

A guide to family planning

for community health workers and their clients



Adapted from the WHO's *Decision-Making Tool for Family Planning Clients and Providers*

This counselling guide has been modified for the Uganda Protestant Medical Bureau (UPMB) based on the local program context under the A3 Project.

Introduction for the provider

Purpose of this tool

This flip-chart is a tool to use during family planning counseling or in group sessions with clients. It can:

- help your clients choose and use the method of family planning that suits them best;
- give you the information you need for high-quality and effective family planning counselling and care;
- help you know who may need referral.

Preparing to use the tool

- For each topic in this tool, there is a page for the client and one for you. The client's page has pictures and key points and your page has more details.
- In the back are pages which provide more information on special topics and situations.
- This guide covers only the main points. When you talk with your clients, you can add information and discuss matters further, responding to the client's needs and concerns.
- Studying this tool will help you learn the information in it. Using it becomes easier with practice.

Using the tool with clients

- Place the tool where you and the client can easily see it.
- Use only pages and information that meet the individual client's needs. To do this, keep listening to and assessing the client's situation, needs, and wishes.
- Use language that the client will understand. Do not read the text to the client. Once you know the tool, a glance will remind you of key information and your next steps.

Methods

Carry with you examples of the methods (an IUD, a packet of pills, for example) so that your clients can see what they really look like.

How to use pages as handouts

In order to give information to the client on the method she or he chooses, the methods pages were designed to be photocopied front and back and given to the client. These pages have key information for the client about how to use the method.

Contents of the tool

Choosing a method

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Provider pages

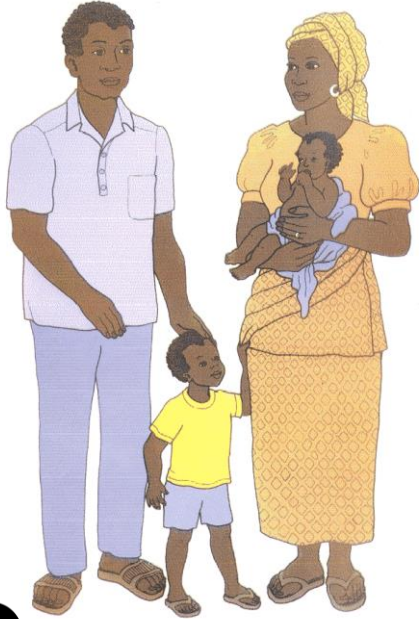
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Why use family planning?

You have the right to choose how many children to have and when



How can family planning help you?

- Healthier mothers and children
- Fewer children means more time and money for each one
- Delaying pregnancy lets young people stay in school



Family planning can save your life

Why use family planning?

Benefits

- Mothers and babies are healthier when risky pregnancies are avoided.
- Smaller families mean more money and food for each child.
- Parents have more time to work and to be with family.
- Delaying first or second pregnancy lets young people stay in school.

Things to Consider

- Many young people need contraceptives to delay pregnancy. Ideally, young women and men should wait until at least 18 years or have finished studies, and are ready before having children.
- After having a child, it is healthier to wait at least 2 years to try to become pregnant again.
- Having more than 4 children makes childbirth riskier.

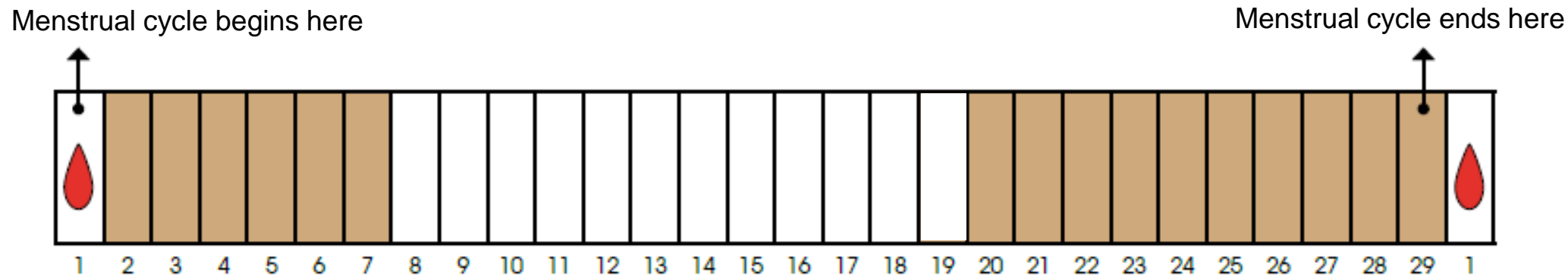


Understanding Fertility

Women are fertile only on certain days during the menstrual cycle. On these days she can become pregnant. Woman can monitor fertile days in several ways.

- 1) If her cycles are regular, she can consider herself fertile on days 8 to 19 of her cycle (see below).
- 2) A woman's body produces secretions that come down from her vagina. Any kind of secretions indicate that she can get pregnant that day (except menstruation).

Men are fertile each day, from puberty through the rest of their lives.



Menstruation



Bleeding occurs about once a month and may last 3-5 days. 1st day of bleeding is the 1st day of the menstrual cycle.

Fertile Days



A woman can become pregnant if she has sex without a condom on these days.

Infertile Days



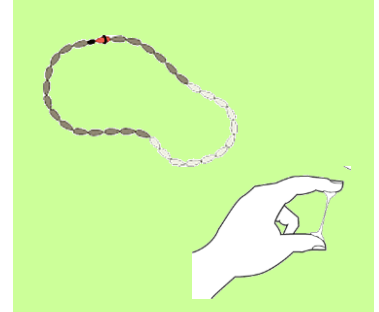
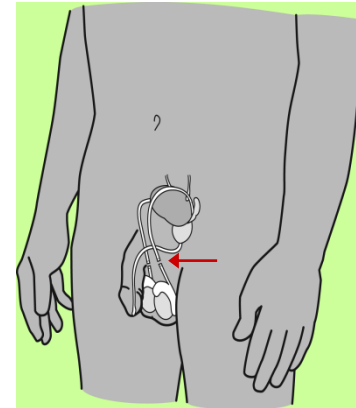
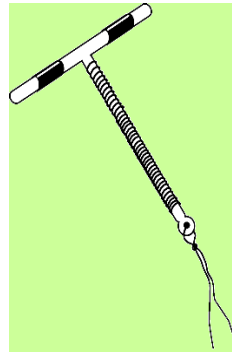
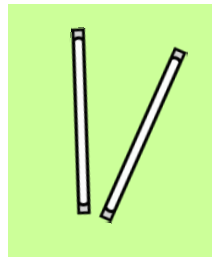
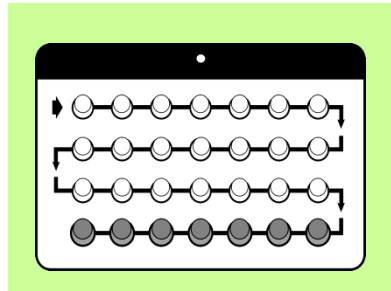
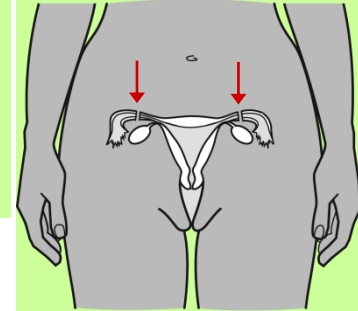
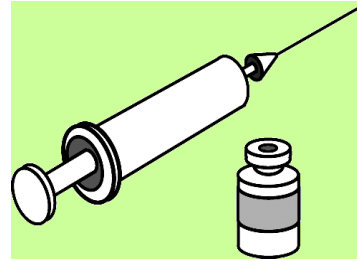
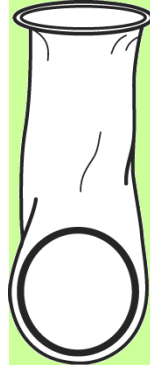
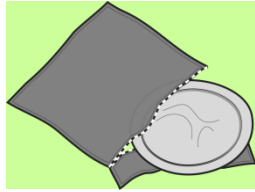
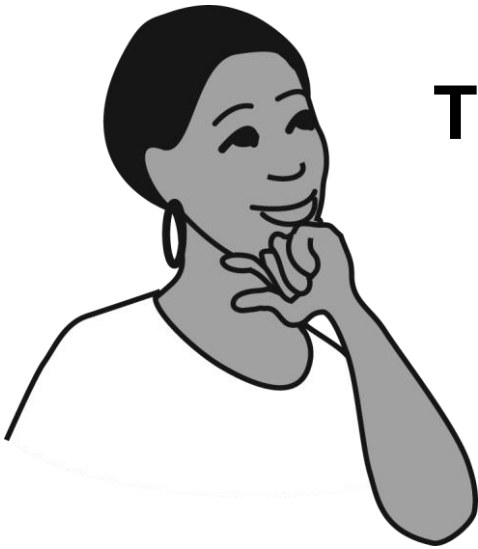
A woman is not likely to become pregnant if she has sex without a condom on these days.

Menstrual Cycle

- The menstrual cycle is not the same thing as a woman's monthly bleeding. The menstrual cycle starts the first day of a woman's monthly bleeding and ends the day before her next monthly bleeding.
- In the menstrual cycle there are days when the woman is at greater risk of becoming pregnant ("fertile days") and other days when she is not at risk of pregnancy ("infertile days").
- The woman is fertile because she produces an egg during *each cycle*. Although the egg only lives 24 hours, the woman can become pregnant during several days in her cycle.
- It is important to be aware of your fertility and to understand the menstrual cycle.
- This helps you know your body and how the family planning methods work to prevent pregnancies.



There are many methods available...



...you can choose one that is right for you

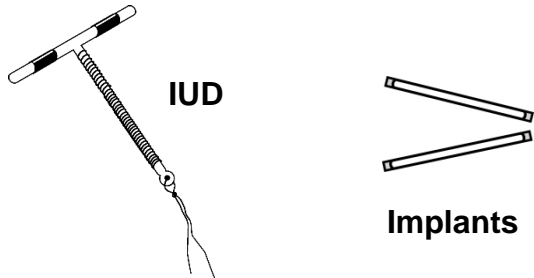
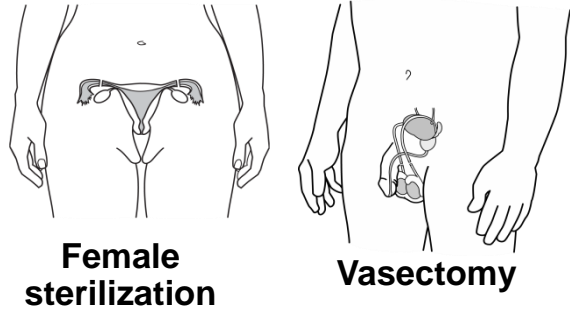
There are many methods available

- Do you have children? Do you want (more) children in the future?
- Do you want to prevent pregnancy now?
- Are you using a family planning method now?
- Have you used a family planning method before?
- Is there a method you would like to use? What is it about that method that you like?
- Are you or your partner breastfeeding an infant less than 6 months old?
- Do you want to keep your method private from partner or parents?
- Have you talked to your partner about using family planning? Will he or she be helpful and supportive?
- Are you concerned about STIs or HIV/AIDS?
- Do you have any health problems? If yes, go to page

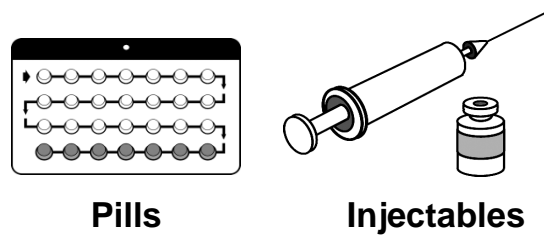


Comparing family planning methods

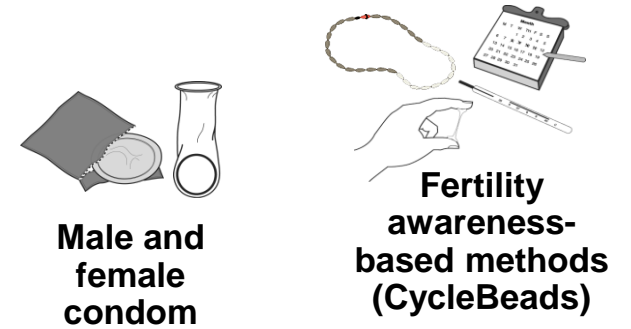
**Most effective
and easiest to use**



**Very effective but must
be carefully used**



**Effective but must be
carefully used**



IMPORTANT!
Only condoms
protects against
both pregnancy
and STIs or
HIV/AIDS



Comparing family planning methods

There are many methods to choose from.

- Some are more effective than others.
- Some are easier to use and some are harder to use.
- Methods that are harder to use may be less effective if you don't use them correctly.

Methods I can provide now:

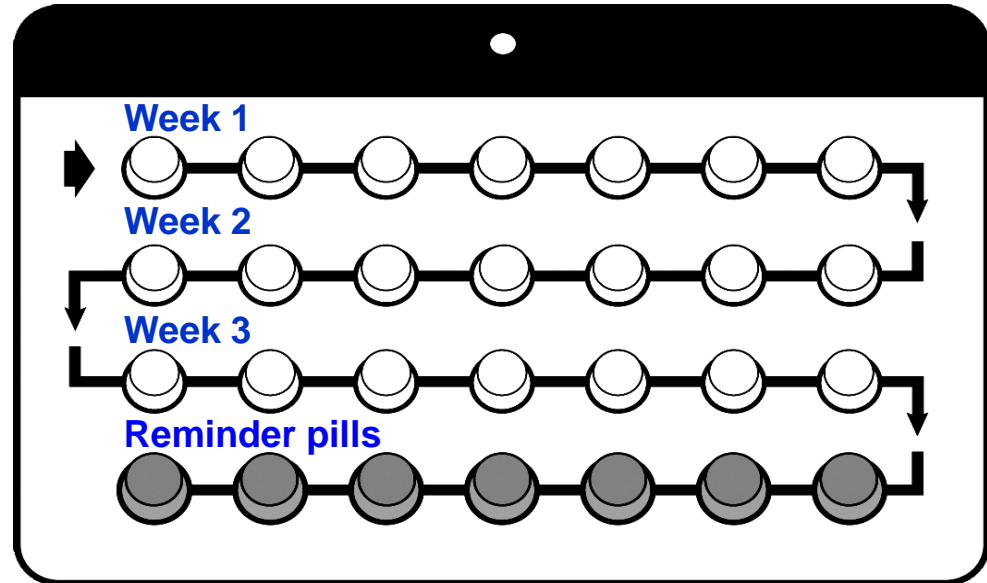
- Male Condoms
- Female Condoms
- LAM counselling
- Pills
- CycleBeads & SDM
- TwoDay Method

Methods provided at the clinic:

- Injections
- Implants
- IUD
- Female sterilization
- Vasectomy
- Emergency contraceptive pills



The Pill



- Safe
- Effective when a pill is taken every day
- Less monthly bleeding and cramps

The Pill

What it is

- A pill with hormones in it that is taken every day.
- Prevents release of egg, and blocks sperm from meeting egg.

How to use

- Take one pill every day.
- When you finish a pack of pills, start a new pack the next day.

If you miss a pill:

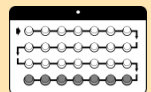
- Take missed pill as soon as possible.
- Okay to take 2 pills at the same time.
- If you miss more than 2 days of pills in a row, use condoms or abstain for 7 days AND keep taking pills.
- If you miss these pills in week 3, use condoms or abstain for 7 days AND start a new pack immediately.

What to expect

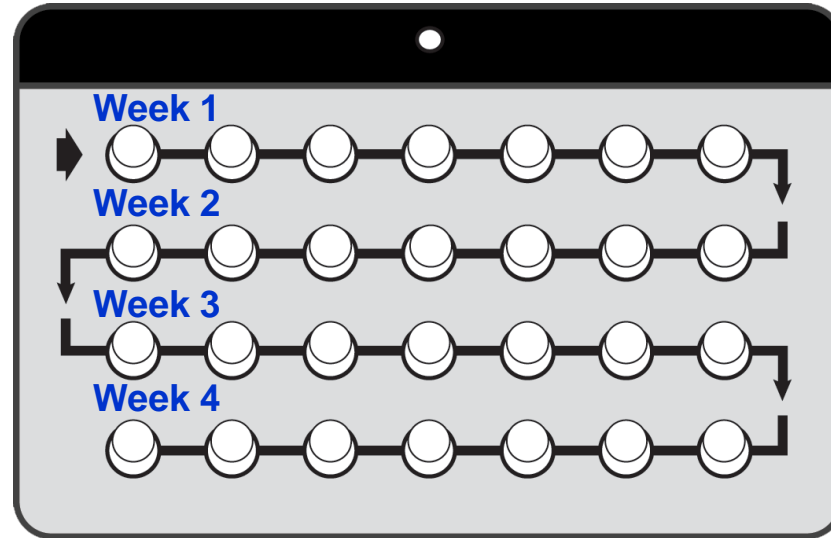
- Sometimes irregular bleeding at first, then followed by lighter monthly bleeding with less cramping.
- Some women have stomach upset or mild headaches that stop after a few months.

Key points

- Take a pill every day.
- Be sure you have enough pills. Get more before you run out.
- Use condoms if you need protection from STIs or HIV/AIDS.



Minipill



- Safe
- Most effective when used while breastfeeding

Minipill

What it is

- A pill with a hormone in it that you take every day.
- Blocks sperm from reaching the egg.

How to use

- If breastfeeding, can start 6 weeks after childbirth.
- Take one pill at the same time every day.
- When you finish a pack of pills, start a new pack the next day.

Late taking pill, for women who are breastfeeding:

- Take a pill as soon as you remember, and continue taking pills.

Late taking pill, for women who are not breastfeeding:

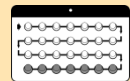
- If you take a pill more than three hours late, use condoms for the next 2 days and keep taking pills.

What to expect, if not breastfeeding

- Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe.

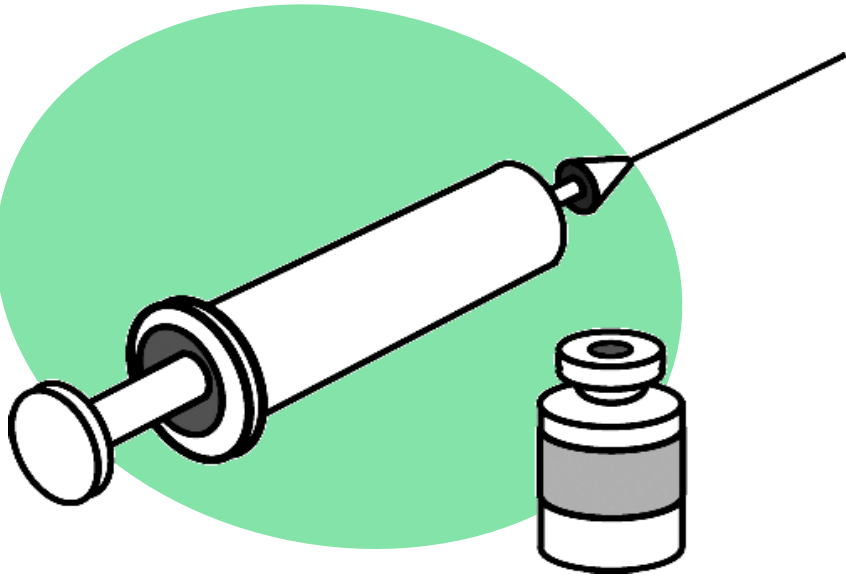
Key points

- Take a pill at the same time every day, if not breastfeeding.
- Be sure you have enough pills. Get more before you run out.
- Consider what method to use when you stop breastfeeding.
- Use condoms if you need protection from STIs or HIV/AIDS.



Injection

- Safe
- Hormone injection given every 2 months (NET-EN) or 3 months (DMPA)
- Very effective when injections are on time
- Use can be kept private



Injection

What it is

- Hormone injection.
- Prevents release of egg.

How to use

- Get an injection every 2 months (NET-EN) or 3 months (DMPA).
- If breastfeeding, can start 6 weeks after childbirth.
- Works best if you get your injections on time.

If late for an injection:

- DMPA: Can still get an injection up to 4 weeks late.
- NET-EN: Can still get an injection up to 2 weeks late.

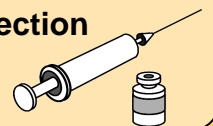
If later, use condoms and return for an injection as soon as possible.

What to expect

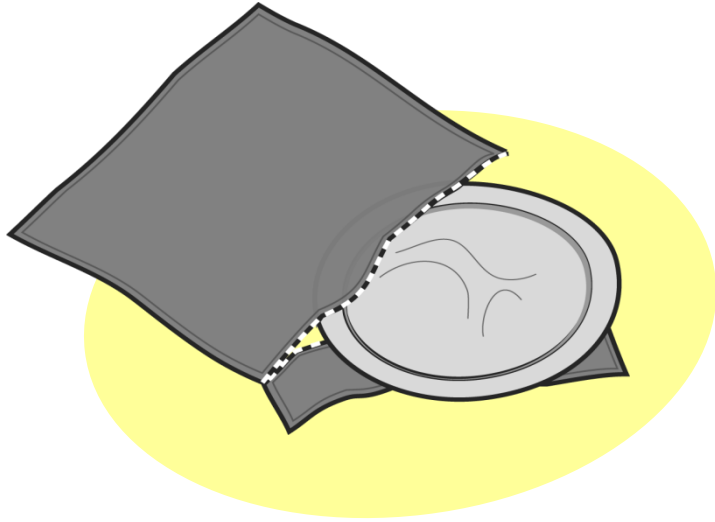
- Irregular bleeding at first, then spotting or no monthly bleeding. This is common and safe.
- Possible slight weight change.
- After stopping injections, it can take several months to become pregnant.

Key points

- Does not cause infertility.
- Be sure to get next injection on time.
- Use condoms if you need protection from STIs or HIV/AIDS.



Male Condom



- Prevents both pregnancy and sexually transmitted infections including HIV/AIDS
- Effective when used correctly every time you have sex
- Easy to get and use

Male Condom

What it is

- A thin rubber covering that fits over the erect penis.
- Is a barrier that keeps sperm out of the vagina.

How to use

- Put a new condom onto erect penis before each sex act.
- Dispose of properly, in rubbish or latrine.

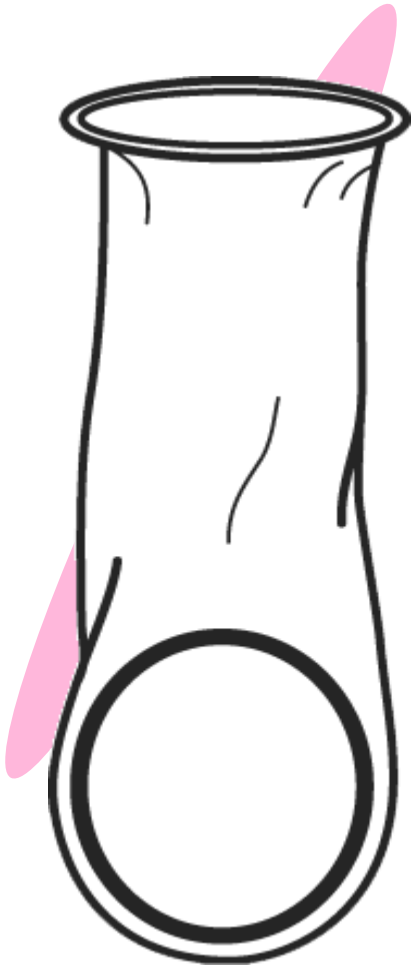
What to expect

- No side effects.

Key points

- Can be used with other family planning methods to prevent sexually-transmitted infections including HIV.
- Important to use correctly every time you have sex.
- Be careful not to tear condom when opening package or putting on.
- Partners must agree to use.
- Emergency contraceptive pills can be used if condom breaks or is not used.

Female Condom



- Prevents both pregnancy and sexually transmitted infections including HIV/AIDS
- Effective when used correctly every time you have sex

Female Condom

What it is

- Plastic covering inserted into the vagina before sex.
- Is a barrier that keeps sperm out of the vagina.

How to use

- Insert new female condom into vagina before every sex act.
- Dispose of properly, in rubbish or latrine.

What to expect

- No side effects.

Key points

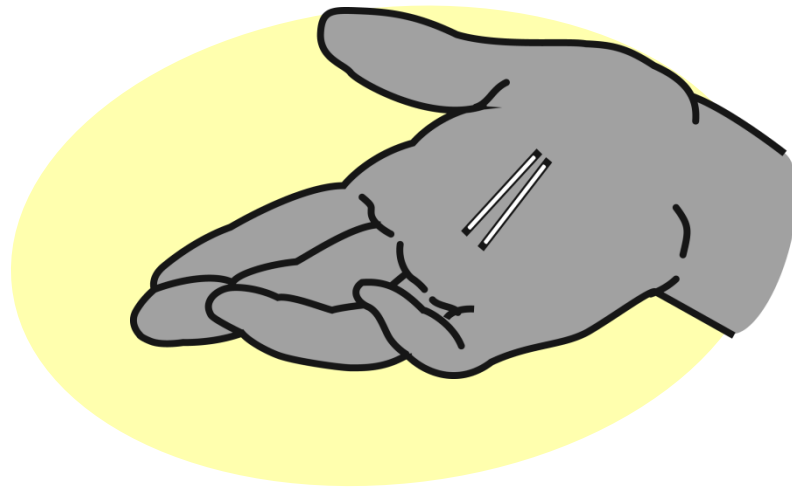
- Can be used with other family planning methods to prevent sexually-transmitted infections including HIV.
- Important to use correctly every time you have sex.
- Make sure penis enters inside the condom ring and stays in during sex.
- Partners must agree to use.
- Emergency contraceptive pills can be used if condom slips or is not used correctly.



Implants



- Safe to use
- One of the most effective methods
- Lasts for 3 to 5 years
- Can be removed any time if you want to get pregnant



Implants

What it is

- Small tubes placed under the skin of inner, upper arm.
- Hormones from the tubes blocks sperm from reaching egg and prevents release of egg.

How to use

- Specially trained provider inserts and removes implants.
- Nothing to remember to do after insertion.

What to expect

- Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe.

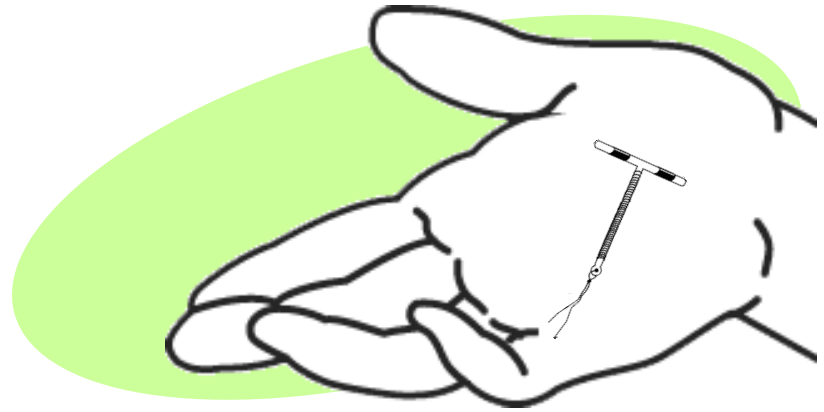
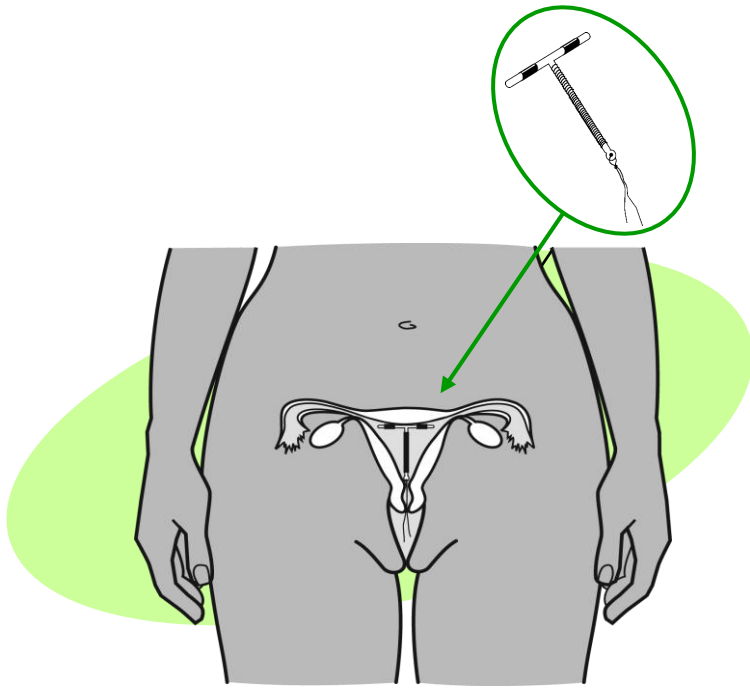
Key points

- Use another method if waiting for appointment.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: _____



IUD



- Safe to use
- One of the most effective methods
- Can be used for up to 12 years
- Can be removed any time if you want to get pregnant

IUD

What it is

- Small, flexible, plastic "T" wrapped in copper wire that is placed in the womb.
- Prevents sperm from meeting the egg.

How to use

- Specially trained provider inserts and removes IUD.
- Can be put in right after you have a baby as well as at other times.
- Nothing to remember to do after insertion.

What to expect

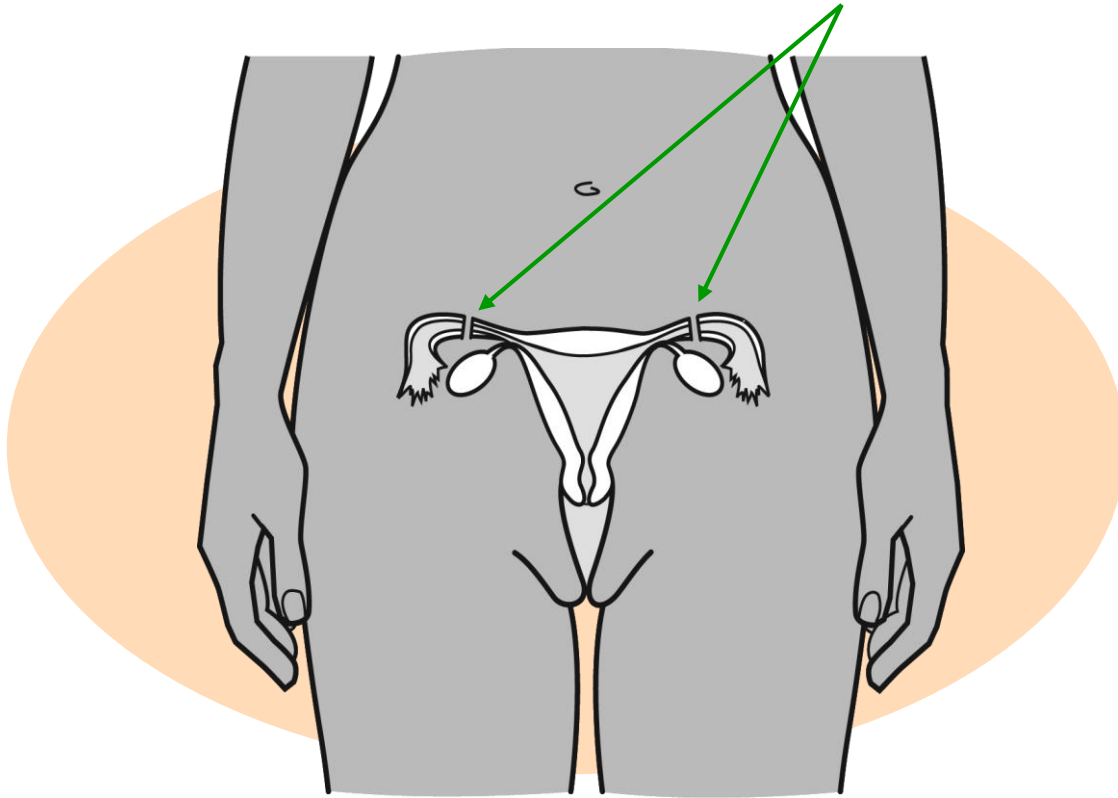
- Some cramping and heavier bleeding during monthly bleeding in the first few months of use.

Key points

- Use another method if waiting for appointment.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: _____

Female Sterilization



- Safe and permanent method – for women or couples who will not want more children
- One of the most effective methods
- Simple operation

Female Sterilization

What it is

- Specially trained provider makes one or two small cuts to reach the tubes that carry eggs to the womb.
- Cuts or blocks the tubes. The womb is not removed.
- Can be done right after you have a baby as well as other times.

What to expect

- After procedure, nothing to remember and no side effects.
- Do not need to be put to sleep during procedure.
- Usually you can go home a few hours after procedure.
- May have soreness for a few days after procedure.
- Monthly bleeding will continue as usual for you.

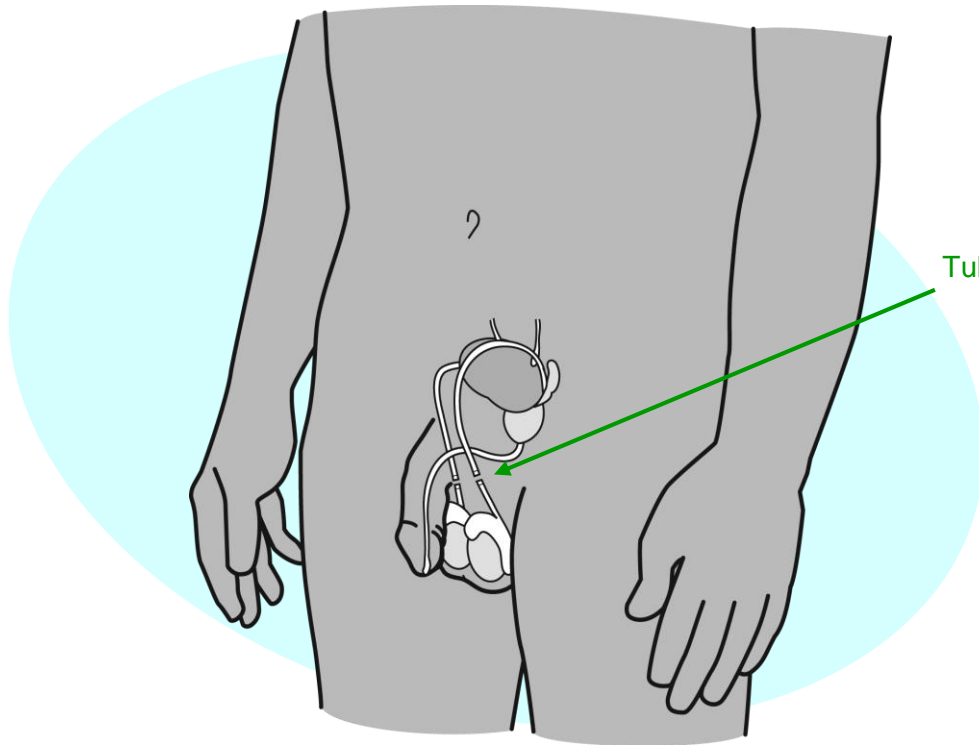
Key points

- Permanent method.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: _____



Vasectomy



- Safe and permanent method – for men or couples who will not want more children
- One of the most effective methods
- Simple operation
- Must use back-up method for first 3 months

Vasectomy

What it is

- Specially trained provider makes two small cuts to reach the tubes that carry sperm.
- Cuts tubes. Testicles are not removed.
- Works by keeping sperm out of semen.

How to use

- 3-month delay in taking effect. Couple must use another method until then.
- After 3 months, nothing to remember.

What to expect

- Do not need to be put to sleep during procedure.
- Usually you can go home a few hours after procedure.
- May have bruising and soreness for a few days after procedure.

Key points

- Does not decrease sex drive, erection or ejaculation.
- Permanent method.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: _____



Lactational Amenorrhea Method (LAM) (For breastfeeding mothers)

- Safe with no side-effects
- Effective if:
 - you are breastfeeding often, day and night, and giving no other food or liquids
 - your baby is less than 6 months old, and
 - your monthly bleeding has not returned



Lactational Amenorrhea Method (LAM)

(For breastfeeding mothers)

What it is

- Breastfeeding in a way that prevents pregnancy.
- Prevents release of egg.
- Does not protect against STIs or HIV/AIDS – for protection against STIs or HIV/AIDS, use condoms.

How to use:

- LAM requires three conditions that must be met:
 1. You are exclusively breastfeeding (no other food or liquids).
 2. Your menstrual periods have not returned.
 3. Your infant is less than 6 months old

What to expect

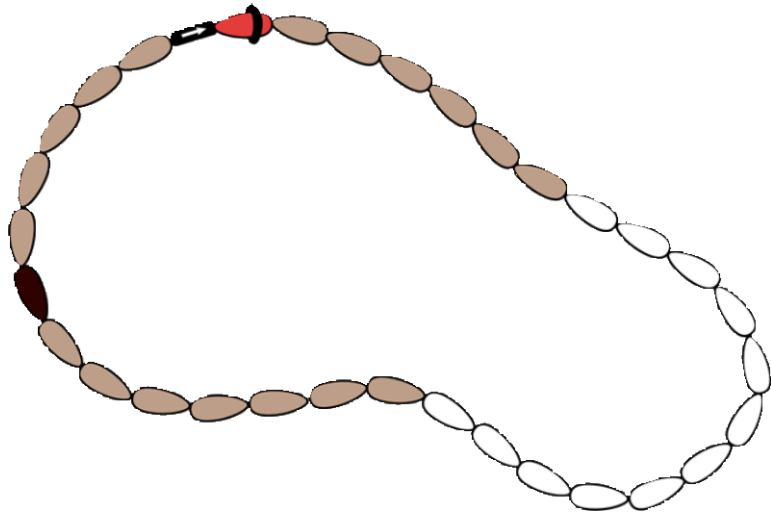
- No monthly bleeding.
- No side effects.

Misconceptions

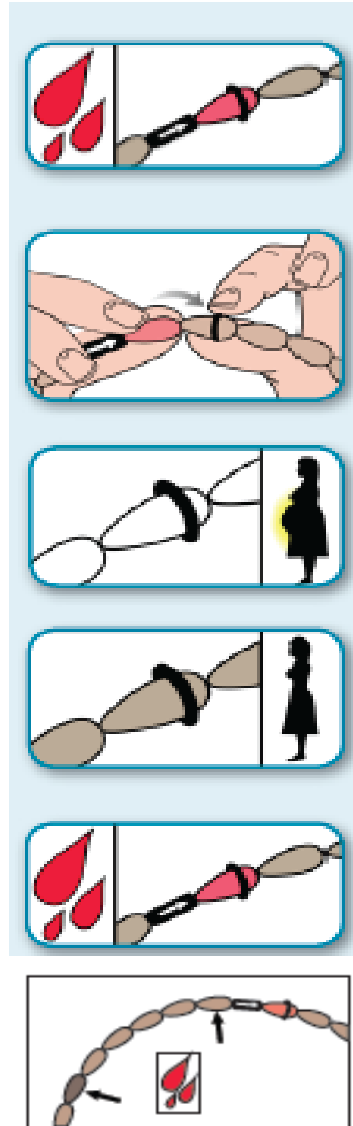
- Breastfeeding alone will not protect from pregnancy; have to meet all three criteria.



Standard Days Method: Using CycleBeads



- Helps you know what days during the month you could get pregnant
- To prevent pregnancy, either avoid sex OR use condoms on those days
- Best used by women with regular monthly bleeding



How to Use CycleBeads

- Move ring to RED bead when period starts. Next day move ring to the next bead.
- Move ring to next bead every day. Move ring even on bleeding days
- Use condoms or abstain when ring is on WHITE beads to avoid pregnancy.
- BROWN beads are safe days of no pregnancy.
- When period starts again move ring to red bead to begin again.
- Always check your period comes between dark brown bead and last brown bead.

Standard Days Method

Using CycleBeads

What it is

- Learning which days each month you could get pregnant (fertile days).
- Avoiding sex or use a condom during fertile days.
- Can be use by women who have regular monthly bleeding (every 26 to 32 days).

How to use

- Use cycle beads or calendar to count days of the cycle. Start with first day of monthly bleeding.
- Days 8 through 19 of every cycle are 'fertile days'.
- Avoid unprotected sex during fertile days.

What to expect

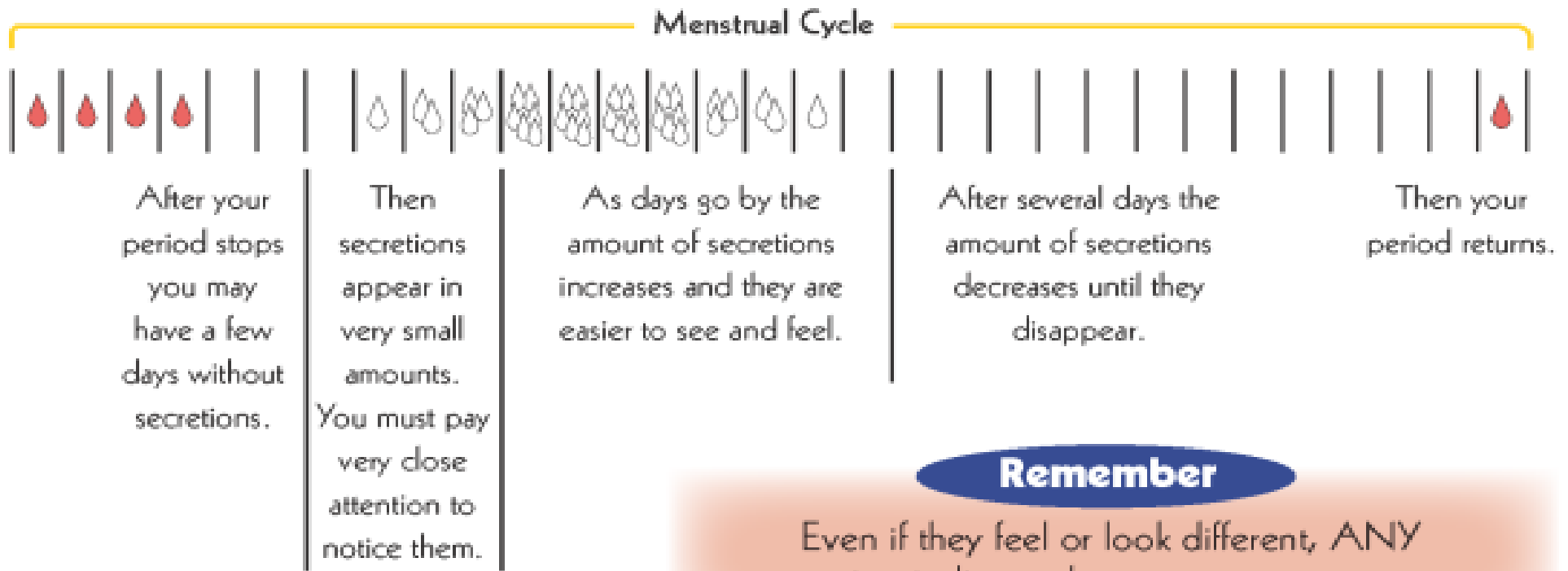
- Partners must avoid sex or use condoms for 12 days in a row, every month.
- No side-effects.

Key points

- Both partners must agree to avoid sex or use condoms on fertile days.
- If monthly bleeding becomes less regular, you may need to choose. another method.
- Use condoms if you need protection from STIs or HIV/AIDS.

TwoDay Method®

- Woman checks for the presence of secretions in her vaginal area to determine if she is fertile today.
- Safe with no side-effects
- Can be used with irregular menstrual cycles



Remember

Even if they feel or look different, ANY secretion indicates that you can get pregnant.

TwoDay Method

What it is

- Learning which days each month you could get pregnant (fertile days) by checking for cervical secretions everyday.
- Avoiding sex or use a condom during fertile days.
- Does not protect against STIs or HIV/AIDS – for protection against STIs or HIV/AIDS, use condoms.

How to use: Client asks herself two questions:

- Did I have secretions today?
- Did I have secretions yesterday?

If she had secretions today or yesterday, she can get pregnant today. She must use a condom or avoid sex. If she is menstruating or did not have secretions today and yesterday, she can have sex without using a condom.

CHECK for secretions at least twice a day starting at noon. RECORD , before going to bed, whether secretions were present.

What to expect

- No side effects.

Key Points

You may need to wait a while before using the method if (A) You had a recent pregnancy or you are breastfeeding, and (B) You recently used a hormonal family planning method.



Emergency contraceptive pills

- Prevent pregnancy after unprotected sex
- Work best when taken as soon as possible, up to 5 days after unprotected sex
- Do not cause abortion



Emergency contraceptive pills

What it is

- Pills taken after unprotected sex to prevent pregnancy.
- Prevents or delays release of egg.
- Does not cause abortion.

How to use _____

- Can take up to 5 days after unprotected sex.
- Works best when taken as soon as possible after unprotected sex.

What to expect

- Sometimes cause nausea, vomiting, vaginal spotting or bleeding for a few days.

Key points

- Does not prevent pregnancy the next time you have sex. do not protect against future acts of sexual intercourse.
- Regular methods are more effective, consider if there is a method you would like to use.
- Seek treatment if you may have been exposed to STIs or HIV/AIDS.

Where to get emergency contraceptive pills: _____



Special Situations

After childbirth

- Breastfeeding method prevents pregnancy effectively for up to 6 months if used correctly, and provides baby with best food.

When to start other methods:

- IUD: just after childbirth or wait 4 weeks after childbirth.
- Female sterilization: just after childbirth or wait 6 weeks after childbirth.
- Vasectomy: ideally 3 months before due date, as it takes 3 months to be effective.
- Minipills, injections, implants: 6 weeks after childbirth if breastfeeding. Immediately after childbirth if not breastfeeding.
- Pills: 6 months after childbirth if breastfeeding. 6 weeks if not breastfeeding.

HIV/AIDS

- HIV+ (not AIDS): Can use any method except spermicides.
- On ART or sick: Can usually use most methods, refer for advice.
- On TB drugs: Can usually use most methods, refer for advice.
- Condoms recommended to prevent transmission of HIV, even if using another method.
- If a woman with HIV chooses to breastfeed, she should be counselled to:
 - Breastfeed exclusively until her infant is 6 months old.
 - After 6 months, add foods and continue to breastfeed for 12 months.
 - Then stop breastfeeding when safe and adequate food is available.



Men or women who do not want more children

- Discuss permanent methods (female sterilization and vasectomy) and long term methods (IUD, implant).

Age

- Younger: Can use all methods. Emphasize STI/HIV/AIDS protection.
- Older: Can use all methods. Discuss permanent and long term methods.

After abortion

- Can use any method immediately post abortion.
- If infection is present, wait to insert IUD until treated.

People living with disabilities

- Can use all methods.
- Important to discuss family planning needs and STI/HIV/AIDS prevention.

After rape

- Use emergency contraception if not on regular method.
- Refer for STI/HIV counselling.

Conflict/Disaster/Displaced persons/Street families

- Can use all methods.
- Think carefully about availability of resupply and offer back up methods (condoms, barriers, emergency contraceptive pills).
- Preventing both pregnancy and STI/HIV/AIDS is especially important.



Refer the women to the nearest health center if she has any of these health conditions:

- Severe pain in the chest or trouble breathing
- Severe pain in the legs
- Severe abdominal pain
- Headaches, blurred vision or seeing cloudy, bright lights
- Yellow eyes or skin



Questions to be reasonably sure a woman is not pregnant

Women who are not currently having their monthly bleeding may still be able to start hormonal methods (pills, injectables, or the minipill) NOW. Ask these questions to be reasonably sure she is not pregnant.

If the client answers **NO to ALL** of the questions, pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test.

If the client answers **YES to AT LEAST ONE** of the questions and has no signs or symptoms of pregnancy,* provide her with the method.

| NO | | YES |
|----|--|-----|
| | 1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then? | |
| | 2. Have you abstained from sexual intercourse since your last menstrual period or delivery? | |
| | 3. Have you had a baby in the last 4 weeks? | |
| | 4. Did your last menstrual period start within the past 7 days? | |
| | 5. Have you had a miscarriage or abortion in the past 7 days? | |
| | 6. Have you been using a reliable contraceptive method consistently and correctly? | |

Signs of Pregnancy

If a woman has a late menstrual period or several other signs, she may be pregnant. Try to confirm by pregnancy test or physical examination.

Early signs

Late menstrual period
Breast tenderness
Nausea
Vomiting
Urinating more often

Weight change
Always tired
Mood changes
Changed eating habits

Later signs

Larger breast
Darker nipples
More vaginal discharge than usual
Enlarged abdomen
Movements of a baby

If any ONE of these is true, you are not pregnant and can start a method.



1. Menstrual period started in the past 7 days

or

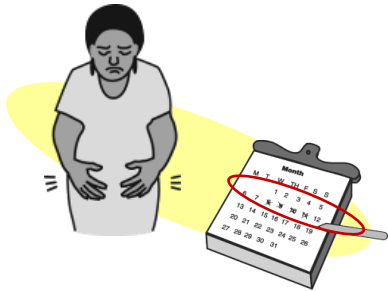


2. Gave birth in the past 4 weeks

or

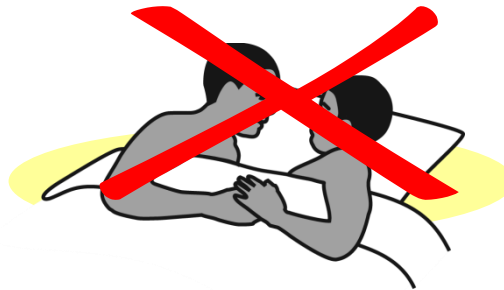


3. Fully or nearly fully breast-feeding AND gave birth less than 6 months ago AND periods have not returned



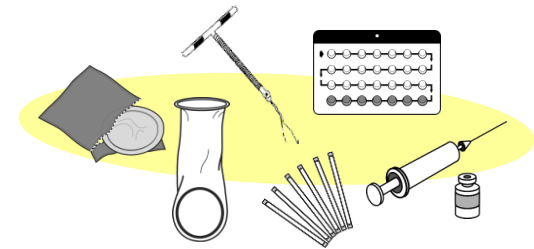
or **4.** Miscarriage or abortion in the past 7 days

or



5. No sex since the last menstrual period or delivery

or



6. Using another method consistently and correctly

Frequently Asked Questions

Do family planning methods make people sterile?

- **NO**-Only female sterilization and vasectomy are permanent
- With all other methods, couples can have a child soon after stopping
- Couples who have never had a child can safely use family planning and have a baby soon after stopping

Do FP methods cause cancer?

- **NO**-In fact, some family planning methods can help prevent certain cancers

Does family planning cause birth defects?

- **NO**-No method of family planning causes birth defects, even if used during pregnancy

How is vasectomy different from castration?

- Castration is the removal of testes. In vasectomy, however, the testes are not touched at all. The tube that carries sperm is cut. This keeps sperm out of semen, but it does not decrease sexual function or affect ejaculation.

Do family planning methods cause weight gain?

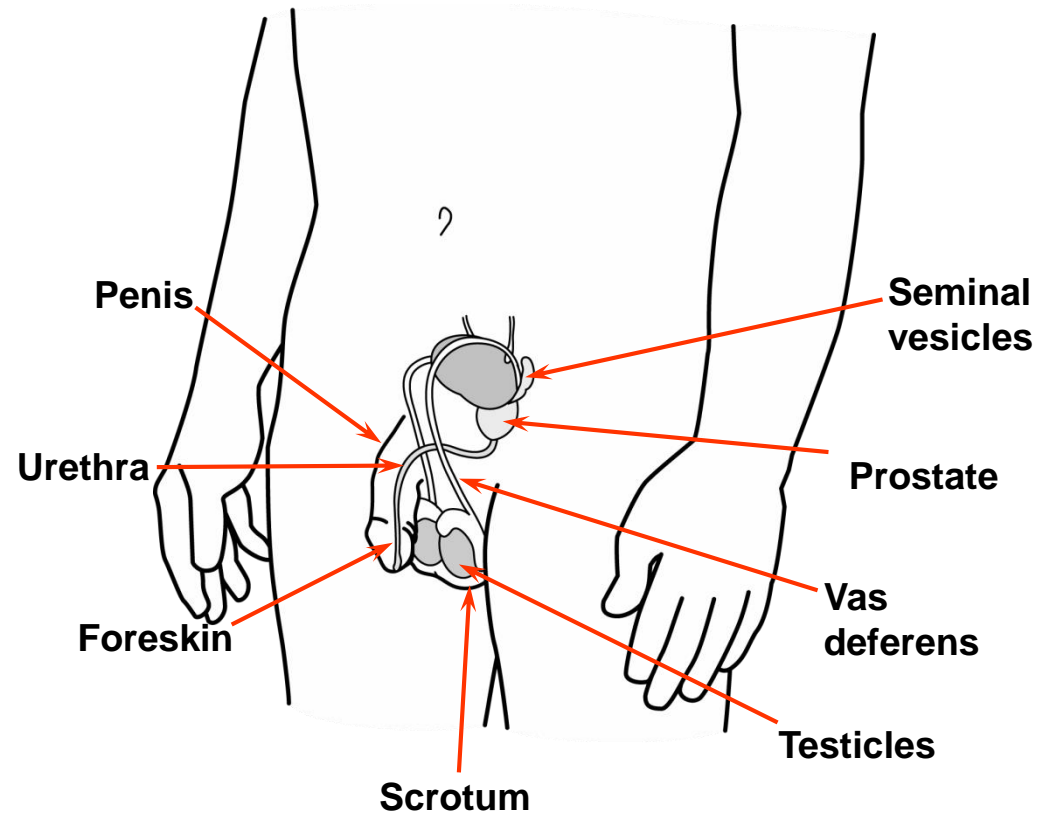
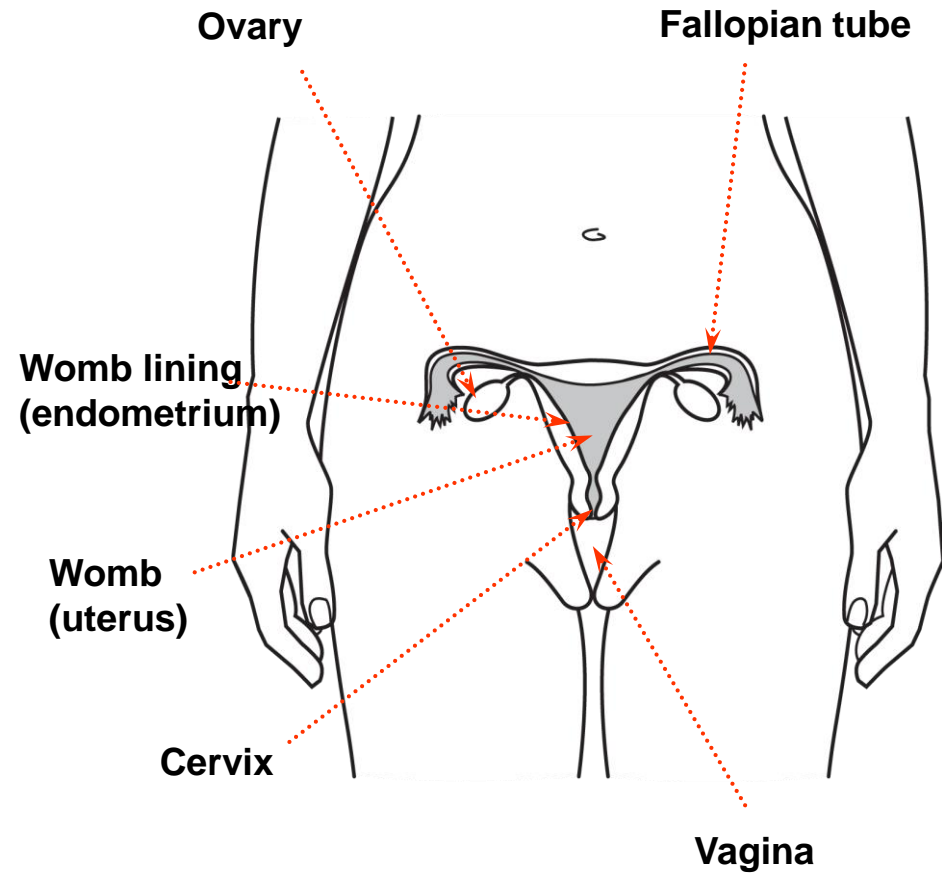
- Some women have some change in weight when using hormonal methods. The weight changes are usually small

Can young people use family planning safely?

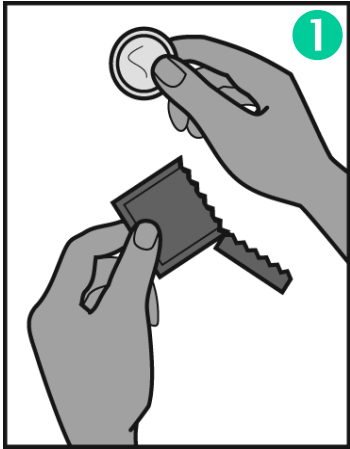
- **YES**-Young people can use non-permanent methods and go on to have children after stopping
- All people at risk of STIs/HIV or AIDS should use condoms even if they also use another method

Add any questions that are often asked in your community.

Male and female anatomy



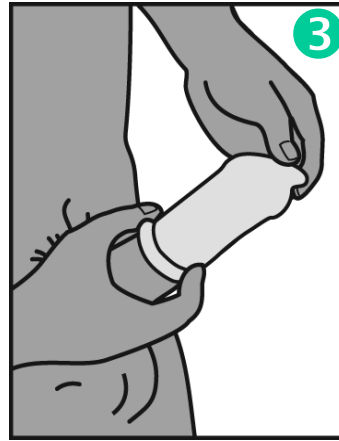
How to use a male condom



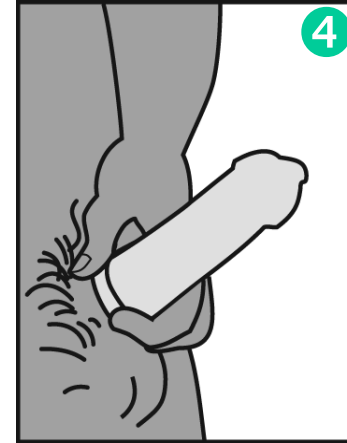
Use a **new condom** for each sex act



Before any contact, place condom on tip of erect penis **with rolled side out**



Unroll condom all the way to base of penis

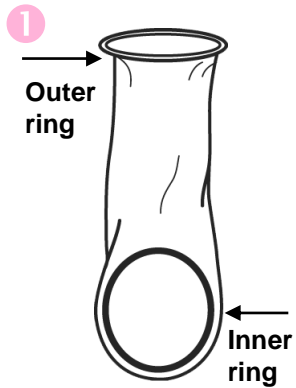


After ejaculation, hold rim of condom in place, and withdraw penis while it is still hard

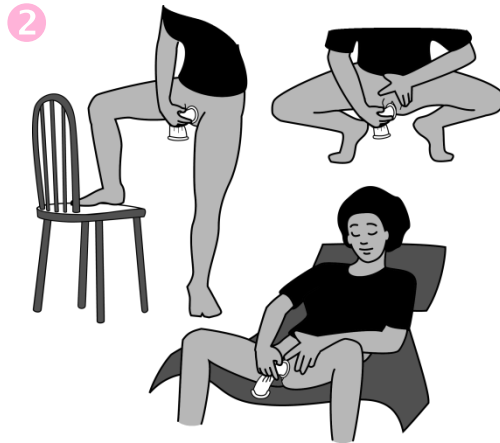


Use only once
Throw away used condom safely

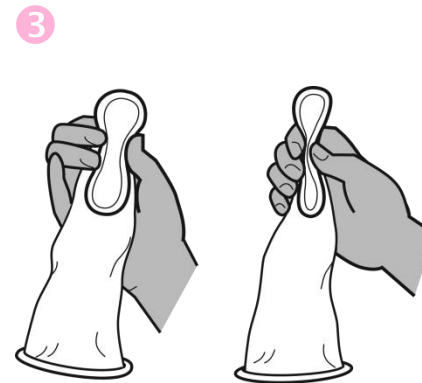
How to use a female condom



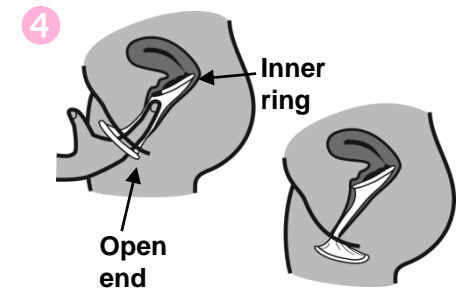
- Use a new condom each time
- Open package carefully
- Make sure the condom is well-lubricated inside



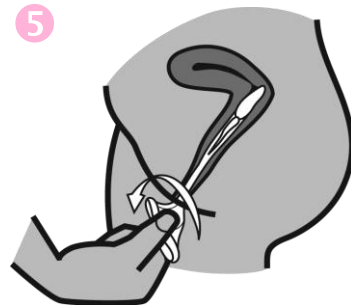
- Choose a comfortable position



- Squeeze the inner ring, at the closed end



- Gently insert the inner ring into the vagina
- Place the index finger inside condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- **Be sure that the penis enters inside the condom and stays inside it during intercourse**



- To remove, twist outer ring and pull gently
- Throw away condom safely

For new clients, did you ...

- Help the client choose a method that will suit her or him?
- Discuss possible side effects of the method?
- Whenever possible, give the client the method that she or he wants, or else refer for it?
- Make sure that the client who wants a referral method has a method to use while waiting for it?
- Give the method, information and hand-out?
- Make sure the client has condoms and emergency contraceptive pills if needed?
- Discuss prevention of STIs and HIV/AIDS, and give condoms when needed?
- Explain when to come back for more supplies or if she is having a problem, before stopping the method?
- Answer all questions?
- Invite the client to come back any time?



For returning clients, did you...

- Check that the client is happy with the method?
- Check that the client is using the method correctly?
- Address client concerns, for example:
 - problems using methods, such as missing pills or problems with condoms
 - problems with partner
 - bleeding changes, such as spotting, no monthly bleeding
 - other side effects such as dizziness, mild headaches, mood changes, acne
 - Ask if side effects are a problem. Reassure they are common and safe and often go away on their own. If she wants to switch methods, help her to choose another.
- Check if the client has any more concerns or questions?
- Help her to choose a method to use during or after breastfeeding, if she is pregnant or has recently had a baby?
- Make sure the client has condoms and emergency contraceptive pills if needed?
- Give enough supplies?

