

# TALKING WITH CLIENTS ABOUT FAMILY PLANNING:

## A GUIDE FOR HEALTH CARE PROVIDERS

INCLUDES INFORMATION ON:

- AIDS and other STDs
- Postpartum contraception
- Postabortion contraception

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79 Madison Avenue, New York, NY 10016, USA

Telephone: 212-561-8000      Fax: 212-779-9439

Telex: 425604 (AVS UI)      Cable: IAFORVS NEW YORK

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# Foreword

AVSC International has worked for years with family planning organizations, funding agencies, and other population and family planning organizations to help family planning services to establish and to improve counseling. This has led to workshops and training sessions, and to the growing acceptance of counseling as a crucial element in family planning services. With this experience and with the help of the many organizations and individuals with whom AVSC has collaborated, we have published *Family Planning Counseling: A Curriculum Prototype*.

*Talking with Clients about Family Planning* also grows out of that experience. It contains the information that counselors can provide to clients to help them make informed, voluntary and well-considered choices about fertility and contraception, in a form that is easily understood.

Success in family planning—health or demographic—doesn't come from giving a person a method of contraception. It comes when clients choose a method best suited to them, when they use it successfully for a period of time, when they return for a different method of contraception when their needs change, and when they tell their family and friends about family planning and the clinic where they can get it. This book will help people involved in counseling achieve these results.

As is noted in the counseling curriculum, although counselors are essential, counseling cannot simply be left to counselors. Everyone in a health facility, from receptionists to clinic managers, will have the opportunity to talk to clients about family planning choices. This book will help them to do this in a way that reinforces formal counseling and that helps clients achieve their goals.

Hugo Hoogenboom  
President, AVSC International

# Acknowledgments

Several individuals and organizations contributed to this book. Cynthia Steele Verme, director of special programs for AVSC International, oversaw the development of the book. Pamela Beyer Harper, director of communications, and Sally Girvin, medical programs advisor, wrote the document. Amy E. Pollack, M.D., vice president and medical director, reviewed all medical content.

AVSC is grateful to Johns Hopkins University's Population Information Program for first describing the GATHER concept in the 1987 *Population Report "Counseling Makes a Difference"* by M. Gallen and C. Lettenmaier.

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Falco and Falco, Inc., designed the book. David Rosenzweig was the illustrator. Renée Santhouse, publications manager, provided art direction and oversaw the production of the book. Amy Van Hoogstraat, editorial assistant, proofread the document.

# Introduction

This book gives family planning and other health workers the facts they need to talk with clients about temporary and permanent contraceptive methods, as well as basic information about sexually transmitted diseases (STDs). This information is intended to be used to help each client make an informed, voluntary, and well-considered decision about fertility and contraception.

The book follows the GATHER<sup>1</sup> procedure for family planning counseling. In this method, the essential steps of the counseling process are easily remembered by the acronym GATHER:

**G: GREET** the client

**A: ASK** the client about himself or herself

**ASSESS** the client's knowledge and needs

**T: TELL** the client about family planning methods

**H: HELP** the client choose a method

**E: EXPLAIN** how to use a method

**R: RETURN** visits

The book presents the information in the sequence needed by clients as they move through the steps for decision making. For instance, information needed to **choose** a method is different from that needed to **use** a method. Initially (during the telling step), clients need to understand that there are several available options and to have basic information about different

<sup>1</sup>The GATHER acronym was first described in "Counseling makes a difference" by M. Gallen and C. Lettenmaier, *Population Reports* series J, no. 35 (1987).

methods that are of interest to them or that might help them achieve their reproductive goals. When clients narrow their interest to one, a few, or several methods, they need more detailed information about characteristics, effectiveness, and use—to determine whether a method matches their needs. This is done during the helping step. Once clients decide on a method, they need specific information about how to obtain and use it (the explaining step).

This book provides information that can be used during the three counseling steps of telling, helping, and explaining. It does not contain comprehensive clinical information about contraceptive methods and is not intended to be a clinical reference. If, while discussing family planning with clients, the provider encounters clinical questions or situations that are beyond his or her expertise or knowledge, the provider should seek assistance from a qualified doctor or nurse.

In the telling step, the health provider presents basic facts to familiarize the client with available contraceptive options. This includes brief information about how the method works, its effectiveness, and characteristics. Depending upon the client's reproductive intentions, the provider may or may not need to tell the client about all available methods. In this book, the telling section for each method contains basic information that the provider may use to fill gaps in the client's knowledge that were identified when assessing the client. Clients can apply this information to determine which methods appeal to them or appear to suit their needs.

The chart on pages 5–7 highlights information for the telling step. It can be used as a quick reference when counselors provide an overview of contraceptive methods to individuals or groups. Additional facts that the client may want to know are given in the telling section for each method.

The helping section for each method consists of more detailed information that can help clients choose a family planning method. The counselor and client use this information to match the client's needs with an appropriate method, and to help the client make a carefully considered decision.

The explaining section for each method describes how to get the method, how to use the method, the possible side effects and warning signs, and what to do if side effects or warning signs occur. Such detailed information is usually provided only to clients who have expressed interest in that particular method, but it may also be given to other clients who request it. The information found in the explaining section is important

because it helps ensure that clients can obtain the methods they have chosen, and that they will be able to use the methods correctly and safely.

During the explaining step, the health worker should provide the client with both written and spoken instructions. Even if clients cannot read, they usually know someone who can. When giving spoken instructions, the provider should ask clients to repeat explanations in their own words. If the client has omitted or misunderstood any instruction, the provider should review the information with her or him.

If a client using a contraceptive method returns to the health facility with any of the warning signs identified in this book, she or he needs to see a clinician immediately.

### **Language and Terminology**

The language used in this booklet is, as much as possible, intentionally nontechnical, so that health providers can become familiar with simple terminology that can be used with clients. In the case of clinical vocabulary, the booklet, whenever possible, uses terms that will be most easily understood. For example, the term *tubal ligation* is used instead of the more general clinical term *female sterilization* since, in many settings, clients and providers customarily use the phrase *tubal ligation*. Clients may need an introduction to the male and female reproductive systems, in which they learn basic clinical terms such as *vagina*, *ovary*, and *semen*.

The two terms *HIV infection* and *AIDS* have important distinctions in meaning. *HIV infection* means that a person has been exposed to and infected with the human immunodeficiency virus; the person may not have symptoms and may not know that he or she has the virus. People who are infected with HIV can transmit the virus to others. People who have AIDS (acquired immunodeficiency syndrome) carry the human immunodeficiency virus and also have symptoms. For accuracy, this book uses the less well-known term *HIV infection*, rather than *AIDS*, since the term encompasses individuals with and without symptoms.

When speaking to clients, providers should use accurate, simple language that is easily understood. Because appropriate language varies from place to place, health care providers will need to adapt the language used in this book to fit the needs of their clients. Because the material presented in the explaining sections is intended for use with individual clients who have chosen a particular method, these sections address the client as "you."

This book occasionally uses the term *counselor*. This word refers to a health care worker who is responsible for family planning counseling and usually other duties. Counselors do not have to be professional psychologists or social workers, but they do need special training to be qualified as family planning counselors.

### **Postabortion Women**

In addition to receiving information related to their recovery, women who have just been treated for an incomplete abortion or who have had an induced or spontaneous abortion need certain minimal information about fertility and contraception, regardless of whether they want to receive further family planning counseling or contraceptive services. The essential information is as follows:

- That fertility may return within two weeks of abortion
- That several contraceptive methods can be used safely either immediately after abortion or at a later time
- That the woman has the right to either choose or refuse contraception
- Where to obtain contraception (either at the site where the woman is receiving postabortion care or by referral)

### **Postpartum Women**

Women who have just delivered a baby need certain minimal information about breastfeeding and contraception, regardless of whether they want to receive further family planning counseling or contraceptive services. The essential information is as follows:

- That breast milk is the best source of nutrition for the baby for the first six months of life
- That exclusive breastfeeding will protect against pregnancy for at least six weeks after delivery (and for up to six months if the baby is given no other food and the woman's period has not returned)
- That several contraceptive methods can be used safely either immediately after delivery or at a later time
- That the woman has the right to either choose or refuse contraception
- Where to obtain contraception (either at the site where the baby was delivered or by referral)

## **Contraceptive Methods: Highlights**

---

### **LAM** (Lactational Amenorrhea Method, Exclusive Breastfeeding)

- Breast milk is the best food for the baby. Breastfeeding can help protect the baby from getting sick.
  - LAM is a very effective contraceptive when it is used correctly. LAM is less effective after the baby is six months old, after the baby is given other food, or after the woman has her period again.
- 

### **THE PILL** (either Combined Oral Contraceptives or Progestin-Only Pills)

- The woman must take one pill every day according to instructions.
  - The pill is very effective when it is used correctly.
- 

### **PROGESTIN-ONLY INJECTABLES**

(Depo-Provera or DMPA; Noristerat or NET-EN)

- The woman must get an injection every three months for Depo-Provera (every two months for Noristerat).
  - Injectables are one of the most effective methods.
- 

### **NORPLANT IMPLANTS**

- Norplant implants consist of six matchstick-sized plastic capsules. A trained doctor or nurse places the implants under the skin of a woman's upper arm by making a very small cut. The capsules can stay in the arm for up to five years.
  - Norplant implants are one of the most effective methods.
  - Norplant implants prevent pregnancy for up to five years.
- 

### **THE IUD** (Intrauterine Device)

- An IUD is a small device that is usually made of plastic, or of plastic and copper. A doctor or trained health worker places the IUD in the woman's womb. The most commonly used copper IUD can be left in place for 10 years.
  - The IUD is very effective.
-

## **Contraceptive Methods: Highlights (continued)**

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### **THE DIAPHRAGM WITH SPERMICIDE**

- The diaphragm is a shallow rubber cup. The woman puts a contraceptive jelly (spermicide) into the diaphragm. She then puts the diaphragm into her vagina. The diaphragm covers the opening into the womb.
  - The diaphragm and jelly keep the man's sperm out of the woman's womb.
  - The diaphragm is effective when it is used correctly every time the woman has sexual intercourse.
- 

### **CONDOMS**

- A condom is a thin sheath made of latex.
  - A condom holds the semen so it does not pass into the woman's vagina. The man puts the condom on his erect penis before he puts his penis inside the woman's vagina.
  - Condoms are effective when they are used correctly every time the man has sexual intercourse.
  - Aside from abstinence, latex condoms offer the best protection against HIV infection and other sexually transmitted diseases.
- 

### **SPERMICIDES**

- Spermicides come as foams, jellies, creams, foaming tablets, and vaginal suppositories.
- The woman puts the spermicide high in her vagina before the man puts his penis inside.
- Spermicides are effective when they are used correctly every time the woman has sexual intercourse.

## **Contraceptive Methods: Highlights (continued)**

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### **FERTILITY AWARENESS METHODS**

- There is a time each month when a woman can get pregnant. A doctor, nurse, or counselor usually helps the woman learn how to determine the time of the month that she can get pregnant. The woman and her partner do not have sexual intercourse during this time.
  - Fertility awareness methods are effective when they are used correctly.
- 

### **WITHDRAWAL**

- The man takes his penis out of the woman's vagina just before his climax.
  - Withdrawal is effective when it is used every time the man has sexual intercourse.
- 

### **TUBAL LIGATION (Female Sterilization, Tubal Occlusion)**

- Tubal ligation for women is a simple operation. It closes the tubes between the woman's ovaries, where eggs are made, and the womb. After the operation, the woman can no longer get pregnant.
  - Tubal ligation is meant to be permanent. The couple must be very sure that they do not want any more children.
  - Tubal ligation is one of the most effective methods.
- 

### **VASECTOMY**

- Vasectomy is a simple operation. It closes the tubes between the man's sex glands (testes) and his penis. After the operation, the man's partner can no longer get pregnant.
  - Vasectomy is meant to be permanent. The couple must be very sure that they do not want any more children.
  - The operation does not change a man's appearance, voice, strength, or sexual behavior. After vasectomy, the same amount of liquid still comes out of the penis during sex.
  - Vasectomy is one of the most effective methods.
-

# **LAM**

## **(Lactational Amenorrhea Method, Exclusive Breastfeeding)**

### **T: Telling**

#### What it is:

- By feeding the baby only with breast milk, the new mother can prevent pregnancy for up to six months if her period has not returned.

#### How it works:

- LAM stops the egg from leaving the ovary each month.

#### Effectiveness:

- LAM is very effective when it is used correctly. LAM is less effective after the baby is six months old, after the baby is given other food, or after the woman has her period again.

#### Characteristics:

- Breast milk is the best food for the baby. Breastfeeding can help protect the baby from getting sick.
- LAM:
  - Does not require medication or supplies.
  - Is not linked to sexual intercourse.
  - Can be discontinued by the woman on her own.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
  - May cause some women to develop soreness or infections in their nipples or breasts.
  - May take a lot of time.
  - May be hard to do (for example, in the workplace).
- HIV may be transmitted through breast milk.
- The woman must be willing to breastfeed every time the baby is hungry, both day and night.

## **H: Helping**

Can be an effective contraceptive method for a woman:

- Whose menstrual periods have not returned, who had her baby less than six months ago, and who is fully or nearly fully breastfeeding.

Requires more careful consideration when a woman:

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. LAM does not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Is HIV positive, or suspects that she is, and wishes to breastfeed. She should be encouraged to talk to a doctor or nurse for advice. HIV may be transmitted through breast milk, but this consideration must be weighed against the benefits of breast milk for the child.

Should not be considered an effective method for a woman:

- Who has started her menstrual periods again.
- Who has breastfeedings that are regularly more than six hours apart.
- Who regularly gives her baby food or liquids as substitutes for breast-milk meals.
- Whose baby is six months old or older.

## **E: Explaining**

How to use breastfeeding for contraception:

- Breastfeed your baby on demand (at least 6–10 times a day, including at least once each night) on both breasts.
- There should be no more than six hours between any two breastfeedings.
- The baby does not need any other foods until he or she is six months old as long as:
  - The baby is growing well and gaining weight.
  - You are eating a balanced diet and resting in order to have a good milk supply.
- Once the baby begins having food or drink other than breast milk, breastfeeding will be less effective as a contraceptive. When the baby begins having other food or drink, you may be able to get pregnant even before your have your first menstrual period after the delivery.

- When your menstrual periods return, you can get pregnant again, and breastfeeding is no longer an effective contraceptive. You will need to choose another contraceptive method to protect against pregnancy.

**Other instructions:**

- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Breastfeeding does not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection.

# Combined Oral Contraceptive Pills (COCs)

## T: Telling

### What they are:

- The woman takes the pill by mouth.

### How they work:

- The pills stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance to the womb. The woman must take one pill every day according to instructions.

### Effectiveness:

- The pill is very effective when it is used correctly.

### Characteristics:

- The COC:
  - Is not linked to sexual intercourse.
  - Can be discontinued by the woman on her own.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
  - Usually causes menstrual periods that are more regular, with less bleeding.
  - May cause spotting between periods.
  - May protect against some forms of cancer.
  - Is not usually recommended for women who are breastfeeding.
  - May cause mild side effects, such as nausea, at the beginning.
- The woman must remember to take a pill every day.

**Other information:**

- A woman who has just delivered a baby and is not breastfeeding may begin taking the pill after the third postpartum week.
- A woman who has just had an abortion may begin taking the pill on the same day as the abortion.

**H: Helping****May be an appropriate method for a woman who:**

- Prefers a very effective method and can use COCs correctly.
- Prefers a method that is not linked to sexual intercourse.
- Prefers a method she can discontinue herself.
- Can tolerate minor menstrual changes, such as spotting between periods, and other possible side effects, such as nausea when first starting pill use.
- Has menstrual problems that may be decreased by using COCs, such as heavy bleeding or cramping.
- Has a history of ectopic pregnancy.
- Has a family history of ovarian cancer.
- Has just delivered a baby and is not breastfeeding. The woman may begin taking the pill after the third postpartum week, or at any time the woman and the health care provider believe she is not pregnant.
- Has just had an abortion. The woman may begin taking the pill on the same day as the abortion, or at any time the woman and the health care provider believe she is not pregnant.

**Require more careful consideration when a woman:**

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. COCs do not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Is breastfeeding (estrogen, a hormone in COCs, can decrease the amount and nutritional content of breast milk).
- Is unable to obtain regular supplies of pills.
- Has two or more of the following risk factors for heart disease:
  - Is over age 35
  - Smokes
  - Has diabetes mellitus
  - Has high blood pressure

- Has unexplained abnormal vaginal bleeding.
- Is taking medication for seizures or convulsions or rifampin (rifampicin), an antibiotic used to treat tuberculosis.

**Should not be used by a woman who:**

- Is pregnant or strongly suspected to be pregnant.
- Has active thromboembolic or cardiovascular disease, or a past history of either condition.
- Is over age 40 and smokes.
- Has known or suspected breast cancer.
- Has active liver disease.
- Has benign or malignant liver tumors.
- Has a history of jaundice caused by gall bladder disease during pregnancy.

## **E: Explaining**

**(To the counselor:** These instructions are for 28-day pill packets. They will need to be modified if 21-day pill packets are provided.)

**How to start using the pills:**

**(To the counselor:** Holding a pack of pills, point to the first pill the client should take and explain the order in which to take pills on subsequent days.)

- Always begin with the first pill in the packet.
- Take the first pill on any of the first seven days of your menstrual period. For many women, it is easiest to remember to take the first pill on the first day. Use another contraceptive method, such as condoms or spermicide, until you have taken the pills for seven days in a row.
- *For the woman who has just delivered a baby and is not breastfeeding:* You may begin taking the pill after the third postpartum week, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just had an abortion:* You may begin taking the pill on the same day as the abortion, or at any time you and the health care provider believe you are not pregnant.

### **How to take the pills correctly:**

- Swallow one pill each day at the same time each day even if you do not have sexual intercourse.
- Do not skip a single day between packets even if you are still menstruating. Always start a new packet the day after finishing the last packet.

### **What to do if you miss taking any pills:**

- If you miss taking a pill on one day, take it as soon as you remember. Then take the next pill at the regular time, even if this means you take two pills in one day.
- If you miss taking a pill on two or more days in a row, take a pill as soon as you remember. Take a pill daily until you finish the pack. Wait to have sexual intercourse, or use another contraceptive method (such as condoms or spermicide), until you have taken one pill for seven days in a row. This will give the pills time to protect you fully against pregnancy.
- If you are ill and have severe vomiting or diarrhea, your pills may not work effectively. Use another contraceptive method, such as condoms or spermicide, or do not have sexual intercourse, until you are well and have taken the pills for seven days in a row without severe vomiting or diarrhea.
- If you continually forget to take pills or if you interrupt pill-taking often, talk with the health facility staff about using another method of family planning.

### **Changes in menstrual periods and other side effects:**

- Your period will usually come while you are taking the fourth week of pills. If you do not have a period, continue to take your pills, but if you have symptoms of pregnancy, contact the health facility for advice.
- Most side effects usually go away after the first few months of using COCs.
- When you begin to take the pills, you may have some spotting between your menstrual periods. This is not your menstrual period. You should continue taking the pill each day.
- You may have some nausea, dizziness, or headaches because your body is adjusting to the pill. These discomforts usually disappear after one or two packets of pills. Try taking the pill at bedtime or with food.
- Your weight may increase slightly.

- You may develop acne or dark-colored areas on your face.
- If you have any of these side effects and they bother you, return to the health facility.

#### WARNING SIGNS:

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. Be sure to tell the health care provider that you are taking contraceptive pills.
  - The whites of your eyes or your skin look yellow (jaundice)
  - Severe pain in your belly
  - Severe chest pain, cough, or shortness of breath
  - Severe headache, dizziness, weakness, or numbness
  - New vision problems (vision loss or blurring)
  - Speech problems
  - Severe pain in your leg (calf or thigh)

#### Other instructions:

- If this is the first time you have taken COCs and you have no problems, return to the health facility as suggested for a check-up and more pills. (**To the counselor:** Following the health facility's protocol, tell the woman when she should return.)
- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Bring the pill packets with you when you return to the health facility.
- Contraceptive pills do not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

**Pills and medical care:**

- Some medications interfere with the pill's effectiveness. Check with the health facility if you begin to take rifampin (rifampicin)—an antibiotic used to treat tuberculosis—or any medicine for convulsions or seizures.
- Bring the pill packets with you when you visit the health facility or other health service, and tell the doctor or nurse that you are taking combined oral contraceptive pills (COCs).

# **Progestin-Only Pills (POPs)**

## **T: Telling**

### **What they are:**

- The woman takes the pill by mouth.

### **How they work:**

- The pills stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance to the womb. The woman must take one pill every day according to instructions.

### **Effectiveness:**

- The pill is very effective when it is used correctly.

### **Characteristics:**

- The POP:
  - Is not linked to sexual intercourse.
  - Can be discontinued by the woman on her own.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
  - Usually causes less bleeding during menstrual periods.
  - May cause spotting between periods, longer or heavier periods, or no periods at all.
- The woman must remember to take a pill at the same time every day.

### **Other information:**

- A woman who has just delivered a baby may begin taking the pill immediately after delivery. The progestin-only pill is safe for breastfeeding mothers and their babies.

- A woman who has just had an abortion may begin taking the pill on the same day as the abortion.

## H: Helping

May be an appropriate method for a woman who:

- Prefers a very effective method and can use POPs correctly.
- Cannot for medical reasons, or does not want to, use contraceptive pills containing estrogen. (Some medical conditions that are precautions for use of COCs are not precautions for use of POPs.)
- Prefers a method that is not linked to sexual intercourse.
- Prefers a method she can discontinue herself.
- Can tolerate menstrual changes, such as spotting between periods, longer or heavier periods, or no periods at all.
- Has high blood pressure.
- Has sickle cell disease.
- Has just delivered a baby. The woman may begin taking the progestin-only pill immediately after delivery, or at any time the woman and the health care provider believe she is not pregnant, regardless of whether or not she is breastfeeding.
- Has just had an abortion. The woman may begin taking the pill on the same day as the abortion, or at any time the woman and the health care provider believe she is not pregnant.

Require more careful consideration when a woman:

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. POPs do not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Is unable to obtain regular supplies of pills.
- Has unexplained abnormal vaginal bleeding.
- Is taking medication for seizures or convulsions or rifampin (rifampicin), an antibiotic used to treat tuberculosis.
- Has known or suspected breast cancer. Progestins do **not** cause breast cancer.

Should not be used by a woman who:

- Is pregnant or strongly suspected to be pregnant.

## E: Explaining

### How to start using the pills:

(**To the counselor:** Holding a pack of pills, point to the first pill the client should take and explain the order in which to take pills on subsequent days.)

- Always begin with the first pill in the packet.
- Take the first pill on any of the first seven days of your menstrual period. For many women, it is easiest to remember to take the first pill on the first day. Use another contraceptive method, such as condoms or spermicide, until you have taken the pills for seven days in a row.
- *For the woman who has just delivered a baby:* You may begin taking the progestin-only pill immediately after delivery, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just had an abortion:* You may begin taking the pill on the same day as the abortion, or at any time you and the health care provider believe you are not pregnant.

### How to take the pills correctly:

- Swallow one pill at the same time each day even if you do not have sexual intercourse. It is especially important for women who take POPs to take the pill at the same time each day.
- If you are more than three hours late taking your pill, use another contraceptive method for two days while you continue to take your pills, or you may get pregnant.
- Always start a new packet the day after finishing the last packet.

### What to do if you miss taking any pills:

- If you miss taking a pill on one day, take it as soon as you remember. Then take the next pill at the regular time, even if this means you take two pills in one day. Continue to take the pills as usual. Wait to have sexual intercourse, or use another contraceptive method (such as condoms or spermicide), until you have taken the pill for seven days in a row. This will give the pills time to protect you fully against pregnancy.
- If you miss taking two or more pills, take two pills as soon as you remember and two the next day. Then continue taking the pills as usual. Wait to have sexual intercourse, or use another contraceptive method (such as condoms or spermicide), until you have taken the pill for seven days in a row. This will give the pills time to protect you fully against pregnancy.

- If you are ill and have severe vomiting or diarrhea, your pills may not work effectively. Use another contraceptive method, such as condoms or spermicide, or do not have sexual intercourse, until you are well and have taken pills for seven days in a row without severe vomiting or diarrhea.
- If you continually forget to take pills, if you cannot take them at the same time every day, or if you interrupt pill-taking often, talk with the health facility staff about using another method of family planning.

#### Changes in menstrual periods:

- Your period will usually come while you are taking the fourth week of pills. If you do not have a period, continue to take your pills, but if you have symptoms of pregnancy, contact the health facility for advice.
- When you begin to take the pills, you may have some spotting between menstrual periods. This light bleeding is not your menstrual period. You should continue taking the pill each day.
- Your periods may last longer or be heavier than they have in the past. You may stop having periods, even though you are not pregnant.
- If you have any of these side effects and they bother you, return to the health facility.

#### WARNING SIGNS:

- Come back to the health facility or go to a hospital at once if you have severe pain in your belly. Be sure to tell the health care provider that you are taking POPs.

#### Other instructions:

- If this is the first time you have taken POPs and you have no problems, return to the health facility as suggested for a check-up and more pills. (**To the counselor:** Following the health facility's protocol, tell the woman when she should return.)
- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Bring the pill packets when you return to the health facility.

- Contraceptive pills do not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

**Pills and medical care:**

- Some medications interfere with the pill's effectiveness. Check with the health facility if you begin to take rifampin (rifampicin)—an antibiotic used to treat tuberculosis—or any medicine for convulsions or seizures.
- Bring the pill packets with you when you visit the health facility or other health service, and tell the doctor or nurse that you are taking progestin-only pills (POPs) for contraception.

# **Progestin-Only Injectables**

## **(Depo-Provera or DMPA; Noristerat or NET-EN)**

### **T: Telling**

#### **What they are:**

- The woman gets an injection in her arm or buttock.

#### **How they work:**

- Injectables stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance to the womb. The woman must get an injection every three months for Depo-Provera (every two months for Noristerat).

#### **Effectiveness:**

- Injectables are one of the most effective methods.

#### **Characteristics:**

- Injectables:
  - Are not linked to sexual intercourse.
  - Can be used without the knowledge of others (permit privacy and confidentiality).
  - Do not provide protection against HIV infection and other sexually transmitted diseases.
  - Cause changes in the menstrual cycle, such as spotting, irregular bleeding, or more bleeding. After two or three injections, many women stop having periods.
  - Cause some women to gain weight or have headaches.
- The woman does not have to remember to do something every day.
- A woman may not be able to become pregnant for 6–12 months after she stops having injections.

**Other information:**

- A woman who has just delivered a baby and is breastfeeding may receive the first injection at six weeks after delivery. Injectables are safe for breastfeeding mothers and their babies.
- A woman who has just delivered a baby and is not breastfeeding may receive the first injection immediately after delivery.
- A woman who has just had an abortion may receive the first injection on the same day as the abortion.

**H: Helping****May be an appropriate method for a woman who:**

- Prefers a very effective method and can return to the health facility for injections.
- Prefers a method that is not linked to sexual intercourse or that does not require doing something every day.
- Wants to keep her use of contraception private.
- Can tolerate menstrual changes such as spotting or bleeding between periods, longer or heavier periods, or no periods at all.
- Understands that it may take a while to get pregnant (6–12 months) after stopping injections.
- Cannot for medical reasons, or does not want to, use contraceptive pills containing estrogen. (Some medical conditions that are precautions for use of COCs are not precautions for the use of injectables.)
- Has sickle cell disease.
- Has just delivered a baby. If the woman is breastfeeding, the first injection may be given at six weeks after delivery. If the woman is not breastfeeding, the first injection may be given immediately after delivery, or at any time the woman and the health care provider believe she is not pregnant.
- Has just had an abortion. The first injection may be given on the same day as the abortion, or at any time the woman and the health care provider believe she is not pregnant.

**Require more careful consideration when a woman:**

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Injectables do not provide protection against

these infections. Aside from abstinence, latex condoms offer the best protection.

- Has unexplained abnormal vaginal bleeding.
- Has known or suspected breast cancer. Progestins do **not** cause breast cancer.

Should not be used by a woman who:

- Is pregnant or strongly suspected to be pregnant.

## E: Explaining

When may the injection be given:

- The injection may be given within the first seven days of your period, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just delivered a baby:* If you are breastfeeding, the first injection may be given six weeks after delivery. If you are not breastfeeding, you may get the first injection immediately after delivery, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just had an abortion:* The first injection may be given on the same day as the abortion, or at any time you and the health care provider believe you are not pregnant.

When the injectable takes effect:

- To be sure the injectable is working, wait to have sexual intercourse, or use another contraceptive method, such as condoms or spermicide, for at least 24 hours after the injection.

When to return for the next injection:

- *For women using Depo-Provera (DMPA):* Return in 12 weeks for the next injection.
- *For women using Noristerat (NET-EN):* Return in eight weeks for the next injection.
- You can come up to two weeks early or two weeks late for your next injection and not have to use another form of contraception.

**Changes in menstrual periods and other side effects:**

- Most side effects go away within the first few injections.
- Most women who use injectables have changes in their menstrual periods. You may have some spotting or bleeding between your periods. This light bleeding is not your menstrual period.
- Your periods may be longer or heavier than they have been in the past. If you use the injectable for over 9–12 months, you may stop having periods, even though you are not pregnant. These changes are not harmful to your health.
- Your weight may increase slightly, or you may have headaches.
- If you have any of these side effects and they bother you, return to the health facility.

**WARNING SIGNS:**

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. Be sure to tell the health care provider that you are using the injectable for contraception.
  - Bleeding from your vagina that is heavier and lasts longer than a normal period
  - Severe pain in your belly

**Other instructions:**

- Return to the health facility if:
  - You are not happy with the method.
  - You have regular monthly periods for a while and then skip one or more periods, and if you think you are pregnant.
  - You gain a lot of unwanted weight.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Injectables do not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.
- If you want to get pregnant after stopping the injections, it may take 6–12 months or longer.

**Injectables and medical care:**

- Any time you visit a health service, tell the doctor or nurse that you are using the injectable for contraception.

# Norplant Implants

## T: Telling

### What they are:

- Norplant implants consist of six matchstick-sized plastic capsules. A trained doctor or nurse places Norplant implants under the skin of a woman's upper arm by making a very small cut. The capsules can stay in the arm for up to five years. They have to be removed at the end of five years, but they can be taken out before that if the woman wishes.

### How they work:

- Norplant implants stop the egg from leaving the ovary. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance to the womb.

### Effectiveness:

- Norplant implants are one of the most effective methods.

### Characteristics:

- Norplant implants:
  - Prevent pregnancy for up to five years.
  - Are not linked to sexual intercourse.
  - Do not provide protection against HIV infection and other sexually transmitted diseases.
  - Require a small cut in the arm that may leave a tiny scar.
  - Cause most women to have irregular periods and spotting for the first six months. The woman's period may then change back to normal. Or she may have no periods at all.
- The woman does not have to remember to do something every day.
- A trained doctor or health care worker must insert and remove Norplant implants.

- The woman must remember to have Norplant implants removed at the end of five years.

#### Other information:

- A woman who has just delivered a baby and is breastfeeding may have Norplant implants inserted six weeks after delivery. They are safe for breastfeeding mothers and their babies.
- A woman who has just delivered a baby and is not breastfeeding may have Norplant implants inserted immediately after delivery.
- A woman who has just had an abortion may have Norplant implants inserted on the same day as abortion.

**(To the counselor:** In some countries, women have reported difficulty obtaining removal services or have experienced difficult removal procedures. Sometimes reports of these problems have appeared in the media or are passed by word-of-mouth. Although such problems appear to be uncommon, they may make clients reluctant to choose Norplant implants. It is important for the counselor to address these concerns directly and to provide the client with accurate information about them. Clients who choose Norplant implants have the right to have them removed at any time and should insist on this right should any provider hesitate to provide the service.)

## H: Helping

May be an appropriate method for a woman who:

- Prefers a very effective method and wants a long-term method.
- Prefers a method that is not linked to sexual intercourse or that does not require doing something every day.
- Can tolerate menstrual changes such as spotting between periods, longer or heavier periods, or no periods at all.
- Cannot for medical reasons, or does not want to, use contraceptive pills containing estrogen. (Some medical conditions that are precautions for use of COCs are not precautions for use of Norplant implants.)
- Has sickle cell disease.
- Has just delivered a baby. If the woman is breastfeeding, Norplant implants may be inserted six weeks after delivery. If the woman is not breastfeeding, the implants may be inserted immediately after delivery, or at any time the woman and the health care provider believe she is not pregnant.

- Has just had an abortion. Norplant implants may be inserted on the same day as the abortion, or at any time the woman and the health care provider believe she is not pregnant.

**Require more careful consideration when a woman:**

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Norplant implants do not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Has unexplained abnormal vaginal bleeding.
- Is taking medication for seizures or convulsions or rifampin (rifampicin), an antibiotic used to treat tuberculosis
- Has known or suspected breast cancer. Progestins do **not** cause breast cancer.

**Should not be used by a woman who:**

- Is pregnant or suspected to be pregnant.

## **E: Explaining: Before Insertion**

**(To the counselor:** Be sure the woman understands that Norplant implants are a long-term method.)

**When may Norplant implants be inserted:**

- Norplant implants may be inserted within the first seven days of your period, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just delivered a baby:* If you are breastfeeding, Norplant implants may be inserted six weeks after delivery. If you are not breastfeeding, the implants may be inserted immediately after delivery, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just had an abortion:* You may have Norplant implants inserted on the same day as the abortion, or at any time you and the health care provider believe you are not pregnant.

#### What to wear:

- Wear a blouse or dress with loose sleeves that will permit a bandage on the upper arm.

#### What happens during the procedure:

- The procedure takes less than half an hour. You will be given an injection in your upper arm so you do not feel much pain. The doctor or nurse will make a small cut on the inside of your upper arm and insert the implants.

## **E: Explaining: After Insertion**

#### When Norplant implants take effect:

- Norplant implants are effective within eight hours after insertion.

#### How to care for the insertion site:

- You may have some pain around the insertion site for a few days.
- The insertion area may be bruised or swollen for a few days.
- After the capsules have been inserted, you will be able to go about your normal activities at once. But be careful not to bump or strain the insertion site for a few days.
- After the insertion site is healed, the capsules require no special care.

**(To the counselor:** Following the health facility's protocol, provide instructions about removing the bandage and keeping the insertion dry.)

#### Removal of the capsules:

- The capsules must be removed after five years. They no longer prevent pregnancy after five years.
- The capsules can be removed at any time. If you want to stop using Norplant implants at any time, return to the health facility.

#### Changes in menstrual periods:

- Most side effects go away within the first six months after the implants are inserted.
- Many women who use Norplant implants have changes in their menstrual periods. You may have some spotting between your menstrual periods. This light bleeding is not your menstrual period.

- Your periods may be longer or heavier than they have been in the past. You may have no periods at all, even though you are not pregnant. These changes are not harmful to your health.
- If you have any of these side effects and they bother you, return to the health facility.

#### **WARNING SIGNS:**

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. Be sure to tell the health care provider that you are using Norplant implants.
  - Pus, bleeding, or severe pain at the insertion site
  - A capsule comes out
  - Bleeding from your vagina that is heavier and lasts longer than a normal period
  - Severe pain in your belly

#### **Other instructions:**

- Return to the health facility:
  - If you are not happy with the method.
  - If you have regular monthly periods for a while and then skip one or more periods, or if you think you are pregnant. If you are pregnant, a trained health care provider will remove the capsules.
  - For regular health care and in five years, or whenever you want Norplant implants removed.
  - If you want information about, or want to start using, another family planning method.
  - If you think there is any chance you may have been exposed to HIV infection or any other STD.
- Norplant implants do not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

#### **Norplant implants and medical care:**

- Some medications interfere with the effectiveness of Norplant implants. Check with the health facility if you begin to take rifampin (rifampicin)—an antibiotic used to treat tuberculosis—or any medicine for convulsions or seizures.
- Any time you visit a health service, tell the doctor or nurse that you are using Norplant implants for contraception.

# The IUD

## (Intrauterine Device)

### T: Telling

#### What it is:

- An IUD is a small device that is usually made of plastic, or of plastic and copper. A doctor or trained health worker places the IUD in the woman's womb. The most commonly used copper IUD can be left in place for 10 years.

#### How it works:

- The IUD stops the man's sperm from meeting the woman's egg.

#### Effectiveness:

- The IUD is very effective.

#### Characteristics:

- The IUD:
  - Prevents pregnancy for a long time (several years).
  - Is not linked to sexual intercourse.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
  - May cause spotting or heavy periods, or more menstrual cramping. These side effects usually go away after a few months of use.
- The woman does not have to remember to do something every day.
- A trained doctor or health care worker must insert and remove the IUD.

#### Other information:

- A woman who has just delivered a baby may have an IUD inserted while she is in the hospital following delivery or six weeks or more after delivery. It is safe for breastfeeding mothers and their babies.

- A woman who has just had an uncomplicated abortion and whose uterus is not infected may have an IUD inserted on the same day as the abortion.

## **H: Helping**

**May be an appropriate method for a woman who:**

- Prefers a very effective method and wants a long-term method.
- Prefers a method that is not linked to sexual intercourse or that does not require doing something every day.
- Can tolerate menstrual changes, such as spotting between periods, increased cramping with periods, or longer or heavier periods.
- Has conditions considered to be precautions for hormonal methods.
- Has successfully used an IUD in the past.
- Has just delivered a baby. The IUD may be inserted while the woman is in the hospital following delivery, six weeks after delivery, or at any time the woman and the health care provider believe she is not pregnant, whether or not she is breastfeeding.
- Has just had an uncomplicated abortion and whose uterus is not infected. The IUD may be inserted on the same day as the abortion, or at any time the woman and the health care provider believe she is not pregnant.

**Requires more careful consideration when a woman:**

- Has no living children, or desires more children.
- Has conditions that increase the risk of infection, such as AIDS, poorly controlled diabetes, or immunosuppressive therapy.
- Has severe anemia (hemoglobin under 9 grams).
- Has heavy menstrual periods.
- Has severe menstrual cramps that require medication or markedly restrict her activity.
- Has a history of ectopic pregnancy.
- Dislikes touching her genitals to feel for the IUD strings.

**Should not be used by a woman who:**

- Is pregnant or strongly suspected to be pregnant.
- Complains of abnormal vaginal discharge or lower abdominal pain, or has known gonorrhea or Chlamydia.
- Has current, recent, or recurrent pelvic infection.

- Is at risk for exposure to sexually transmitted diseases, including HIV infection. A woman who has more than one partner, or whose partner has more than one partner, is considered to be at risk for STDs.
- Has unexplained abnormal vaginal bleeding.
- Has known or strongly suspected cancer of the uterus.
- Has had postpartum or postabortal uterine infection (endometritis) within the last three months.
- Has just delivered a baby and has any of the following conditions:
  - Prolonged rupture of membranes (greater than 24 hours)
  - Fever or any other signs of infection
  - Bleeding problems following delivery

## **E: Explaining: Before Insertion**

**(To the counselor:** Be sure the woman understands that the IUD is a long-term method intended to be used for several months or years. The Copper T380-A is effective for up to 10 years.)

**When may the IUD be inserted:**

- The IUD may be inserted at any time during your period, or at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just delivered a baby:* You may have the IUD inserted while you are at the hospital following delivery, six weeks after delivery, or at any time you and the health care provider believe you are not pregnant. You may use the IUD whether or not you are breastfeeding.
- *For women who have just had an uncomplicated abortion and the uterus is not infected:* The IUD may be inserted on the same day as the abortion, or at any time you and the health care provider believe you are not pregnant.

**What happens during the procedure:**

**(To the counselor:** If possible, use an illustration, such as Appendix C, to show the woman where the IUD will be placed in her uterus.)

- The doctor or nurse will perform a pelvic exam on you and then insert the IUD. The exam and procedure usually take less than half an hour. You may feel some cramping or pain during the procedure.
- *For the woman having an IUD inserted postpartum:* You may or may not have a pelvic exam before the procedure.

## E: Explaining: After Insertion

When the IUD takes effect:

- The IUD is effective as soon as it is inserted.

How to check the IUD strings:

**(To the counselor:** If possible, use a model or a diagram to show the woman how to check the strings.)

- It is important that you learn to check the IUD strings so that you can be sure the IUD is still in place. Here are the steps:
  1. Wash your hands. Use soap if possible.
  2. Sit in a squatting position, or stand with one foot up on a step or ledge.
  3. Gently insert your finger into your vagina. Feel for the cervix. It feels firm, like the tip of your nose.
  4. Feel for the strings, but do not pull the strings. Pulling the strings might move the IUD or cause it to come out.

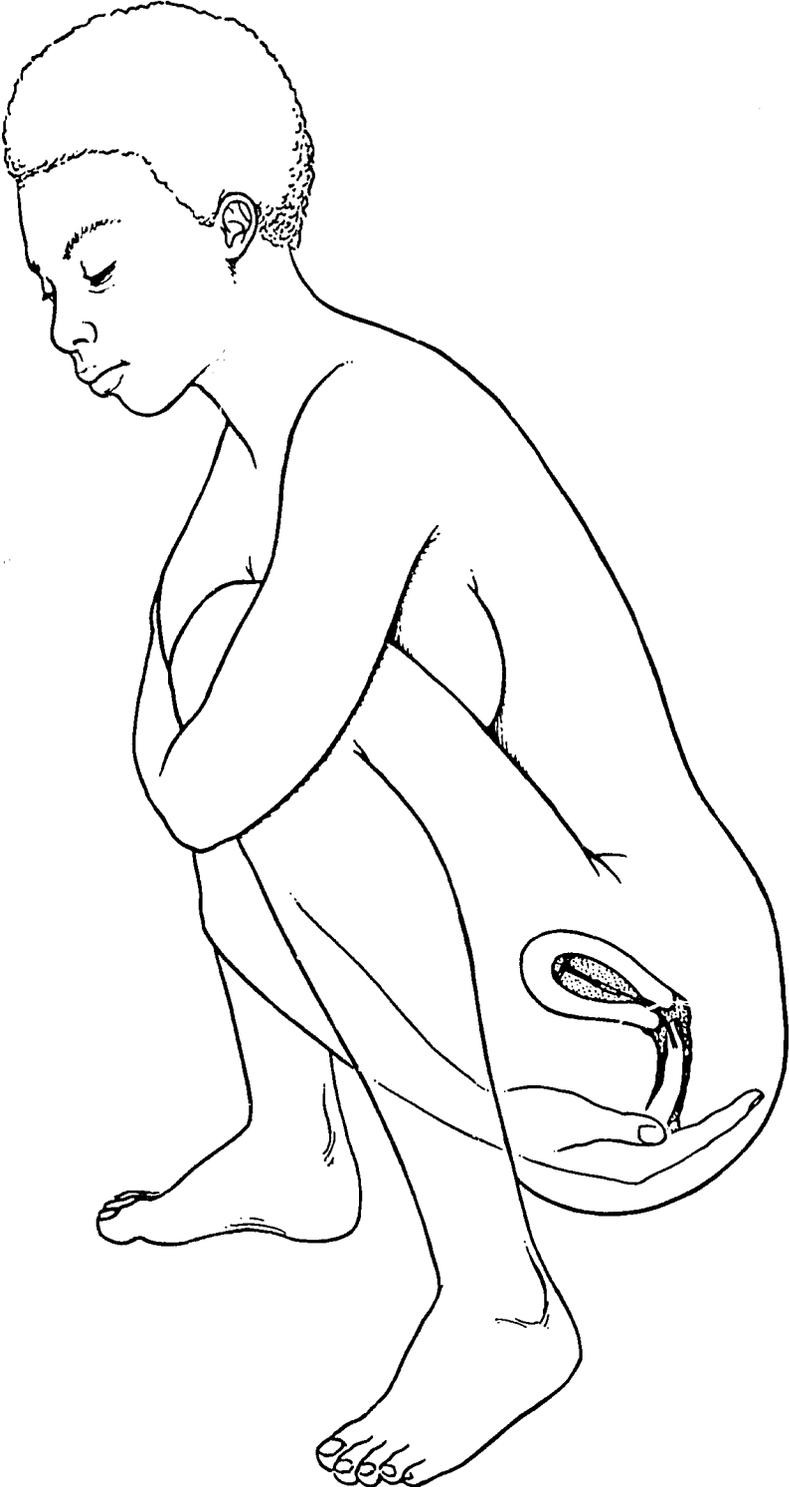
How often to check the strings:

- After the IUD has been in place one month, check the strings after every menstrual period. Use another contraceptive method, such as condoms or spermicides, and go to the health facility for a check-up if:
  - You do not feel the strings.
  - The strings feel longer.
  - You feel the hard part of the IUD in your vagina or at your cervix.

Changes in menstrual periods and other side effects:

- You can expect to have some cramping within the first few days after insertion.
- Some women with IUDs have changes in their menstrual periods. You may have more cramping and heavier bleeding during your periods. You may have longer periods than before. You may have spotting or bleeding between periods. These side effects usually go away after a few months of use. If they bother you or continue beyond a few months, return to the health facility.

**Figure 1:** Checking the IUD strings



### WARNING SIGNS:

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. IUD users are at increased risk of infection in the uterus for the first month after insertion, so watch closely for warning signs during that time. Be sure to tell the health care provider that you are using an IUD for contraception.
  - Late period or other signs of pregnancy
  - Bleeding or spotting between periods or after intercourse that continues beyond a few months after insertion or that starts a few months after insertion
  - Severe pain in your belly
  - Pain during intercourse
  - Unusual discharge from your vagina
  - Missing string, or shorter or longer string
  - You can feel the hard part of the IUD when checking for the strings.

### Other instructions:

- After the IUD has been inserted, you may have sexual intercourse as soon as it is comfortable for you.
- If you have no problems, return to the health facility for a check-up as suggested (usually in 3–6 weeks) when you are not menstruating. (**To the counselor:** Following the health facility's protocol, tell the woman when she should return.)
- Return to the health facility if:
  - You are not happy with the method.
  - You want the IUD removed.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- The IUD does not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

### The IUD and medical care:

- Any time you visit a health service, tell the doctor or nurse that you are using the IUD for contraception.

# The Diaphragm with Spermicide

## T: Telling

### What it is:

- The diaphragm is a shallow rubber cup. The woman puts a contraceptive jelly (spermicide) into the diaphragm. She then puts the diaphragm into her vagina. The diaphragm covers the opening into the womb.

### How it works:

- The diaphragm and jelly keep the man's sperm out of the woman's womb. The jelly contains a chemical (spermicide) to kill the sperm. The woman must use the diaphragm and jelly every time she has sexual intercourse.

### Effectiveness:

- The diaphragm is effective when it is used correctly every time the woman has sexual intercourse.

### Characteristics:

- The diaphragm:
  - Can be discontinued by the woman on her own.
  - May offer protection against some sexually transmitted diseases. The diaphragm with spermicide has not been proven to be protective against HIV infection.
  - May cause irritation in the vagina if the woman is sensitive to the spermicide.
- Putting in the diaphragm may interrupt lovemaking.
- A trained health worker must measure the woman for the diaphragm and teach her how to put it in and take it out.
- Some women who use the diaphragm get bladder infections.
- Spermicide may be expensive and difficult to find.

**Other information:**

- A woman who has just delivered a baby may be fitted for the diaphragm six weeks or more after delivery, after the uterus has returned to normal size. The diaphragm with spermicide is safe for breastfeeding women and their babies.
- A woman who has just had a first-trimester abortion may be fitted for the diaphragm immediately after the procedure. A woman who has just had a second-trimester abortion must wait until the uterus has returned to normal size (four weeks after the abortion).

**H: Helping****May be an appropriate method for a woman who:**

- Prefers a method she can discontinue herself.
- Needs a back-up method (for instance, when a woman forgets to take oral contraceptives).
- Has medical precautions for the use of other contraceptive methods.
- Is concerned about the side effects of other methods.
- Has sexual intercourse only occasionally and does not need or want ongoing contraception.
- Has just delivered a baby. The woman may be fitted for the diaphragm six weeks or more after delivery, after the uterus has returned to normal size, regardless of whether or not she is breastfeeding.
- Has just had an abortion. For first-trimester abortions, the diaphragm may be fitted immediately after the procedure. For second-trimester abortions, fitting is delayed until after the uterus has returned to normal size (four weeks after the abortion).

**Requires more careful consideration when a woman:**

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Aside from abstinence, latex condoms offer the best protection against these infections. The diaphragm with spermicide may offer protection against some STDs, but has not been proven to be protective against HIV infection.
- Cannot obtain a regular supply of spermicide.
- Desires very effective contraception.
- Cannot always insert the diaphragm before sexual intercourse.
- Dislikes touching her genitals.

- Is unable to, or has difficulty, feeling her cervix.
- Does not have easy access to water for washing herself and the diaphragm.
- Is allergic to rubber, latex, or spermicide, or has a partner who is allergic. Signs of allergy include redness, itching, and pain of the vagina or penis with intercourse; the signs disappear after use of the contraceptive is stopped.
- Has frequent urinary tract or bladder infections.

## E: Explaining

**(To the counselor:** If possible, use a model or diagrams to show the woman how to insert and remove the diaphragm.)

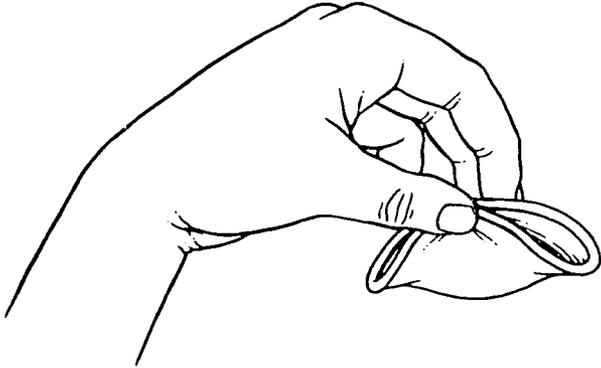
### How to use the diaphragm:

- You must use the diaphragm with contraceptive jelly or cream to prevent pregnancy.
- Use the diaphragm every time you have sexual intercourse.
- Insert the diaphragm into the vagina within six hours before sexual intercourse.
- If you have intercourse more than once while wearing the diaphragm, use the applicator to insert extra spermicide into the vagina, without removing the diaphragm.
- Leave the diaphragm in place for at least six hours after intercourse, but not more than 24 hours.

### How to insert the diaphragm:

- Wash your hands. Use soap if possible.
- Hold the diaphragm with the dome down, like a cup.
- Squeeze about one tablespoon of spermicide into the dome; then smear a little of the spermicide around the rim with your finger. **(To the counselor:** Be sure to use a measurement familiar to the woman.)
- You may insert the diaphragm while you are in any position that is comfortable for you (standing, squatting, sitting on the toilet, lying on your back, etc.)

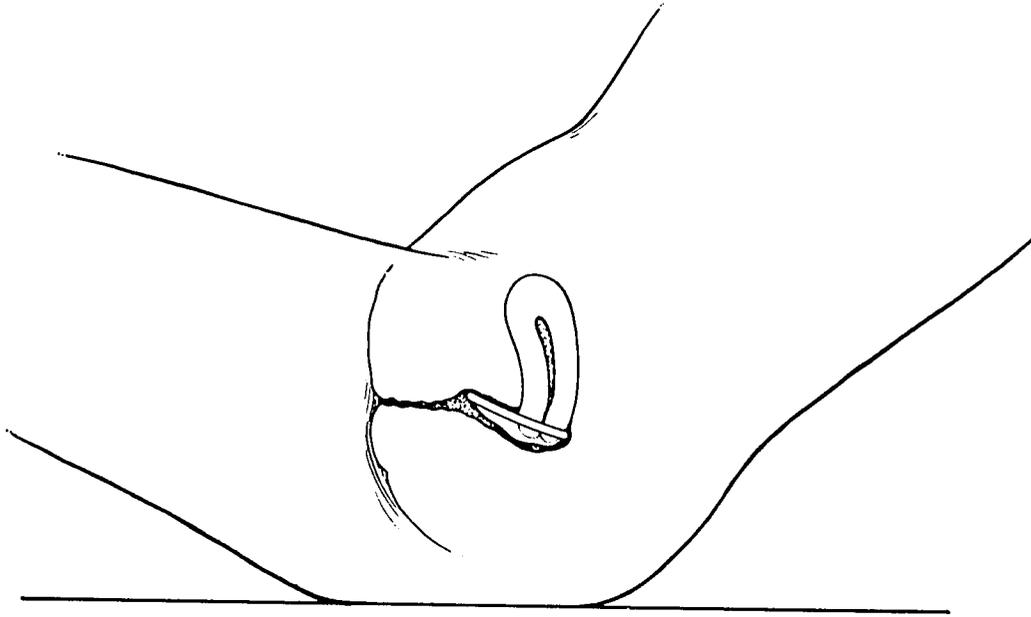
**Figure 2:** Folding the diaphragm for insertion after applying spermicide. Figures 2–5 show an arcing-spring diaphragm.



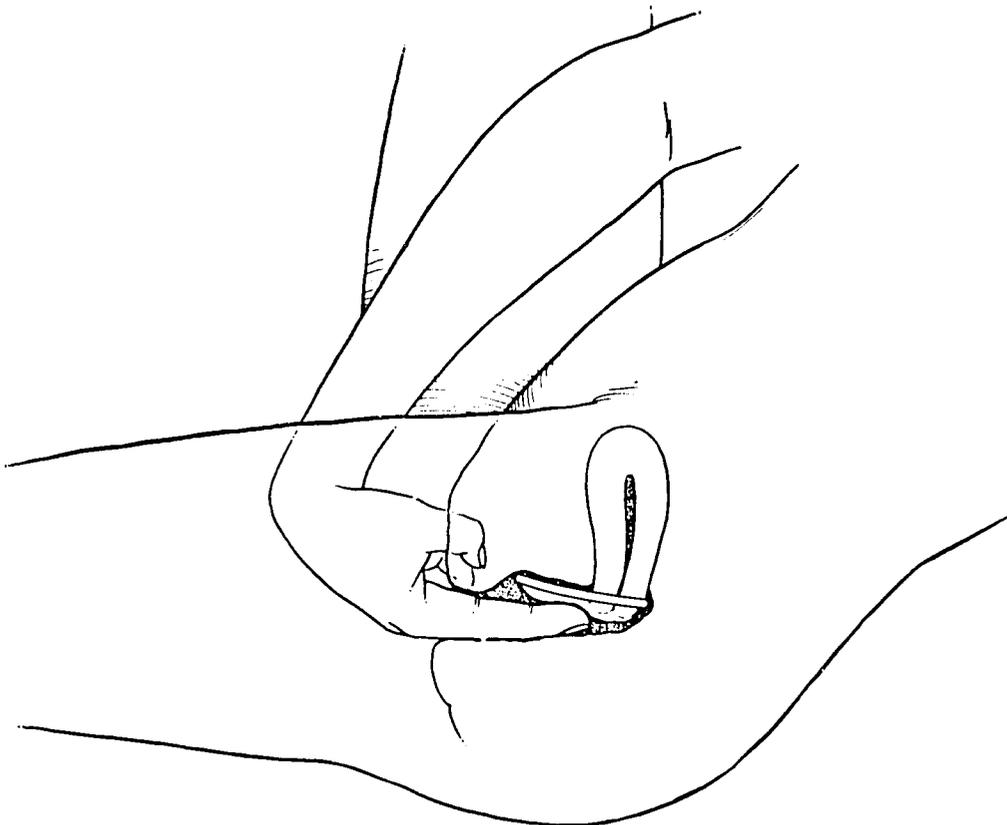
**Figure 3:** The woman inserts the diaphragm into her vagina



**Figure 4:** The diaphragm in place, covering the cervix



**Figure 5:** Checking for proper placement of the diaphragm. The woman feels the cervix through the diaphragm.



- Fold the diaphragm in half. Spread the lips of your vagina with your other hand. Push the diaphragm all the way into your vagina.
- Always check the position of the diaphragm with your finger. The diaphragm should cover your cervix, which is the entrance to your womb. It feels like the tip of your nose. You must feel the cervix through the diaphragm.

#### How to remove the diaphragm:

- Wash your hands. Use soap, if possible.
- Place your finger behind the front rim of the diaphragm. Then pull the diaphragm down and out of the vagina. Be sure your fingernails are short enough to avoid tearing the diaphragm.
- You may remove the diaphragm while you are in any position that is comfortable for you (standing, squatting, sitting on the toilet, lying on your back, etc.).

#### Side effects:

- Come back to the health facility if you have any of the problems listed below. Be sure to tell the health care provider that you are using a diaphragm.
  - Irritation in your vagina that bothers you
  - Pain with urination

#### Other instructions:

- Do not use oil-based medications or lubricants (such as petroleum jelly or vegetable oils) when using the diaphragm. Oil-based products can cause holes in the rubber or latex.
- You will need to be fitted for a new diaphragm after pregnancy, pelvic surgery, or a weight change of more than 20 pounds (10 kg).
- Bring the diaphragm with you when you return to the health facility.
- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- The diaphragm with spermicide may offer protection against some sexually transmitted diseases, but has not been proven to be protective

against HIV infection. Aside from abstinence, latex condoms offer the best protection against these infections.

**Care and storage of the diaphragm:**

- After removing the diaphragm, wash it with soap and water; then rinse and dry it. Store the diaphragm in the container that it comes in.
- Store the diaphragm in a cool, dry place.
- Check the diaphragm for tears or holes of any size before or after each time you use it. To look for holes, you can hold the diaphragm up to the light, or fill it with water to see if there are leaks. If the diaphragm has a tear or hole, do not depend on it to prevent pregnancy.
- Return to the health facility for a new diaphragm once a year, or sooner if you find tears or holes.

# Condoms

## T: Telling

### What it is:

- A condom is a thin sheath made of latex.

### How it works:

- A condom holds the semen so it does not pass into the woman's vagina. The man puts the condom on his erect penis before he puts his penis inside the woman's vagina. After sex, the man carefully takes off the condom so that it does not leak. Each condom can be used only once. Latex condoms protect against pregnancy and sexually transmitted diseases, including HIV infection. Condoms that are made of other materials may not protect against HIV infection and other sexually transmitted diseases.

### Effectiveness:

- Condoms are effective when they are used correctly every time the man has sexual intercourse.

### Characteristics:

- Aside from abstinence, latex condoms offer the best protection against HIV infection and other sexually transmitted diseases.
- Condoms:
  - Are available without prescription or medical examination.
  - Can be discontinued by the couple on their own.
  - Sometimes tear or leak.
  - Very rarely can cause an allergic reaction.
- Putting on a condom interrupts lovemaking.

**Other information:**

- A woman who has just delivered a baby or had an abortion may start using condoms with her partner as soon as they start having sexual intercourse again.

## **H: Helping**

**May be an appropriate method for:**

- A client who is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Aside from abstinence, latex condoms offer the best protection against these infections.
- A couple who prefers a method they can discontinue themselves.
- A client who needs a back-up method (for instance, when a woman forgets to take oral contraceptives).
- A woman who has medical precautions for the use of other contraceptive methods.
- A client who has sexual intercourse only occasionally and does not need or want ongoing contraception.
- A client who is concerned about the side effects of other methods.
- A couple who want the man to share responsibility for family planning and STD prevention.
- A woman who has just delivered a baby. The couple may start using condoms as soon as they resume sexual intercourse after delivery.
- A woman who has just had an abortion. The couple may start using condoms as soon as they resume sexual intercourse after the abortion.

**Requires more careful consideration:**

- When the male partner is unwilling to use a condom.
- When the client is unable to obtain regular supplies of condoms.
- When either partner is allergic to latex.
- When the male partner cannot maintain an erection if a condom is used.
- When the client desires very effective contraception.

## E: Explaining

### How to use condoms:

(**To the counselor:** If possible, use a model of the penis or diagrams, if a model is not available, to demonstrate how to put on and remove a condom.)

- Use a new condom every time you have sexual intercourse.
- You or your partner should put the condom on the penis as soon as the penis is erect, before the penis is near the vagina.
- Place the unrolled condom on the tip of the penis. Then roll the rim of the condom all the way to the base of the penis. Leave about one-half inch of empty space at the tip. Hold the tip of the condom when putting it on so that it does not fill with air and burst.
- After intercourse, hold onto the condom at the base of the penis as you withdraw from the vagina. Remove the penis from the vagina soon after ejaculation, taking care not to spill semen near the opening of the vagina. If you lose your erection, the condom may slip off, and pregnancy may result.
- Discard the used condom in the waste basket. Do not use it again.

### Lubricating the condom:

- Some couples lubricate the outside of the condom to help the penis enter the vagina. Do not use oil-based lubricants (such as petroleum jelly or vegetable oils). Oil-based lubricants can cause the condom to tear. Couples may use contraceptive foam or jelly, saliva, or water-based lubricants.

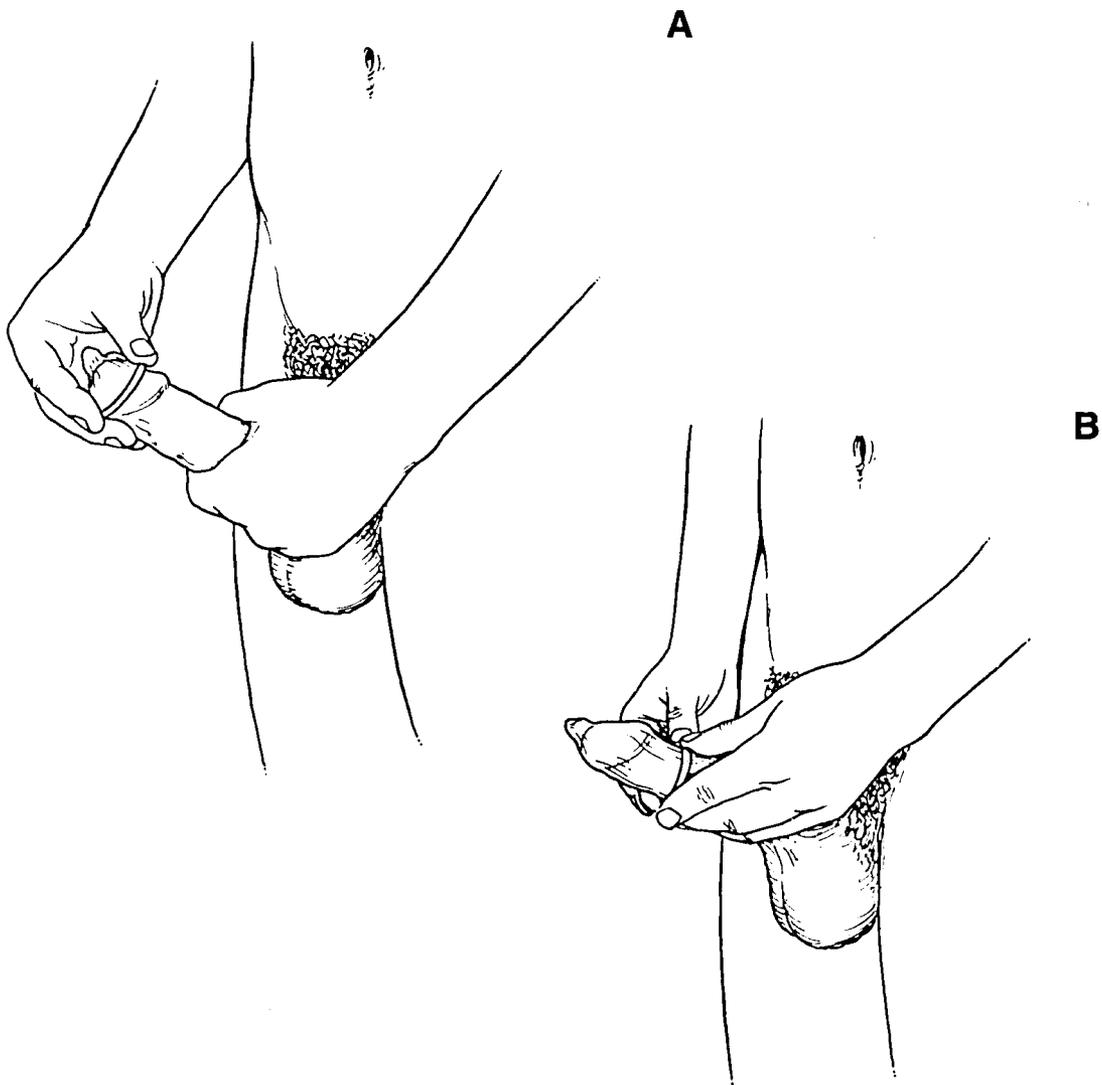
### Other instructions:

- Return to the health facility if:
  - You are not happy with the method.
  - Your partner thinks she is pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Condoms offer more protection against pregnancy and against some STDs when they are used with spermicides.
- Aside from abstinence, latex condoms offer the best protection against HIV infection and other sexually transmitted diseases.

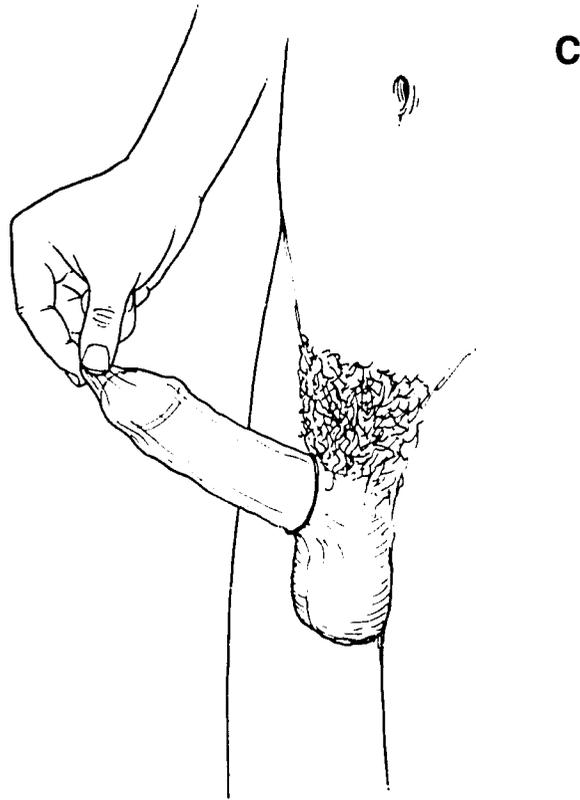
**Care and storage of condoms:**

- Try not to carry condoms near your body. Body heat can damage the rubber.
- If condoms are stored in a cool, dry, dark place, they can last more than three years.

**Figure 6:** Putting the condom on the penis



**Figure 6: Putting the condom on the penis (continued)**



# Spermicides

## T: Telling

### What they are:

- Spermicides come as foams, jellies, creams, foaming tablets, and vaginal suppositories.

### How they work:

- Spermicides kill the man's sperm. The woman puts the spermicide high in her vagina before the man puts his penis inside. The woman must follow the instructions on the package. She must use the spermicide every time she has sexual intercourse.

### Effectiveness:

- Spermicides are effective when they are used correctly every time the woman has sexual intercourse.

### Characteristics:

- Spermicides
  - Can be discontinued by the woman on her own.
  - May offer protection against some sexually transmitted diseases. Spermicides have not been proven to be protective against HIV infection.
  - Are available without prescription or medical examination.
  - May cause irritation in the vagina in some women or on the penis for some men.
- Lovemaking may be interrupted to put the spermicide in, or to wait for the spermicidal tablet to work.
- Supplies may be expensive and difficult to find.

### Other information:

- A woman who has just delivered a baby or had an abortion may start using spermicides as soon as she starts having sexual intercourse again. Spermicides are safe for breastfeeding women and their babies.

## H: Helping

### May be an appropriate method for a woman who:

- Prefers a method she can discontinue herself.
- Needs a back-up method (for instance, when a woman forgets to take oral contraceptives).
- Is concerned about the side effects of other methods.
- Has medical precautions for the use of other contraceptive methods.
- Has sexual intercourse only occasionally and does not need or want ongoing contraception.
- Has just delivered a baby. The woman may start using spermicides as soon as she resumes sexual intercourse after delivery, regardless of whether or not she is breastfeeding.
- Has just had an abortion. The woman may start using spermicides as soon as she resumes sexual intercourse after the abortion.

### Require more careful consideration when a woman:

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Aside from abstinence, latex condoms offer the best protection against these infections. Spermicides may offer protection against some STDs, but they have not been proven to be protective against HIV infection.
- Plans to use spermicides frequently or in large amounts. Under these conditions, spermicides may cause vaginal irritation. Vaginal irritation or sores may increase the risk of HIV infection.
- Cannot obtain a regular supply of spermicides.
- Desires very effective contraception.
- Cannot always insert the spermicide before sexual intercourse.
- Dislikes touching her genitals.
- Is allergic to spermicides, or has a partner who is allergic. Signs of allergy include redness, itching, and pain of the vagina or penis during intercourse; the signs disappear after use of the spermicide is stopped.

## E: Explaining

**(To the counselor:** If possible, use a model or diagrams to show the woman how to insert spermicides.)

- There are several different kinds of spermicides: foam, jelly, cream, tablets, and suppositories.

### How to use spermicides:

- Use a spermicide every time you have intercourse.
- Insert foam, jelly, or cream deep into the vagina just before sexual intercourse. Insert tablets or suppositories 10 minutes before intercourse.
- If more than one hour passes before sexual intercourse, use a second dose of spermicide.
- Be sure to insert a new tablet, suppository, or application of foam, jelly, or cream with each additional act of intercourse.

### How to insert foam:

- Wash your hands. Use soap if possible.
- Shake the can up and down hard so that the contents are well mixed.
- Fill the applicator by pressing down against the tip of the foam bottle.
- Place the applicator up high into the vagina. Then push in the plunger so that the foam goes up into the vagina.

### Care and storage of foam:

- Wash the foam applicator after use. Use soap if possible.
- Keep a spare container of foam at home. You usually cannot tell when the foam is almost gone.

### How to insert tablets or suppositories:

- Wash your hands. Use soap if possible.
- Use your middle and index fingers to push the tablet or suppository deep into the vagina.

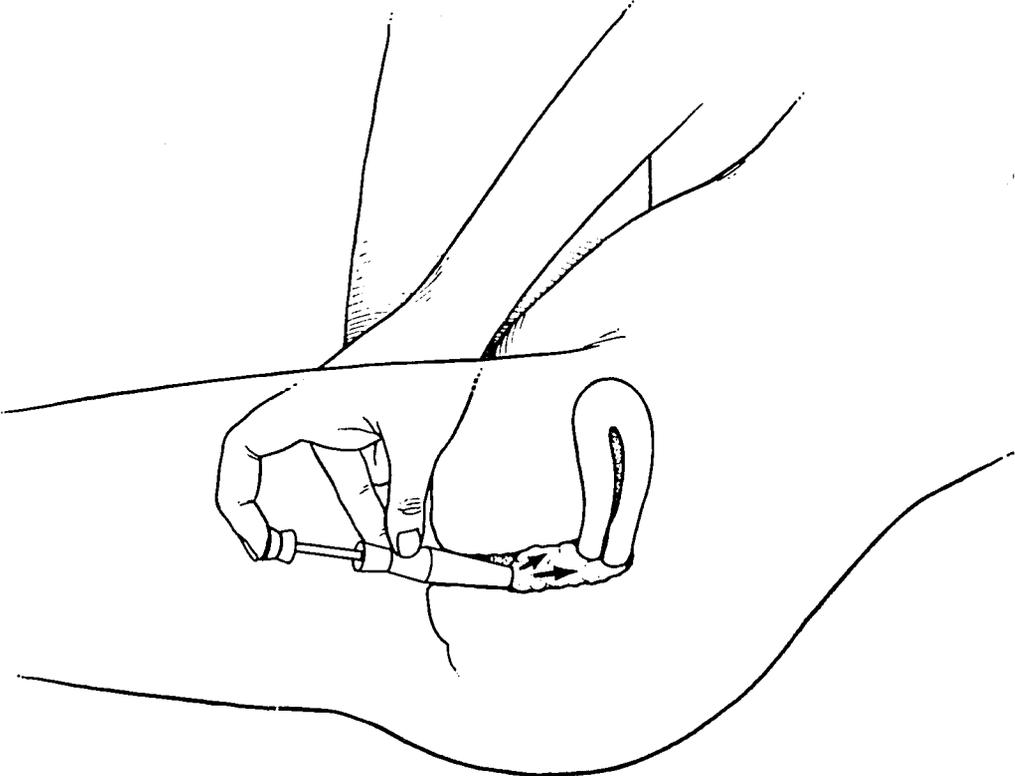
### Side effects:

- Return to the health facility if you have irritation in your vagina that bothers you.

**Other instructions:**

- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Spermicides offer more protection against pregnancy and against STDs when they are used with condoms.
- Spermicides may offer protection against some sexually transmitted diseases, but they have not been proven to be protective against HIV infection. Aside from abstinence, latex condoms offer the best protection against these infections.

**Figure 7:** Inserting contraceptive foam into the vagina



# Fertility Awareness Methods

## T: Telling

What they are:

- Fertility awareness methods are ways to identify the days of the month when the woman is most likely to get pregnant. The couple do not have sexual intercourse on these days.

How they work:

- There is a time each month when a woman can get pregnant. This is called the fertile time or the unsafe time. A doctor, nurse, or counselor usually helps the woman learn how to determine the time of the month that she can get pregnant. The woman and her partner have sexual intercourse only during the time when she cannot get pregnant. This is called the safe time.

Effectiveness:

- Fertility awareness methods are effective when they are used correctly.

Characteristics:

- Fertility awareness methods:
  - Do not require medication or supplies.
  - Have no side effects.
  - Are permitted by some religions and cultures that do not permit other methods.
  - Can be used to plan a pregnancy.
  - Are not linked to sexual intercourse.
  - Can be discontinued by the couple on their own.
  - Do not provide protection against HIV infection and other sexually transmitted diseases.
  - Take time to learn.

- The user must keep careful records.
- Couples may find it hard to always know when the safe time is.
- Both the man and the woman need self-control during the unsafe time. Or they need to use another family planning method if they have sexual intercourse during that time.

**Other information:**

- Some natural family planning methods (the rhythm method and the basal body temperature method) are unreliable right after delivery or abortion. Once bleeding stops after delivery, the cervical mucus method can be used, but with some difficulty.

## **H: Helping**

**May be an appropriate method for a woman who:**

- Finds other contraceptive methods unacceptable for religious or other reasons.
- Wishes to use a barrier method only during the fertile phase of her menstrual cycle.
- Prefers a method she can discontinue herself.
- Is concerned about the side effects of other methods.
- Has medical precautions for the use of other contraceptive methods.
- Wants to share responsibility for family planning with her partner.

**Requires more careful consideration for a woman who:**

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Fertility awareness methods do not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection against these infections.
- Desires very effective contraception.
- Has a partner who is unwilling to avoid unprotected sexual intercourse during the fertile period of each cycle.
- Cannot keep track of her fertile period.
- Cannot abstain or use another method during her fertile period.
- Intends to use only the calendar (rhythm) method and has menstrual periods at irregular intervals.
- Intends to use only the basal body temperature and cannot obtain or correctly use a basal body thermometer.

- Intends to use only the cervical mucus method and cannot correctly interpret cervical mucus signs.
- Intends to use only the cervical mucus method and has abnormal vaginal discharge.
- Has just delivered a baby or had an abortion.

## **E: Explaining**

**(To the counselor:** These instructions are for the provider's general knowledge. They should not take the place of a trained counselor providing special instruction to the client. There are several different methods for detecting the woman's fertile days. They can be used by themselves or in combination.)

### **FOR ALL FERTILITY AWARENESS METHODS:**

**When you should not have sexual intercourse:**

- The safest way to use a fertility awareness method is not to have sexual intercourse during the fertile time. If you do have intercourse during the fertile time, use a back-up method of contraception until four days after you have detected ovulation.

### **CALENDAR (RHYTHM) METHOD:**

**How to tell when you may be fertile:**

- Write down the number of days in each of your last six menstrual cycles. Count the days in each cycle starting with the first day of your period until the day before your next period starts.
- Now pick out the longest of the six cycles and the shortest of the six cycles.
- To decide which part of the month is your fertile time, subtract 18 from the shortest cycle and subtract 11 from the longest cycle. For example, if your shortest cycle is 26 days and your longest cycle is 34 days, you need to abstain from sexual relations from Day 8 ( $26 - 18 = 8$ ) through Day 23 ( $34 - 11 = 23$ ).

### **BASAL BODY TEMPERATURE METHOD (BBT):**

**How to tell when you may be fertile:**

- Because this method only indicates when ovulation has already occurred, it is difficult to determine the beginning of the fertile period. The safest way to use BBT is to avoid intercourse or use a back-up barrier method

during at least the first half of your cycle until three days after your BBT has risen.

- You can assume your fertile days are over when your BBT has risen about .2 to .5 degrees centigrade (.4 to 1.0 degrees Fahrenheit) and has remained elevated for three full days. All three days should have higher readings than any of the previous six days in that cycle. Your temperature will stay elevated until your next period begins.

#### **When to take your temperature:**

- Take your temperature every morning before you get out of bed and before you begin any kind of activity, including talking, eating, drinking, smoking, or sexual activity. You can use the thermometer either orally or rectally, but you must choose one site and use this same site every day. Oral temperature requires five minutes with the mouth closed; rectal temperature requires three minutes.

#### **How to record your temperature:**

- Record your temperature every day on a special BBT chart. Connect the dots for each day so you can see a line going from Day 1 to Day 2 to Day 3, etc.
- If possible, use a special expanded-scale BBT thermometer. A regular fever thermometer will not clearly show small temperature changes. If your temperature falls between two lines on the thermometer, record the lower number.

#### **CERVICAL MUCUS METHOD:**

##### **How to tell when you may be fertile:**

- You may be fertile when you feel a sensation of wetness at the opening to your vagina or when you can see mucus on your finger, underpants, or tissue paper.
- You may not see mucus until a few days after menstrual bleeding has ended. When mucus begins to appear, it is sticky, pasty, or crumbly and may range in color from yellow to white. As the fertile time approaches, the mucus increases in amount, becomes clearer in color, wetter, stretchy, and slippery. The mucus resembles raw egg white and can be stretched between two fingers. After the fertile time, the mucus usually becomes sticky and pasty again and decreases in amount. After the fertile time, some women see no mucus for the remainder of their menstrual cycle.

**If you wish to prevent pregnancy:**

- Do not have sexual intercourse on any day that you feel or see mucus on your fingers, on tissue paper, or on your underpants.
- Do not have sexual intercourse until the fourth day after the "peak symptom day." The peak symptom day is the last day of the wettest mucus.
- Do not have sexual intercourse during your menstrual period, because the blood may hide the mucus.
- Do not have sexual intercourse if you are unsure whether there is mucus. Spermicides, vaginal infections, some drugs, and sexual intercourse can all affect the normal pattern of a woman's mucus.
- If you do have sexual intercourse at any of these times, use another contraceptive method, such as condoms.

**How to record your mucus:**

- Use a charting system to keep a record of your daily observations, including your menstrual period, spotting, dryness, and mucus.

**Other instructions:**

- Return to the health facility if:
  - You are not happy with the method.
  - You think you are pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Fertility awareness methods do not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

# Withdrawal

## T: Telling

### What it is:

- The man takes his penis out of the woman's vagina just before his climax.

### How it works:

- If the man's sperm do not enter the woman's vagina, she will not get pregnant.

### Effectiveness:

- Withdrawal is effective when it is used every time the man has sexual intercourse.

### Characteristics:

- Withdrawal:
  - Does not require medication or supplies.
  - Can be used when other methods are not available.
  - Has no side effects.
  - Is permitted by some religions and cultures that do not permit other methods.
  - Can be discontinued by the man on his own.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
  - Requires the man's self-control.
  - May reduce the pleasure of sexual intercourse.
- Even though the man takes his penis out, some sperm may have already gotten into the woman's vagina.

### Other information:

- A woman who has just delivered a baby or had an abortion may start using withdrawal with her partner as soon as they start having sexual intercourse again.

## **H: Helping**

### May be an appropriate method for a client who:

- Finds other contraceptive methods unacceptable for religious or other reasons.
- Prefers a method the man can discontinue himself.
- Is concerned about the side effects of other methods.
- Has sexual intercourse only occasionally and does not need or want ongoing contraception.
- Wants the man to share responsibility for family planning.
- Has medical precautions for use of other contraceptive methods.
- Has just delivered a baby. The couple may start using withdrawal as soon as they resume sexual intercourse after delivery.
- Has just had an abortion. The couple may start using withdrawal as soon as they resume sexual intercourse after the abortion.

### Requires more careful consideration when:

- The client is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Withdrawal does not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- The male partner is not willing to cooperate in using this method.
- The client desires very effective contraception.

## **E: Explaining**

### How to use withdrawal:

- When you feel you are about to ejaculate, remove your penis from inside the vagina. Make sure that ejaculation takes place away from the entrance to the vagina.

**Other instructions:**

- Return to the health facility if:
  - You are not happy with this method.
  - Your partner thinks she is pregnant.
  - You want information about, or want to start using, another family planning method.
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Withdrawal does not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

# **Tubal Ligation**

## **(Female Sterilization, Tubal Occlusion)**

### **T: Telling**

#### What it is:

- Tubal ligation for women is a simple operation. It closes the tubes between the woman's ovaries, where eggs are made, and the womb. After the operation, the woman can no longer get pregnant. Tubal ligation is meant to be permanent. The couple must be very sure that they do not want any more children.
- A doctor does the operation in a health facility or hospital. The woman is given some medicine so she does not feel much pain or discomfort. After the operation, she still has her periods. She is able to have sex just as before.

#### How it works:

- When the tubes are closed, the man's sperm cannot swim up to reach the egg, and the egg cannot travel to the womb.

#### Effectiveness:

- Tubal ligation is one of the most effective methods.

#### Characteristics:

- Tubal ligation:
  - Is not linked to sexual intercourse.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
- A woman who has had a successful tubal ligation no longer has to worry about getting pregnant.
- There is nothing to buy or remember.

- Tubal ligation is an operation. All surgery has some risks, such as bleeding and infection. But serious problems usually do not happen.
- Most women usually have a little pain or soreness after tubal ligation, which usually goes away within a few days.
- If the woman wants a child after having tubal ligation, the operation is not easily reversed.

**Other information:**

- A woman who has just delivered a baby may have the surgery within 48 hours of delivery, provided she has made a careful decision beforehand.
- A woman who has just had an uncomplicated abortion and whose uterus is not infected may have the surgery on the same day as the abortion, provided she has made a careful decision beforehand.

**(To the counselor:** The following information about what happens during and after surgery is usually given only to clients who express a serious interest in the procedure.)

**What happens during surgery?:**

- The operation is done in a health facility or hospital. It usually takes no more than 30 minutes. The woman is given some medicine so she will not feel much pain or discomfort. She may be awake during the operation. The doctor makes one or two small cuts in the belly.

**(To the counselor:** Describe the surgical technique available in your facility.)

- There are several ways the doctor can reach the tubes. Here are the most common ways:
  - *Minilaparotomy:* The doctor cuts the tubes through a small cut in the lower part of the belly. The cut is just above the pubic hair.
  - *Minilaparotomy after childbirth:* After delivery, a woman's tubes are high in the belly and easy to reach. The doctor reaches the tubes by making a small cut right below the navel.
  - *Laparoscopy:* The laparoscope is a long, thin instrument. The doctor puts the laparoscope through a small cut into the woman's belly. The doctor can see the tubes and reach them through the instrument.
- There are several ways that the doctor can close the tubes. The tubes may be tied or closed with bands. A small piece of each tube may be removed.

### What happens after surgery?:

- The woman rests for a few hours before going home. At home, she rests for a few days after surgery. She does not lift anything heavy or do any heavy work for at least one week after the operation.
- A woman who has tubal ligation while she is in the hospital after childbirth can expect to stay one or two days in the hospital.

## H: Helping

### May be an appropriate method for a woman who:

- Has all the children she ever wants to have.
- Prefers a very effective method, and cannot or does not want to use other methods of family planning.
- Wants a permanent, one-time method.
- Has just delivered a baby. Tubal ligation may be done within 48 hours of vaginal delivery or 28 or more days after delivery. If adequate counseling and informed decision making cannot be guaranteed, it is best to delay tubal ligation and provide an interim short-term method.
- Has just had an uncomplicated abortion and whose uterus is not infected. Tubal ligation may be done on the same day as the abortion. If adequate counseling and informed decision making cannot be guaranteed, it is best to delay tubal ligation and provide an interim short-term method.

### Requires more careful consideration when a woman:

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Tubal ligation does not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Has characteristics associated with regret following tubal ligation, such as:
  - Young age
  - Few or no children
  - Pressure from partner, relative, or provider
  - Marital instability
  - Unrealistic expectations about tubal ligation
  - Unresolved conflict or doubt about tubal ligation
  - Excessive interest in reversal

- Temporary stress, including stress from another fertility-related event (delivery, abortion)
- Partner not in agreement
- Has conditions that are precautions for elective surgery, such as heart disease, uncontrolled diabetes, severe anemia, or bleeding disorders. These conditions should be treated or managed before tubal ligation is performed.
- Has just delivered a baby and had problems during pregnancy or delivery. Because the woman may change her mind about future childbearing after she has recovered from the difficult experience, she should be advised to wait for an interval procedure.
- Has just had an abortion with complications. The client should be advised to wait until the complications are completely resolved.

Should not be used by a woman who:

- Has not been fully informed about tubal ligation.
- Wants more children.
- Is pregnant or strongly suspected to be pregnant.
- Has vaginal, cervical, or pelvic infection. The infection should be treated and the procedure delayed until it has been cured.

## **E: Explaining: Before Surgery**

**(To the counselor:** Be sure the woman understands that tubal ligation is intended to be permanent.)

When may tubal ligation be performed:

- If you are sure you want no more children, tubal ligation may be done at any time you and the health care provider believe you are not pregnant.
- *For the woman who has just delivered a baby:* Tubal ligation may be done within 48 hours of normal delivery or 28 or more days after delivery. If there is any chance you are not sure about your decision, it is best to wait and to use another contraceptive method in the meantime.
- *For the woman who has just had an uncomplicated abortion and whose uterus is not infected:* Tubal ligation may be done on the same day as the abortion. If there is any chance you are not sure about your decision, it is best to wait and to use another contraceptive method in the meantime.

### Preparing for the operation:

- Do not eat any solid food or drink alcohol for eight hours before the surgery.
- Do not take any medication for 24 hours before the surgery (unless the doctor performing the operation tells you to).
- Bathe thoroughly, especially your belly, genital area, and upper legs, the night before the procedure.
- Wear clean, loose-fitting clothing to the health facility.
- Do not wear nail polish or jewelry to the health facility.
- Bring along a friend or relative to escort you home afterwards. (**To the counselor:** This is encouraged, but not required.)

### What happens during surgery:

(**To the counselor:** If possible, use illustrations, such as Appendix C, to show how the surgery is done.)

- The procedure takes place in a hospital or a health facility. It usually takes no more than 30 minutes.
- You will be given some medicine so you do not feel much pain or discomfort. The doctor will make one or two small cuts in your belly. The doctor closes the tubes by tying them or by closing them with bands. Sometimes the doctor removes a small piece of each tube.
- *For clients having local anesthesia for any of the procedures below:* You will be awake during your surgery. The doctor will inject some medicine into your belly, where the cut will be made. It may sting for a few seconds; then your belly will feel numb. You may feel a little pain and cramping during the procedure. The doctor and nurse may talk to you during the operation.
- *For clients having interval minilaparotomy:* The doctor will cut the tubes through a small cut in the lower part of your belly. The cut is just above the pubic hair. You will rest a few hours before going home. (**To the counselor:** If postoperative recovery time is usually more than a few hours, advise the client about the expected time of her stay.)
- *For clients having minilaparotomy after childbirth:* After delivery, your tubes will be high in your belly and easy to reach. The doctor will reach the tubes by making a small cut right below your navel. You will stay one or two days in the hospital before going home.

- *For clients having laparoscopy:* The laparoscope is a long thin instrument. The doctor will put the laparoscope through a small cut in your belly. The doctor will see the tubes and reach them through the instrument. (**To the counselor:** If postoperative recovery time is usually more than a few hours, advise the client about the expected time of her stay.)

#### When you return home:

- You should rest at home for one or two days. You should avoid heavy work or lifting for one week.
- You will be told how to care for the wound and when to return for a follow-up visit.

## E: Explaining: After Surgery

#### Care after surgery:

- Once you return home, rest at home for one or two days. You may resume your normal activities after two or three days. But avoid heavy work or lifting for one week. This will help the wound heal.
- Keep the wound clean and dry. You may bathe on the day after surgery, but do not let the dressing get wet. (**To the counselor:** Following the health facility's protocol, tell the woman when she can remove the bandage.)
- Do not pull or scratch the wound while it is healing.
- You may have a little pain or swelling where the wound is. A small amount of pain or swelling that does not get worse is normal. This usually goes away within a week. Take acetaminophen (paracetamol, panadol) for minor pain or discomfort. (**To the counselor:** Following the health facility's protocol, give the woman instructions for taking the medication.) Do not take aspirin since it could increase bleeding.
- *For clients who have had laparoscopy:* You may have some mild shoulder pain from the gas.

#### When tubal ligation takes effect:

- Tubal ligation begins to prevent pregnancy as soon as the surgery is performed. But if the surgery is done during the middle of the menstrual cycle (day 10 to day 20), use another contraceptive method until you have your next period.

**Sexual intercourse:**

- You may have sexual intercourse as soon as it is comfortable for you.

**WARNING SIGNS:**

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. Be sure to tell the health care provider that you have had tubal ligation.
  - Fever within one week after surgery
  - Pain in your belly that gets worse or does not go away
  - Vomiting or diarrhea for longer than one day after surgery
  - Bleeding or pus in the wound
  - In the future, if you miss your period, if you think you may be pregnant, if you have pain in your belly, or if you have dark or spotty bleeding between your periods. Watch for these signs at any time after the operation. They are very important. These signs may mean the operation has failed and you may be pregnant. The pregnancy could be dangerous for you.

**Other instructions:**

- If you have no problems, return to the health facility about one week after the operation. If you have stitches to be removed, you must return. A health care worker will remove the stitches and check to see how the wound is healing.
- Return to the health facility if:
  - You think there is any chance you may have been exposed to HIV infection or any other STD.
- Tubal ligation does not provide protection against HIV infection and other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

# Vasectomy

## T: Telling

### What it is:

- Vasectomy is a simple operation. It closes the tubes between the man's sex glands (testes) and his penis. Each tube is called a vas. After the operation, the man's partner can no longer get pregnant. Vasectomy is meant to be permanent. The couple must be very sure that they do not want any more children.
- A doctor does the operation in a doctor's office or health facility. The man is given some medicine so he does not feel much pain or discomfort. The operation does not change a man's appearance, voice, strength, or sexual behavior. After vasectomy, the same amount of liquid still comes out of the penis during sex.

### How it works:

- When the tubes are closed, the man's sperm cannot become part of the liquid (semen) that comes out of his penis. His sperm cannot join an egg.

### Effectiveness:

- Vasectomy is one of the most effective methods.

### Characteristics:

- Vasectomy:
  - Is not linked to sexual intercourse.
  - Does not provide protection against HIV infection and other sexually transmitted diseases.
- A man who has had a successful vasectomy no longer has to worry about getting a woman pregnant.
- There is nothing to buy or remember.

- Vasectomy is an operation. All surgery has some risks, such as bleeding, bruising, and infection. But serious problems usually do not happen.
- Most men have a little pain, soreness, bruising, or swelling after vasectomy, which usually goes away within a few days.
- If a man wants a child after having vasectomy, the operation is not easily reversed.

**(To the counselor:** The following information about what happens during and after surgery is usually given only to clients who express a serious interest in vasectomy.)

#### What happens during surgery?:

- Vasectomy is usually done in a doctor's office or health facility. It usually takes no more than 20 minutes. The man is given some medicine so he will not feel much pain or discomfort. He is awake during the operation.

**(To the counselor:** Describe the vasectomy technique available in your facility.)

- There are two ways the doctor can reach the man's tubes.
  - *Incisional:* The doctor makes two small cuts on either side of the scrotum. **(To the counselor:** Some doctors make only one cut.) Through these cuts, the doctor reaches the tubes and blocks them.
  - *No-scalpel:* The doctor makes one tiny puncture in the scrotum. The tubes are blocked in the same way as in the incisional technique. The method is called no-scalpel because it does not use a knife (scalpel) to cut the scrotum.

#### What happens after surgery?:

- The man goes home after a short rest. At home, he rests for one day after surgery. He does not lift anything heavy or do any heavy work for at least two days after the operation.
- Before vasectomy, the man's body has stored some sperm. After vasectomy, these sperm must leave the body before the man can have sexual intercourse without fear of causing pregnancy. The man or his partner must use another method of family planning, like condoms, until he has ejaculated his stored sperm. They must use another method for the first 12 weeks or the first 20 times they have sexual intercourse after vasectomy.
- After vasectomy, the same amount of semen comes out of the penis as before. The only difference is that the semen does not contain sperm.

## **H: Helping**

May be an appropriate contraceptive method for a man who:

- Has all the children he ever wants to have.
- Prefers a very effective method, and cannot or does not want to use other methods of family planning.
- Wants a permanent, one-time method.
- Has a partner who has medical conditions that limit the use of other family planning methods.

Requires more careful consideration when a man:

- Is at risk of exposure to, or transmission of, sexually transmitted diseases, including HIV infection. Vasectomy does not provide protection against these infections. Aside from abstinence, latex condoms offer the best protection.
- Has characteristics associated with regret following vasectomy, such as:
  - Young age
  - Few or no children
  - Pressure from partner, relative, or provider
  - Marital instability
  - Unrealistic expectations about vasectomy
  - Unresolved conflict or doubt about vasectomy
  - Excessive interest in reversal
  - Temporary stress
  - Partner not in agreement
- Has conditions that are precautions for elective surgery, such as heart disease, uncontrolled diabetes, bleeding disorders, large hydrocele, or a local pathological condition. These conditions should be treated or managed before vasectomy is performed.

Should not be used by a man who:

- Has not been fully informed about vasectomy.
- Wants more children.

## E: Explaining: Before Surgery

(**To the counselor:** Be sure the man understands that vasectomy is intended to be permanent.)

When vasectomy takes effect:

- Vasectomy does not work immediately. It usually takes 12 weeks or 20 ejaculations to clear sperm from the tubes. Use condoms, or ask your partner to use another family planning method, until after 12 weeks or 20 ejaculations.

Preparing for vasectomy:

- Bathe thoroughly, especially your genital area and upper inner thighs.
- Wear clean, loose-fitting clothing to the health facility.
- Bring a clean, snug-fitting undergarment to wear for comfort after the operation.
- Do not take any medication for 24 hours before the surgery (unless the doctor performing the vasectomy tells you to).

What happens during surgery:

(**To the counselor:** If possible, use illustrations, such as Appendix D, to show how vasectomy is done.)

- The procedure takes place in a doctor's office or a health facility. It usually takes no more than 20 minutes.
- You will be awake during your surgery. The doctor will inject some medicine into your scrotum so you will not feel much pain or discomfort. It may sting for a few seconds; then your scrotum will feel numb. You may feel a little pain and tugging during the procedure. The doctor may talk to you during the operation.
- *For clients having incisional vasectomy:* The doctor will make two cuts on either side of the scrotum. (**To the counselor:** Some doctors make only one cut.) Through these cuts, the doctor will reach the tubes and block them.
- *For clients having no-scalpel vasectomy:* The doctor will make one tiny puncture in the scrotum. Through this puncture, the doctor will reach the tubes and block them.
- You will rest for less than an hour before going home.

### When you return home:

- You should rest at home until the day after the surgery. You may resume normal activities after one or two days. You should avoid heavy work or lifting for at least two days.
- You will be told how to care for the wound and when to return for a follow-up visit.

## E: Explaining: After Surgery

### Care after vasectomy:

- Rest at home until the day after surgery. You may resume your normal activities after one or two days. But avoid heavy work or lifting for at least two days. This will help the wound heal.
- Keep the wound clean and dry. You may bathe on the day after surgery, but do not let the wound get wet. After three days, you may wash the wound with soap and water.
- Do not pull or scratch the wound while it is healing.
- Wear a snug undergarment or scrotal support for at least two days after surgery. This will help you be comfortable.
- *For men who have bandages:* Keep the bandage on for three days after the operation.
- You may have a little pain, bruising, or swelling where the wound is. A small amount of pain, bruising, or swelling that does not get worse is normal. This usually goes away within a week. Take acetaminophen (paracetamol, panadol) for minor pain or discomfort. **(To the counselor:** Following the health facility's protocol, give the man instructions for taking the medication.) Do not take aspirin since it could increase bleeding. An ice pack may help relieve the pain, bruising, or swelling.

### Sexual intercourse:

- You may have sex as soon as it is comfortable for you.
- You or your partner must use another method of contraception for 12 weeks or 20 ejaculations after vasectomy.

### WARNING SIGNS:

- Come back to the health facility or go to a hospital at once if you have any of the warning signs listed below. Be sure to tell the health care provider that you have had a vasectomy.
  - Fever within one week after surgery
  - Bleeding or pus in the wound
  - Pain or swelling around the wound that gets worse or does not go away
  - If your partner ever misses a period or thinks she is pregnant. This is very important. It may mean the operation has failed, and your partner may be pregnant.

### Other instructions:

- *For men who have stitches that must be removed:* Return to the health facility one week after the operation. A health worker will remove the stitches and check to see how the wound is healing.
- *When semen analysis is available:* After 12 weeks or 20 ejaculations, return to the health facility. The staff will check your semen to be sure there are no sperm.
- Return to the health facility if:
  - You think there is any chance you have been exposed to HIV infection or any other STD.
- Vasectomy does not provide protection against HIV infection or other STDs. Aside from abstinence, latex condoms offer the best protection against these infections.

## Appendix A

### Basic Facts about Sexually Transmitted Diseases

It is important for family planning counselors to have a basic understanding of sexually transmitted diseases (STDs). Clients should consider their risk of getting an STD from their partner(s) or giving an STD to their partner(s), and the best way to provide protection in either case. Some contraceptive methods provide protection against STDs, and others do not. The information provided below is for the counselor who works in the family planning setting. This guide is not meant to be the basis for diagnosis or treatment of STDs.

This appendix also provides some general information about reproductive tract infections (RTIs) that are not STDs, since it is important for counselors to be aware of other infections that may not necessarily be caused by sexual contact. The term *reproductive tract infection* includes:

1. STDs, including HIV infection: Infections passed from person to person by sexual contact
2. Vaginal infections: Infections not caused by sexual contact, such as yeast or bacterial vaginosis
3. Infections caused by the provider, such as pelvic infection from inadequate infection prevention practice

#### What are STDs?

The term *sexually transmitted disease* refers to an infection that is passed from person to person by sexual contact. STDs are part of a broader group of infections known as reproductive tract infections. Some RTIs are not caused by sexual contact, but may be the result of an overgrowth of the bacteria and other organisms that normally live in the vagina. While some RTIs may cause only mild discomfort, others can be very serious. The presence of any infection that causes irritation of the skin in and around the vagina increases the possibility of infection with HIV, the virus that causes AIDS. Viruses can enter the body through damaged skin more easily

than through healthy skin. For client comfort and safety, all infections should be treated.

When a client states that she or he has reproductive tract symptoms (pain, itching, swelling, sores, or discharge), the counselor should remember that not all infections of the genitals or reproductive tract are the result of sexual contact. Telling a client he or she has a sexually transmitted disease can have serious negative consequences for the client and his or her sexual partner. Before doing so, the counselor must be sure of the diagnosis.

## **Symptoms and diagnosis of RTIs, including STDs**

Clients with symptoms of RTIs should be referred to a clinician as soon as possible. Clients without symptoms who report that they have been with a partner who complains of symptoms of an infection should also be referred for further evaluation. Almost half of all women who have RTIs do not complain of symptoms, either because they do not have any or because the symptoms are very mild and not terribly bothersome.

For women, unusual changes in the vagina or genital area may indicate the presence of an RTI. It is normal for a woman to have some vaginal discharge at all times. This normally clear or white discharge may change in amount at different times throughout her monthly cycle. If the discharge changes in color, has a bad odor, or is associated with itching, burning, or pain, the woman may have an RTI. An evaluation by a clinician is needed. If the woman is diagnosed with an STD, her sexual partner(s) will also need to be treated.

A man normally has no discharge from his penis except for the small amount of fluid that appears just before ejaculation (orgasm). If a man has a discharge at any other time or if he has pain or burning with urination or ejaculation, an evaluation by a clinician is needed. If the man is diagnosed with an STD, his sexual partner(s) will also need to be treated.

## **Common STDs**

Several infections can be transmitted through sexual contact. Some of the most common ones are described here. HIV infection (which can lead to AIDS) is also a sexually transmitted infection. It is discussed in Appendix B.

## GONORRHEA

The bacteria that causes gonorrhea grow in the warm, moist parts of the body, such as the urethra, the cervix, the rectum, and the throat (throat infection can occur following oral-genital sex with an infected partner).

**SYMPTOMS:** In women, symptoms include unusual vaginal discharge, burning during urination, or bleeding after intercourse or between periods. Many women with gonorrhea (perhaps more than half) have no noticeable signs or symptoms. Untreated gonorrhea may lead to pelvic infection with symptoms that include abdominal or lower back pain, pain with intercourse, bleeding between periods, and fever. Pelvic infection can be a very serious condition and requires immediate medical care.

In men, the symptoms of gonorrhea are a cloudy or pus-like discharge from the penis, pain or burning with urination, or swollen and tender testicles. Some men have no symptoms.

Gonorrhea infections in the rectum often have no symptoms, but gonorrhea in the throat may cause a sore throat.

**RISKS:** In women, gonorrhea can spread into the pelvic area and infect the uterus, fallopian tubes, and ovaries. This may cause enough damage to the women's reproductive organs that she can become sterile.

In men, gonorrhea can infect the epididymis, a structure where sperm are stored. This resultant epididymitis can lead to infertility.

Gonorrhea can be passed from mother to baby during birth, infecting the baby's eyes. Without prompt treatment, the infant's eyes can be seriously damaged.

## CHLAMYDIA

**SYMPTOMS:** Women with Chlamydia often have no symptoms of infection. Some women notice an unusual vaginal discharge or bleeding after intercourse or between menstrual periods. Untreated Chlamydia may lead to pelvic infection with symptoms that include abdominal or lower back pain, pain with intercourse, bleeding between periods, and fever. Pelvic infection can be a very serious condition and requires immediate medical care.

Symptoms in men usually include a clear discharge from the penis and burning with urination or swollen and tender testicles. Some men have no symptoms.

The same bacteria that cause these symptoms (*Chlamydia trachomatis*) can also cause another group of symptoms called LGV (lymphogranuloma venereum). The symptoms in LGV include genital sores (ulcers) and swollen lymph nodes (bubos).

**RISKS:** In women, Chlamydia can spread into the pelvic area and infect the uterus, fallopian tubes, and ovaries. This may cause enough damage to the woman's reproductive organs that she can become sterile.

In men, Chlamydia can affect the testicles and also cause sterility.

Chlamydia can be passed from mother to baby during birth, infecting the baby's eyes. Without prompt treatment, the infant's eyes can be seriously damaged. *Chlamydia trachomatis* can also cause eye infections in children or adults, although this is not necessarily by sexual transmission.

## SYPHILIS

**SYMPTOMS:** The first symptom of syphilis infection is usually a small painless sore in the area of sexual contact (penis, vagina, rectum, or mouth), which appears about three weeks after exposure and disappears within a few weeks. Shortly after the sore disappears, a rash, swollen lymph nodes, fever, or tiredness may be noticed, but these symptoms also disappear within a few weeks.

**RISKS:** Syphilis is a very serious disease for both men and women. It spreads through the whole body. Without the proper antibiotic treatment, the disease can cause mental illness, blindness, heart disease, and death.

Syphilis can be passed from mother to infant before birth, and an infected newborn may suffer from blindness, other severe organ damage, or death.

## TRICHOMONAS

Trichomonas is a microscopic organism that can be sexually transmitted from person to person.

**SYMPTOMS:** Both men and women may be infected with *Trichomonas*, yet have no symptoms. Some people may carry the organism for months or years with no symptoms at all, or they may have had symptoms that have gone away.

Women who have symptoms may notice an unusual vaginal discharge or odor, and itching or soreness of the vulva.

Men who have symptoms may observe a discharge from the penis and burning with urination.

**RISKS:** *Trichomonas* itself is not known to lead to serious complications. However, recent evidence indicates that *Trichomonas* may be associated with early delivery in pregnant women. In addition, *Trichomonas* can cause irritation of the skin in and around the vagina, and the presence of damaged skin can increase the risk of HIV transmission.

## PELVIC INFLAMMATORY DISEASE

Pelvic inflammatory disease (PID) is an infection of the internal female organs, usually affecting the uterus, one or both fallopian tubes, the ovaries, and surrounding pelvic tissues. These tissues become inflamed, irritated, and swollen. PID is caused by several types of bacteria and other microorganisms. Nearly half of all cases of PID are caused by gonorrhea; Chlamydia is the probable cause of a large percentage of PID cases. Both gonorrhea and Chlamydia are sexually transmitted.

**SYMPTOMS:** The primary symptom of PID is lower abdominal or pelvic pain. In mild cases, there may be only slight cramping, while in severe cases the pain may be intense. Physical activity, especially sexual intercourse, may greatly increase the pain. Abnormal vaginal bleeding (extremely heavy menstrual periods or bleeding or spotting between periods) is a very common symptom. Abnormal vaginal discharge and fever may also be present.

**RISKS:** The complications following PID can be very serious. They include:

1. REPEAT PID: Women who have had PID in the past are very likely to get it again.

2. **PELVIC ABSCESS:** This local collection of pus in the pelvis is formed by the breakdown of tissues. It is found in severe cases of PID. Pelvic abscess requires hospitalization and intravenous antibiotic treatment; it often requires surgery.
3. **INFERTILITY:** When PID heals, scar tissue can form around the pelvic organs. This scar tissue can cause blockage and distortion of the fallopian tubes. The result is that the egg cannot get through the tube and into the uterus. After one episode of PID, a woman has an estimated 15% chance of infertility. After two episodes, the risk of infertility increases to approximately 35%, and after three, the risk is nearly 75%.
4. **CHRONIC PELVIC PAIN:** Besides causing infertility, the scar tissue associated with PID may produce chronic pelvic pain or discomfort because of the distortion of the pelvic organs. Surgery may be required in severe cases.
5. **ECTOPIC PREGNANCY:** An ectopic pregnancy occurs outside the uterus, most commonly in the fallopian tubes. Because PID can cause partial blocking or distortion of the fallopian tubes, the chances of an ectopic pregnancy are greatly increased in a woman who has had PID. An ectopic pregnancy is a very serious condition and must be surgically removed.

## **OTHER STDs**

There are many other infections that are sexually transmitted. Sores, growths, ulcers, or swollen lymph nodes in the genital area, and pain, burning, or vaginal irritation are common signs and symptoms of STDs and other RTIs and should be evaluated by a clinician. When clients complain of these symptoms, they may or may not have an STD, but they should see a clinician for evaluation as soon as possible.

## **RTIs that are not considered STDs**

### **BACTERIAL VAGINOSIS**

Bacterial vaginosis has been referred to by a number of different names (such as *Gardnerella* and *Hemophilus*). It is an overgrowth of a variety of normally occurring bacteria in the vagina, but the actual cause is unclear.

Studies indicate that a woman with bacterial vaginosis has an increased chance of having a variety of other reproductive tract problems, so diagnosis and treatment are important.

**SYMPTOMS:** Bacterial vaginosis usually causes a vaginal discharge that is gray in color and has an unpleasant or fish-like odor. The discharge may not be accompanied by itching or irritation. Some women have no symptoms.

Men usually do not have symptoms of this infection. It is unclear if they carry the bacteria and if bacterial vaginosis is sexually transmitted.

**RISKS:** Bacterial vaginosis may increase a woman's chance of having other reproductive tract problems, such as other types of infections. It has also been associated with early delivery in pregnant women and low birth weight in newborns.

## MONILIASIS (YEAST)

Other names used for moniliasis include *yeast* and *yeast infection*.

Moniliasis is caused by an overgrowth of organisms that are often present in low numbers in the vagina. Pregnancy and taking antibiotics are among the things that can cause an overgrowth of these organisms, leading to irritation or itching in and around the outside of the vagina. Frequent exposure to semen over a short period of time can also cause moniliasis. Sometimes, but rarely, moniliasis can be passed sexually from person to person.

**SYMPTOMS:** In women, symptoms of moniliasis include vaginal itching, irritation, burning, and sometimes a white, thick discharge.

In men, moniliasis can appear as an itchy rash on the genitals.

**RISKS:** Moniliasis does not infect the uterus or fallopian tubes and does not affect a woman's ability to become pregnant. It may cause severe irritation, and because it damages the skin in and around the vagina, it should be treated. Some clients do not find it bothersome and do not require treatment.

## Appendix B

# Basic Facts about HIV Infection and AIDS

### What is HIV?

HIV is *human immunodeficiency virus*, the organism that causes AIDS. A person can be infected with HIV and not know it. HIV is found in the body fluids (particularly blood, semen, and vaginal secretions) of infected persons. It is believed that most people infected with HIV will develop AIDS. **HIV can be transmitted whether symptoms of AIDS are present or not.** There are tests that tell people if they have been exposed to the virus. They do not tell people if or when they will get AIDS.

### What is AIDS?

AIDS is *acquired immunodeficiency syndrome*, a condition caused by HIV, that attacks the immune system and makes it unable to fight disease and infection. A person can be infected with HIV and not know it. The symptoms of AIDS are listed on page 96. Even if the symptoms of AIDS subside for awhile, the virus that causes them is still present, and the infected person can still transmit the disease. AIDS is usually fatal. At present, there is no cure for AIDS.

### How is HIV contracted?

HIV is contracted:

- through sexual contact (vaginal, anal, or oral intercourse) with an infected person. During intercourse, semen or vaginal fluids and sometimes blood come into contact with the penis, the thin lining of the vagina, the rectum, or the mouth. HIV in these fluids can then get into the blood stream. HIV can enter the blood through the vagina, penis, anus, open genital or oral sores, or cuts.
- through transfusions or treatments with infected blood products.

- through skin-piercing instruments that have been in contact with infected blood or body fluids and have not been properly disinfected (for example, needles, syringes, razor blades, or circumcision instruments).
- in infants, from an infected mother during pregnancy or childbirth. If the mother is infected with HIV, there appears to be a 15% to 30% chance that the newborn child will be infected. According to recent evidence, a breastfeeding child may have a higher risk of HIV infection through breast milk if the child's mother is initially infected with HIV while she is breastfeeding. There is also some risk of HIV transmission in breast milk if the woman has been infected before beginning breastfeeding. However, the risk of HIV infection of the child must be weighed against the risk of the child dying from other causes if it is not breastfed. Diarrheal disease in young children, which can be fatal, is often attributed to lack of breastfeeding. If a woman is HIV positive, or suspects she is, and wishes to breastfeed, she should be encouraged to consult a doctor or nurse for advice.

## **How is HIV not contracted?**

HIV is *not* contracted through any of the following:

- ordinary social contact
- shared clothing
- touching shared food or dishes
- kissing and hugging
- shaking hands
- toilet seats
- insect bites
- tears
- saliva
- sweat
- living with an infected person

## **What are the symptoms of HIV infection and AIDS?**

Persons infected with HIV may be asymptomatic. It can take eight years or more between HIV infection and the diagnosis of AIDS. Once symptoms begin to develop, they may include:

- an unexplained loss of weight lasting at least one month
- diarrhea for several weeks
- a white coating on the tongue
- enlarged or sore glands in the neck and/or armpit
- a cough that persists for more than one month
- persistent fever
- persistent symptoms of vaginitis

Since these symptoms characterize other diseases (a persistent cough may be a symptom of tuberculosis; diarrhea may indicate an intestinal illness), a test must be done to confirm the presence of HIV.

## **Who is at risk?**

Anyone can become infected with HIV, but only through the means described above. Clients who are at high risk include prostitutes, persons who have multiple sexual partners or whose sexual partners have had sexual relations with others, users of intravenous drugs, and persons who have received unscreened blood products. Health care workers who have direct contact with infected blood are at high risk.

## **Can HIV infection and AIDS be prevented?**

Though AIDS cannot be cured, HIV infection and AIDS can be prevented by avoiding high-risk behavior. The only way to be absolutely certain of avoiding HIV infection through sex is to abstain from sex. But, in general, the best advice to give clients is as follows:

- Keep one faithful sexual partner and remain faithful to her or him. (In polygamous marriages, the husband and his spouses should remain mutually faithful.)

- Use latex condoms. (Unless the couple has had a mutually faithful relationship for many years, or both partners have tested negative for HIV at least six months after their last possible exposure, HIV infection may be present.) Latex condoms are a wise choice for avoiding HIV infection and other STDs. They also prevent pregnancy.
- Avoid sharing needles or using any skin-piercing instrument that has not been disinfected.

Remember ABC:

- A means *abstinence*.
- B means *be faithful*.
- C means *condoms*.

### **Special counseling tips:**

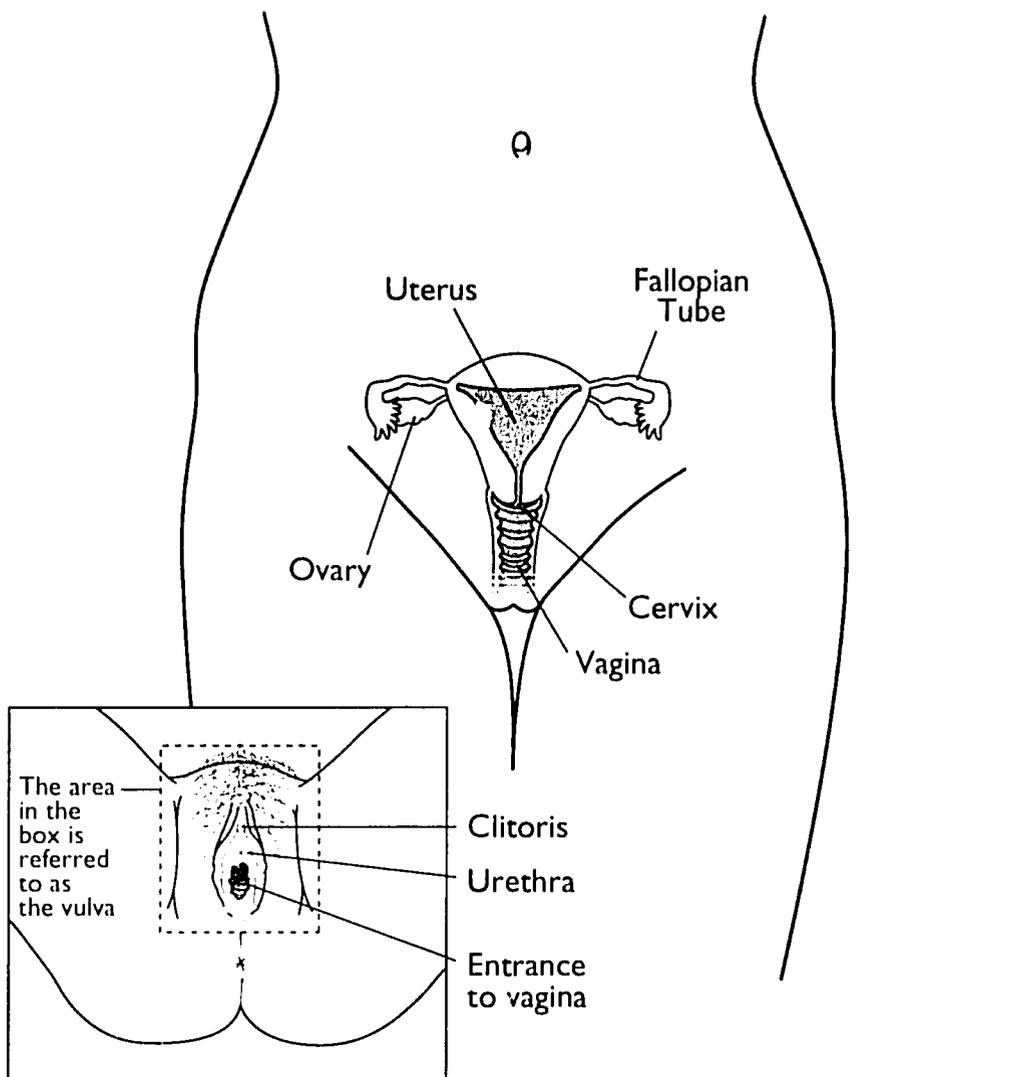
- Encourage and praise behavior that lessens the risk of infection.
- Assist the client in finding alternatives to high-risk behavior.
- Be nonjudgmental.
- Explain risks and dispel myths in an objective manner.

If the client shows any signs of HIV infection or AIDS or is at high risk of contracting HIV infection, refer her or him for testing, if it is available in your area.

Adapted from: Planned Parenthood Federation of Nigeria. *Interpersonal communication and counseling for family planning: Nigeria three-day curriculum*. Lagos: 1991.

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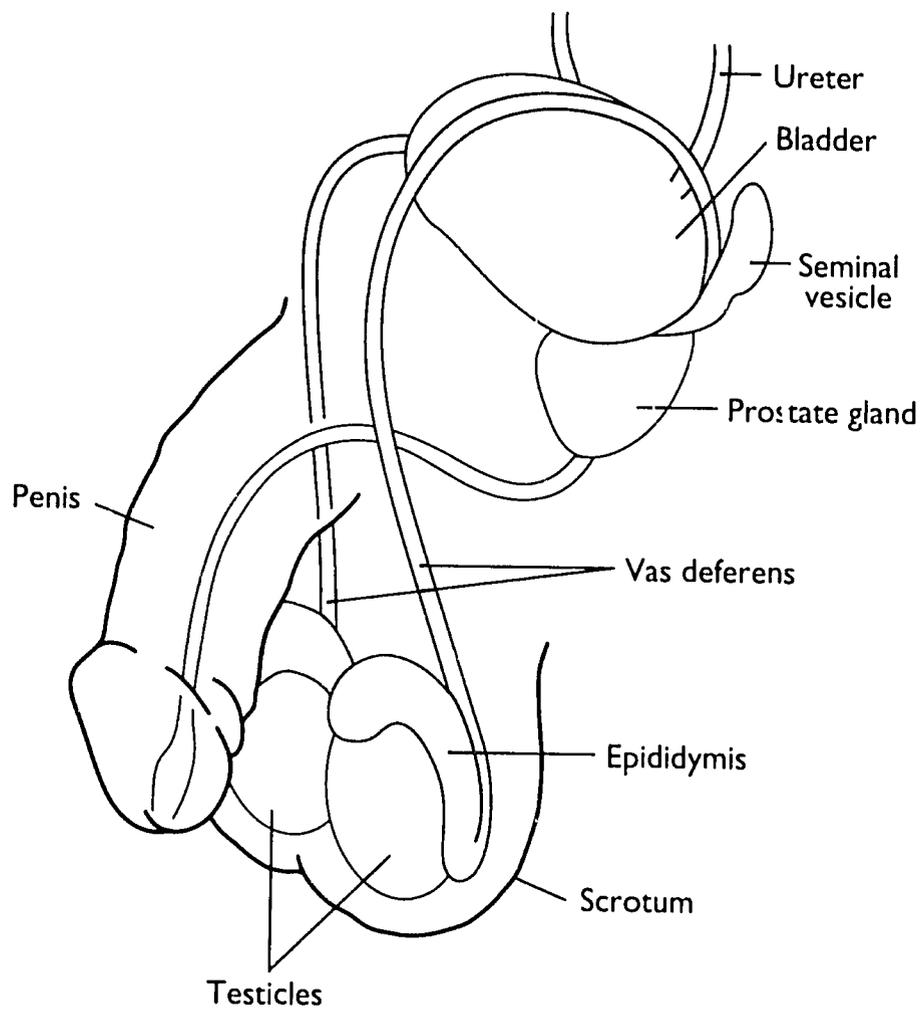
# Female Reproductive System



## Appendix D

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# Male Reproductive System



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