

## Module 4

# Ensuring Informed and Voluntary Decision Making

### Essential Ideas to Convey

- ❑ Essential elements of informed and voluntary decision making are:
  - Service/method options are available.
  - The decision-making process is voluntary.
  - People have appropriate information.
  - Good client-provider interaction (CPI), including counseling, is ensured.
  - The social and rights context supports autonomous decision making.
- ❑ Informed and voluntary decision making is:
  - A human right
  - An essential element of client satisfaction
  - A policy requirement

Informed and voluntary decision making also significantly contributes to program effectiveness.

- ❑ Multiple factors affect clients' ability to make informed and voluntary decisions. Three levels of factors should be considered:
  - Individual/community/cultural factors
  - Service-delivery factors
  - Policies



## Session 4

### Ensuring Informed and Voluntary Decision Making

#### Objectives

By the end of this session, the participants will be able to:

- Explain the meaning and importance of ensuring informed and voluntary decision making in family planning and reproductive health
- Identify at least three factors that support and three factors that hinder informed and voluntary decision making
- Explain the role of client-provider interaction (CPI) and counseling in ensuring informed and voluntary decision making
- Identify at least five things that providers can do to ensure good CPI and informed and voluntary decision making
- Identify at least five things that supervisors can do to support and monitor good CPI and informed and voluntary decision making

#### Materials

- PowerPoint presentation, Module 4
- Participant Handout 4.1: Informed and Voluntary Decision Making—Family Planning Services
- Participant Handout 4.2: Informed and Voluntary Decision Making, Adapted to Use for Integrated FP/RH and HIV Care and Treatment Services
- Global Health Technical Brief—*Client-provider interaction: Key to successful family planning* (April 2005)
- Flipchart 4A: Essential Elements of Informed and Voluntary Decision Making
- Flipchart 4B: Factors Affecting Informed and Voluntary Decision Making
- Flipchart paper
- Markers
- Masking tape

#### Advance Preparation

1. Make enough copies of Participant Handout 4.1 and/or Participant Handout 4.2 for distribution to all participants (see Trainer's Tips, p. 4-5).
2. Prepare Flipchart 4A and Flipchart 4B:

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### ***Flipchart 4A***

#### **Essential Elements of Informed and Voluntary Decision Making**

- ☐ Service/method options are available.
- ☐ The decision-making process is voluntary.
- ☐ People have appropriate information.
- ☐ Good client-provider interaction, including counseling, is ensured.
- ☐ The social and rights context supports autonomous decision making.

### ***Flipchart 4B***

#### **Factors Affecting Informed and Voluntary Decision Making**

- ☐ Individual/community/cultural factors
- ☐ Service-delivery factors
- ☐ Policy factors

## **Session Time**

1 hour, 20 minutes

<b>Training Activities . . . . .</b>	<b>Time</b>
<b>A.</b> Ensuring informed and voluntary decision making . . . . .	55 min.
<b>B.</b> Informed and voluntary decision-making process . . . . .	25 min.

## Session 4 Detailed Steps

### Activity A: Ensuring Informed and Voluntary Decision Making: Small-Group Work and Case Examples (55 minutes)



1. Present the learning objectives for the session.
2. Remind the participants about the fundamentals of care and the definition of informed and voluntary decision making. Point out Flipchart 2A, which was placed on a wall earlier.
3. Tell the participants that during this session they will discuss what staff and supervisors can do to ensure an informed and voluntary decision-making process.
4. Reveal Flipchart 4A and present the essential elements of informed and voluntary decision making. (These elements were mentioned during the introductory session for the fundamentals of care.)
5. Divide the participants into two groups and distribute copies of the case example (either Participant Handout 4.1 or Participant Handout 4.2 [see below]). Explain that Group 1 will represent providers and that Group 2 will represent supervisors. Ask for a volunteer to read the instructions.

#### ➡ **Trainer Tips**

The text of the case study can be adapted to the local situation and any area of reproductive health. This module includes two versions of the case study—one for family planning services and the second for integrated family planning/reproductive health and HIV care and treatment services.

6. Comment on the instructions and answer questions, if any. Tell the participants that they will need to record the results of their discussions on a flipchart. Thirty minutes should be allotted for the small-group work. Each group needs to select a presenter to present the results to the entire group. Each group will have 5 minutes for a presentation.

#### ➡ **Trainer Tips**

Make sure that the participants include in their presentation all of the actions of providers and supervisors that help to ensure informed and voluntary decision making. For guidance, see the Fundamentals of Care Resource Package, pp. 5–11, second column (“Components”).

7. Tell the participants that the case examples are based on client-provider interaction as an essential component of an informed and voluntary decision-making process.
8. After 30 minutes, invite the groups to start their presentations. After each group has presented their results, the participants from another group should add what they think was

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missing from the presentation. By the end of the activity, the group will have two lists of actions for supervisors and providers to ensure informed and voluntary decision making through quality client-provider interactions.

### **Activity B: Informed and Voluntary Decision-Making Process: Presentation** (25 minutes)

1. Explain that the following PowerPoint presentation will help to summarize the topic and emphasize important moments. Tell the participants that during the activity, you will discuss with them in detail what it takes to ensure informed and voluntary decision making.
2. Start the PowerPoint presentation, Module 4. Reveal slides 2–4 to remind the participants of the elements of informed and voluntary decision making and to explain why we care about it. Use information and questions from the slide note pages to facilitate the presentation and any discussion.
3. Reveal Slide 5 and remind the participants that rights numbers 1, 2, 3, 5, and 6 are related to informed choice and voluntary decision making. Without observing those rights, it would be impossible to ensure the fundamentals of care.
4. Tell the participants that good client-provider interaction, including counseling, is essential to enable the client to make an informed and voluntary decision. Emphasize that all staff at all levels interact with clients both verbally and nonverbally (Slide 6).
5. Ask the participants how they define informed consent and counseling. Reveal Slide 7 to summarize.
6. Reveal slides 8–11 to comment on research results showing that promoting client-centered communication and giving people a choice makes the difference. (See the slide note pages.) Explaining examples presented on Slide 11, tell the participants how incentives sometimes given to clients (travel, food, money) might lead clients to accept a method against their own preferences.
7. Reveal Slide 12 and tell the participants that three factors create barriers to informed and voluntary decision making. Ask them to give examples to explain those factors. Reveal Flipchart 4B.
8. To summarize the discussion, use slides 13–15, which describe the factors that affect the process of informed and voluntary decision making. Use information from the notes pages to explain each factor in detail.
9. Tell the participants that policy and program factors can compromise clients' options, their access to information or services, and their ability to choose for themselves. Use as examples targets or quotas, per-case provider payments, client payments, a limited method mix, “camp” services, fees for services, and the use of eligibility criteria. (See the notes pages for information.)
10. Explain that ensuring informed choice leads to better method use and improved client compliance with treatment regimens, continuation of method use, and increased client satisfaction. Emphasize the role of supervisors in leading staff to ensure the first of the fundamentals of care. Make a connection between this and the results of the exercise.
11. Reveal slides 17–18 and discuss the actions that help to ensure informed and voluntary decision making.
12. Refer to the Participant Handbook, pages 19–21, and comment on these materials.



## Participant Handout 4.1: Informed and Voluntary Decision Making— Family Planning Services

### Group I (Providers)

#### Instructions:

1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*
2. Develop a list of activities that can be implemented **by providers** to ensure informed and voluntary decision making. *(10 minutes)*

### Case Example No. 1

Lourdes is a 15-year-old factory worker who left school in the fifth grade to work and contribute to her family's income. She lives with her widowed mother and five younger siblings. Her boyfriend, Fabio, is pressuring her to have sex. He is four years older than Lourdes, and she knows that he has had several other girlfriends. She is afraid that he will leave her if she does not relent. Lourdes is conflicted, because she knows that her mother strongly disapproves of sex before marriage.

Lourdes's co-worker has told her about a local clinic where she can get family planning. One day, after a fight with her boyfriend over denying him sex, Lourdes goes to the clinic on her lunch break. She is afraid she will meet someone who knows her mother. She also is nervous about what the doctor will do to her. And because there are so many people in the waiting room, she is worried that she will not get back to work before her supervisor discovers her absence.

The clinic receptionist asks Lourdes for her name and tells her to take a seat. Lourdes wants to ask her how long she will have to wait, but the woman looks busy and shifts her attention to her paperwork, so Lourdes sits down quietly. During her 45-minute wait, she looks at the posters on the wall and the leaflets on a display table. They include pictures that alarm her, warnings about getting HIV or other diseases from having sex, and a lot of small print that she cannot read. She grows increasingly uncomfortable and is just about to give up and leave when she hears her name being called by the nurse. She follows the woman into a room where several people are sitting and talking. Lourdes notices another poster on the wall listing "Clients' Rights."

The nurse is business-like. She does not smile. She pulls out a form and asks Lourdes questions that she is embarrassed to answer. Lourdes fidgets. The nurse repeats the questions and Lourdes whispers her answers. Irritated, the nurse asks her to speak up. Lourdes tries, but she does not want to be overheard by the other people in the room. She looks down at the floor silently for a moment. The nurse chides her that she is too young to be having sex. Lourdes says that she has changed her mind, gets up, and leaves the clinic, embarrassed and angry. On the way back to the factory, she decides to have sex with her boyfriend that night without protection, even though she is concerned about becoming pregnant or getting HIV.

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### **Questions for discussion:**

1. What was good about this client-provider interaction (CPI)?
2. What was lacking in this interaction?
3. What factors challenged or hindered good CPI?
4. What factors supported good CPI?
5. What can providers do to ensure informed and voluntary decision making?



## Group II (Supervisors)

### Instructions:

1. Read the case example below and answer the questions written at the end of the case. (10 minutes)
2. Develop a list of activities that can be implemented **by supervisors** to ensure informed and voluntary decision making. (10 minutes)

### Case Example No. 2

Eunice, who is 23 years old, has a 7-month-old son. She and her husband, Sovann, run a small sundries shop together. They make very little money, and they want to save before having more children. They agree that Eunice should use family planning, but Sovann is worried that it could be bad for her health. He has heard that women who use modern methods have difficulty in subsequent deliveries and that some might develop cancer.

Eunice's friend recently got an IUD and is very happy. Eunice decides she wants one, too. She takes an oxcart to the nearest health center, which is 14 km away. The staff are friendly and respectful, and they put Eunice at ease. The counselor takes her into a private room and asks Eunice why she has come. Eunice tells her that she wants an IUD. The counselor explains that they cannot provide that service for her: The nearest IUD provider is at the district hospital, which is 30 km farther away from Eunice's home. The counselor tells her that they can give her pills or injectables, both of which would be good methods for Eunice. She then tells Eunice how each method is used, and gives Eunice the choice.

Eunice is disappointed that she cannot get an IUD. The district hospital is far and transportation is expensive. She knows that she will not be able to get there easily any time soon, so she decides that she will use injectables instead. The counselor asks the date of her last period and determines that she can start Eunice on the method that very day. She gives Eunice an injection and a follow-up card indicating when she needs to return for her next injection.

Over the next few weeks, Eunice experiences headaches and spotting, which alarm her. She complains of feeling nervous, cold, and weak. Her husband concludes that the injectable contraceptive is not good for her and tells her not to keep her follow-up appointment.

Time passes, and before Eunice can find the money and time to get to the district hospital, she becomes pregnant.

### Questions for discussion:

1. What was good about this client-provider interaction (CPI)?
2. What was lacking in this interaction?
3. What factors challenged or hindered good CPI?
4. What factors supported good CPI?
5. What can **supervisors** do in order to ensure informed and voluntary decision making?

### Participant Handout 4.2: Informed and Voluntary Decision Making, Adapted to Use for Integrated FP/RH and HIV Care and Treatment Services

#### Group I (Providers)

##### Instructions:

1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*
2. Develop a list of activities that can be implemented **by providers** to ensure informed and voluntary decision making. *(10 minutes)*

#### Case Example No. 1

Carla is a 15-year-old factory worker who left school in the fifth grade to work and contribute to her family's income. She lives with her widowed mother and five younger siblings. Her boyfriend, Samuel, is pressuring her to have sex. He is four years older than Carla, and she knows that he has had several other girlfriends. She is afraid that he will leave her if she does not relent. Carla is conflicted, because she knows that her mother strongly disapproves of sex before marriage.

Carla's co-worker has told her about a local clinic where she can get family planning. One day, after a fight with her boyfriend over denying him sex, Carla goes to the clinic on her lunch break. She is afraid she will meet someone who knows her mother. She also is nervous about what the doctor will do to her. And because there are so many people in the waiting room, she is worried that she will not get back to work before her supervisor discovers her absence.

The clinic receptionist asks Carla for her name and tells her to take a seat. Carla wants to ask her how long she will have to wait, but the woman looks busy and shifts her attention to her paper work, so Carla sits down quietly. During her 45-minute wait, she looks at the posters on the wall and the leaflets on a display table. They include pictures that alarm her, warnings about getting HIV or other diseases from having sex, and a lot of small print that she cannot read. She grows increasingly uncomfortable and is just about to give up and leave when she hears her name called by the nurse. She follows the woman into a room where several people are sitting and talking. Carla notices another poster on the wall listing "Clients' Rights."

The nurse is business-like. She does not smile. She pulls out a form and asks Carla questions that she is embarrassed to answer. Carla fidgets. The nurse repeats the questions and Carla whispers her answers. Irritated, the nurse asks her to speak up. Carla tries, but she does not want to be overheard by the other people in the room. She looks down at the floor silently for a moment. The nurse chides her that she is too young to be having sex. Carla says that she has changed her mind, gets up, and leaves the clinic, embarrassed and angry. On the way back to the factory, she decides to have sex with her boyfriend that night without protection, even though she is concerned about becoming pregnant or getting HIV.

**Questions for discussion:**

1. What was good about this client-provider interaction (CPI)?
2. What was lacking in this interaction?
3. What factors challenged or hindered good CPI?
4. What factors supported good CPI?
5. What can **providers** do to ensure informed and voluntary decision making?

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### Group II (Supervisors)

#### Instructions:

1. Read the case example below and answer the questions written at the end of the case. (10 minutes)
2. Develop a list of activities that can be implemented **by supervisors** to ensure informed and voluntary decision-making. (10 minutes)

#### Case Example No. 2

Eunice, who is 23 years old and was diagnosed as HIV-positive during antenatal care, has a 7-month-old son who is HIV-negative. She and her husband, Thomas, run a small sundries shop together. They make very little money, and they want to save before having more children. They agree that Eunice should use family planning, but Thomas is worried that it could be bad for her health. He has heard that women who use modern methods have difficulty in subsequent pregnancies and that some might develop cancer. They are both concerned about whether they can safely have more children later.

Eunice's friend recently got an IUD and is very happy. Eunice decides she wants one, too. She takes an oxcart to the nearest health center, which is 14 km away. The staff are friendly and respectful. The counselor takes Eunice into a private room, putting her at ease. The counselor asks Eunice why she has come. Since Eunice feels comfortable with the counselor, she confides her HIV status and tells her that she wants an IUD. The counselor explains that they cannot give her the IUD and that because Eunice is HIV-positive, she cannot use this method. The counselor further advises Eunice that she should only use condoms, that she should not have sex often, and that she definitely should put having children in the future out of her mind. Eunice is devastated and insists that she must have something other than condoms. The counselor tells her that while they can provide oral contraceptives or the injectable, neither of these methods would be good for Eunice. Eunice is disappointed that she cannot get an IUD, but she insists on using the injectable. The counselor refuses to give Eunice the injection, however, and Eunice leaves with tears of frustration and despair.

The supervisor, seeing a client crying, is alarmed and invites Eunice into her office to find out what the problem is. When Eunice explains what happened, the supervisor counsels Eunice about the IUD, the injectable, and the pill. The supervisor explains that while this clinic cannot provide the IUD "on demand" because they lack a trained staff person at the clinic, clients can be booked for insertion. In the meantime, she adds, HIV-positive women can safely use the injectable or the pill. The supervisor offers to give Eunice either of these methods and to book her for an IUD insertion. Eunice chooses to take the injectable and to return in six weeks, the next IUD booking date.

#### Questions for discussion:

1. What was good about this client-provider interaction (CPI)?
2. What was lacking in this interaction?
3. What factors challenged or hindered good CPI?
4. What factors supported good CPI?
5. What can **supervisors** do to ensure informed and voluntary decision making?

## Reference Materials

### Ensuring Informed and Voluntary Decision Making

#### Five Essential Elements of Informed and Voluntary Decision Making

##### **I. Service options are available.**

- Family planning services are available where and when individuals need them.
- A choice of methods is offered.
- Options are affordable.
- Referral mechanisms are in place for other methods.
- Linkages exist with other health services.

##### **II. The decision-making process is voluntary.**

- Individuals are free to decide whether or not to use services, without coercion or constraint.
- Clients are free to choose among available methods, without coercion or constraint.
- A range of service options is accessible to all categories of clients, including adolescents and unmarried individuals.
- Service providers are objective regarding all clients and methods.
- The individual's right to choose is respected and supported.

##### **III. Individuals have appropriate information.**

- Individuals have access to appropriate and accurate information about services and options.
- Individuals understand their risk for sexually transmitted infections and for HIV and AIDS and the protection that family planning options provide.
- Service providers assess clients' knowledge, fill any gaps, and correct any misinformation.
- Comprehensible posters and flipcharts are clearly in clients' view.
- Samples of family planning methods are available for clients to see and touch.
- Clients understand their options, essential information about their chosen method or treatment (including benefits and risks, conditions that would render it inadvisable for use, and common side effects), and the way their choice may affect their personal circumstances.

##### **IV. Good client-provider interaction, including counseling, is ensured.**

- Clients and service providers have dynamic, two-way interaction.
- Clients actively participate in discussions and are encouraged to ask questions.
- Staff have good communication skills (talking, listening, eliciting, probing, assessing).

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- Counseling staff provide individualized care, tailoring the client-provider interaction and information to what clients want and need, and addressing individual circumstances and concerns.
- All staff use language and terms that clients can understand.
- Counseling staff have complete and correct information about sexual and reproductive health and about available services.
- Staff answer clients' questions fully and clearly.
- All staff are empathetic, respectful, nonjudgmental, and sensitive to power imbalances and gender differences between clients and providers.
- All staff maintain clients' privacy and confidentiality.
- Trained staff are assigned to counsel clients as a routine component of service delivery.
- Counseling serves as the checkpoint to ensure informed and voluntary decision making.
- Memory aids are used by staff and are provided to clients.
- The service setting is organized, clean, and cheerful, to put clients at ease.
- Auditory and visual privacy are ensured for counseling, regardless of the setting.
- Adequate seating is available during counseling for counselors, clients, and anyone else the clients choose to accompany them.

### **V. The social and rights context supports autonomous decision making**

- Laws, policies, and social norms support the following:
  - Gender equity
  - Individuals' rights to decide whether and when to have children, and how many
  - Clients' right to access sexual and reproductive health information and services, regardless of age, sex, marital status, or sexual orientation
  - Clients' right to make decisions and to exercise control over their sexuality and reproduction, free of discrimination, coercion, and violence
  - Clients' right to protect their health and prevent disease
  - Clients' right to privacy, confidentiality, dignity, and safety

### **Three levels to consider and discuss:**

1. Individual/community/cultural factors
2. Service-delivery factors
3. Policies