

# Tools for effective contraceptive counseling

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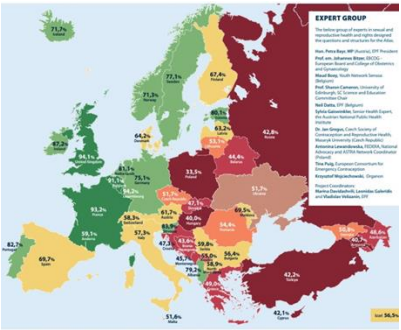
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**Vlaanderen**  
is zorgzaam en  
gezond samenleven

# No conflict of interest

# Current Belgian situation



Rising number of girls reporting to abortion clinics using 'natural contraception' due to TikTok



Vlaamse abortuscentra zien vaker jonge vrouwen die hormonale anticonceptie wantrouwen op basis van filmpjes op sociale media, zo blijkt uit een rondvraag van het Nieuwsblad. "Ik wilde af van de pil want die maakt me depressief en verkleint mijn libido, leerde ik op TikTok."

when people no longer want the pill: natural contraception takes off on social media



Hoewel steeds meer Vlaamse vrouwen voorbehoedsmiddelen gebruiken, is dat steeds minder vaak de pil. Sociale media slaan hormonen in de ban en jonge vrouwen proberen hun vruchtbaarheid te monitoren met natuurlijke middelen. Maar is anticonceptie op grootmoeders wijze, behalve puur, ook veilig? En welke trends bij geboorteregeling tekenen zich nog af?

- Low teenage pregnancy rate
- Low unmet contraceptive need
- Low abortion rate
- Rise in condom use to avoid hormonal contraception
- Hormonophobia
- Hormone-weariness

## 2 Hormonophobia

Women and men give a wide range of reasons for rejecting H.C.

Rejection of H.C. include negative experiences and fears of side effects

Rejection of H.C. is linked to a demand for naturalness

Women express a desire to regain control of their bodies

People's wish for a hormone free methods should be taken into account

Society in general is more anxious/stressed => So maybe more adverse mood symptoms

Healthisme

- Being in tune with the body
- belief the cultural messaging that H.C. is not natural (synthetic)

Post-feminisme: side-effects are no longer accepted

One 2 One model



# Key points for counseling

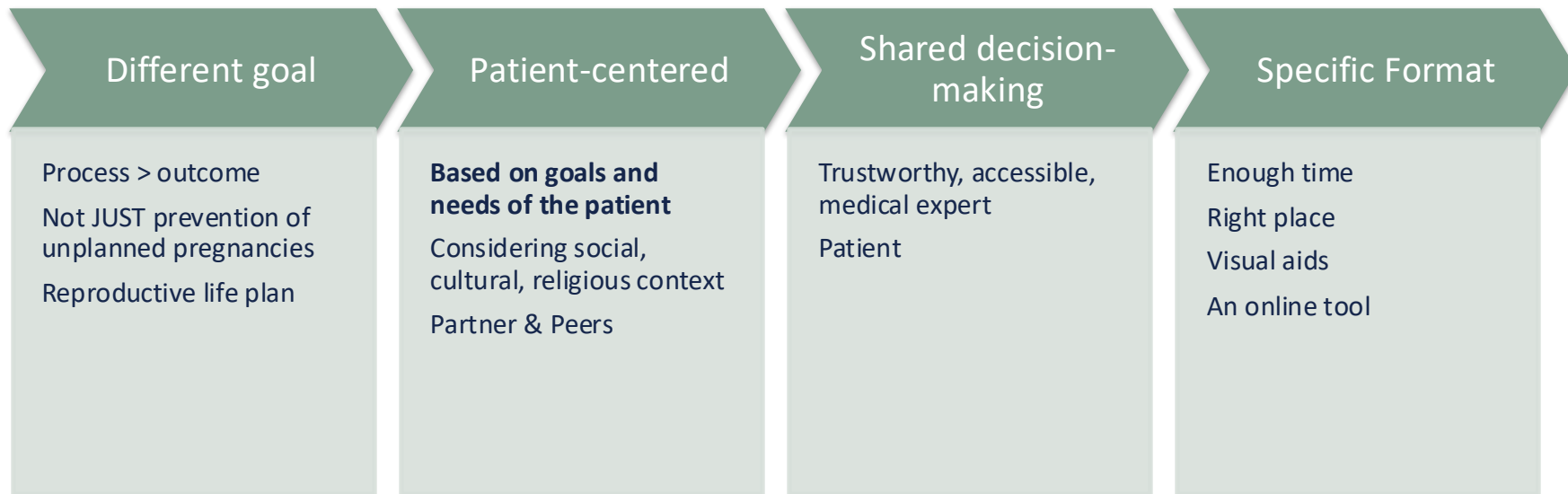
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Rejection H.C. comes from

- fear of adverse side-effects
  - > Physical
  - > Reproductive
  - > **Psychological**
  - > **Sexual**
- also rooted in fear that healthcare provider
  - > Does not give them good/enough **information**
  - > Does not involve them in **decision-making process**
  - > Overlooks their complaints **as misconceptions** about hormones

 This leads them to look for information elsewhere

# 3 Effective contraceptive counseling



# 4. Shared Decision-Making



## Non-directive counseling

- Contraception 'Menu'
- Patient makes decision
- Has full autonomy



## Shared Decision-making

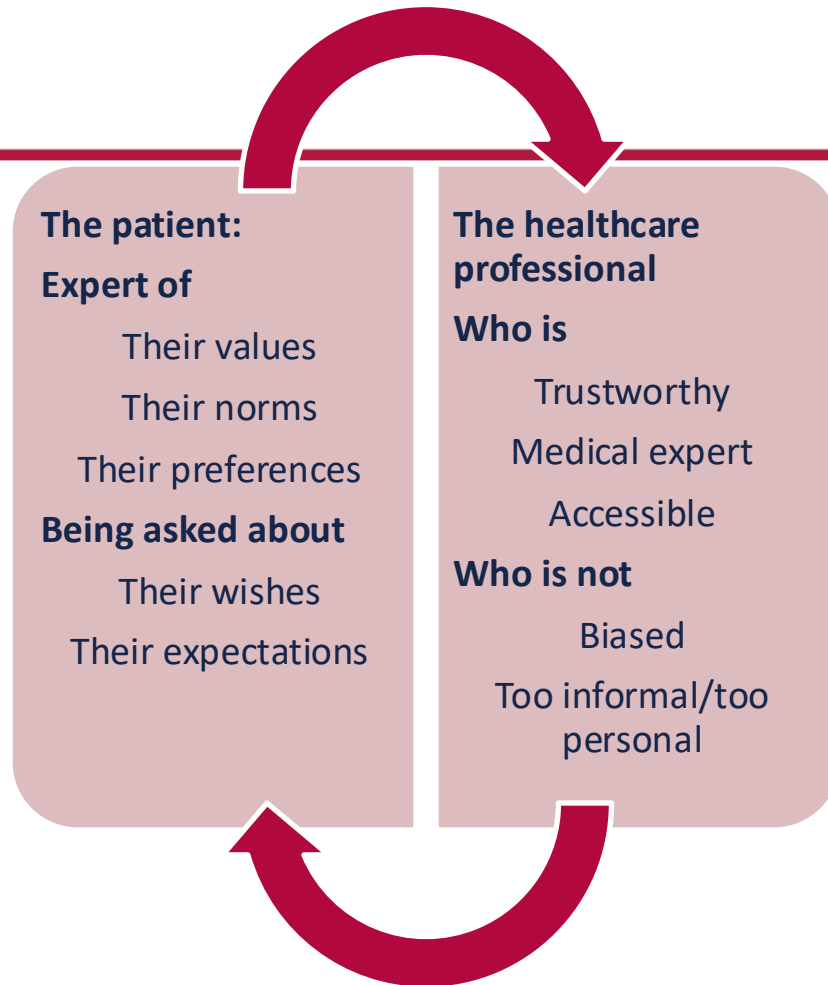


## Directive counseling

- Efficacy = priority characteristic
- Prevention of unplanned pregnancy
- Unplanned = unhealthy



# Between





# Trustworthy & Accesible Counselor

## Openminded

- No bias on
  - Sexual oriëntation
  - Sexual habits
  - Race and culture
  - Previous experience with contraceptive methods

## Transparant

- Information on all contraceptive options
  - Including alternatives to H.C.
  - Including ones not familiar with
  - Including psychological and sexual side-effects

## Not dismissive

- Patients concerns
- Patients fears

## Accesible

- **Normalize method switching**
  - Coming back should be an option
  - Especially with side-effects
- **Make a plan**
  - Keep the long term plan in mind
  - Know that woman will make reproductive life choices all her life

# Medical Expert: **up-to-date** information on



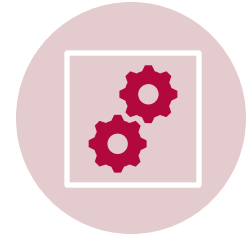
TECHNICAL  
ASPECTS



BENEFITS



RISKS

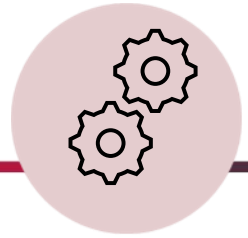


SIDE-EFFECTS



No sales-pitch

# Side-effects: be transparent on



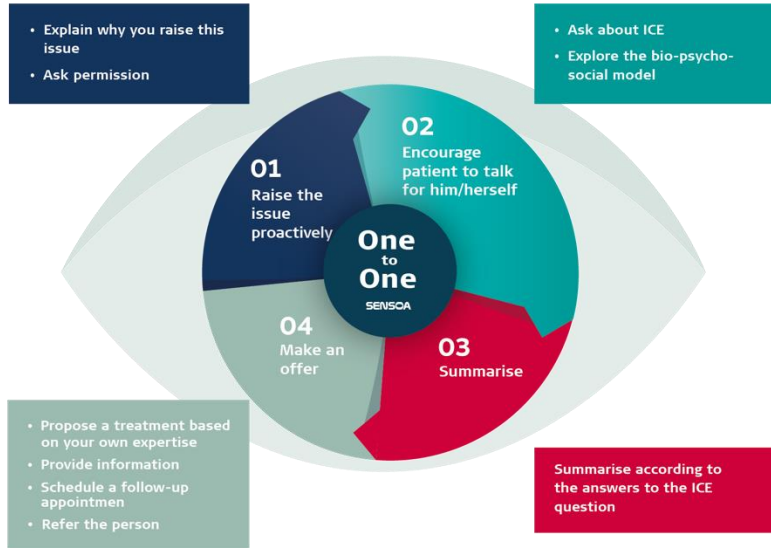
Menstruation	Physical side effects	Psychological side effects	Sexual side effects
Bleeding pattern Pain	<ul style="list-style-type: none"><li>• Weight gain</li><li>• Migraines</li></ul>	<ul style="list-style-type: none"><li>• Mood disorder</li><li>• Fear &amp; anxiety</li></ul>	<ul style="list-style-type: none"><li>• Loss of libido</li><li>• Anorgasmia</li></ul>

- People receive info from their social networks
  - > Online
  - > Real life
  - > Negative information is more commonly communicated than positive

# What do patients need?

- **Anticipatory Counseling:**
  - Proactively address psychological and sexual side effects.
  - Increased satisfaction leads to higher continuation rates.
- **Acknowledge Concerns:**
  - Everyone's experience is different; validate their feelings.
  - Do not dismiss concerns—explain with science.
- **Realistic Information:**
  - Balance optimism with honesty to avoid unrealistic expectations.
  - Ask about specific concerns and side effects proactively.
- **Supportive Environment:**
  - Normalize method switching and adjust contraception as needed.
  - Create a long-term plan with the patient's preferences in mind.

# Taking People's wishes into account: One 2 One



- **Easy to use**, easy to remember
- Based on **known "skills"** of GPs, no new skills are introduced (communication skills)
- Start – finish in **5 minutes** (while retaining respect)
- **No additional information** or knowledge needed

**Focus: Start pro-actively** and give patients the **'permission' to talk (PLISSIT)** about sexual health and contraceptives

# Step 1: Raise the issue proactively



- Explain why you raise this issue
- Ask permission



# Step 1: Start talking: Address sexual health pro-actively



Explain why + End with '*Is it ok to continue?*' + Link to the patient

- Refer to knowledge
  - > Side effects of medication, diseases,...
- Refer to experience
  - > Other situations/patients
  - > Observed during physical check-up
- Create common ownership
- Not intrusive



**REDUCE PATIENT  
RESISTANCE**

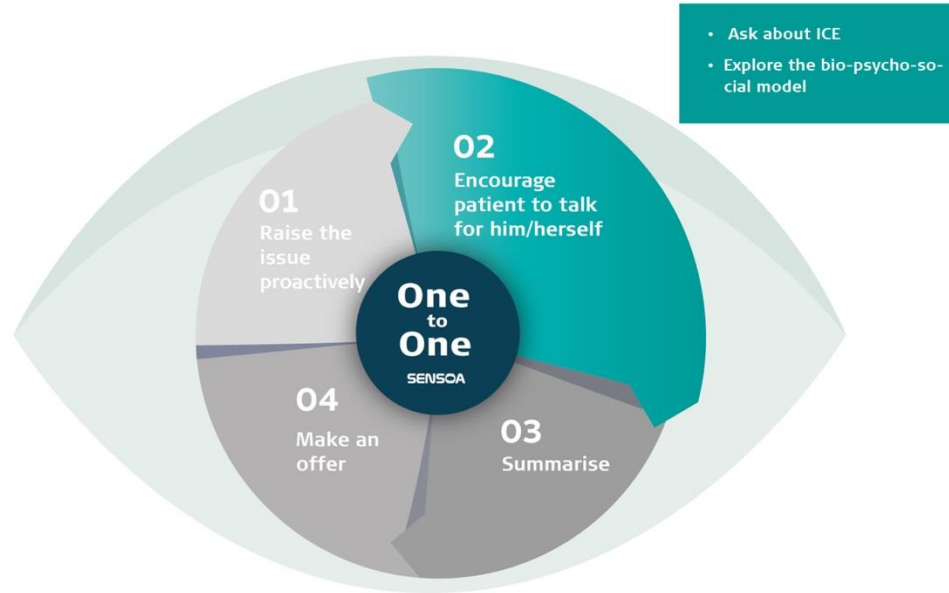
# Step 1: Raise the issue proactively



- > "I know a lot of young women learn a lot about contraception online, through social media. I see in your medical file that you're on the pill, is it ok for us to quickly discuss your current birthcontrol and how you feel about it?"
- > "It is good policy in our practice to bring up contraception because it's important for us to consider how our patients can best plan for their reproductive health. Is it ok if we continue?"
- > **"I hear from my other patients that they're doubting their family planning methods because of what they hear/see online. We could talk about contraception because choosing the right method can help you feel more in control of your family planning and overall well-being. Is it alright if we go over some options?"**
- > "Many women find it helpful to explore non-hormonal contraception if they have concerns about hormones and side-effects. Can we take some time to talk about your preferences?"
- > **"In our GP-office, we think it's important to discuss contraception, including potential side effects. We want our patients to be able to make an informed decision that fits their lifestyle and needs. Would it be ok to go over some details?"**
- > "Given where you are in your life right now, I think it would be helpful to talk about birth control options that suit your current health and family planning needs. Is it ok if we continue?"



# Step 2: Encourage the patients to talk, get to know their agenda



# Step 2: Motivate the patient to talk



## Explore ICE

- Ideas (misinformation)
  - > "What do you think this is related to?"
- Concerns (prioritize)
  - > "What is most of concern to you?"
- Expectations (realistic)
  - > "What do you expect?"



## Explore Bio-Psycho-Social model



# Step 2: Motivate the patient to talk



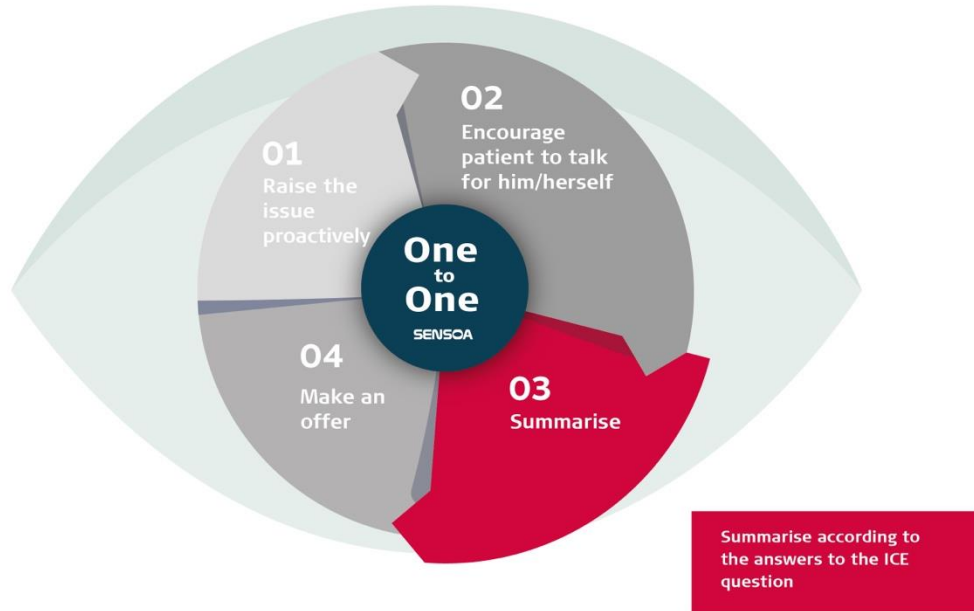
- **Get their 'Agenda' through the ICE + Bio-Psycho-Social model**
  - > Inquiring About Ideas:
    - "Why do you think contraception might be important for you at this stage in your life?"
    - **"What do you think about contraception in general? Have you had any thoughts on what it could mean for you?"**
    - "Do you have any idea where your thoughts or feelings about contraception come from or what they might be related to?"
    - "What have you heard about x-method of contraception from friends and family? Or Online?"
  - > Inquiring About Concerns:
    - "What are you most worried about when it comes to using contraception?"
    - "Do you have any specific concerns about hormonal or non-hormonal contraceptive options?"
    - **"Are there any particular things you're worried might happen if you start using contraception?"**
    - "Is there anything you've heard about contraception that worries you or makes you uncertain?"

## Step 2:



- > Inquiring About Expectations:
  - "What methods have you already considered?"
  - "What is important to you about your contraception method?"
  - "What do you expect to happen if you choose not to use contraception?"
  - **"If you decide to start contraception, what do you expect the outcome to be?"**
  - **"What are you hoping to achieve when it comes to managing your family planning or reproductive health?"**
  - **"How do you expect I can help guide you in making the right decision about contraception?"**
  - "What are your expectations of me as your healthcare provider when it comes to discussing birth control?"

# Step 3: Summarize



# Step 3: Summarize



+



- Limited time → ending the conversation with respect
- Emphasize and summarize: most important information (ICE)
  - > →feeling of being heard
  - > prioritize
- Bridge to step 4: propose further support

# Step 3: Summarize + Ask: Is this correct? Yes/No (closed Q)



- 1. Emphasize and Summarize (most important information, addressing ICE):
  - > "I understand that your main concern is avoiding side effects from hormonal contraception, and you're looking for a method that aligns with your health and lifestyle."
  - > **"From what you've shared, it seems like you're worried about how contraception might affect your body, and it's important to you to find something that feels natural and safe."**
  - > "You mentioned that you're expecting guidance on non-hormonal methods and want a solution that fits your needs without causing unwanted changes to your body. That's very valid."
  - > "I hear that your expectation is to make an informed decision that respects your health and personal preferences. I'll make sure we prioritize that in any recommendations moving forward."
  
- 2. Create a Feeling of Being Heard (validation of feelings and concerns):
  - > **"I want to reassure you that your concerns are completely understandable, and it's great that you're thinking carefully about what's right for you."**
  - > "It's clear that you've put a lot of thought into this, and I appreciate you sharing your worries and expectations with me."
  - > "I hear that you're looking for something that will give you peace of mind without disrupting your daily life, and I'll support you in finding the right option."
  - > "I understand how important it is for you to avoid certain risks, and I'll make sure we find something that fits those priorities."
  
- 3. Prioritize (focus on the key takeaway or next steps):
  - > "So, our next step will be to explore non-hormonal options more deeply, since that seems to be your main priority right now."
  - > "It sounds like the most important thing for you is to find a method that feels safe and has minimal impact on your body, so we'll start there."
  - > "Given your main concerns about side effects, I'll make sure to prioritize methods that align with your health goals."
  - > **"Let's focus on finding a method that balances effectiveness with the least amount of physical discomfort, as that seems to be your biggest concern."**

# Step 4: make an offer



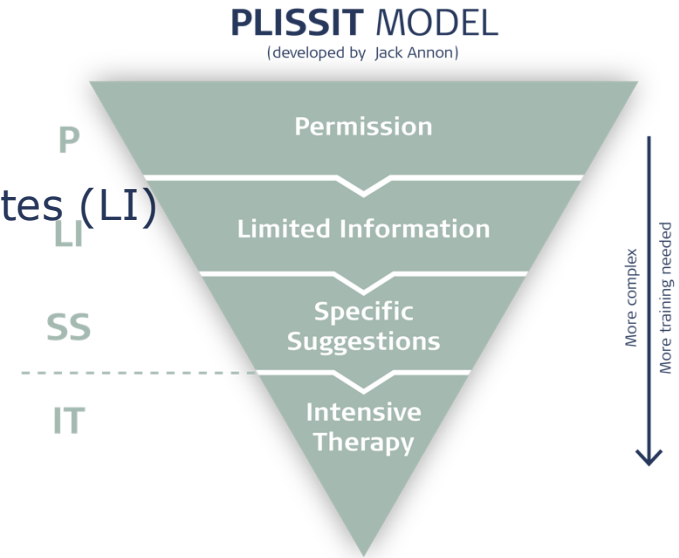
- Propose a treatment based on your own expertise
- Provide information
- Schedule a follow-up appointment
- Refer the person



# Step 4: make an offer



- Medical expertise: Treatment plan
- Schedule an extra consult (P)
- Provide information: minimum → refer to websites (LI)
  - > [www.Zanzu.be](http://www.Zanzu.be)
  - > [www.allesoverseks.be](http://www.allesoverseks.be)
- (Tips and advice on how to handle (SS) )
- Refer → interdisciplinary (IT)



## Step 4: make an offer



- "Given what we have talked about, what do you think is your best option?"
- **"If you're open to it, we can set up another appointment to go over the options in more detail and make sure we find the best fit for you."**
- "I'd like to schedule a follow-up to check in and see how you feel about the options we discussed today. Would that work for you?"
- **"Would you like me to provide some additional resources or reading material about non-hormonal contraception that you can review before we meet again?"**
  - > Belgium: [allesoverseks.be](http://allesoverseks.be) ([allaboutsex.be](http://allaboutsex.be))
  - > Belgium: [zanzu.be](http://zanzu.be)
- "I'll send you some information to review at home, and we can follow up in our next visit to see how you feel about moving forward."

## Step 4: start treatment plan



- **Start conversation with open question**
  - Values and preferences
  - Without assumptions
- **Elicit informed preferences**
  - Help identify preferences in GENERAL terms
  - Use contraception tool
  - Get to know the patients agenda: their wishes and expectations
- **Discuss methods characteristics**
  - Use a visual aid
  - Discuss Side effects
  - Address concerns
  - Correct misinformation
- **Facilitate shared decision making**
  - Balances values
- **Select method**
  - Use active learning strategies
  - Ask open ended questions
  - Ask patient to repeat information back
- **Start same day**
- **Assess sti + condom use**
- **Tell them to come back when experiencing side effects**
- **Make a plan for method switching**






**SENSOA**

 **Vlaanderen**  
is zorg

# Contraception-Tool



## Anticonceptie vergelijken

	Sterilisatie	Het koperspiraaltje	Natuurlijke anticonceptie zonder hormonen
<b>Betrouwbaarheid</b>			
Betrouwbaarheid	 Zeer betrouwbaar	 Zeer betrouwbaar	 Minder betrouwbaar
<b>Prijs</b>			
Prijs ouder dan 25	Vrouwen: € 100 - € 800, Mannen: € 40 - € 400	€ 9 - € 26 per jaar	€ 0
Prijs jonger dan 25	Vrouwen: € 100 - € 800, Mannen: € 40 - € 400	€ 0	€ 0
<b>Frequentie</b>			
Hoe vaak wil je met anticonceptie bezig zijn?	1 keer en dan nooit meer	Om de paar jaar	Dagelijks
<b>Menstruatie</b>			
Ik wil zo weinig mogelijk kans op onverwachte bloedingen	✓	✓	✓
Ik wil maandelijks blijven menstrueren	✓	✓	✓
Ik wil mijn menstruatie zelf regelen	✗	✗	✗
<b>Privacy</b>			
Mijn ouders mogen er niets van weten	✓	✓	✓
Mijn partner mag er niets van weten	✓	✗	✗
<b>Dokter</b>			
Ik wil niet dat de dokter mijn anticonceptiemiddel inbrengt	✗	✗	✓
Ik wil niet naar de dokter voor mijn anticonceptiemiddel	✗	✗	✓
<b>Kinderwens</b>			
Ik wil snel zwanger kunnen worden als ik stop met anticonceptie	✗	✓	✓
<b>Hormonen</b>			
Ik wil geen hormonen in mijn anticonceptie	✓	✓	✓

# An extra concern: low health literacy



- Emphasize that many clients indicate that YOU (may) give too much info
- Normalize not understanding
- Take responsibility:

“A lot of clients sometimes find the info I give difficult and complicated. Sometimes I explain it too quickly. Will you tell me if I’m going too fast?”

- Use [www.zanzu.be](http://www.zanzu.be): not only with non-native speakers, visual images help

# Zanzu: Topics

Choose the topic you wish to discuss

## Body



- › Woman's body
- › Man's body
- › Body and sex
- › Hygiene

## Family planning and pregnancy



- › Contraception
- › Getting pregnant
- › Being pregnant
- › Delivery
- › After delivery
- › Sex during and after pregnancy
- › Unintended pregnancy

## Infections



- › Sexually transmitted infections (STIs)
- › HIV and AIDS
- › Vaginal infections
- › Condom

## Sexuality



- › Sex
- › Body and sex
- › Sexual pleasure
- › Virginity
- › First-time sex
- › Sex during and after pregnancy
- › Sexual problems and concerns

## Relationships and feelings



- › Relationships
- › Talking about sex and relationships
- › Relationship problems and concerns
- › Men and women

## Rights and law



- › Your rights
- › Violence

# Thank you!



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