in 10% of sessions women chose a method recommended by a friend or neighbor and in 5% of sessions women said they wanted progestin-only pills because they were breastfeeding.

In at least 46% of their counseling sessions, new clients arrived with a strong preference for a specific method. Providers appeared to both expect and accept this; often they began sessions by asking what method a woman wanted. While providers reviewed other methods with these clients, generally they did not ask the woman to reconsider her initial decision, nor did they explore how well the chosen method might fit her reproductive intentions and lifestyle. During the few sessions in which providers asked new clients to consider an alternative method, the woman generally listened and appeared to appreciate the advice.

Providers consistently respected the central element of informed choice, that the client, not the provider, should decide which method best suits her needs. In fact, this conviction may have discouraged providers from taking a more active role in counseling clients. In 50% of sessions with new clients, providers accepted the client’s decision without question or comment; clinic providers accepted the decision somewhat more often than did community-based distributors (59% vs. 33%, p=.054). Even when a client tried to defer to the provider, the provider generally insisted that the client take responsibility, as in the following exchange with a new client:

Client: You just examine me and see what is fit for me.
Provider: Yes, we shall examine you, but we must also know what you think is best for you.

These findings do not imply that providers are playing a passive role during counseling sessions, however. A prior analysis of these same transcripts found that providers dominated more than two-thirds of the consultations, controlling both the content and direction of the conversation, while client participation was relatively limited. Although providers may defer to clients when it comes time to select a method, they are nonetheless highly active throughout the session.

Implementing the Decision.
Providers did not always supply the additional, more complete information clients need to use their chosen method properly. Table 4 compares the extent of information covered in sessions with new clients obtaining either the pill or the injectable with the amount of information covered in sessions with women obtaining other methods. Sessions in which the client adopted the pill or the injectable were only somewhat more likely than sessions in which women adopted other methods to cover proper use of the method. Often, new users of the pill and injectable left the counseling session with limited information about their chosen method.

Also, the instructions offered frequently were incomplete. For example, providers explained that the pill must be taken daily in 72% of sessions with new clients who adopted the pill, but in only 52% did they describe when to begin each new cycle, and in just 32% did they instruct clients what to do after forgetting to take a pill. In addition, providers did not routinely check whether the client understood and remembered the information. Generally, providers were less consistent in reinforcing clients’ continuing use of a method than in instructing new clients and clients who switched methods about how to use their new methods.

Table 4 shows that sessions were considerably more likely to focus on appropriate follow-up for the pill and the injectable when the client had adopted that method. Eighty percent of sessions with new pill users and 64% of sessions with new injectable users discussed when to return for resupply, check-ups or problems related to the method. However, in only 20% of sessions with new pill users and 14% of sessions with new injectable users did providers list any of the warning signs that are specific reasons to consult a doctor or nurse.

Discussion
Family planning providers in Kenya do appear to recognize the essential elements of informed choice and understand the importance of offering clients information about a variety of methods and of letting clients make their own decisions. This finding confirms earlier reports that Kenyan providers discuss multiple methods with clients and that, for the most part, clients are involved in the decision about which method to adopt. Nonetheless, informed choice is not fully realized in these sessions. Clients may not understand how the often generic information offered by providers relates to their own needs. They also may need help in weighing the advantages and disadvantages of different methods or in verifying that their preferred method is suitable.

Providers may not have offered as much help as clients needed, but their determination to leave the decision to the client does mark a meaningful and important step towards informed choice. There is a fine distinction, however, between respecting clients’ preferences and allowing them to make impulsive or uninformed decisions. Insufficient information and inadequate advice meant that many of the clients observed in this study did not make fully informed choices, although they undoubtedly had personally compelling reasons for their decisions.

Thus, while Kenya has made great progress in recognizing clients’ right to choose, current standards for family planning counseling now need to be re-assessed. By analyzing each step of the decision-making process, this study suggests ways in which providers can encourage clients to make better informed and more thoughtful choices.

Focusing on the Client’s Needs
A woman’s individual needs and preferences determine which contraceptive method is best for her. Personal issues such as discomfort, husband’s attitudes and inconvenience may be as important for client satisfaction and method continuation as technical issues such as effectiveness and safety. However, given that most providers receive training that emphasizes technical issues, they may not ask about many other factors that affect a woman’s contraceptive choice. If providers do not discuss the client’s reproductive intentions and personal situation, many women may not recognize the importance of these issues or understand