

Family Planning Counselling Kit



Family Planning
Counselling Information
for Service Providers



GATHER

FOR THE COUNSELLING KIT

G

Greet the client. Identify any special needs of the client. (See appropriate counselling pages, i.e., men, contraception, or double protection.)

A

Ask profiling questions. (Use the client's family planning card and profiling flowchart.)

T

Tell the client about the methods that are in her/his profile(s). (Use the profiling boxes.)

H

Help the client make a choice. (Use the front of the relevant cards including the use of screening questions from the method card and medical history on the family planning card, to determine eligibility.)

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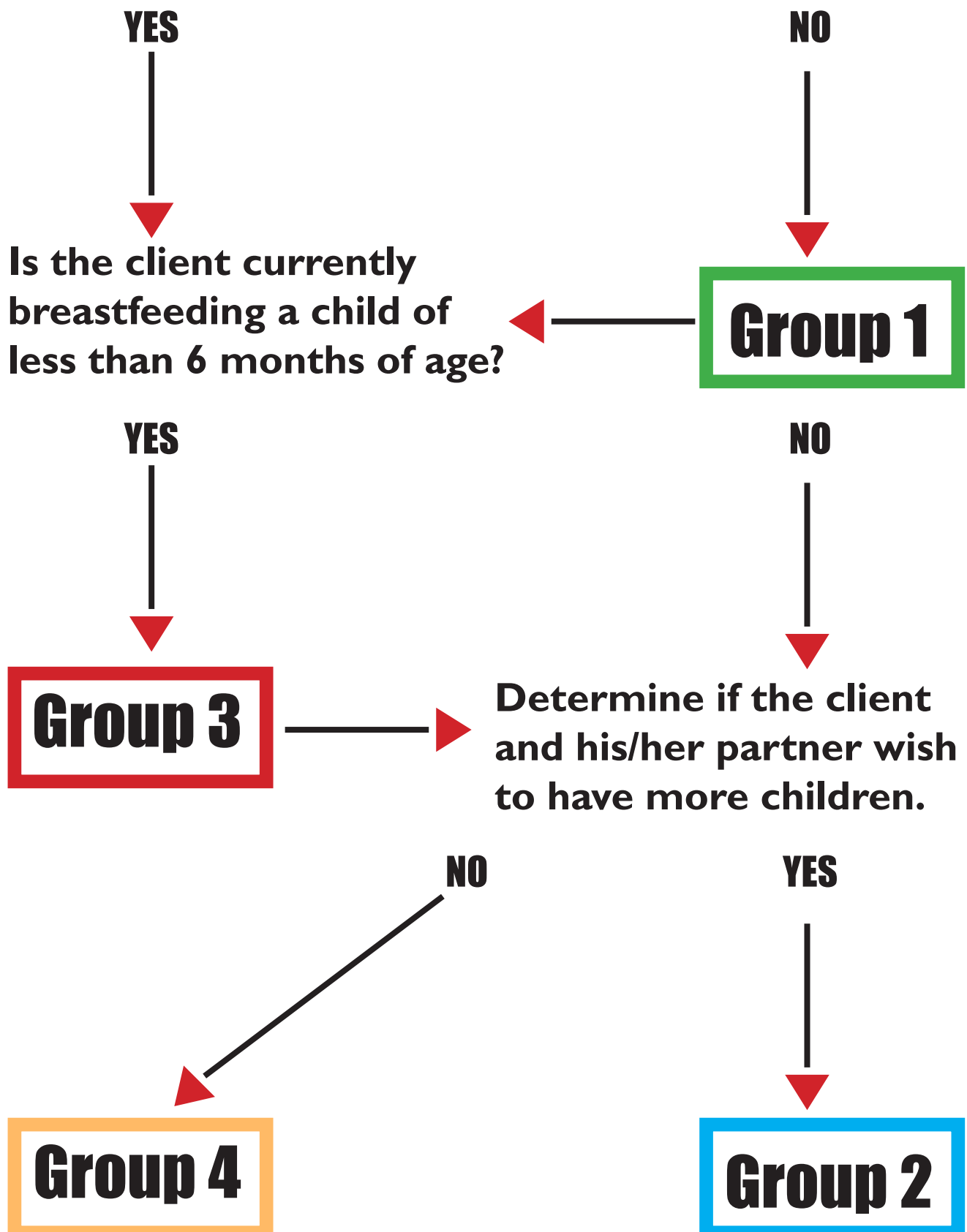
Explain how s/he uses the method of her/his choice.

R

Return visit should be scheduled before s/he leaves.

CLIENT PROFILING QUESTIONS

Determine if the client is a single-partner, in a faithful relationship with one who is faithful.



RECOMMENDED METHODS BY PROFILE

MULTIPLE or CONCURRENT PARTNERS

DOUBLE PROTECTION:

- **MALE CONDOM**
- **FEMALE CONDOM**
- +
- **ORAL CONTRACEPTIVE PILL**
- **INJECTABLE**
- **JADELLE®**

SPACERS/DELAYERS

- **CONDOMS (MALE/FEMALE)**
- **SPERMICIDES**
- **ORAL CONTRACEPTIVE PILL**
- **INJECTABLE**
- **JADELLE®**
- **SCIENTIFIC NATURAL FAMILY PLANNING (SNEP)**
- **IUD**

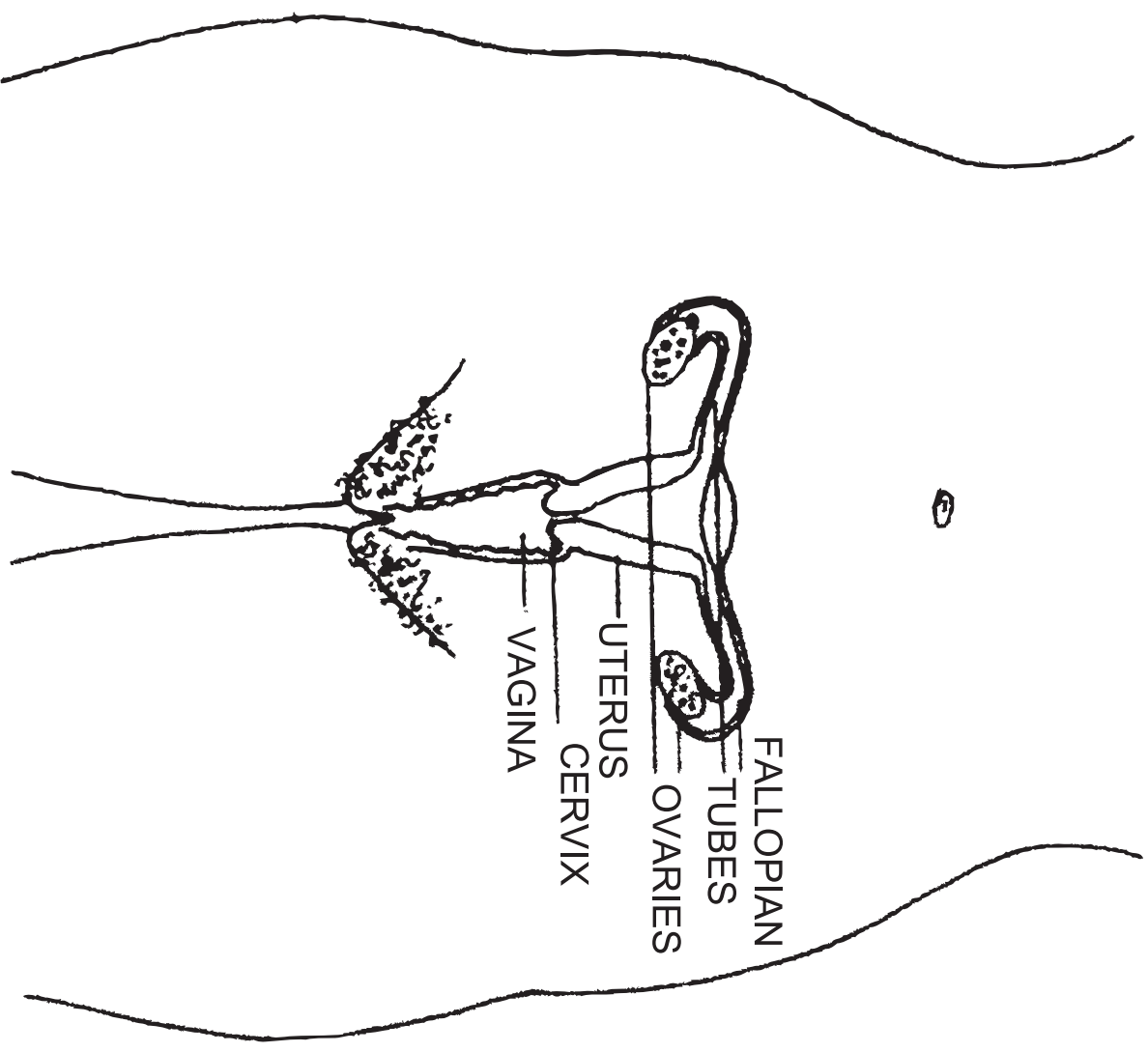
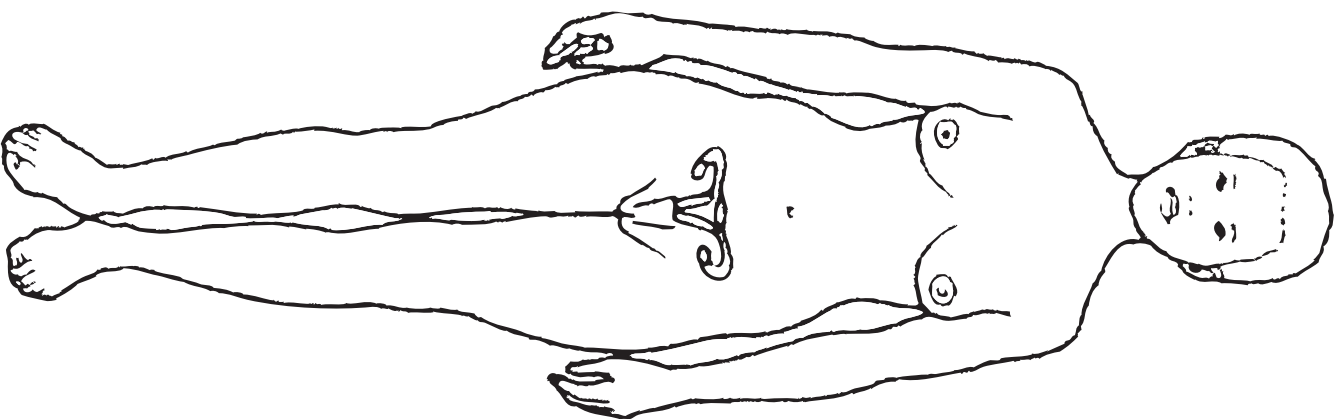
BREASTFEEDERS

- **CONDOMS (MALE/FEMALE)**
- **SPERMICIDES**
- **MINIPILL**
- **INJECTABLES**
- **JADELLE®**
- **LACTATIONAL AMENORRHEA METHOD (LAM)**
- **SCIENTIFIC NATURAL FAMILY PLANNING (SNFP)**
- **IUD**

LIMITERS

- **INJECTABLES**
- **JADELLE®**
- **IUD**
- **TUBAL LIGATION**
- **VASECTOMY**

FEMALE REPRODUCTIVE ORGANS



FEMALE REPRODUCTIVE SYSTEM

The reproductive organs make it possible for a man and women to enjoy sex and/or produce a baby.

FEMALE SEX ORGANS

The female sex organs can be divided into the internal and external sex organs. The main female sex organs are the vagina and the uterus which are considered the internal organs. The external organs include the pubis, the labia, and the clitoris.

FEMALE EXTERNAL ORGANS

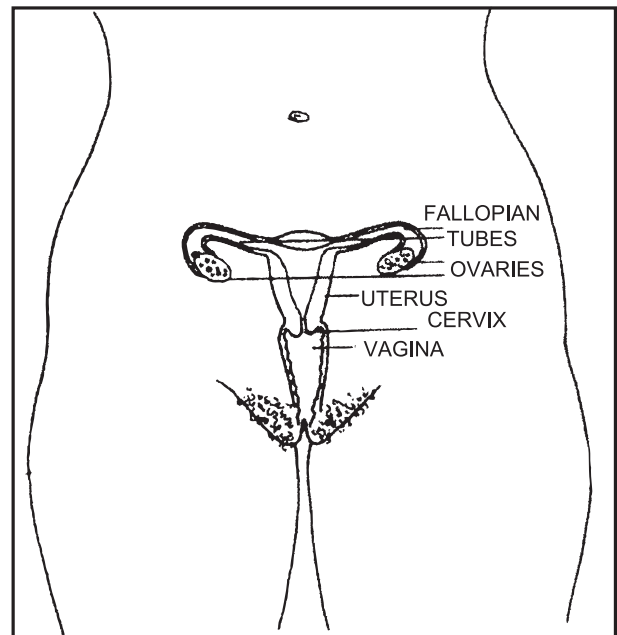
PUBIS, LABIA MAJORA, LABIA MINORA AND THE CLITORIS: These are the mounds of flesh above the pubic bone, the inner and outer lips of the female genitalia and the sensitive, knob-like structure that fills with blood when stimulated during sexual intercourse.

FEMALE INTERNAL ORGANS

URETHRA: The urethra lies below the clitoris. This is the urinary opening at the end of a narrow canal, or duct which drains urine from the bladder and out of the body.

VAGINA: Just behind the small urinary opening is a larger opening that leads to the vagina. This organ, which is also the birth canal, leads from the vulva (external female genitalia) to the uterus. It is through this canal that the baby passes at birth. It is also here that the male penis enters the women's body to deposit sperm. The vaginal passage is lined with soft, folding muscle.

CERVIX: At the inner end of the vagina and the opening of the uterus is the cervix. It has a small opening or slit in the centre which remains closed with thick mucus that it produces. When the mucus becomes lighter, it facilitates the entry and movement of sperm into the uterus and fallopian tubes. Although the cervix is a small opening, it is capable of expanding enormously to allow the baby to come out of the womb and into the vagina.



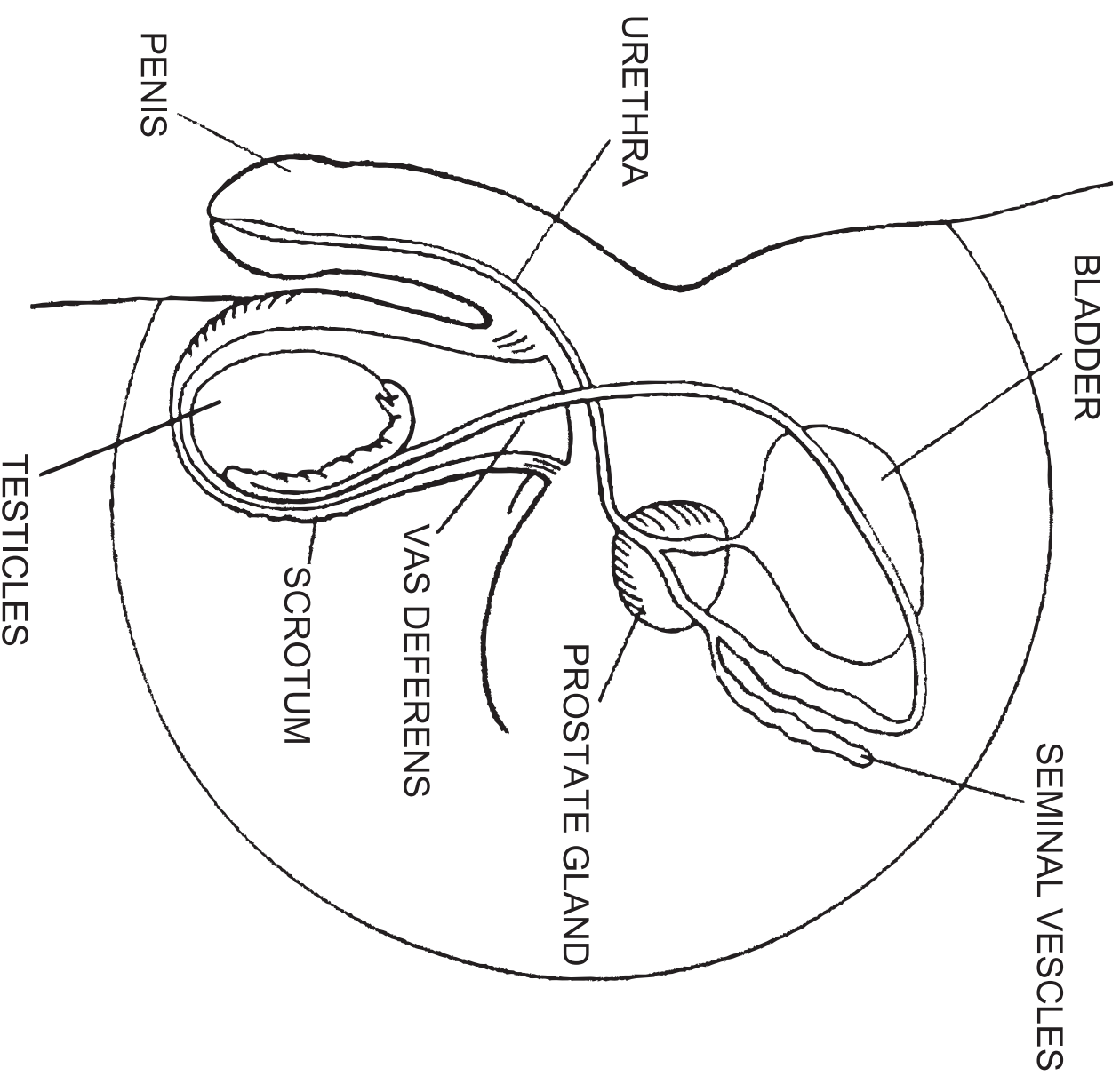
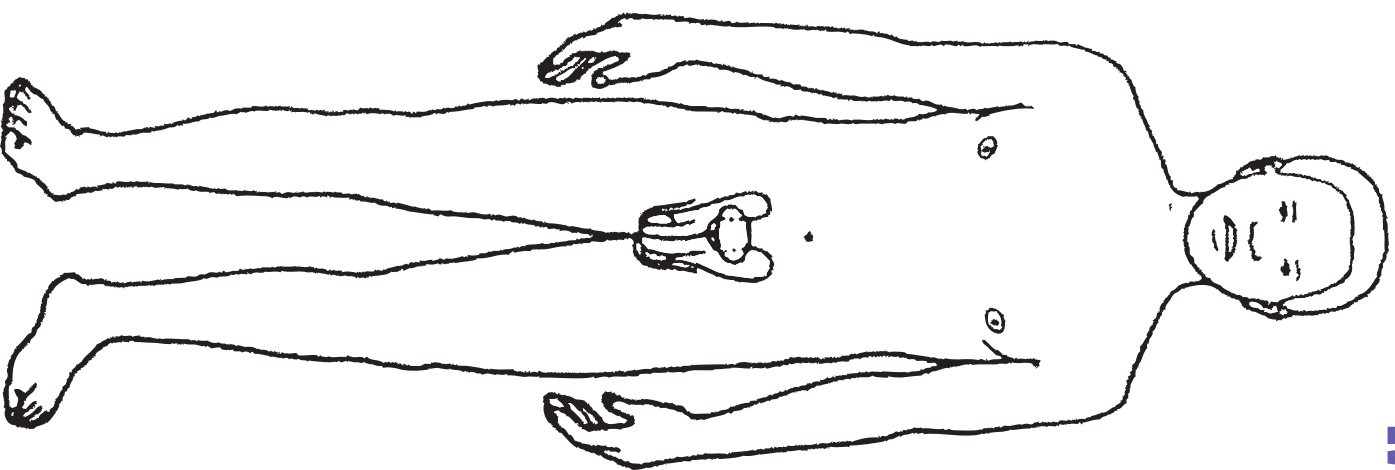
UTERUS (WOMB): This is the container in which the unborn baby grows until it is ready for birth. In a woman who is not pregnant, the womb is about the size of a fist. It is, however, capable of expanding enough to accommodate a growing baby. This expansion is possible because the uterine walls are exceptionally powerful.

FALLOPIAN TUBES: On either side of the top of the uterus are two "egg tubes" or fallopian tubes (oviducts) which are about 10 centimeters long. The opening between these tubes and the uterus is very tiny. Inside the tubes are tiny hairs called cilia. These hairs help move the eggs into the womb and the sperm towards the egg. One end of each tube is connected to the uterus while the other ends are finger-like structures which are wrapped around the top half of the ovaries.

OVARIES: Ovaries are located just below the fallopian tubes. They have two key functions in the reproductive system:

- to produce eggs which are fertilised by sperm to start pregnancy
- to secrete female hormones such as estrogen and progesterone which control and affect pregnancy, as well as female sex characteristics.

MALE REPRODUCTIVE ORGANS



MALE REPRODUCTIVE SYSTEM

The reproductive organs make it possible for a man and women to enjoy sex and/or produce a baby. Both the male and female reproductive system can be divided into outer and inner organs, i.e. those that can be seen from the outside and those that cannot.

MALE SEX ORGANS

The main male external sex organs are the penis and the scrotum. The internal organs are various glands and tubes.

MALE EXTERNAL ORGANS

THE PENIS: is made of muscle tissue which is like soft sponge. The external part is covered with a thin, tough, elastic skin. The penis can be divided into the shaft and the glans. The shaft forms about two-thirds the length of the penis and the glans forms one-third. The tip of the glans is the most sensitive part of the penis. The tube within the penis which carries the semen and the urine out of the body is called the urethra.

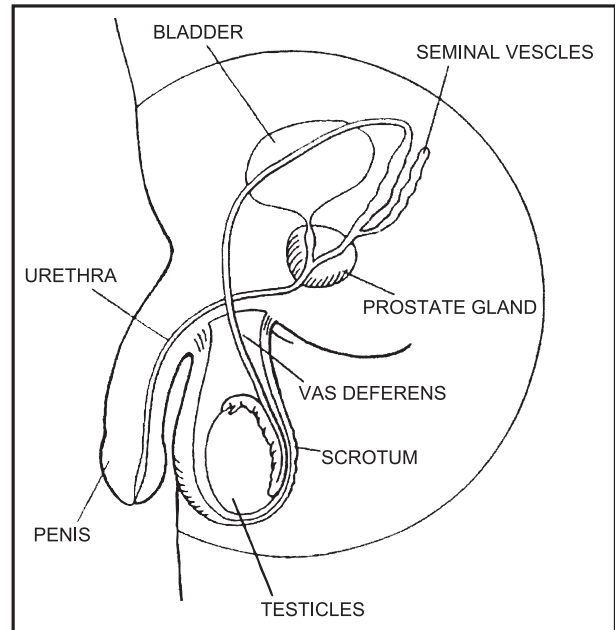
THE SCROTUM: is the bag that hangs just behind the penis. The main functions of the scrotum are:

- to store and protect the testicles from injury
- to keep the testicles cooler than the body temperature which is essential for the production of sperm

MALE INTERNAL ORGANS

URETHRA: runs from the bladder to the very end of the penis. It has the dual function of transporting both sperm (during ejaculation) and urine out of the bladder for disposal.

PROSTATE GLAND: The function of the prostate gland is to produce an alkaline fluid called seminal fluid which is also called ejaculate or semen. This fluid appears whitish and feels slimy to touch.



The seminal fluid has three main functions:

- To make the sperm active so that they have the power to swim in the woman's reproductive system
- To transport the sperm along the urethra, through the penis and into the vagina
- To neutralize the acid in the male urethra so that the sperm are not affected.

TESTICLES OR TESTES: are the two, ball-shaped glands which are contained in the inner part of the scrotum. These two organs produce sperm or spermatozoa. This sperm is what produces a baby when it fertilizes a female's egg.

VAS DEFERENS: are two, long, narrow tubes which extend from the testes to the prostate gland. Sperm are transported through these tubes and are stored in the seminal vesicles where they are ejaculated into the semen.

SEMINAL VESICLES: are two glands which are located just below the bladder. The main function of these vesicles is to store sperm and produce the semen in which the sperm move and live.

COUNSELLING MEN



Most often, those who seek family planning counselling and services are women in their reproductive ages. However, it is important to recognize that men also come to the clinics and that their counselling needs are different from those of women.

Why counsel men?

In Zambia, as in most traditional African cultures, men are powerful decision makers and advocates of or opponents to family planning. Studies show that men generally have a lower approval rate for family planning than women.

Counselling men is important to make them more informed and supportive of family planning and safer sex. It is also important in promoting a couple's communication about issues of family planning and safer sex.



Why is counselling men different?

Studies also show that men are more interactive in a counselling session and ask more questions than women. However, men often see family planning as a women's issue. Therefore, it would be helpful if a provider thinks ahead of time about reasons to give the client as to why this is an issue for both sexes.

Also keep in mind the fact that most family planning counsellors are women and when they are counselling men, there may be some discomfort on their male clients' part due to the gender difference. Counsellors can ease this discomfort by saying to the male client, "I am going to talk to you about some sensitive issues now, is that alright with you?" or "This may be uncomfortable, but what I need to talk to you about concerns your health and that of your partner, is that okay with you?" The more the counsellor practices, the easier it will become.

Why do men come for reproductive health services?

- To get treatment for an STI.
- To learn about methods his partner is using or to find out about a method for himself or his partner.
- To obtain condoms or other family planning methods.
- To seek answers to specific concerns or questions.
- To accompany his partner when she comes for service

Note about men: It is important that men who come to the clinic for any of the above reasons receive counselling. The support of men for family planning and safer sex is key to increasing the number of family planning users (both men and women).

Frequently Asked Questions

- Q:** If my wife uses family planning then will she be free to sleep with other men and not have to face the consequences of pregnancy?
- A:** There is no evidence to support the idea that the women who seek family planning change morally or misbehave. In fact, women use family planning in order to have the family size that she can well take care of, so that she will not become overburdened and unhealthy. If a family is of a manageable size and does not occupy all her time and energy, she may even have more time for her husband.
- Q:** If I use family planning, will it affect my ability to have sex? Will it make me less of a man?
- A:** Absolutely not. Family planning will not affect your manhood/sex life at all and you can still feel as much of a man as before. In fact, you may enjoy sex more if you are not worried about making your partner pregnant.
- Q:** Won't a condom lessen my pleasure while having sex?
- A:** The feeling may not be exactly the same but there is very little reported difference. In fact if you use a condom you will have greater peace of mind knowing that you will not make your partner pregnant or get/transmit any STI so you can enjoy sex without worry.

Note to the Provider

- Reassure the client that the visit is confidential.
- Use the anatomy cards to go over the reproduction process and the reproductive organs with your client.
- Always counsel the client about double protection.
- Encourage men to talk to their partners about family planning and to come to the clinic together for family planning counselling.
- Ask the client if he is following the discussion and instruct him to stop you if he has any questions.
- Remember GATHER.

Follow Up



Advise the male client to go home and talk to his partner about what was discussed in the session.

Schedule a follow-up visit. On the next visit he can decide, with help of the provider, what method is best for him and his partner.



If a man has accompanied his wife, have him attend the counselling session with his wife.

COUNSELLING YOUNG PEOPLE



Most often, those who seek family planning counselling and services are women in their reproductive ages. However, it is important to recognize that young people, both male and female, also come to the clinics and that their counselling needs are different.

Why counsel young people?

It has been reported that sexual intercourse occurs at increasingly earlier ages among young people today. Currently, there are alarming rates of STI and HIV/AIDS infection among young people. It is, therefore, crucial for them to receive accurate and reliable information about their sexuality, and their reproductive health such as how to protect themselves from unintended pregnancies, STIs, and HIV/AIDS.



How is counselling young people different?

Young adolescents or teens have different needs than adults. Other than the issue of seeking an appropriate family planning method or a barrier method for safer sex, they are also dealing with issues of growing up. They are in a particularly vulnerable stage in their lives when the guidance they receive and the behaviour patterns that they develop could shape their behaviour as an adult.

Young people may be nervous when they come for counselling because they worry about what the provider may think, or that the information may not be confidential, or because they may be shy and embarrassed. Counsellors can ease the discomfort by saying to the young client, "I am going to talk to you about some sensitive issues now, is that alright with you?" or "This may be uncomfortable but what I need to talk to you about concerns your health and that of your partner, is that okay with you?" or "Don't worry, anything you say in this room, will stay in this room."

Why do young people come for reproductive health services?

- To get treatment for an STI.
- To understand body changes, the reproductive anatomy, and how one becomes pregnant or makes someone pregnant.
- To obtain condoms or other family planning methods.
- To seek answers to specific concerns or questions.

Note about young people: Since young people are largely not in long term permanent relationships, it is important that those who come in for any of the above reasons be counselled about abstinence and different family planning methods, importance of safer sex, and double protection. This clinic visit should be seen as an important opportunity to correct any misinformation about sex and sexuality that young people may have.

Frequently Asked Questions

Q: When can I get pregnant?

A: As soon as you reach puberty, you begin to have your period (monthly bleeding) and you are capable of becoming pregnant if you have sex with a boy or a man. You are most likely to become pregnant when you are ovulating (releasing an egg), and this can occur during days 12-14 of your menstrual cycle (explain menstrual cycle here).

Q: Is it true that a girl cannot get pregnant the first time she has sex?

A: This is not true. A girl can get pregnant even if it is the first time she is having sex and even if she has not had her first monthly bleeding.

Q: Won't a condom lessen my pleasure while having sex?

A: The feeling may not be exactly the same but there is very little reported difference. In fact if you use a condom you will have greater peace of mind knowing that you will not make your partner pregnant or get/transmit an STI so you can enjoy sex without worry.

Q: Can I get pregnant if I have sex standing up?

A: Yes, you can get pregnant in whichever position you have sex because the sperm can swim up to the womb and fertilise the egg.

Q: Will the pill make me fat?

A: Increased weight gain is a side-effect in some women but it does not affect all women. If you put on a bit of weight while you are on the pill, you can keep it under control by having a low-fat diet and getting plenty of exercise.

Q: I am worried that I may be pregnant. What should I do?

A: You will need to have a pregnancy test to be sure although the results may not be accurate if the pregnancy is less than 5 weeks long. If your period is more than two weeks late, you should take a pregnancy test.

Q: I had unprotected sex while I was on the brown pills, could I be pregnant?

A: When you are on the brown pills, which are merely iron tablets, you cannot get pregnant because you will have adequate protection from the hormones in the beige/white pills if you had been taking them correctly. However, you are still unprotected from STIs, including HIV/AIDS. It is always advisable to use a barrier method in addition to the pills as double protection.

Q: What happens when I take a pregnancy test?

A: You will have to give a urine sample which will then be tested for hormones which are present during pregnancy. You may be able to get your results as soon as 10-15 minutes after you give your sample.

Q: How do I ask my boyfriends to use condoms?

A: Explain to him that you are worried about getting pregnant or getting an STI. If he respects you and your relationship, he should be able to understand your fears. If he does not want to use condoms, maybe you should look at your relationship again and decide if he is the person you really want to be with. (Help the client practice discussing condoms with her partner.)

Q: I always count my days. Isn't this an effective way of preventing pregnancy?

A: Yes, but only if you are sure that you ovulate at the same time during every cycle. Please consult a provider about natural family planning so that you can understand more about how your body works and how you can use that knowledge to prevent pregnancy.

Note to the Provider

- Reassure the client that the visit is confidential.
- Use the anatomy cards to go over the reproduction process and the organs with your client.
- Always counsel the client about double protection.
- Do not be judgmental of the young people who come for counselling. It is better that you have the opportunity to give them accurate information so they don't avoid the clinic in fear of criticism and remain with inaccurate information that could be dangerous for them.
- Ask the client if he/she is following the discussion and tell them to stop you if they have any questions.
- Remember GATHER

Follow Up



Advise the young client to go home and talk to his/her partner about what was discussed in the session. Schedule a follow-up visit. On the next visit the client may decide, with the help of the provider, what method is best for him/her and the partner. Encourage the young client to bring the partner in on the next visit.

POST ABORTION CARE



What it is

Post Abortion Care is the care that women require after undergoing an abortion, particularly if the abortion was unsafe and/or incomplete. Post abortion care includes evacuating any remaining products of conception in the uterus in order to stop bleeding and avoid possible infection. It can help ensure a speedy recovery of the uterus and woman to a pre-pregnant condition.

This care should be combined with individual counselling and contraceptive advice. The client needs to know how to physically care for herself after an abortion and how to prevent unintended pregnancies from happening again in the future.



What should the client know about post abortion care

1. Physical Care

- The client should use sanitary pads or clean pieces of cloth until post abortion bleeding stops.
- Until bleeding stops, the client should not put anything inside her vagina (e.g. tampons, VFTs, etc.) as this may cause infection.
- Rest! Avoid physical exertion. She should eat plenty of food rich in protein and iron.
- The client should come to the clinic if she notices any of these warning signs:
 - Fevers and chills
 - Nausea and vomiting
 - Fainting, dizziness and weakness
 - Heavy bleeding or bleeding that lasts more than 8 days
 - Vaginal discharge with foul smell
 - Severe abdominal pain or cramping
- The client should avoid sexual activity for at least 1 week or until the bleeding has stopped and preferably not before the client has adopted a family planning method. In any case the client should wait until she is emotionally ready to resume sexual activity.

2. Family Planning

- It is recommended that she starts to use a family planning method immediately after having an abortion if she does not want to become pregnant soon.
- Double protection methods are safe immediately after abortion. Oral contraceptives, injectables and implants are recommended methods in conjunction with a barrier method.
- Only condoms and abstinence offer protection from STIs, including HIV.

Advantages and benefits

- Prompt and adequate post abortion care will make the client regain her physical strength and become well again.
- By using family planning, the client can avoid unwanted pregnancies and hence the need to seek another abortion.

Note to the Provider

- There are 2 ways to evacuate the uterus: manual vacuum aspiration and misoprostol.
- Manual Vacuum Aspiration (MVA) is a safe and low technology approach to evacuating the uterus and can be performed by trained, mid-level providers, such as nurses and midwives. The procedure can be done in health centres using manual vacuum syringes. It can be done without general anaesthesia by employing oral analgesia or para-cervical block and, where necessary, antibiotics for any present infection.
- In the first trimester, where evacuation of the uterus is required and MVA is not possible, then Misoprostol 600mcg can be utilised to evacuate retained products of conception, aid uterine involution, reduce bleeding, and speed the return to a pre-pregnant state.
- The IUD and voluntary female sterilization are not safe methods when the woman has an infection, if she is bleeding heavily or has signs of anaemia.
- Natural family planning is not recommended for immediate post-abortion use. The first ovulation will be difficult to predict. NFP is only reliable after a regular menstrual pattern has returned.
- With oral contraceptives, the user is still at risk of getting pregnant in the first cycle just as any new user would be during that time. A barrier method should be used as a back-up.
- Remember GATHER.
- Put yourself in her shoes. Help her consider her own needs and feelings.
- Do not criticize or blame the woman for her unplanned pregnancy or decision to terminate it.

GATHER

For the post abortion client

GREET

- Introduce yourself by name. Ask the woman how she is feeling and express concern. Reassure her that she will eventually feel better.
- Assess if she is well enough for family planning counselling now. If not, speak with her later or refer her to a family planning clinic.
- Find a calm, private environment where you can talk and where you can guarantee confidentiality. If she is laying in bed, sit down next to her to make her more comfortable.

ASK

- Ask her what she knows about family planning. Ask her if she has ever used a method, and if she was using one when she became pregnant. If so, ask her how she used the method, if she has any concerns about it, and if she knows about other methods. Ask her if she has other concerns about her current situation.
- Listen carefully and acknowledge what she says. Encourage her to ask questions and discuss her feelings and concerns.

TELL

- Tell her about various family planning methods, relating them to her particular situation and needs. Tell her she can get pregnant again very soon, even before her next period.

HELP

- Help her choose the method that will be most appropriate and effective for her. Do not choose a method for her.

EXPLAIN

- Explain in detail how to use her chosen method. Give her the method immediately if possible. If she has contra-indications to using her method immediately, explain when she can start.

REFER

- Always refer her to a family planning clinic for a follow-up visit.

Follow Up



- Client should be counselled to adopt regular family planning method.

DOUBLE PROTECTION



What it is

Double protection is the protection against unintended pregnancies AND against sexually transmitted infections, including HIV. There are some very effective family planning methods that do not protect against STIs or HIV. Combining a barrier method with a more effective hormonal or long term/permanent method can maximize the double protection effect.

How it works

Clients may combine any two methods (a hormonal, natural, or long term/permanent method WITH a barrier method) to meet both family planning and disease prevention needs. For example, using family planning pills (hormonal method) and a female condom (barrier method) OR vasectomy (permanent method) and a male condom (barrier method).

Advantages and benefits

- Double protection is doubly effective. Safe sex can be enjoyed with maximum peace of mind about not contracting STIs, including HIV or having an unintended pregnancy.

Screening questions

- Has the client and/or the client's partner had more than one sex partner within the last six months?
- (For women) Do you have any of the following:
 - Itching or soreness around the vagina?
 - Pain or burning when urinating?
- (For men) Do you have any of the following:
 - Open sores in the genital area?
 - Unusual discharge from the penis?
 - Pain or burning when urinating?
 - Swollen testicles?
- Does the client's partner have any of the above signs or symptoms?

If a client or partner has any of the above signs and symptoms, it may be an STI. Diagnose and treat or refer. Urge clients to avoid sex until 3 days after the treatment is complete and all the signs and symptoms have gone. Ask client to bring the partner in for care and counselling on Double Protection.

How to use

- If the client is sexually active and is not involved in a mutually faithful relationship, then he/she should always use a barrier method in addition to a more reliable family planning method to ensure protection against diseases and unintended pregnancy.
- If the client is not yet sexually active, or wants to take a break from sexual activity, abstinence should be encouraged.

(Note: The provider should make sure the client knows how to use methods correctly, especially barrier methods. Lack of knowledge about their correct use leads to rumours that they break, leak and generally do not work. Incorrect use can also lead to the contraction of diseases or pregnancy.)

Disadvantages and side effects

- If the family planning or barrier methods are used incorrectly and inconsistently they will not protect against pregnancy or STIs or HIV.
- Please also see side effects associated with each of the recommended methods.

Frequently asked questions

Q: Does Double Protection mean using two family planning methods?

A: Not any two methods but a combination of one barrier method and one non-barrier method. For example, condom (barrier method) and LAM (non-barrier method).

Q: Will two condoms offer “Double Protection”?

A: No. Using two barrier methods is not “Double Protection”. It may be uncomfortable and could be more likely to break. Use a barrier method with a non-barrier method. That is double protection.

Follow Up



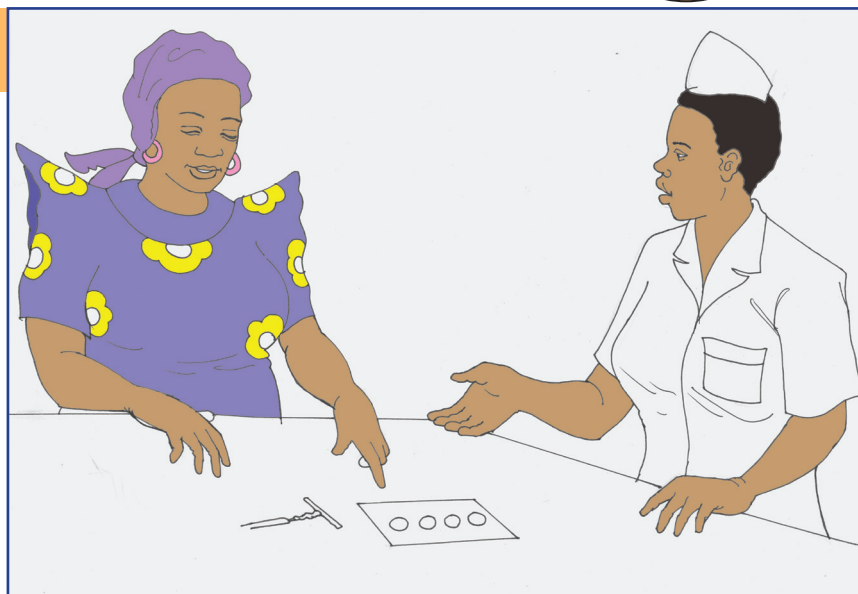
Get treated for STIs. Untreated STIs can cause lasting damage to internal and reproductive organs resulting in infertility/sterility and/or physical disfigurement of the external sex organs. Untreated STIs can also increase the risk of contracting HIV infection. Also bring partners for treatment and counselling.

ECP (Emergency Contraceptive Pill)



What it is

Emergency Contraceptive Pills (ECPs) are a hormonal method of contraception that can be used to prevent pregnancy soon after unprotected sexual intercourse. ECPs are sometimes referred to as “morning after” or “postcoital” pills. There are a variety of methods including hormonal methods (PC4, Postinor, Pregnon) and IUD insertion. All emergency methods should be used only under medical supervision and home treatment should be avoided. Please note that the hormonal method is only for an emergency and should not be used as a regular contraceptive method.



Alternatively, a copper-T IUD can be inserted within 5 days of unprotected sexual intercourse as a method of Emergency Contraception, but can also continue to serve as a regular contraceptive method after insertion.

How it works

Hormonal methods (begun within 120 hours of sexual intercourse) will stop the release of an egg, interfere with the menstrual cycle or prevent the egg from remaining in the uterus.

An IUD can be inserted up to 5 days after unprotected sex and can protect a client against pregnancy by preventing the egg from remaining in the uterus.

Advantages and benefits

- ECPs and IUDs are very effective. Less than 3% of women become pregnant in that cycle.
- Less than one in every 1,000 IUDs inserted as a method of contraception will result in pregnancy, a failure rate of less than 1%.
- In the case of an IUD, it also provides long term contraception.

Screening questions

- Have you had unprotected sexual intercourse (unplanned, broken condom, leakage, premature ejaculation, etc.) within the last 120 hours?
- Do you suspect you were pregnant prior to your last act of intercourse?
- (Women who are already pregnant or suspect that they were at the time of their unprotected intercourse should not use emergency contraceptives. A pregnancy test should be given, if possible).

How to use hormonal emergency contraception

- Client should take initial prescribed dose as soon as possible after unprotected sexual intercourse. Make sure the dose is taken at a time when it is convenient to take the second dose 12 hours later, if necessary.
- If the client is taking Postinor/Pregnon, she can take both tablets at the same time.
- **IMPORTANT:** If more than 120 hours (5 days) have passed since the client had unprotected sex, she should not start using the emergency contraceptive pills. The client should see the care provider as soon as possible to discuss other options.
- If the client vomits within 2 hours of taking the dose, she should take a second dose as soon as possible.

Disadvantages and side effects

- Emergency contraceptives do not protect against STIs, including HIV.
- Cannot be used as a substitute for a regular contraceptive method.
- ECPs are effective only if used within 120 hours, however, they are most effective within the first 72 hours.
- IUDs are only effective within 5 days.
- May cause vomiting, nausea and breast tenderness in some cases.
- (see disadvantages of IUDs).

Frequently asked questions

Q: If I am pregnant, can I use the ECP as an “Abortion Pill”?

A: No. If you know you are pregnant and wish to seek an abortion, ECP will not work and should not be tried. Emergency contraception is recommended within a short period of time after unprotected intercourse and is a precaution to prevent fertilization and implantation.

Q: Are ECPs safe?

A: Most women can use ECPs safely under a health provider’s care. Health care providers have safely prescribed ECPs since the mid 70s. If you take them within the prescribed window of time, they are safe and effective.

Q: What should I do after using ECPs?

A: You will not see immediate signs showing whether or not the ECPs are working. Your menstrual period should come on time (within a few days before or after that). If your period does not come by one week later than expected, see the health care provider.

Q: If the ECPs do not work, and I become pregnant, will the pregnancy be normal?

A: Based on the available information, there is no reason to believe that the pregnancy would be abnormal or that the baby would be harmed in anyway.

Q: If I have unprotected sex, should I report it to my service provider immediately? How much time do I have?

A: If you have unprotected sex, you should report immediately. ECP is not effective more than 120 hours after unprotected sexual intercourse.

Q: Can I take ECPs after unprotected sex without consulting the provider?

A: No. It is recommended that you always contact a health professional for advice about taking ECPs.

Follow Up



Client should be counselled for regular family planning and a method should be provided.

Abstinence



What it is

Abstinence is avoiding having sexual intercourse.



How it works

Abstinence means that one abstains from sexual intercourse.

Advantages and benefits

- 100% effective if there is no penetration and it is practiced correctly.
- Cheap. It costs nothing to refrain from sex.
- Since there is no penetration, there is no chance of getting pregnant or contracting sexually transmitted diseases.
- No side-effects. Since it does not involve anything, there are absolutely no side-effects of this method on one's body.
- Increases individual self-esteem as one takes control of one's sexuality and chooses to have sexual intercourse only when one finds the right partner for a safe and monogamous relationship.

Screening questions

- Are you willing to talk to your partner about not having sex?
- Would your partner be willing to comply?
- What would you do if he/she does not?

How to use

- Try to avoid situations where you may be tempted to have sex.
- Talk to/reason with your partner and emphasize the advantages of waiting until you are both sure of yourselves and trust each other before you have sexual intercourse.

Consider both of you having HIV tests before you start having sex.

(Suggestion: Help client practice negotiation skills).

- Think about the dangers of STIs and HIV.
- If you practise abstinence, then you will not have to worry about STIs or an unwanted pregnancy.
- There are many affectionate and stimulating things you can do with each other without actually having sexual intercourse. These things range from talking and reading to each other to intimate touching and masturbation.
- Avoid being influenced by pornographic movies.

Disadvantages and side effects

- Peer pressure.
- May be hard to exercise self control.
- May be difficult to negotiate with partner.

Frequently asked questions

Q: How else can I show my partner that I love him/her without sex?

A: Love can be expressed through gestures such as holding hands, doing fun things together, telling the person that you care. Sexual intercourse is not the only expression of love.

Q: What can I do to relieve sexual tension?

A: There are many things to do other than having sexual intercourse. For example, intimate touching, kissing, petting and masturbation.

Q: What happens to build up of sperm?

A: Sperm do not build up. They get reabsorbed in the circulation and do not cause any harm.

Q: What will my friends say?

A: Friends do not always have the right answers. You can set an example for your friends by being responsible.

Q: If I am sexually responsible, why should I abstain?

A: Abstinence is the only method that is 100% effective in preventing pregnancy or STIs if used correctly and there is no penetration.

Q: Won't I be considered less of a man if I don't have sexual intercourse?

A: Just having sexual intercourse does not make you a man or woman. Real men and women are responsible people who care.

Follow Up



The client should talk to brothers/sisters, peers and people he/she respects (religious leaders, teachers, parents, family members) and make an educated decision.

The Condom (Male)

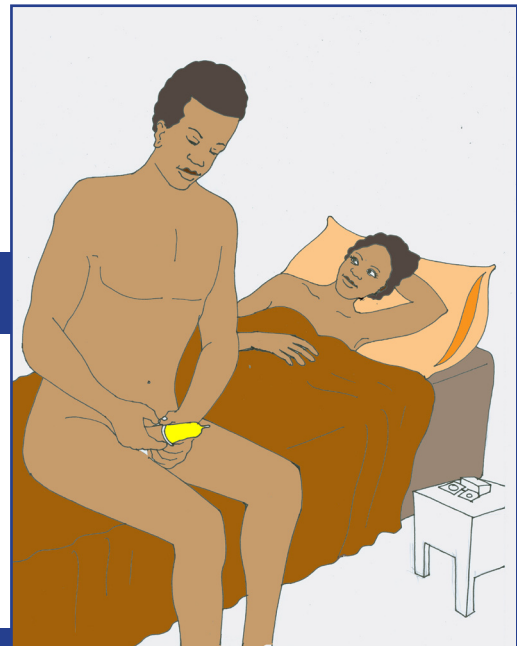


EFFECTIVENESS

As commonly used	86%
Used correctly and consistently	97%

What it is

A condom is a close fitting latex “sac” that a man wears over his erect penis during sexual intercourse to hold sperm. Condoms prevent pregnancy and sexually transmitted diseases, including HIV.



How it works

The condom creates a barrier between the man’s penis and the woman’s vagina. The condom prevents pregnancy by holding the sperm so that it cannot enter the vagina and meet the egg. The condom also prevents STIs, including HIV from being passed between individuals through sexual intercourse. A condom should never be reused.

Advantages and benefits

- Effective when used correctly with every act of sexual intercourse.
- Inexpensive and easy to get. No prescription or medical consultation necessary.
- Encourages male involvement in family planning.
- Can be used immediately after childbirth or abortion.
- Side effects are rare.
- Protects against STIs, including HIV.

Screening questions

- Are you willing to talk to your partner about using a condom?
- Would you or your partner be uncomfortable putting on a condom for every sexual act?
- Are you sensitive to rubber?

How to use

- Store condoms in a cool, dry, convenient place.
- Do not store condoms against your body (in a pocket or wallet) for a long time as this will make the condom weak and may cause it to break.
- Before sexual intercourse, carefully take the condom out of the package.
- Do not unroll until ready to use.
- Inspect the condom. Do not use it if it is discoloured or has a bad odour.
- Use a new condom for each act of sexual intercourse.
- Dispose of the used condom in a pit latrine, burn it or bury it.

FOLLOW THESE STEPS TO PUTTING THE CONDOM ON:

- The penis must be erect before putting on a condom.
- Hold the condom with the rolled ring away from the body, so it can easily unroll over the erect penis.
- While pinching the tip of the condom, unroll the condom all the way over the penis as far as it will go.
- If the condom is torn or has holes, throw it away and use another one.

FOLLOW THESE STEPS TO REMOVE THE CONDOM:

- After ejaculation (releasing sperm), while the penis is still firm, hold the condom on at the base of the penis while withdrawing from the vagina, without spilling any semen.
- Carefully remove the condom from the penis, tie a knot to close the open end and dispose in a pit latrine, burn it or bury it.

Disadvantages and side effects

- Requires taking action before and after each act of sexual intercourse.
- May lessen feeling during sexual intercourse.
- May cause irritation, if allergic to rubber or latex.



Follow Up

Client should obtain more condoms before he/she runs out.

Frequently asked questions

Q: Will the condom break?

A: A condom will not break if it is stored in a cool, dry place, and if it is put on correctly. If experiencing problems, please see a health worker.

Q: Will the condom fit?

A: Condoms are very stretchable and will fit on any erect penis.

Q: Can a condom be re-used?

A: No, a condom can only be used once during sexual intercourse.

Q: What if I get sores from using a condom?

A: A condom may cause irritation, if one is allergic to rubber, but this condition is not common.

Q: Don't condoms lessen sexual satisfaction?

A: For most people there is no problem. Some couples need time to get used to condoms, but can still be satisfied. Others say the peace of mind they get from using a condom actually increases their satisfaction.

The Condom (Female)

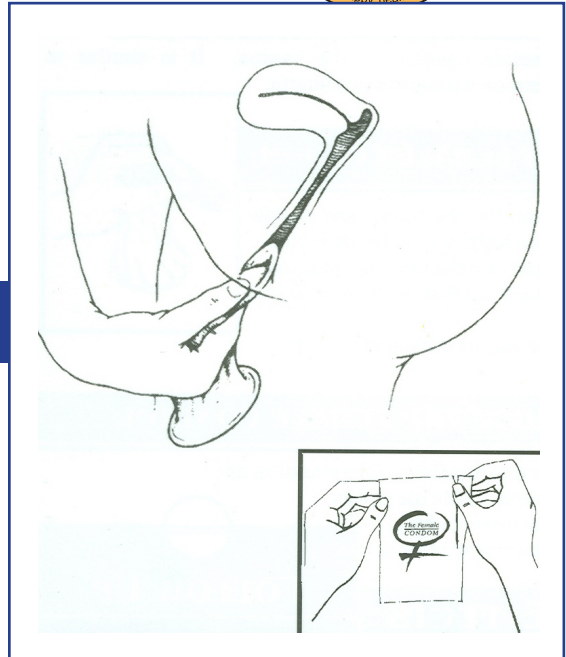


EFFECTIVENESS

As commonly used	79%
Used correctly and consistently	95%

What it is

A female condom is a soft, thin polyurethane “pouch” with flexible rings at the top and bottom ends. The female condom lines the vagina during sexual intercourse to hold sperm and the flexible rings hold it in place. The female condom prevents pregnancy and sexually transmitted infections, including HIV.



How it works

The female condom creates a barrier between the man’s penis and the woman’s vagina. The female condom prevents pregnancy by holding the sperm so that it cannot enter the vagina and meet the egg. The female condom also prevents STIs, including HIV from being passed between individuals through sexual intercourse. A condom should never be reused.

Advantages and benefits

- Effective when used correctly with every act of sexual intercourse.
- No prescription or medical consultation necessary.
- Woman-controlled method.
- Can be used by breast-feeding women.
- Provides more sensation than a latex condom because the material (polyurethane) transfers heat.
- Seldom any side effects.
- Protects against STIs, including HIV.

Screening questions

- Are you willing to insert the female condom before every act of sexual intercourse?
- Would there be risks associated with an accidental pregnancy at this time?

How to use

- The female condom can be inserted any time between 8 hours before sexual intercourse, to right before intercourse.
- Before sexual intercourse, carefully take the female condom out of its package.
- Check that the inner ring is at the closed end of the pouch.
- Inspect the condom. Do not use it if it is discoloured or has a bad odour.
- Insert the female condom in the vagina. It is similar to inserting a tampon without an applicator.
- Dispose of the used female condom in a pit latrine, burn it or bury it.

FOLLOW THESE STEPS TO INSERT THE FEMALE CONDOM:

- Hold the pouch with the open end hanging down. Use the thumb and middle finger of one hand to squeeze the inner ring into a narrow oval for insertion.
- Insert the inner ring and pouch of the female condom into the vaginal opening.
- Use the finger next to the thumb to push the pouch the rest of the way into the vagina.
- The outside ring lies against the outer lips of the vagina outside the body.

FOLLOW THESE STEPS TO REMOVE THE FEMALE CONDOM:

- Remove the female condom immediately after intercourse before standing up.
- Squeeze and twist the outer ring to keep the sperm inside the pouch.
- Use a new female condom for each act of sexual intercourse.
- Dispose of the female condom in a pit latrine, burn it or bury it.

Disadvantages and side effects

- Requires taking action before and after each act of sexual intercourse.
- May lessen feeling during sexual intercourse.
- May cause irritation, if allergic to polyurethane

Frequently asked questions



Follow Up

Client should obtain more condoms before he/she runs out.

Q: Will the female condom break?

A: The female condom is made out of a very strong material called polyurethane. It is less likely to break or tear than the male condom. The female condom is also less likely to be damaged from the way it is stored than a male condom is.

Q: What does the female condom feel like during sexual intercourse?

A: The female condom is thin, soft and flexible. It is made from a material that transfers heat readily. Once it is inserted it should not be very noticeable to either partner.

Q: Can a condom be used twice?

A: The female condom can be used for only one act of sexual intercourse. It should not be reused.

The Pill



EFFECTIVENESS

As commonly used	92 - 94%
Used correctly and consistently	99.9%

What it is

The Pill is a small tablet that a woman takes every day to prevent pregnancy.

How it works

The Pill works in three ways. The hormones inside the pill prevent a woman's body from releasing an egg every month. The Pill also thickens the cervical mucus which makes it difficult for sperm to enter the womb to fertilize the egg, and the Pill changes the lining of the womb so that an egg could no longer attach there.



Advantages and benefits

- Highly effective when taken every day.
- Easy to use. Does not interfere with sexual intercourse.
- Menstrual periods are usually regular and lighter.
- Many women have less menstrual cramping.
- Possibly protects against certain cancers and diseases.

Screening questions

- Do you think you might be pregnant now?
- Do you have trouble remembering to take medicines at the same time everyday?
- Do you smoke cigarettes?
- How old are you?
- Have you noticed any lumps in your breasts?
- Are you breastfeeding a baby that is less than 6 months old?
- Do you have high blood pressure?
- Have you ever had a stroke or suffer from heart disease?
- Have you ever had liver disease where your eyes or skin looked yellow?
- Do you have bad headaches with trouble seeing, speaking or moving?
- Are you taking any medications now? For what conditions?
- Do you have diabetes?

How to use

- The client can begin taking the Pill anytime she is certain she is not pregnant. The ideal time to begin is during the first 7 days of her menstrual cycle. If a woman begins taking the Pill after day 7 of her menstrual cycle, she should use a back-up barrier method or abstain from sexual intercourse for the next 7 days.
- A woman can start taking the pill 3 weeks after childbirth if she is not breastfeeding. If she is breastfeeding, she should begin the Pill 6 months after delivery.
- Take one pill everyday, preferably at the same time each day. When the packet is empty, continue taking on daily basis from a new packet.
- If a woman wants to get pregnant, she should stop taking the pills.

Disadvantages and side effects

- Must be taken daily.
- Can reduce milk supply in breastfeeding women.
- Possible side effects: nausea (urge to vomit), slight weight gain, mild headaches, spotting between menstrual periods, and breast tenderness.
- Does not offer protection against STIs, including HIV.

Things to report immediately

- Severe, constant pain in the belly, chest or leg.
- Severe headache with trouble speaking, seeing, or moving.
- Yellow looking eyes or skin.
- Vomiting more than 3 times in a day.



Follow Up

The client should return to the clinic whenever she needs more pills. The client should return anytime if she has problems or questions.

Frequently asked questions

Q: What should I do if I want to become pregnant?

A: Stop taking pills. You will be fertile again shortly after you stop taking pills.

Q: What if I miss a pill?

A: If you forget to take a pill at your regular time, you should take the forgotten pill as soon as you remember and then take your next pill at the regular time. Do this even if that means you take two pills on the same day.

Q: What if I miss two pills?

A: It is not safe to forget more than one pill. If you forget to take two pills or more, take two pills that day, two pills the next day and then one pill each day at the regular time. For the duration of that packet of pills, use a back-up barrier method.

Q: Won't the pills cause cancer?

A: The Pill has been extensively studied because of concerns about health risks. The Pill does not cause cancer, but it is associated with some very rare health side effects. On the other hand, taking the Pill has been proven to protect women from certain kinds of cancers and illnesses. If you feel severe pains or have headaches after you begin taking the Pill, see your health care provider immediately for advice on another family planning method.

The Mini Pill



EFFECTIVENESS

As commonly used	99%
Used correctly and consistently	99.5%

What it is

Like the regular family planning pill, the minipill is a tablet which a woman takes everyday to prevent pregnancy. However, there is only one hormone in the minipill which makes it different from the regular family planning pill. It contains only progestin. Therefore, the minipill can be safely used by breastfeeding mothers and other women for whom the regular family planning pill is not a good method choice.

How it works

The minipill contains a hormone called progestin that prevents a woman's ovaries from releasing an egg every month. The minipill also thickens the cervical mucus which makes it difficult for sperm to reach an egg.



Advantages and benefits

- Highly effective when taken correctly everyday.
- Easy to use.
- Can be used by breastfeeding women and does not change quality or quantity of the breast milk.
- Does not interfere with sexual intercourse.
- Reduces pain and menstrual flow.
- Possibly protects against certain cancers and diseases.

Screening questions

- Do you think you might be pregnant now?
- Do you have trouble remembering to take medicines at the same time everyday?
- Have you experienced any unexplained vaginal bleeding outside your menses?
- Have you noticed any lumps in your breasts?
- Are you breastfeeding a baby that is less than 6 weeks old?
- Have you ever had liver disease where your eyes or skin looked yellow?
- Are you taking any medications now? For what conditions?
- Are you taking medicine for epilepsy or seizures?

How to use

- Begin taking pills anytime starting 2 weeks after delivery for non-breastfeeding women and 6 weeks after delivery for breastfeeding mothers.
- If a woman begins taking the minipills after day 7 of her menstrual cycle, she should use a back-up barrier method or abstain from sexual intercourse for the next 7 days.
- Take one pill everyday, preferably at the same time each day.
- When the packet is empty, start taking pills from a new packet immediately.
- If a woman wants to get pregnant, she should stop taking the pills.

Disadvantages and side effects

- Lower level of effectiveness than regular family planning pill.
- Require strict daily pill taking.
- Irregular menstrual bleeding.
- Possible side effects: nausea (urge to vomit), slight weight gain, mild headaches.
- Does not offer protection against STIs, including HIV.

Things to report immediately

- Vomiting more than 3 times in a day.

Frequently asked questions

Q: What should I do if I want to become pregnant?

A: Stop taking pills. You will be fertile again shortly after you stop taking pills.

Q: What if I miss a pill?

A: If you forget to take a pill at your regular time, you should take the forgotten pill as soon as you remember and then take your next pill at the regular time. Do this even if that means you take two pills on the same day.

Q: What if I miss two pills?

A: It is not safe to forget more than one pill. If you forget to take two pills or more, take two pills that day, two pills the next day and then one pill each day at the regular time. For the duration of that packet of pills, use a back-up barrier method.

Q: Won't the pills change my breast milk and harm my baby?

A: It is perfectly safe to breastfeed your infant while you are taking the minipill. The hormones in the mini pill are similar to hormones that your body produces naturally while you are breastfeeding, just in a stronger amount. This hormone is why women who breastfeed exclusively for the first six months after delivery do not become pregnant right away. Talk to your family planning provider if you would like more information about family planning methods that are suitable for breastfeeding mothers.



Follow Up

The client should return to the clinic whenever she needs more pills. The client should return anytime if she has problems or questions.

The Injectable



EFFECTIVENESS

As commonly used	99.7%
Used correctly and consistently	99.7%

What it is

Progestogen-only Injectables are injections given every 2 or 3 months to prevent pregnancy. Injectables are appropriate for most women who want highly effective protection against pregnancy. Injectables are appropriate for breastfeeding women who have any cardiovascular disorders.

How it works

The Injectable contains a hormone that keeps a woman's ovaries from releasing an egg every month. The Injectable also thickens the cervical mucus which makes it difficult for sperm to reach the egg. Each injection is effective for 2 or 3 months, depending on the type.



Advantages and benefits

- Highly effective when taken on schedule.
- Does not depend on client action for efficacy.
- Easy to use.
- Can be used by breast-feeding women 6 weeks after delivery. The quality and quantity of breast milk are not altered.
- Does not interfere with sexual intercourse.
- Reduces menstrual flow.
- May protect against certain cancers and diseases.
- Good method for women who may want to take the pill but cannot remember to take it everyday.

Screening questions

- Do you think you might be pregnant now?
- Have you experienced any unexplained vaginal bleeding outside your menses?
- Have you noticed any lumps in your breasts?
- Are you breastfeeding a baby that is less than 6 months old?
- Do you have high blood pressure?
- Have you ever had a stroke or suffer from heart disease?
- Have you ever had liver disease where your eyes or skin looked yellow?

How to use

- The first injection can be given:
 - Within 5 days after the onset of menses.
 - Anytime after delivery in non-breastfeeding or post abortion clients.
 - Between 6 weeks and 6 months after delivery in breastfeeding mothers.
- The injection is given in the upper arm or the buttocks.
- The woman should return to the clinic after 2 or 3 months (depending on the type of injection she receives).
- If a woman wants to get pregnant, she should stop receiving injections.

Disadvantages and side effects

- Temporarily stops monthly menstrual periods (amenorrhoea) in many women. This is not harmful and does not mean permanent infertility.
- May cause menstrual changes, such as spotting periods or heavier periods. The bleeding irregularities usually decrease over time.
- Mild headaches.
- Slight weight gain.
- There may be a delay of 3-6 months before fertility returns after stopping the Injectable.
- Does not offer protection against STIs, including HIV/IDS.

Frequently asked questions

- Q:** What should I do if I want to become pregnant?
- A:** Stop taking the injection. It normally takes 3 to 6 months after the injections are stopped before a woman can become pregnant again.
- Q:** What if I don't get the injection on schedule?
- A:** It is important to get your injections on schedule. If you miss an injection, report to the clinic as you remember or are able. You should use a back-up method like a condom for added protection if you miss one of your scheduled injections.
- Q:** Because of irregular menses, how would I know if I accidentally become pregnant while using injections?
- A:** If you regularly get your injections on schedule, you will not become pregnant while using this method. However, if you miss any of your regularly scheduled injections you should use a back-up family planning method (such as the condom). If you think you might be pregnant or have any questions, return to the clinic at any time for advice and counselling.



Follow Up

The client should return to the clinic for her next injection as scheduled. The client should return anytime if she has problems or questions (e.g. no period or spotting).

LAM (Lactational amenorrhoea method)



EFFECTIVENESS

As commonly used	99.2%
Used correctly and consistently	99.4%

What it is

LAM is a natural method of preventing pregnancy that a breast-feeding woman can use during the first six months after childbirth.

How it works

LAM is based on the way breast-feeding affects a woman's body. When a baby suckles frequently at the breast it stimulates the nipple, sending signals to the brain which then releases hormones. These hormones prevent the release of the woman's eggs. To be effective, breast milk must be the only food or drink the baby receives.



Advantages and benefits

- Highly effective when LAM criteria are met, baby is less than 6 months of age, baby receives no other food or drink, and mother has not had menses since delivery.
- Universally available.
- No cost or supplies.
- No health risks or side effects.
- Helps woman return to her pre-pregnancy shape.
- Improves mother and child bonding.
- Provides health benefits to the infant.

Screening questions

- Have you had your menses since delivery?
- How old is your baby?
- How often do you breastfeed your baby during the day and night?
- Are you giving your baby any food or drink in addition to breast milk?

How to use

- To use LAM as a family planning method, a woman should only feed the baby with breast milk and not give the baby other foods or drinks. Ideally breastfeed 10 -12 times during the day and night.
- LAM is an effective family planning method if a woman is only giving her baby breast milk, her menstrual period has not returned, and her baby is less than 6 months old.
- Within six months after delivery the woman should discuss with the family planning provider and select an alternate method of family planning.

Disadvantages and side effects

- Protection only lasts for six months after childbirth.
- Does not offer protection against STIs, including HIV.

Things to report immediately

- Possible exposure to an STI.

Frequently asked questions

Q: Won't the baby feel hungry or thirsty?

A: No! Breast milk contains all the food the baby needs during the first six months of life, including water.

Q: Can a working woman use LAM?

A: Yes. When a woman returns to the workplace after childbirth she can express (pump) her milk, stimulating the nipple in much the same way a baby's suckling does. She needs to pump her milk as often as her infant would be nursing and never have more than four hours between pumpings.

Q: Should a woman who is HIV + or has AIDS use LAM?

A: This is a decision each woman must make herself based on the information provided to her. The risk of transmitting the HIV virus to an infant through breast milk is not known with certainty, but the virus has been found in the breast milk of HIV+ mothers. If there is a high risk of infant death from infectious diseases, a woman should be advised to breastfeed regardless of her HIV status. When a safe, affordable alternative to breast-feeding is available, HIV+ women should be advised to use an alternative mode of infant feeding.



Follow Up

The client should report monthly for the first 3 months, and fortnightly (every 2 weeks) during the next 3 months.

Report back if there is a change in any of the three conditions for successful LAM.

Scientific natural family planning



EFFECTIVENESS

As commonly used	80%
Used correctly and consistently	91-99%

What it is

Scientific Natural Family Planning is a method based on recognising signs and symptoms naturally occurring in a woman's menstrual cycle to identify times of fertility and infertility.

How it works

A couple can use this information about fertility to avoid pregnancy. By avoiding sexual intercourse and genital-to-genital contact during fertile periods, pregnancy is averted.

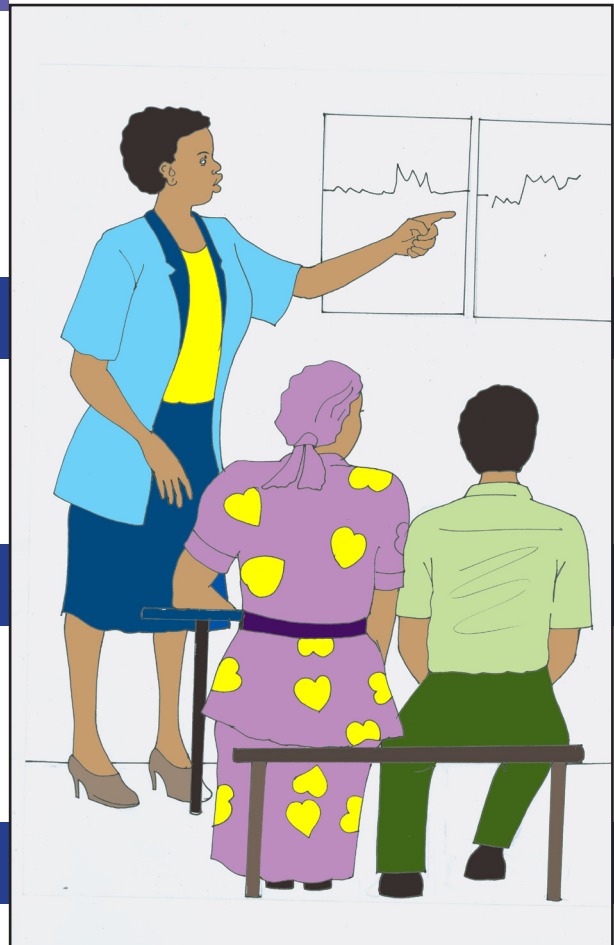
Types

There are three techniques that can be used individually or in combination to identify the changes:

Symptothermal Method: observing mucus and temperature.

Cervical Mucus Method: observing mucus only.

Basal Body Temperature Method: observing changes in body temperature.



SNFP

Advantages and benefits

- Effective if used consistently and correctly.
- No drugs, chemicals or surgery needed.
- Little or no cost.
- No health risks or side effects. Helps strengthen the bonds of marriage in some couples.
- Improves knowledge of the reproductive system.

Screening questions

- How often do you communicate with your partner about sex?
- How would your partner feel about periodic abstinence?
- Have you been on a hormonal contraceptive recently? Are you breastfeeding?

How to use

- No sex during days of menstrual bleeding.
- No sex on all days when a woman experiences mucus or vaginal wetness including three days after the last wet day.
- If you experience dry days after menstruation, sex should be restricted to evenings only on alternate days.
- From the morning of the fourth day after the last vaginal wetness, until onset of next menstruation, have sex as desired.

Disadvantages and side effects

- Does not offer protection against STIs, including HIV.
- Difficult if partner communication is not clear.

Frequently asked questions



Follow Up

Make follow up according to the client's needs.

Report back anytime you have a question.

Q: Isn't it hard to learn?

A: No! Success depends on one's understanding of female and male fertility and why the body operates as it does. It depends on day to day observation of the woman's cycle, and on knowing a few simple rules. These observations only take a few minutes a day and become routine as any ordinary hygiene habit.

Q: What about an infertile couple?

A: Scientific Natural Family Planning is a method you never have to stop using. It can be used to plan a pregnancy as well as avoid one. Since Scientific Natural Family Planning helps couples to recognise the time of possible conception it can help them conceive a much desired child.

Q: What effect will this have on the couple's relationship?

A: Scientific Natural Family Planning calls for cooperation. The burden of family regulation is no longer carried by the wife or husband alone. Couples who use Scientific Natural Family Planning very often find their marriage commitment deepens and their communication improves. They develop new ways of expressing their love and joy in one another.

Q: Can any couple use Scientific Natural Family Planning?

A: The natural signs of fertility and infertility are based on observation of what is happening from day to day and are not dependent on regular cycles. Scientific Natural Family Planning methods can be used by women with irregular cycles, with short or long cycles, after childbirth, during breastfeeding and during "the change of life" (pre-menopause). It does however rely on good couple communication and the couple's commitment to periodic abstinence.

Q: Is Scientific Natural Family Planning really effective?

A: When used properly, Scientific Natural Family Planning can be very effective. It has been the subject of years of research by world famous doctors and scientists. Advances continue to be made as we grow in our understanding of the process of human reproduction.

Implants



(JADELLE)

As commonly used	99.9%
Used correctly and consistently	99.9%

What it is

JADELLE are long acting, reversible, low-dose Progestogen-only contraceptives that provides protection for five years. JADELLE is a set of two small capsules which are inserted just under the skin in a woman's arm to prevent pregnancy.

How it works

The JADELLE capsules slowly release a hormone that causes temporary changes in the woman's reproductive system. Implants stop ovulation and also thicken the cervical mucus which makes it difficult for sperm to reach the egg. Once inserted, implants prevent a woman from becoming pregnant for up to 5 years.



Advantages and benefits

- Highly effective in preventing pregnancy, even in obese women.
- Immediate return of fertility upon removal.
- Provide long-term protection (up to 5 years)
- Does not affect the quality or quantity of breast milk.
- Does not interfere with sexual intercourse.
- Decreased menstrual flow.

Screening questions

- Do you think you might be pregnant now?
- Have you experienced any unexplained vaginal bleeding outside your menses?
- Have you noticed any lumps in your breasts?
- Are you breastfeeding a baby that is less than 6 months old?
- Do you have high blood pressure?
- Have you ever had a stroke or suffer from heart disease?
- Have you ever had liver disease where your eyes or skin looked yellow?

How to use

- JADELLE can be inserted anytime if the woman is not pregnant.
- The best time for JADELLE insertion is: during the first 7 days following the start of the client's menstrual period; immediately after abortion; 6 weeks after childbirth.
- Insertion is a simple procedure done under local anaesthetic.
- A trained provider makes a very small cut on the inside of a woman's upper arm.
- The provider inserts 2 capsules under the skin through the cut.
- The capsules remain in a fan shape at the spot where they were inserted.
- The place where the small cut was made should be kept clean and dry until it is healed.
- One week after insertion, the client should return to the clinic for a check up.

Disadvantages and side effects

- Requires a minor surgical procedure by a trained provider for insertion and removal.
- Causes menstrual changes, such as spotting, prolonged bleeding and/or amenorrhea.
- The bleeding irregularities usually decrease over time.
- The client may feel some discomfort during insertion and removal.
- Does not offer protection against STIs, including HIV.
- Other side effects may include: nausea, weight gain, headaches, nervousness and hair loss.
- Must be inserted/removed by a trained health care provider in a health facility.

Frequently asked questions

- Q:** In what situation might Implants be a better choice than Injectables?
- A:** JADELLE might be a better choice if the client fears injections or if it is inconvenient for her to return to the clinic every 2 or 3 months for an injection.
- Q:** What if I want to get pregnant?
- A:** The implants can be removed at anytime by a trained provider. Fertility will return immediately upon removal of implants.
- Q:** What do I do if the cut becomes infected?
- A:** Go back to the clinic for treatment.



Follow Up

The client should report to the clinic for an Implant follow-up:

- After insertion for a check-up as instructed
- Anytime if she has problems or questions
- If her address changes or if she is planning to leave the area
- If she desires to become pregnant

Remind the client to keep the incision site clean and dry to prevent infections.

IUD (Intrauterine Contraceptive Device)

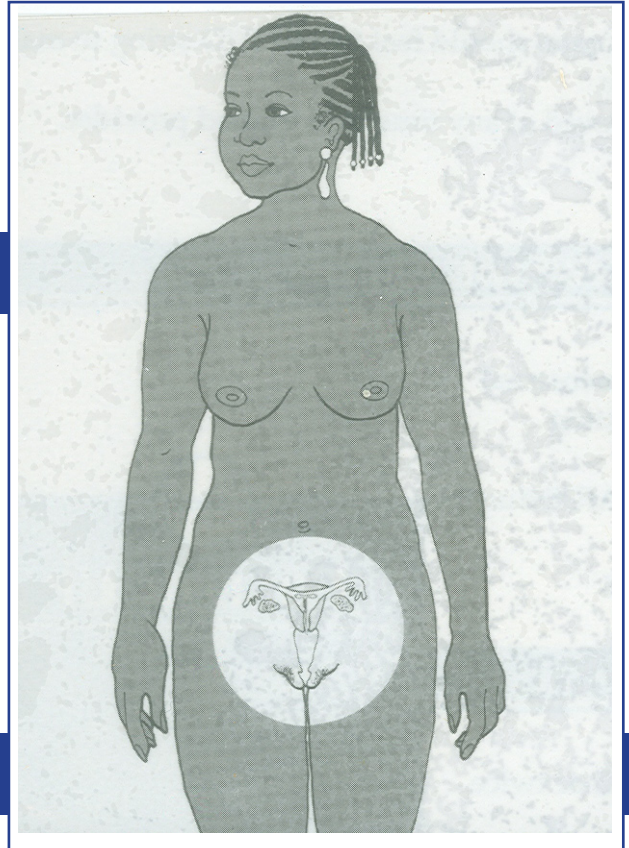


Effectiveness

As commonly used	99.2%
Used correctly and consistently	99.4%

What it is

The Intrauterine Device (IUD) is a small T shaped device made from flexible plastic that is inserted into the uterus (womb) by a trained health care provider to prevent pregnancy. Most IUDs have a copper wire wrapped around the plastic to increase effectiveness. It is also known as "The Loop". The copper IUD can be left in place for up to 10 years. It is most appropriate for women with low STI risk who want a highly effective, long-term contraception that does not require regular administration.



How it works

The IUD prevents pregnancy by causing temporary, reversible changes inside the uterus, which prevents a fertilized egg from implanting.

Advantages and benefits

- Highly effective.
- Provide long-term protection (up to 10 years).
- Are effective immediately.
- Does not interfere with sexual intercourse.
- Low maintenance.
- Can be inserted immediately after childbirth.
- Does not interfere with breast-feeding.
- Immediate return of fertility after removal.

Screening questions

- Do you think you might be pregnant now?
- Have you experienced any unexplained vaginal bleeding outside your menses?
- Have you had a pelvic infection or STI in the last 3 months?

How to use

- A trained provider inserts the IUD into the womb.
- This procedure only takes a few minutes.
- The IUD can be inserted at any time during a woman's menstrual cycle.
- Every month, the woman should feel for the IUD strings to make sure it is still in place.
- The IUD can be removed at any time by a trained provider.

Disadvantages and side effects

- Requires pelvic examination before insertion.
- Must be inserted and removed by trained health care provider in settings with infection prevention procedures, which may require one to travel significant distances.
- Pain and spotting after insertion, heavy or long menstrual periods, cramps or pain during periods, and spotting between periods.
- Not suitable for women at risk of contracting a STI or HIV due to increased risk of Pelvic Inflammatory Diseases (PID).
- Does not offer protection against STIs, including HIV.

Things to report immediately

- Pain after insertion that lasts more than 8 hours.
- Extremely heavy vaginal bleeding (twice as much or twice as long).
- Signs of infection: fever, pain or abnormal vaginal discharge.
- IUD strings missing.
- Possible exposure to an STI.

Frequently asked questions

Q: How is the IUD inserted? Is it an operation?

A: The IUD insertion will be performed by a trained medical provider. It is not an operation. It will feel like a pelvic examination. Many women feel some pain and cramps after insertion, but the pain should go away after some hours.

Q: What happens if I become pregnant after the IUD is inserted?

A: Pregnancy with an IUD in place is extremely rare. If you suspect that you might be pregnant after the IUD is inserted, contact your health care provider for advice. With IUDs there is an increased risk of ectopic pregnancy (i.e. not in the womb). An ectopic pregnancy is a potentially life threatening condition for the mother, therefore it is important to seek prompt medical attention.

Q: Won't the IUD cause sterility?

A: No. IUDs do not cause sterility; however, an untreated STI or pelvic Inflammatory disease can. If you suspect you have been exposed to an STI or notice an unusual vaginal discharge, visit your health care provider for advice and treatment.



Follow Up

The client should return to the clinic for a check-up 3 – 6 weeks after insertion. The client should return anytime if she has problems or questions.

Tubal ligation



(Voluntary female sterilisation)

EFFECTIVENESS

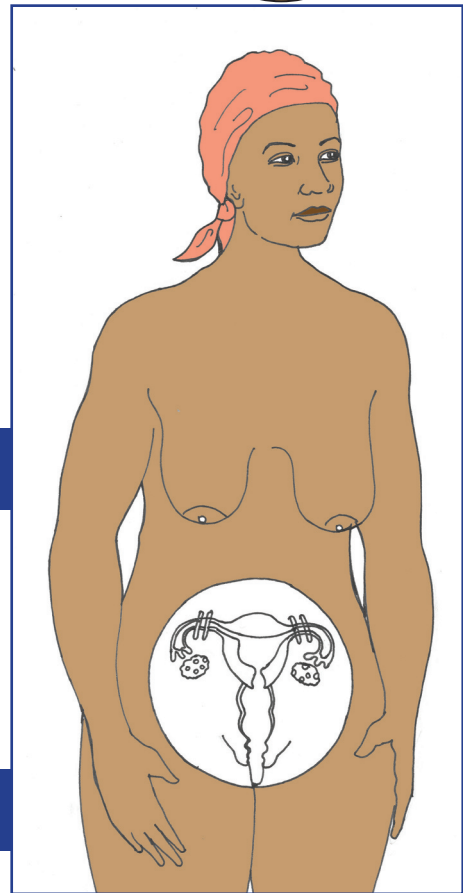
As commonly used	99.5%
Used correctly and consistently	99.5%

What it is

Tubal ligation is a highly effective surgical sterilization technique which is a permanent method of family planning for women who do not want any more children. It is a simple and safe surgical procedure.

How it works

A trained provider makes a small cut in the lower abdomen. During the operation the provider blocks the fallopian tubes so sperm and egg cannot meet and fertilize the egg. Local anaesthesia is used during the procedure to prevent pain.



Advantages and benefits

- Highly effective.
- Permanent – one operation provides life long contraception.
- Does not interfere with sexual intercourse.
- May help protect against ovarian cancer.
- Important method for clients for whom pregnancy would represent a serious health risk.

Screening questions

- Do you think you want to be able to get pregnant again?
- Are you afraid of an operation?
- Have you had a pelvic infection in the last three months?
- Do you have severe anaemia (low blood)?
- Do you have unexplained bleeding from your womb that is not normal?
- Do you have heart problems?
- When was your last delivery?

Disadvantages and side effects

- Possibly some minor complications from surgery, such as bleeding or infection. These side effects can be easily treated by the clinic.
- Some pain for a few days after surgery.
- Only specially equipped facilities can offer female sterilization. The client may have to travel some distance to the nearest facility for this procedure.
- Does not offer protection against STIs, including HIV.

Informed consent

Does the client understand and agree that:

- Tubal ligation is a permanent, non-reversible family planning method.
- There is a small possibility of method failure (pregnancy) during the first year.
- There are other family planning methods available for consideration.



Follow Up

The client should rest for 2 to 3 days after surgery. Keep the cut clean and dry for 2 to 3 days after surgery. Return to the clinic after a week for review and removal of stitches if need be. The client should not have sex until all the pain is gone. The client should report to the clinic immediately if she experiences:

- Severe pains in the belly (lower abdomen)
- Bleeding or pus from the cut
- Fever

Frequently asked questions

Q: Does female sterilization cause weight gain?

A: Absolutely not. The operation does not affect a woman's natural cycle or cause any biological changes. The procedure simply prevents sperm and eggs from meeting. If some women feel they gain weight after sterilization, this change is probably due to changes in lifestyle and biology due to aging and other natural processes.

Q: When can I start having sex again?

A: It is best to allow your body to rest and recover for a few days after surgery. You probably can start having sex again after 7 days or after the pain goes away.

Q: What do I do if the cut becomes infected?

A: Go back to the clinic for treatment.

Q: Will I still have my period?

A: Yes. The tubes are blocked, but no other part of the female reproductive system is affected. You will feel the same and have the same cycle as before the procedure. Every month you will release an egg and you will have your menses at your regular time, however, the egg and sperm will never meet.

Q: What happens to the egg once it is released?

A: The eggs are absorbed into the body. This is a natural process and you will not notice the difference. Don't worry, eggs will not collect in your belly to cause lumps or tumours.

Vasectomy



(Voluntary male sterilisation)

EFFECTIVENESS

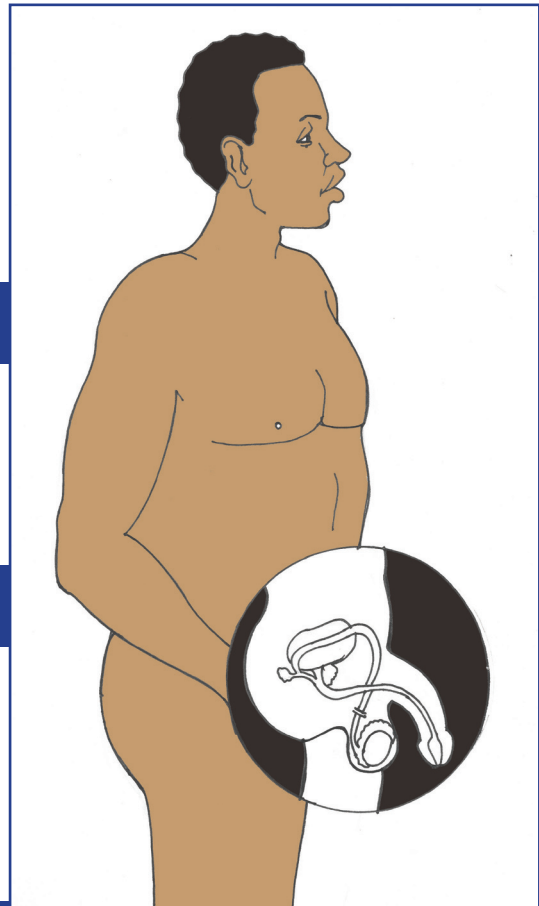
As commonly used	99.85%
Used correctly and consistently	99.99%

What it is

Vasectomy is a permanent method of family planning for men who do not want any more children. It is a simple and safe procedure that takes no longer than 30 minutes.

How it works

A trained provider makes a small cut in the scrotum (the sac that hold the testicles/balls) and clips the tubes so that sperm cannot reach and fertilize the egg. Local anaesthesia is used during the procedure to prevent pain.



VASECTOMY

Advantages and benefits

- Extremely effective.
- Permanent – one operation provides life-long contraception.
- Does not interfere with erection, release of semen or sexual pleasure.
- Does not interfere with sexual intercourse.
- Is not associated with long-term health risks.

Screening questions

- Do you think you want more children?
- Do you think you might remarry and want more children?
- Are you afraid of an operation?
- Could you have an STI that requires treatment?
- Are you aware of any other infections that might need treatment at this time?

Vasectomy is not recommended for a client who thinks he might want more children, has untreated sexually transmitted infections or HIV or has abnormalities of the genitalia.

Disadvantages and side effects

- It is considered irreversible.
- It is not immediately effective (first 20 ejaculations may contain sperm).
- Possibly some minor complications from the surgery, such as bleeding or infection. These side effects can be easily treated by the clinic.
- Some pain for a few days after surgery.
- Only trained providers can offer vasectomy.
- The client may have to travel some distance to the nearest facility offering this procedure.
- Does not offer protection against STIs, including HIV.

Informed consent

Does the client understand and agree that:

- Vasectomy is an operation.
- Vasectomy is a permanent, non-reversible family planning method.
- There is a small possibility of method failure (pregnancy) during the first year.
- There are other family planning methods available for consideration.



Follow Up

Frequently asked questions

Q: Will a vasectomy affect my manhood?

A: Absolutely not. You can resume sexual activities 2 or 3 days after the procedure, if you feel comfortable. You will notice that there is no difference in pleasure. Remember also that it takes about 20 ejaculations before you have no sperm in your semen, so use a back-up method (e.g., condom) during this time.

Q: What will happen to the sperm? Will they cause tumour or lump to form?

A: No. The sperm are reabsorbed by your body. This is a natural process and you will not notice any differences. Don't worry, the sperm will not collect and cause lumps or tumours.

Q: What happens to the build up of sperm?

A: Sperm do not build up. They get reabsorbed in the circulation and do not cause any harm.

Q: I have heard that after the operation I will feel weak for many days.

A: A vasectomy is a simple procedure. You will feel fine several hours after the operation. However, it is best to take it easy for about a week after your vasectomy. This will allow your stitches to heal properly.

Q: What do I do if the cut becomes infected?

A: Go back to the clinic for treatment.

The client should rest for 2 to 3 days after surgery, use another method for the first two months after surgery or until you ejaculate (release) about 20 times.

The client should not have sex until all the pain is gone.

The client should report to the clinic immediately if he experiences: severe pains in the groin, bleeding or pus from the cut, or fever.



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