

# Effectiveness of client-facing materials and counseling aids on contraceptive counseling quality and uptake of modern contraceptive methods

## Background

Despite recent efforts to increase uptake of family planning (FP) methods, approximately 225 million women in low- and middle-income countries (LMICs) have an unmet need for contraception, resulting in high maternal, child, and neonatal mortality rates. Women cite strong social norms around larger family sizes, widespread myths, and misconceptions on FP methods, and wider structural issues—such as a lack of trained or judgement-free providers, frequent contraceptive commodity stock outs, and financial challenges—as key barriers to accessing FP services. Many women also report inconsistent and short-term use of contraception, with high discontinuation rates particularly among young people.

Governments and health organizations have initiated efforts to give women and girls access to information that can increase their knowledge of the range of contraceptive methods available and associated possible side effects, with the intent to increase both uptake and continued use of modern contraception. These efforts include provider training and performance management for contraceptive counseling; community-based activities to increase accurate information amongst women, partners, and communities; and providing printed and digital informational materials and decision aids providing method information.

There are a range of respected and widely used aids available across LMICs, including provider aids, such as flipcharts, and patient decision aids, including leaflets, to improve women's agency in their contraceptive decision making. However, relatively minimal research is available on these aids' effectiveness, especially in LMICs, in terms of improving contraceptive knowledge and sustained uptake of services.



**USAID**  
FROM THE AMERICAN PEOPLE

**Breakthrough**  
**ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough Action logo, consisting of a blue square with a white curved line and a small blue sphere at the end of the curve.

Prior to Breakthrough ACTION's scale up of **a new contraceptive brochure** for their West African programs, the project conducted a review of the available global literature on the effectiveness of client and provider facing materials and counseling aids on contraceptive knowledge and uptake.

## Definitions

The key findings refer to a variety of aids used by health professionals, including the following:

- Client-facing printed materials that allow health providers to assist clients in learning and making decisions about FP (e.g., brochures/pamphlets, booklets and guides, posters and infographics, fact sheets, and educational handouts).
- Counseling tools and job aids used by health providers to assist clients in learning or making decisions about FP printed or digital).
- Digital information tools which provide individuals and couples with easy access to information, resources, and support related to FP (e.g., websites, mobile apps, telehealth services, and chatbots).
- Shared decision-making tools are resources designed to facilitate collaborative discussions between healthcare providers and clients or patients. These can include tools used by providers and clients, such as contraceptive option worksheets, value clarification exercises, role-playing exercises, and decision trees.

## Results

Breakthrough ACTION conducted a search across PubMed, Medline, Google Scholar, and the London School of Hygiene and Tropical Medicine Library to identify all peer-reviewed published literature examining either the effectiveness of leaflets or counseling aids in improving the quality of contraceptive counseling and in increasing client uptake and sustained use of contraceptive methods. The project identified a total of 17 relevant papers. Seven were randomized controlled trials evaluating leaflets and digital- and paper-based counseling aids. Seven more articles were non-randomized studies, and three were systematic reviews evaluating the effectiveness of both counseling and decision aids. Eight of the randomized or non-randomized studies were from LMICs, with the rest coming from high income countries, and only five were from the last five years (2017-2022).

Overall, the studies reviewed demonstrated increased contraceptive interest and knowledge, as well as improved contraceptive counseling, despite heterogenous outcome measures and methodologies. There were mixed results regarding increased uptake and sustained use of modern contraceptive methods.

The key themes identified across the papers reviewed included the following:

1. **Client-facing printed materials (leaflets) generally demonstrated increased knowledge, intention to use and/or uptake of modern contraception.** For example, studies suggested involving families and husbands in the use of leaflets and pairing it with counseling improve contraceptive trends and increases the support women feel in their contraceptive use. The use of printed leaflets increases women's understanding of contraception, pregnancy, and

associated risks, particularly when the stories illustrated in the leaflets are localized.

2. **Counseling tools and job aids saw improved counseling quality but mixed results on contraceptive uptake.** Tools and aids can improve counseling experience, quality of information, and overall client satisfaction, and can even improve uptake, though this is not systematic. Flipcharts can improve the quality of counseling particularly for providers with limited training, and all aids can be useful conversation starters.
3. **Digital informational tools often saw improved knowledge of methods alongside reduced provider workload burdens.** Some studies showed improved clinic flow, reduced wait times, and improved intention to use when digital tools were paired with contraceptive counseling. Across the board, such tools showed an improved understanding of contraceptive methods and expectation management around side effects.
4. **Shared decision-making tools suggest improved contraceptive knowledge, but this doesn't always translate into contraceptive uptake.** These aids particularly support women's reproductive autonomy. They can increase knowledge, lower decisional conflict, and increase active decision making by patients. Digital shared decision-making tools will be a promising way forward to tailor support to the varying needs and priorities of patients.
5. **Client-facing materials and counseling aids alone are not enough to see the desired outcome.** Counseling tools must be used in combination with counseling, and ideally these counseling sessions, including use of the tools, will include partners and family members for optimal impact.
6. **Simple decision aids are more effective than detailed versions, particularly when paired with counseling.**

Evidence suggests contraceptive informational materials positively impact client knowledge of options and side effects, decision making, and relationship with the provider. Despite limited research on the link between these materials and uptake, the evidence available illustrates they can support reproductive autonomy, lower decision-making conflict, and improve relations with health care providers—which together, could lead to greater uptake of FP methods. This highlights a need for further research on this connection, particularly in LMICs.

## Limitations

Evidence on the impact of contraceptive informational materials is limited, particularly in LMICs. Of the studies that do exist, very few examine the impact of these aids in isolation. The available research measured a wide range of outcomes, so developing a synthesis of effects was a challenge. Of the measured outcomes, many are unvalidated or novel, such as “interest in contraception,” or “satisfaction with decision-making process.” This limits the understanding of the effects of materials on broader health outcomes, such as sustained use of contraception. The most used measure tended to be contraceptive knowledge and interest; however, the review could not establish whether this translates into long term behavioral change.

This executive summary is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.