use the Screening Checklist, Screening Questions, or questions on the method brochure, if available. (See Unit 4)					
2. If client is not eligible for the method chosen, explain why and ask her/him to select another method from those that remain.					
POST-CHOICE STAGE					
STEP 8: GIVE THE CLIENT COMPLETE INFORMATION ABOUT THE METHOD THAT S/HE HAS CHOSEN, USING THE METHOD BROCHURE, IF AVAILABLE.					
1. Explain how the method works					
2. Describe side effects					

Learning Guide for BCS+					
Task/Activity	**Cases**				
3. Inform about health benefits (if applicable)					
4. Explain how to use					
5. Describe follow-up (if applicable)					
6. Explain when to return to the health care facility					
STEP 9: CHECK THE CLIENT'S COMPREHENSION AND REINFORCE KEY INFORMATION.					
STEP 10: MAKE SURE THE CLIENT HAS MADE A DEFINITE DECISION. GIVE HER/HIM THE SELECTED METHOD, OR A REFERRAL AND BACK-UP METHOD, IF NECESSARY.					
STEP 11: ENCOURAGE THE CLIENT TO INVOLVE HER/HIS PARTNER(S) IN DECISIONS ABOUT CONTRACEPTION, EITHER THROUGH DISCUSSION OR A VISIT TO THE CLINIC.					
STI/HIV PREVENTION, RISK ASSESSMENT, AND COUNSELLING AND TESTING STAGE					
STEP 12: DISCUSS STI/HIV TRANSMISSION AND PREVENTION AND THE CLIENT'S HIV STATUS. MENTION THE FOLLOWING:					
1. Knowing your HIV status protects you, your partner, and your family.					
2. You can become infected with an STI, including HIV, through unsafe or unprotected sexual activity. STIs are common. HIV is an STI that cannot be cured.					
3. HIV is transmitted through an exchange of bodily fluids such as semen, blood, and breast milk, and during delivery.					
4. Maternal transmission of HIV to the child can be substantially reduced by prevention of mother-to-child transmission (PMTCT) services.					
5. Some STIs can be treated. Because the infection is sexually transmitted, both partners must be treated to avoid re-infection.					
6. An infected person may not show symptoms and may appear to be healthy.					
7. Common STI symptoms are vaginal discharge, discharge from the penis, sores in the genital area, burning during urination for men and lower abdominal pain for women.					
8. Risk of infection can be reduced by using a condom, limiting the number of sex partners, periodically abstaining from sex, using alternatives to penetrative sex, and delaying sex (adolescents).					
STEP 13: CONDUCT STI/HIV RISK ASSESSMENT. IF THE CLIENT HAS STI SYMPTOMS, TREAT HER/HIM SYNDROMICALLY.					
1. Discuss the following; correct misinformation and answer any questions: • Number of sexual partners, both currently and in the past • Knowledge of partner's sexual practices and past partners • Type of sex or sexual activities and behaviours client is practicing (e.g., mutual monogamy, whether partner has other sexual partners, oral sex, anal sex, dry sex, or use of detergents and/or spermicides) • Current symptoms/treatment of STIs and history of previous STI					

Learning Guide for BCS+					
Task/Activity	**Cases**				
Infections, symptoms, and treatment for self and partner(s) • HIV status and HIV status of partner(s) • Past and present condom use (including perception of partner's attitude) and whether client is aware that condoms protect against both STIs/HIV and pregnancy • Home life situation (e.g., partner violence and social supports) • Use of PMTCT services during pregnancy, delivery, and breastfeeding.					
2. Help the client make a plan to reduce risk, using any of the following strategies: • Reducing the number of sexual partners • Using a condom (male or female) correctly and consistently with every act of sexual intercourse. Condoms are the only method that protects against STIs, including HIV. • Making condoms available to partner(s) and encouraging their correct and consistent use • Avoiding the use of unclean skin-cutting instruments and/or injection needles • Having any STI or cervical infection detected and treated immediately • Undergoing procedures involving the genital tract in a clean, aseptic environment • Practicing dual protection • Knowing her/his HIV status.					
3. If the client has an STI, treat her/him syndromically according to guidelines or refer her/him for tests, if available.					
STEP 14: DISCUSS DUAL PROTECTION USING THE COUNSELLING CARD. OFFER MALE OR FEMALE CONDOMS AND INSTRUCT THE CLIENT IN CORRECT AND CONSISTENT USE.					
STEP 15: CONDUCT HIV COUNSELLING AND TESTING (C&T). IF CLIENT IS KNOWN TO BE HIV-POSITIVE, SKIP TO STEP 17.					
Cover these key points: • Knowing your HIV status can help you make decisions about protecting yourself and your sexual partner(s) and having children. • A test is available to determine whether a person is infected with HIV. The test involves taking a sample of blood. • The test is free and available at clinics, hospitals, and HIV C&T sites. • No one can force you to have the test. Taking an HIV test is voluntary. • Test results are confidential. • When a person is first infected with HIV, it can take 3 to 6 months before the test can detect the infection. This is called the window period. It is the reason why repeat testing can be important. • Testing positive means you are infected with HIV and can transmit the					

Learning Guide for BCS+						
Task/Activity	**Cases**					
virus to others. • A negative test result can mean you are not infected or that you are in the window period. You should retake the test in 3 months. • Retest in the future if you have unprotected sex or any other risky exposure. • HIV is an STI. Ask your sexual partner(s) to be tested too.						
STEP 16: DISCUSS AND OFFER THE CLIENT AN OPPORTUNITY FOR HIV C&T. IF CLIENT IS WILLING, TEST THE CLIENT AND COUNSEL HER/HIM ON THE TEST RESULTS ACCORDING TO NATIONAL PROTOCOLS.						
1. Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to the client, her/his partner and family, and to the community at large.						
2. Discuss and offer the client opportunities for HIV C&T.						
STEP 17: ENCOURAGE CLIENT TO DISCLOSE HIV STATUS TO HER/HIS PARTNER(S). INFORM HER/HIM ABOUT THE BENEFITS AND RISKS OF DISCLOSURE.						
STEP 18: GIVE FOLLOW-UP INSTRUCTIONS, A BROCHURE FOR THE METHOD THE CLIENT HAS SELECTED, AND A CONDOM BROCHURE.						
STEP 19: INVITE THE CLIENT TO RETURN AT ANY TIME. THANK HIM/HER FOR VISIT AND COMPLETE THE SESSION.						

References

The ACQUIRE Project. 2008. Counselling for effective use of family planning: Trainer's manual. New York: EngenderHealth/The ACQUIRE Project.

Bruce, Linda, Wilson Liambila, Mantshi Menziwa, and Doctor Khoza. 2008. Balanced counselling strategy plus trainer's guide. (Part of The balanced counselling strategy plus: A toolkit for family planning service providers working in high STI/HIV prevalence settings, Mullick et al.) Washington, DC: Population Council. http://www.popcouncil.org/pdfs/frontiers/Manuals/BCSPlus/BCSPlus_TrainersGuide.pdf (accessed April 10, 2010).

Macro International. 2009. The basics of community-based family planning training curriculum. Child Survival Technical Support Plus (CSTS+) Project. http://www.flexfund.org/resources/training/Basics_CBFP/Facilitators%20Guide.pdf (accessed March 24, 2010).

Ministry of Health. 2007. Malawi national reproductive health service delivery guidelines. Lilongwe, Malawi: Ministry of Health.

Ministry of Health and National Family Welfare Council of Malawi. 1995. Revised family planning practitioners training curriculum. Lilongwe, Malawi: Ministry of Health.

PATH. 2003. Ensuring privacy and confidentiality in reproductive health services: A training module and guide for service providers. Washington, DC: PATH. http://www.path.org/files/RH_ensuring_privacy.pdf (accessed March 24, 2010).

World Health Organization/Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Knowledge for Health Project. Family Planning: A global handbook for providers (2008 update). Baltimore and Geneva: CCP and WHO/RHR. http://info.k4health.org/globalhandbook/