ADVICE: GLOBAL LANDSCAPING OF FAMILY PLANNING DECISION SUPPORT TOOLS

Ben Bellows, PhD
Population Council, Washington

5 March 2020
Lusaka, Zambia
The Theory of change: FP events within a user’s health journey

- Provider training
- Commodities & supplies
- Client perceived quality
- Satisfaction
- Adherence / contraceptive continuation
- Information via SMS, web or app-based, offline materials, CHW IPC, radio, digital messaging platforms
- Reminders, nudges, referrals
- Financial and non-financial incentives

Decision support tools operate on either the client and provider as well as within and outside the health facility.

Within the health facility, decision support tools can be deployed as a provider job aid or as a counseling aid for the client and provider.
Phase 1: FP decision support tools review

- Recognition that FP counseling is part of a larger longitudinal health journey in which the individual may seek to alternate between optimizing and minimizing fertility
- FP decision support tools guide users through choice sets at specific points in the health journey. Differs from:
  - Unidirectional FP information (e.g., no client feedback)
  - Method-specific decision aids
Methodology

• Published literature search
• Bibliography review
• Grey literature search
• Expert consultation
Descriptive results

19 FP DECISION SUPPORT TOOLS

- Community:
  - 3

- Facility:
  - 16

- Digital:
  - 13
  - 6

- Other:
  - 11

- LMIC:
  - 8

- Paper:
  - 8

- HIC:
  - 11
9 decision support tools included a pre-consultation primer

**ORIGINAL RESEARCH**

**Cluster randomized trial of a patient-centered contraceptive decision support tool, My Birth Control**

Christine Dahlenstedt, MD, M.S., Judith Fitzgerald, BA; Both PA; Holly L. Pan, MPH; Jeremy Holt, PhD; Eni Vlajkovic, PhD; Reiley Reed, MPH; Maria Paula Campana, MD; Abzy Sokoloff, MPH; Miriam Kupersman, PhD

**BACKGROUND:** Research supports the need for improvement in the patient-centeredness and comprehensiveness of contraceptive counseling. My Birth Control is a tablet-based decision support designed to improve women’s experience of contraceptive counseling and to help them select contraceptive methods that are consistent with their values and preferences.

**OBJECTIVE:** The objective of this study was to evaluate the effect of My Birth Control on contraceptive counseling, experience of contraceptive counseling, and decision quality.

**STUDY DESIGN:** Using a cluster randomized design, randomized at the provider level, patient participants interested in starting or changing contraceptive interactions with their My Birth Control families/family planning visit (telephone or in-person) received usual care counseling. A matched-pair sample assessed experience of contraceptive counseling, decision quality, and contraceptive knowledge. Surveys at 4 and 7 months assessed the primary outcome of contraceptive counseling, decision quality, and contraceptive knowledge.

**RESULTS:** Eighty-nine providers and 750 patients enrolled between December 5, 2014, and February 5, 2016. Participants were significantly more likely to rate the counseling they received as helpful, they were more likely to report the counseling was thorough and longer, and they were more likely to report that the counselor spent more time explaining various contraceptive methods.

**ARTICLE INFO**

**Mobile contraceptive application use in a clinical setting in addition to standard contraceptive counseling: A randomized controlled trial**

Luciana E. Hebert 1,2,*, Brandon J. Hill 1,2, Michael Quinn 3, Jane L. Holt 1, Amy K. Whitaker 1, Melissa L. Cebel 1, and Karen G. Olds 1,4

1 University of Chicago Medical Center, Department of Obstetrics and Gynecology, University of Chicago, 5841 S Maryland Avenue, Chicago, IL 60637. 
2 Abortion Care Partnership, University of Chicago, 5841 S Maryland Avenue, Chicago, IL 60637 
3 Center for Research to Prevent HIV (Grant No. 5U01 HD059225-06) 
4 Center for Research to Prevent HIV (Grant No. 5U01 HD059225-06) 

**INTRODUCTION**

Mobile health (mHealth) apps can enhance and supplement contraceptive counseling. Aims were to assess the impact of a mobile application on contraceptive counseling and contraceptive counseling satisfaction at the University of Chicago. A total of 79 women participated in the study. Participants using the mHealth app had increased knowledge compared to the control group. Results suggest that mHealth apps can be used to improve contraceptive counseling in clinical settings.

**RESULTS**

**DISCUSSION**

The results of this study suggest that the mHealth app can be a useful tool to improve contraceptive counseling. The app was well-received by the participants, and it provided additional information that could be used to improve contraceptive counseling. The study also highlights the potential of mHealth apps in improving contraceptive counseling in clinical settings.

**CONCLUSION**

The mHealth app can be a useful tool to improve contraceptive counseling. The app was well-received by the participants, and it provided additional information that could be used to improve contraceptive counseling. The study also highlights the potential of mHealth apps in improving contraceptive counseling in clinical settings.

**ACKNOWLEDGEMENTS**

This study was supported by the University of Chicago institutional grant (5U01 HD059225-06) and the Abortion Care Partnership grant (5U01 HD059225-06). The authors would like to thank the participants for their time and effort.

**REFERENCES**


Decision support takes place within a health journey

- **Client characteristics**
  - Psychosocial
  - Economic
  - Cultural
  - Contraceptive preferences
  - Readiness to take action

- **Community-based information**
  - Information via SMS, web or app-based, offline materials, CHW IPC, radio, digital messaging platforms
  - Reminders, nudges, referrals
  - Financial and non-financial incentives

- **Health facility readiness**
  - Provider training
  - Commodities & supplies

- **Client-provider interaction**
  - Client perceived quality
  - Satisfaction
  - Adherence / contraceptive continuation
# How do contraceptive decision support tools discuss methods? [Review]

## CATEGORIES & SELECT ATTRIBUTES INFLUENCING CONTRACEPTIVE CHOICE

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Included terms (similar attributes)</th>
</tr>
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<tbody>
<tr>
<td><strong>Mechanistic</strong></td>
<td></td>
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<tr>
<td>Ease of use</td>
<td>Effort, convenience</td>
</tr>
<tr>
<td>Return to fertility</td>
<td>Reversibility, childbearing plans</td>
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<tr>
<td><strong>Method effect</strong></td>
<td></td>
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<tr>
<td>Efficacy</td>
<td>”perfect use”, “typical use”</td>
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<tr>
<td>Health effects</td>
<td>STI/HIV risk, menstruation</td>
</tr>
<tr>
<td><strong>Social / normative</strong></td>
<td></td>
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<tr>
<td>Partner support</td>
<td>Compliance/ involvement/ attitudes</td>
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<tr>
<td>Concealability</td>
<td>Discreet, private</td>
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<tr>
<td><strong>Practical</strong></td>
<td></td>
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<tr>
<td>Cost (financial)</td>
<td>Ability to pay, cost over time</td>
</tr>
<tr>
<td>Availability</td>
<td>Where obtained, hours, location</td>
</tr>
</tbody>
</table>

Phase 2: Human centered design of a pre-consultation HIV priming tool to support a FP user’s health journey
GLOBAL LANDSCAPING OF HIV VULNERABILITY ASSESSMENT TOOLS

Tracy McClair
Population Council, Washington, DC

5 March 2020
Lusaka, Zambia
Rationale of HIV vulnerability assessments in family planning (FP)

- Inform method choice
- Help women self-assess whether they desire onward HIV services
Methodology for review of tools

- Published literature search
- Grey literature search
- PrEPWatch
- Stakeholder conversations
Results

35 HIV VULNERABILITY ASSESSMENT TOOLS

- PrEPWatch: 22
- Stakeholder conversations: 6
- Published literature: 5
- Grey literature: 2
Results: Domains covered

- Sociodemographic characteristics
- Economic characteristics
- STIs
- HIV services
- Sexual behaviors
- Condom use
- Transactional sex
- Alcohol and drug use
- Family planning and pregnancy
- Partner characteristics
- Gender-based violence
- Perceptions, norms, beliefs, power
- Social support
Results: Language style of the tools

- 23 tools are survey/questionnaire style (self-administered or provider administered)
- 12 tools are conversational
  - Decision-support through a conversation, digital or face to face
  - Client or provider-facing
  - Several include counseling guides
Example: Survey-based tool
Vulnerable AGYW Index

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Are you currently using any form of modern contraception?</td>
<td>1. Yes</td>
<td>0 point</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. No <em>In this case, don't ask question 18</em></td>
<td>3 point</td>
</tr>
<tr>
<td>18</td>
<td>If yes to question 17, do you use a condom and how often do you use it,</td>
<td>1. Uses contraception but never a condom</td>
<td>2 points</td>
</tr>
<tr>
<td></td>
<td>is it with every intercourse or just sometimes?</td>
<td>2. Uses contraception but only sometimes a condom</td>
<td>2 points</td>
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<tr>
<td></td>
<td></td>
<td>3. Always uses a condom</td>
<td>0 points</td>
</tr>
<tr>
<td>19</td>
<td>Thinking about the ages of your past sexual partners, what is the biggest</td>
<td>[___ ___] years</td>
<td></td>
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<tr>
<td></td>
<td>age difference between you and a sexual partner ever?</td>
<td>1. Over 10 years</td>
<td>3 points</td>
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<td></td>
<td></td>
<td>2. Between 6 and 10 years</td>
<td>2 points</td>
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<td></td>
<td></td>
<td>3. Between 3 and 5 years</td>
<td>1 point</td>
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<td></td>
<td></td>
<td>4. Less than 3 years</td>
<td>0 points</td>
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<td></td>
<td></td>
<td>5. Don’t know</td>
<td>3 points</td>
</tr>
<tr>
<td>20</td>
<td>Do you know the HIV status of your current sexual partner(s)?</td>
<td>1. She knows and there is an HIV+ partner</td>
<td>3 points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. She knows and there is not an HIV+ partner</td>
<td>0 points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Doesn’t know</td>
<td>3 points</td>
</tr>
<tr>
<td>21</td>
<td>At any time in your life, as a child or as an adult, have you ever</td>
<td>1. Yes, more than three times</td>
<td>3 points</td>
</tr>
<tr>
<td></td>
<td>experienced sexual violence? For the purposes of this survey, ‘sexual</td>
<td>2. Yes, one or two times</td>
<td>2 points</td>
</tr>
<tr>
<td></td>
<td>violence’ is any physical sexual act that is perpetrated against your</td>
<td>3. Yes, once</td>
<td>1 point</td>
</tr>
<tr>
<td></td>
<td>will (this includes, for example vaginal or anal penetration, digital</td>
<td>4. Never experienced sexual violence</td>
<td>0 points</td>
</tr>
<tr>
<td></td>
<td>penetration and oral sex). If yes, how often have you experienced this</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>kind of sexual violence?</td>
<td></td>
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Example: Interactive Tool

BCS+

STI and HIV Risk Assessment

Discuss the following issues to assess the client’s risk of STIs and HIV:

- Ask client about past and present condom use (including perception of partner’s attitude) and ask whether s/he is aware that condoms protect against both STIs/HIV and pregnancy.
- Ask the client whether they know their HIV status and the HIV status of partner(s). If partner is positive, ask whether s/he is taking ARV medicines.
- Discuss risks associated with multiple or concurrent partners. This includes increased risk for sexually transmitted infections (STIs) and HIV.
- Ask whether the client has knowledge of their male partner’s circumcision status. Explain that male circumcision reduces the transmission risk of STIs or HIV to the male’s partner.
- Discuss with clients the types of sex or sexual activities and behaviors that can increase risk for getting an STI or HIV (for example, if partner or self has multiple sexual partners, oral sex, anal sex, dry sex, use of detergents or spermicides).
- Discuss whether the client has knowledge of partner’s sexual history, including multiple or concurrent partners. If partner or self has history of multiple or concurrent partners, counsel client to attend couples’ counseling or voluntary testing and counseling (VCT) to determine HIV status.
- Ask about client’s home-life situation (for example, partner violence and social support). If they mention violence, refer to Women’s Support and Safety card.
- Ask whether client has ever used PMTCT during pregnancy. Discuss benefits of PMTCT to prevent HIV transmission during pregnancy.
Emerging Insights

- Move away from scoring/categorizing
- Move away from “risk” terminology
- Language is key: translate domains into conversations
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