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ADVICE: Global landscaping of family planning decision support tools

Benjamin Bellows
Population Council

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ADVICE: GLOBAL LANDSCAPING OF FAMILY PLANNING DECISION SUPPORT TOOLS

Ben Bellows, PhD
Population Council, Washington

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

- Psychosocial
- Economic
- Cultural
- Contraceptive preferences
- Readiness to take action

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

- Client-perceived quality
- Satisfaction
- Adherence / contraceptive continuation

- Provider training
- Commodities & supplies

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
- IPC tool: 16
- Other: 6
- LMIC: 11
- Paper: 8
- HIC: 11
9 decision support tools included a pre-consultation primer

Gynecology
Cluster randomized trial of a patient-centered contraceptive decision support tool, My Birth Control
Christine Dehlinkordt, MD, MSc; Judith Fitzgerald, BA; Beth Page, MPH; Kelly Holf, ScD, Ed; Eva Wittinghoff, PhD; Rayley Roed, MPH; Maria Paula Campana, MD; Abby Sokoloff, MPH; Miriam Kuppermann, PhD

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

OBJECTIVES: 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 in their family planning visit (in-person) or received usual care without it. A validated survey assessed experience of care methods satisfaction, decision quality, and contraceptive knowledge. Surveys at 4 and 7 months assessed the primary outcome of contraceptive counseling, decision quality, and satisfaction, and unintended pregnancy. Multiple logistic regression models with multiple imputation for missing data were used to estimate the effect of treatment assignment.

RESULTS: Twenty-eight providers and 750 participants enrolled between December 5, 2014, and February 5, 2016. Participants

Contents lists available at ScienceDirect

Original research article

Mobile contraceptive application use in a clinical setting in addition to standard contraceptive counseling: A randomized controlled trial
Luciana E. Hebert 1, 2, *a, Brandon J. Hill 1, 3, Michael Quinn 1, Jane L. Holf 1, 4, Amy K. Whitaker 1, Melissa L. Varner 1, 5, 6, 7, 8

1 Section of Family Planning, Center for Reproductive Health, Department of Obstetrics and Gynecology, University of Chicago, 5841 S Maryland Ave, Chicago, IL 60637, USA
2 Section of Obstetrics and Gynecology, University of California, San Diego, 2525 Health Sciences Dr, La Jolla, CA 92037, USA
3 Center for Reproductive Health and Women’s Studies, University of California, San Diego, 7655 Fleetwood Dr, La Jolla, CA 92037, USA
4 Center for Reproductive Sciences and Studies for Education in Health Sciences, Universidade Federal de Minas Gerais, 1234 130 300 040 900, 30160, Brazil
5 Center for Reproductive Sciences and Studies for Education in Health Sciences, Universidade Federal de Minas Gerais, 1234 130 300 040 900, 30160, Brazil
6 Section of General Internal Medicine, Department of Medicine, University of Chicago, 5841 S Maryland Ave, Chicago, IL 60637, USA
7 Section of General Internal Medicine, Department of Medicine, University of California, San Diego, 2525 Health Sciences Dr, La Jolla, CA 92037, USA
8 Department of Obstetrics and Gynecology, University of California, San Diego, 7655 Fleetwood Dr, La Jolla, CA 92037, USA

ARTICLE INFO
Objective: To evaluate the effect of mOption, a mobile version of contraceptive counseling mobile application of women in an urban, tertiary care setting. The mOption mobile application consists of contraceptive counseling and counseling. The current study was conducted to determine the effect of contraceptive counseling on the decision-making process.

Plain English summary
We explored feasibility, acceptability and utility of an Interactive Mobile Application for Contraceptive Choice (MACC) clinician focused decision aid designed to support family planning (FP) counseling and uptake. This qualitative study was conducted at 4 Kenyan maternal and infant health clinics: 2 rural sites in the Nyanza region and 2 urban sites in Nairobi. We recruited 25 contraceptive counseling visits in the contraceptive counseling visit.

Acceptability, feasibility and utility of a Mobile health family planning decision aid for postpartum women in Kenya
Ruben Dev,1, 2 Nancy F. Woods,1 Jennifer A. Unger,3 John Kinuthia,4 Daniel Matemo,5 Shika Farid,6 Emily R. Begne,2, 7 Pamela Kohler,7 and Alison L. Drake,7

Abstract
Background: Unmet need for contraception is high during the postpartum period, increasing the risk of unintended subsequent pregnancy. We developed a client facing mobile phone-based family planning (FP) decision aid and assessed acceptability, feasibility, and utility of the tool among health care providers and postpartum women.

Methods: Semi-structured in-depth interviews (ID) were conducted among postpartum women (n = 25) and FP providers (n = 17) in 4 Kenyan maternal and child health clinics, 2 in the Nyanza region (Kisumu and Siaya Counties) and 2 in Nairobi. Stratified purposive sampling was used to enroll postpartum women and FP providers. Data were analyzed using an inductive content analysis approach by 3 independent coders, with consensus validation.

Results: FP providers stated that the Interactive Mobile Application for Contraceptive Choice (MACC) tool contained the necessary information about contraceptive methods for postpartum women and believed that it would be a useful tool to help women make informed, voluntary decisions. Most women valued the decision aid content, and described it as being useful in helping to dispel myths and misconceptions, setting realistic expectations about potential side effects and maintaining confidentiality. Both women and providers expressed concerns about privacy and lack of familiarity with smartphones or tablets and suggested inclusion of interactive multimedia such as audio or videos to optimize the effectiveness of the tool.

Conclusions: The MACC decision aid was perceived to be an acceptable tool to deliver client-centered FP counseling by both women and providers. Counseling tools that can support FP providers to help postpartum women make informed and individualized FP decisions in resource-limited settings may help improve FP counseling and contraceptive use in the postpartum period.

Keywords: Postpartum, Family planning, Contraceptive counseling, Decision aid

FP providers (nurses) for in-depth interviews. Overall, women and providers felt that the decision aid was easy to use and had all the necessary information on different contraceptive methods that would help them in decision making. They further reported that such a decision aid will help them get rid of myths and misconceptions associated with the contraceptive methods and will also keep their information confidential. Both women and providers expressed concerns about literacy and technological challenges of using smart phones or devices and suggested inclusion of multimedia as audio or video to optimize the effectiveness of the tool. Overall, the
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>
</thead>
<tbody>
<tr>
<td><strong>Mechanistic</strong></td>
<td></td>
</tr>
<tr>
<td>Ease of use</td>
<td>Effort, convenience</td>
</tr>
<tr>
<td>Return to fertility</td>
<td>Reversibility, childbearing plans</td>
</tr>
<tr>
<td><strong>Method effect</strong></td>
<td></td>
</tr>
<tr>
<td>Efficacy</td>
<td>”perfect use”, “typical use”</td>
</tr>
<tr>
<td>Health effects</td>
<td>STI/HIV risk, menstruation</td>
</tr>
<tr>
<td><strong>Social / normative</strong></td>
<td></td>
</tr>
<tr>
<td>Partner support</td>
<td>Compliance/ involvement/ attitudes</td>
</tr>
<tr>
<td>Concealability</td>
<td>Discreet, private</td>
</tr>
<tr>
<td><strong>Practical</strong></td>
<td></td>
</tr>
<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>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Are you currently using any form of modern contraception?</td>
<td>Yes</td>
<td>No, in this case, don't ask question 18</td>
<td></td>
</tr>
<tr>
<td>18. <strong>If yes to question 17</strong>, do you use a condom and how often do you use it, is it with every intercourse or just sometimes?</td>
<td>Uses contraception but never a condom</td>
<td>Uses contraception but only sometimes a condom</td>
<td>Always uses a condom</td>
</tr>
<tr>
<td>19. Thinking about the ages of your past sexual partners, what is the biggest age difference between you and a sexual partner ever?</td>
<td>[__] years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Do you know the HIV status of your current sexual partner(s)?</td>
<td>She knows and there is an HIV+ partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. At any time in your life, as a child or as an adult, have you ever experienced sexual violence? For the purposes of this survey, ‘sexual violence’ is any physical sexual act that is perpetrated against your will (this includes, for example, vaginal or anal penetration, digital penetration and oral sex). If yes, how often have you experienced this kind of sexual violence?</td>
<td>Yes, more than three times</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, one or two times</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, once</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never experienced sexual violence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
The Population Council conducts research and delivers solutions that improve lives around the world. Big ideas supported by evidence: It’s our model for global change.