



INTRODUCTION FOR THE PROVIDER

Purpose of this tool

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

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

Preparing to use the tool

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

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Using the tool with clients

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

Methods

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

How to use pages as handouts

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

CONTENTS OF THE TOOL

| | |
|---|---|
| <p>Choosing a method</p> <p>Why use Family planning?</p> <p>You can choose a method that is right for you</p> <p>Comparing Family Planning methods</p> | <p>Provider pages</p> <p>Special situations</p> <p>Health conditions</p> <p>Pregnancy checklist</p> <p>Frequently asked questions</p> |
| <p>Methods</p> <p>Pill</p> <p>Minipill</p> <p>Injections</p> <p>Male condom</p> <p>Female condom</p> <p>Implants</p> <p>IUCD</p> <p>Female sterilization</p> <p>Vasectomy</p> <p>Breastfeeding method</p> <p>Standard Days Method</p> <p>Withdrawal</p> <p>Emergency contraceptive pills</p> | <p>Job aids</p> <p>Male and female anatomy</p> <p>Male condom instructions</p> <p>Female condom instructions</p> <p>Cycle beads instructions</p> <p>Checklists for new and returning clients</p> |

Define Family Planning

The World Health Organization (WHO) definition:

the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization.

Family planning as defined by the United Nations and the WHO encompasses services leading up to conception and does not promote abortion as a family planning method, although levels of contraceptive use reduce the need for abortion.

Other definitions:

Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved". Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children, as well as the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, and any disabilities that may affect their ability to have children and raise them, besides many other considerations.

If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.

WHY USE FAMILY PLANNING?

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



How can family planning help you?

- Healthier mothers, children & family
- Fewer children means more time and money for each one
- Delaying pregnancy lets young people stay in school
- Economy – less financial constraint

- Family Planning can save your life -

Why use family planning?

Benefits

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

Things to Consider

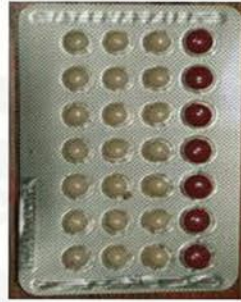
- Many young people need contraceptives to delay pregnancy. Ideally, young women and men should wait until at least 18 years or have finished studies, and are ready before having children.
- After having a child, it is healthier to wait at least 2 years to try to become pregnant again.
- Having more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

There are many methods available

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



Pills - Microgynon



Depo-Provera



Minipill - Microlut



Emergency pills

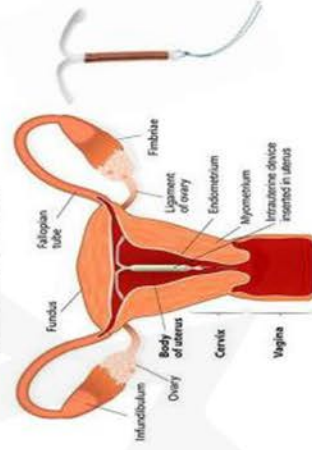
Calendar

Safe Times Using the Calendar Method

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Safe Day (1) Start of Period | Safe Day 2 | Safe Day 3 | Safe Day 4 | Safe Day 5 | Safe Day 6 | Safe Day 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Safe Day 22 | Safe Day 23 | Safe Day 24 | Safe Day 25 | Safe Day 26 | Safe Day 27 | Safe Day 28 |
| Safe Day (29) Start of Period | Safe Day 30 | Safe Day 1 | Safe Day 2 | Safe Day 3 | Safe Day 4 | Safe Day 5 |

Start of Period: ○ Unsafe Days: ✕

Intrauterine Device (IUD)

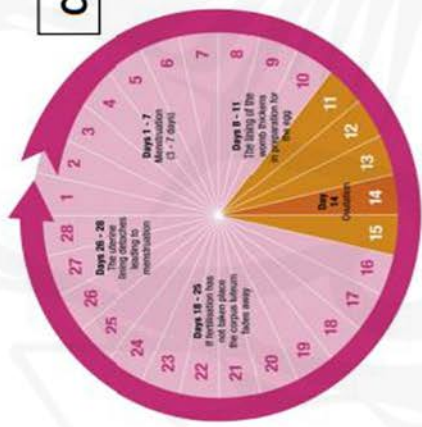


IUCD

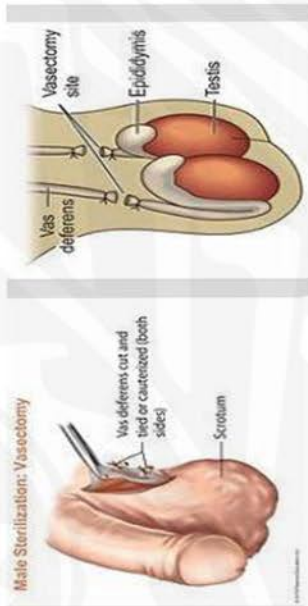
There are many methods available

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

There are many methods available



Male Sterilization/Vasectomy



Female




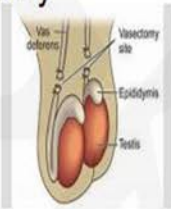









Male



Implants



Comparing Family Planning Methods

| Most effective and easiest to use | Very effective but must be carefully used | Effective but must be carefully used |
|---|---|---|
| <p>Female sterilization</p>  <p>Vasectomy</p>  <p>IUCD</p>  <p>Implants</p>  | <p>Breast Feeding (exclusively B/F)</p>  <p>Injectables</p>  <p>Pills</p>  | <p>Male & Female condoms</p>   <p>Fertility awareness-based methods</p>   <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center; margin-top: 20px;"> <p>IMPORTANT!</p> <p>Only condoms protect against both pregnancy & STIs or HIV/AIDS</p> </div> |

Comparing Family Planning methods

There are many methods to choose from:

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

Methods I can provide now:

- Condoms
- Pills
- Injections
- Breastfeeding method counseling
- Standard days method counseling
- Withdrawal counseling
- Emergency contraceptive pills

Methods provided at the clinic:

- Implants
- IUCD
- Female sterilization
- Vasectom

The Pill - Microgynon (combine oral pill-oestrogen and progestogen)



Pills - Microgynon



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

The Pill - Microgynon (combine oral pill-oestrogen and progestogen)

What it is?

- A pill with hormones (oestrogen & progestogen) in it that is taken every day
- Prevents release of egg and blocks sperm from meeting egg.

How to use?

- Take one pill everyday for 12 weeks
- When you finish a pack of pills, start a new pack the next day

If you miss a pill:

- Take missed pill as soon as possible
- If you miss more than 2 days of pills in a row, use emergency pills when had sex and use condoms for 7 days as backup method.

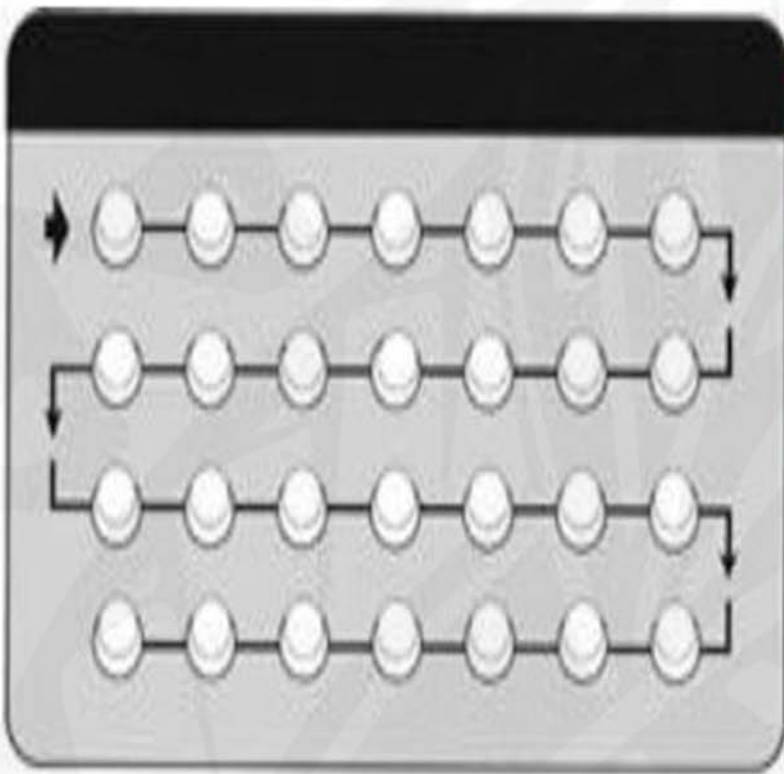
What to expect:

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

Key Points:

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

Mini-pill (Microlute)



- Safe
- Good method while Breast Feeding

Mini-pill (Microlut)

What it is?

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

How to use?

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

Late taking pill, for women who are breast feeding:

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

Late taking pill, for women who are not breast feeding:

- If you take a pill more than 3 hours late, use condoms for the next 2 days and keep taking pills

What to expect, if not breast feeding?

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

Key points:

- Take a pill at the same time every day for 15 weeks cycle
- Be sure you have enough pills. Get more before you run out.
- Consider what method to use when you stop breast feeding
- Use condoms if you need protection from STIs or HIV/AIDS

Injection (Depo-Provera)



- Safe.
- Hormone injection – 3 months
- Very effective when injections are on time

Injection (Depo-Provera)

What it is?

- Hormone injection.
- Prevents release of egg.

How to use?

- Get an injection every 3 months or can start any time after childbirth.
If late for an injection:
Can still get an injection up to 2 weeks before or after the appointment date.
If later, use condoms and return for an injection as soon as possible.

What to expect:

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

Key points

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

Male condom



- Prevent both pregnancy and STIs including HIV/AIDS
- Effective when used correctly every time when you have sex
- Easy to get and use

Male condom

What it is

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

How to use

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

What to expect

- No side-effects.

Key points

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

Female condom



- Prevent both pregnancy and STIs including HIV/AIDS
- Effective when used correctly every time you have sex

Female condom

What it is

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

How to use

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

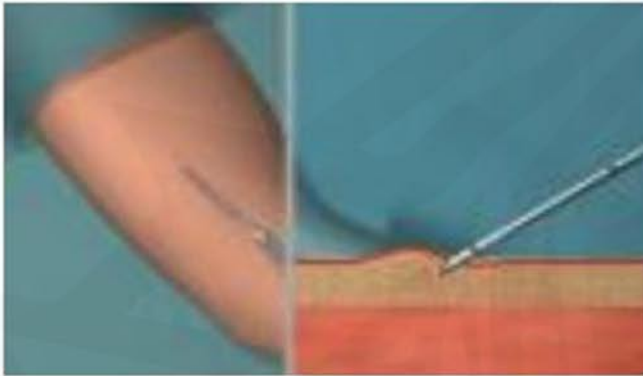
What to expect

- No side-effects.

Key points

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

Implants



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

Implant

What it is

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

How to use

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

What to expect

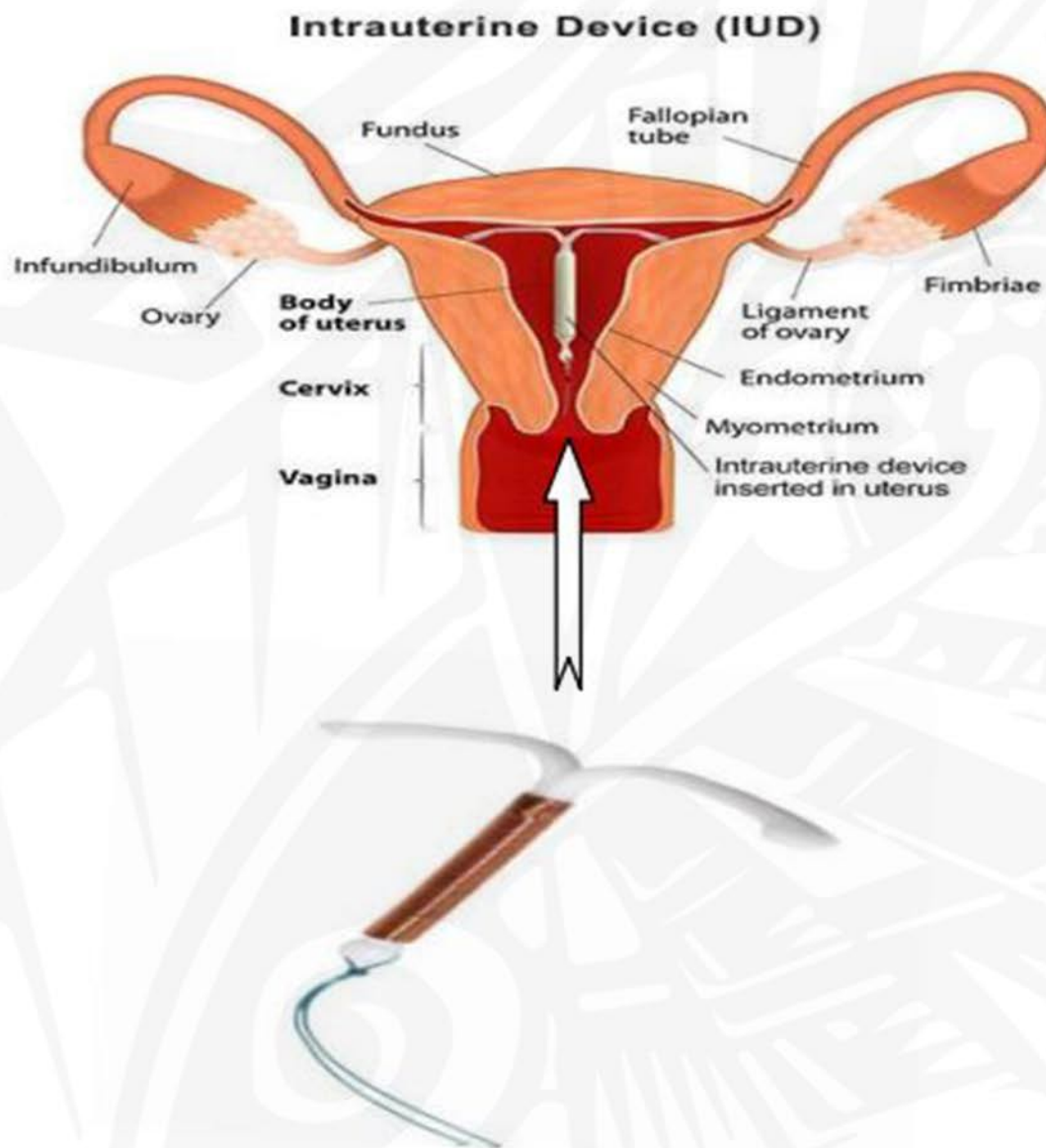
- Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe.

Key points

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

Where to go: _____ nearest hospital / clinic

Intra-Uterine Contraceptive Device (IUCD)



- Safe to use
- One of the most effective methods
- Can be used for up to 10 years
- Can be removed any time if you already want to get pregnant

Intra-Uterine Contraceptive Device (IUCD)

What it is

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

How to use

- Specially trained provider inserts and removes IUCD.
- Can be put in 24 hours after birth and or towards the end of menstrual cycle

What to expect

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

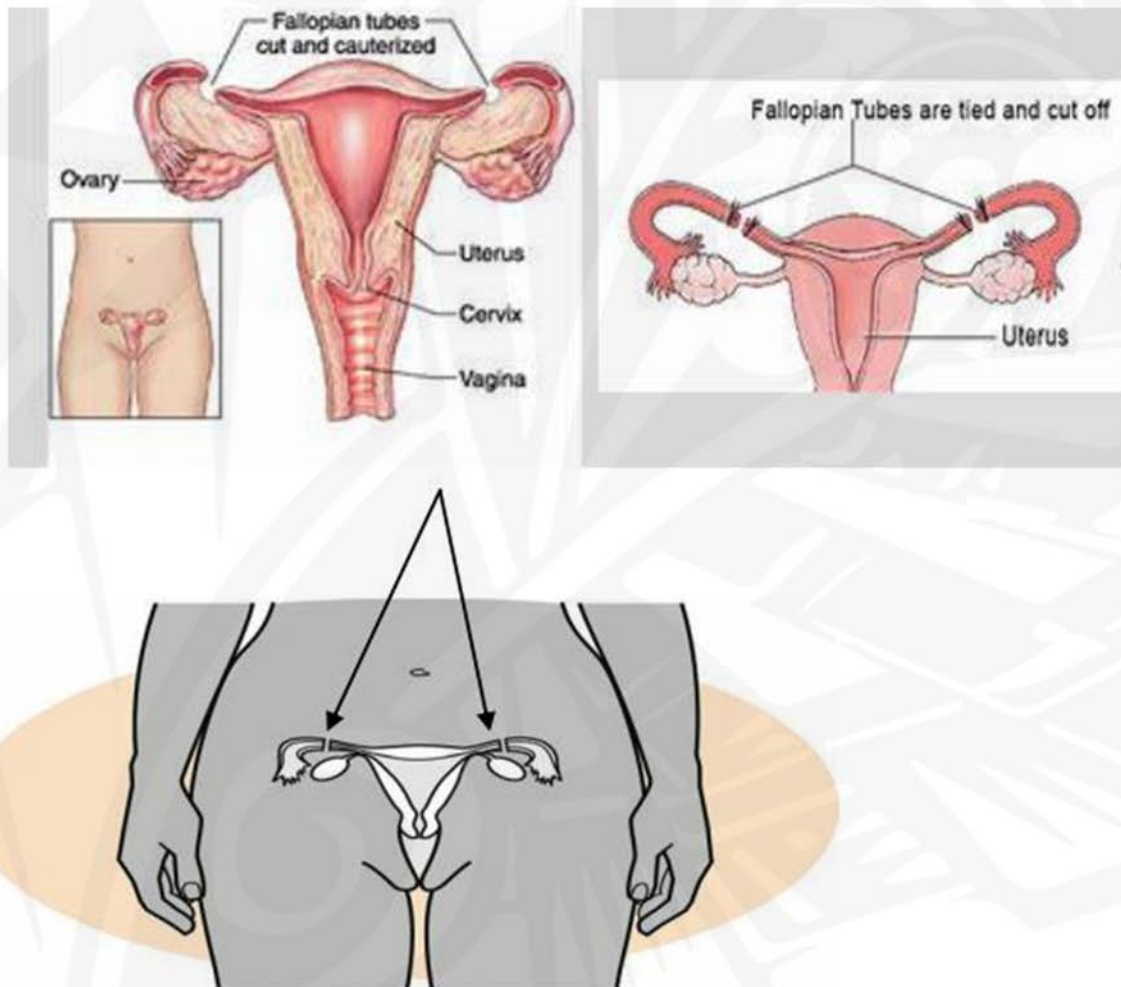
Key points

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

Where to go: _____ nearest hospital/clinic

Female sterilization (Tubal Ligation - TL)

Female Sterilization/ Tubal Ligation



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

Female sterilization (TL)

What it is

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

What to expect

- After procedure, there are no side-effects.
- Do not need to be put to sleep during procedure.
- Usually you can go home a few hours after procedure.
- May have soreness for a few days after procedure.

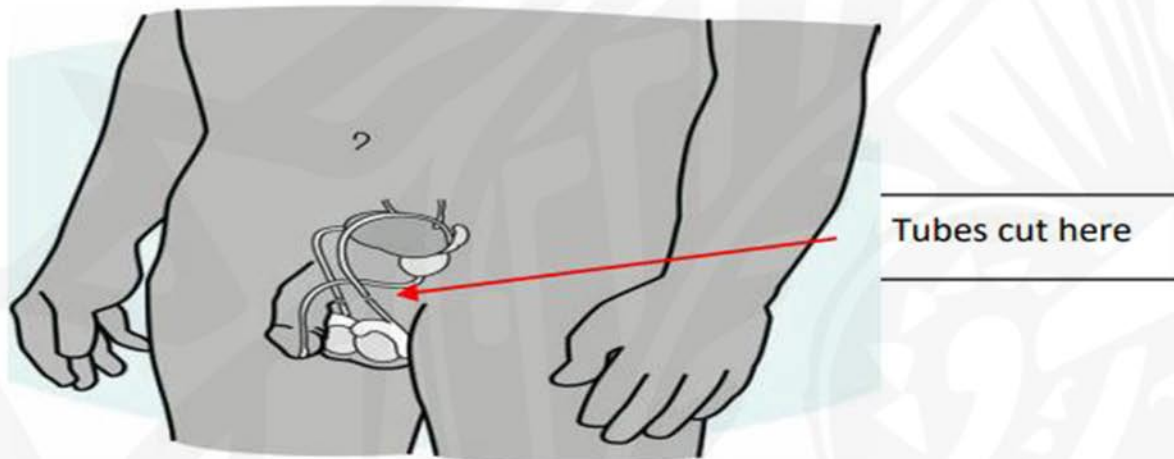
Monthly bleeding will continue as usual for you.

Key points

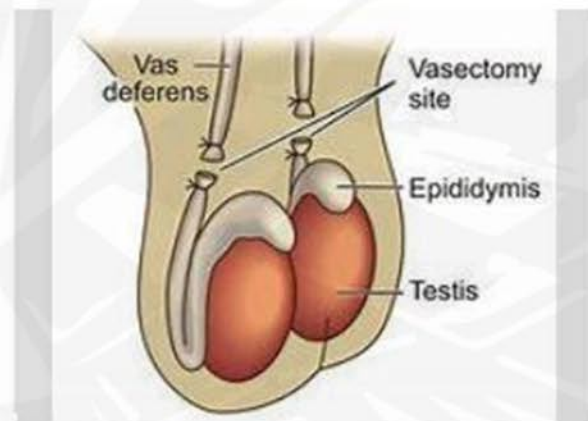
- Permanent method.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: ____nearest hospital/clinic

Vasectomy



Male Sterilization: Vasectomy



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

Vasectomy

What it is

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

How to use

- 3-month delay in taking effect. Couple must use backup method until then.

What to expect

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

Key points

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

Where to go: _____nearest hospital/clinic

Breastfeeding Method

Lactational Amenorrhea Method (LAM)



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

Breastfeeding method (Lactational Amenorrhea Method)

What it is

- Breastfeeding in a way that prevents pregnancy.
- Prevents release of egg.

How to use

- Exclusive Breastfeed up to 6 months

What to expect

- No monthly bleeding.

Key points

- Very effective for 6 months if exclusively breastfeeding.
- Have another method ready to start at 6 months or before, if monthly bleeding returns or breastfeeding decreases.
- Use condoms if you need protection from STIs or HIV/AIDS..

Standard Days Method: Using calendar or Cycle Beads

Safe Times Using the Calendar Method

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Safe Day 1 Start of Period | Safe Day 2 | Safe Day 3 | Safe Day 4 | Safe Day 5 | Safe Day 6 | Safe Day 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | Safe Day 20 | Safe Day 21 |
| Safe Day 22 | Safe Day 23 | Safe Day 24 | Safe Day 25 | Safe Day 26 | Safe Day 27 | Safe Day 28 |
| Safe Day 29 Start of Period | Safe Day 30 | Safe Day 1 | Safe Day 2 | Safe Day 3 | Safe Day 4 | Safe Day 5 |

Start of Period: ○ Unsafe Days: ✕



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

Standard Days Method: Using calendar or Cycle Beads

What it is

- Learning which days each month you could get pregnant (fertile days).
- Avoiding sex or use a condom during fertile days.

How to use

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

What to expect

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

Key points

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

Withdrawal method



"SAY, JOSEPH'S HOME. YOU PULLED OUT, RIGHT?"

- No supplies
- No side-effects
- Can be used at any time
- Not as effective as other methods

Withdrawal method

What it is

- The man withdraws his penis from his partner's vagina and ejaculates outside the vagina.
- Works by keeping sperm out of the woman's body.

How to use

- When the man feels he is close to ejaculation he withdraws his penis from the woman's vagina.

What to expect

- Learning to do this correctly can take time.
- May not be good for men who ejaculate quickly.

Key points

- Other methods provide greater protection from pregnancy for most people.
- Emergency contraceptive pills can be used if ejaculation occurs before withdrawal.
- Use condoms if you need protection from STIs or HIV/AIDS.

Emergency contraceptive pills



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

Emergency contraceptive pills

What it is

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

How to use

- Can take up to 3 days after unprotected sex.
- Works best when taken as soon as possible after unprotected sex.

What to expect

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

Key points

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

**If no emergency pills available then use Microgynon
4 pills stat then repeat 4 pills 12 hours later**

Where to get emergency contraceptive pills: _____ nearest hospital/clinic

Special situations

After childbirth

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

When to start other methods

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

HIV/AIDS

- HIV+ (not AIDS): Can use any method except spermicidal.
- On ART or sick: Can usually use most methods, refer for advice.
- On TB drugs: Can usually use most methods, refer for advice.
- Condoms recommended preventing transmission of HIV, even if using another method.
- If a woman with HIV chooses to breastfeed, she should be counselled

Men or women who do not want more children

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

Age

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

Special situations

After abortion

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

People living with disabilities

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

After rape

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

Conflict/Disaster/Displaced persons/Street families

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

Other conditions will refer to the Medical Eligibility Criteria (MEC) Wheel



Using pills, injections or the minipill if she has health conditions

Ask her if she has any serious health conditions.

- If she reports having a problem, check to see if it is listed below.
- If it is listed, check to see what methods she can use.

| |
|---|
| If she has high blood pressure She cannot use the pill She can use injections or the minipill |
| If she smokes and is age 35 or older She cannot use the pill She can use injections or the minipill |
| If she has repeated severe headaches , often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement (migraine)? She cannot use the pill She can use injections or the minipill |
| If she regularly takes pills for tuberculosis (TB), seizures (fits), or ritonavir for ARV therapy? She cannot use the pill She can use injections or the minipill |
| If she has bleeding between menstrual periods, which is unusual for her, or bleeding after intercourse (sex) She cannot use injections She can use the pill or the minipill |

| |
|--|
| If she ever had serious heart condition or stroke She cannot use the pill or injections She can use the minipill |
| If she has diabetes (high sugar level in her blood) for more than 20 years , She cannot use the pill or injections. She can use the minipill |
| If she has ever had a blood clot in her legs or lungs She cannot use the pill, injections or the minipill She can use condoms or other method without hormones (refer if needed) |
| If she has ever had breast cancer She cannot use the pill, injections or the minipill She can use condoms or other method without hormones (refer if needed) |
| If she has serious liver condition or jaundice (yellow skin or eyes)? She cannot use the pill, injections or the minipill. She can use condoms or other method without hormones (refer if needed) |

Questions to be reasonably sure a woman is not pregnant.

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

| | | | |
|---|--|---|---|
| If the client answers NO to ALL of the questions , pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test. | | If the client answers YES to AT LEAST ONE of the questions and has no signs or symptoms of pregnancy,* provide her with the method. | |
| YES | | | NO |
| | | <ol style="list-style-type: none">1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?2. Have you abstained from sexual intercourse since your last menstrual period or delivery?3. Have you had a baby in the last 4 weeks?4. Did your last menstrual period start within the past 7 days?5. Have you had a miscarriage or abortion in the past 7 days?6. Have you been using a reliable contraceptive method consistently and correctly? | |
| Signs of pregnancy | | | |
| If a woman has a late menstrual period or several other signs, she may be Pregnant. Try to confirm by pregnancy test or physical examination. | | Early signs Late menstrual period Breast tenderness Nausea Vomiting Urinating more often Weight change Always tired Mood changes Changed eating habits | Later signs Larger breast Darker nipples More vaginal discharge than usual Enlarged abdomen Movements of a baby |

Frequently Asked Questions

Do family planning methods make people sterile?

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

Do family planning methods cause cancer?

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

Does family planning cause birth defects?

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

How is vasectomy different from castration?

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

Do family planning methods cause weight gain?

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

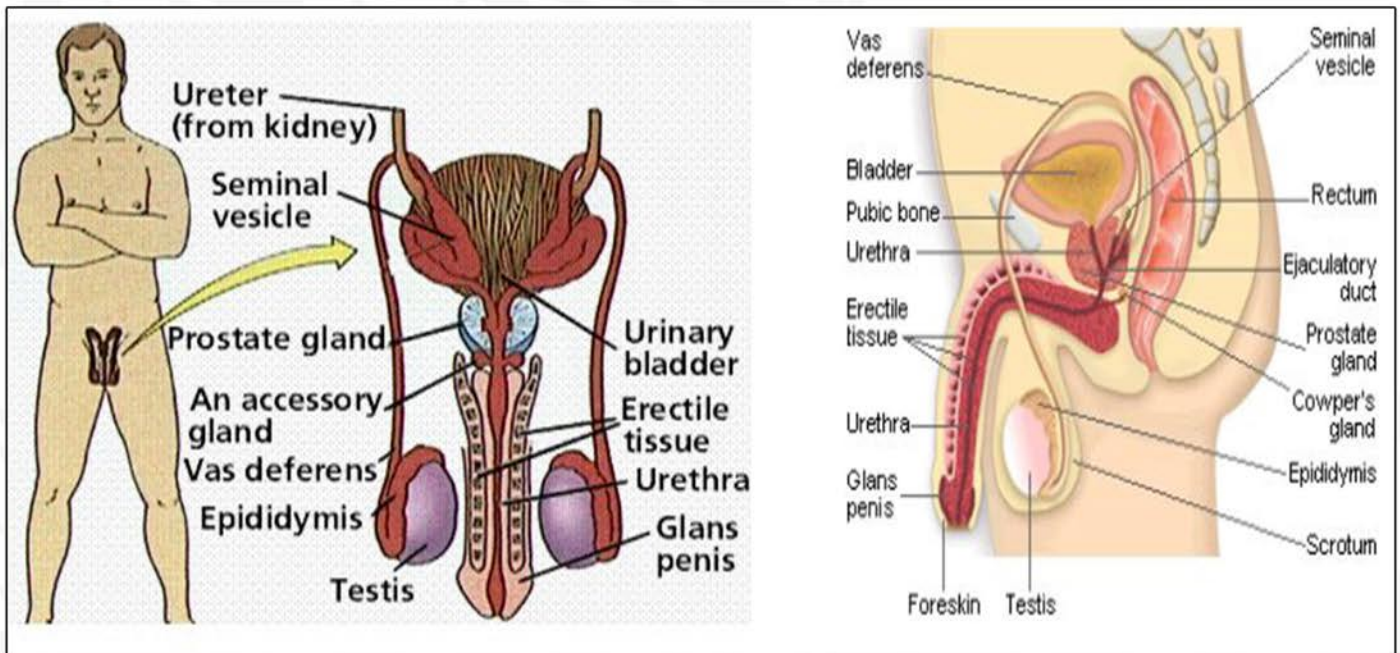
Can young people use family planning safely?

- **YES** – Young people can use non-permanent methods and go on to have children after stopping.

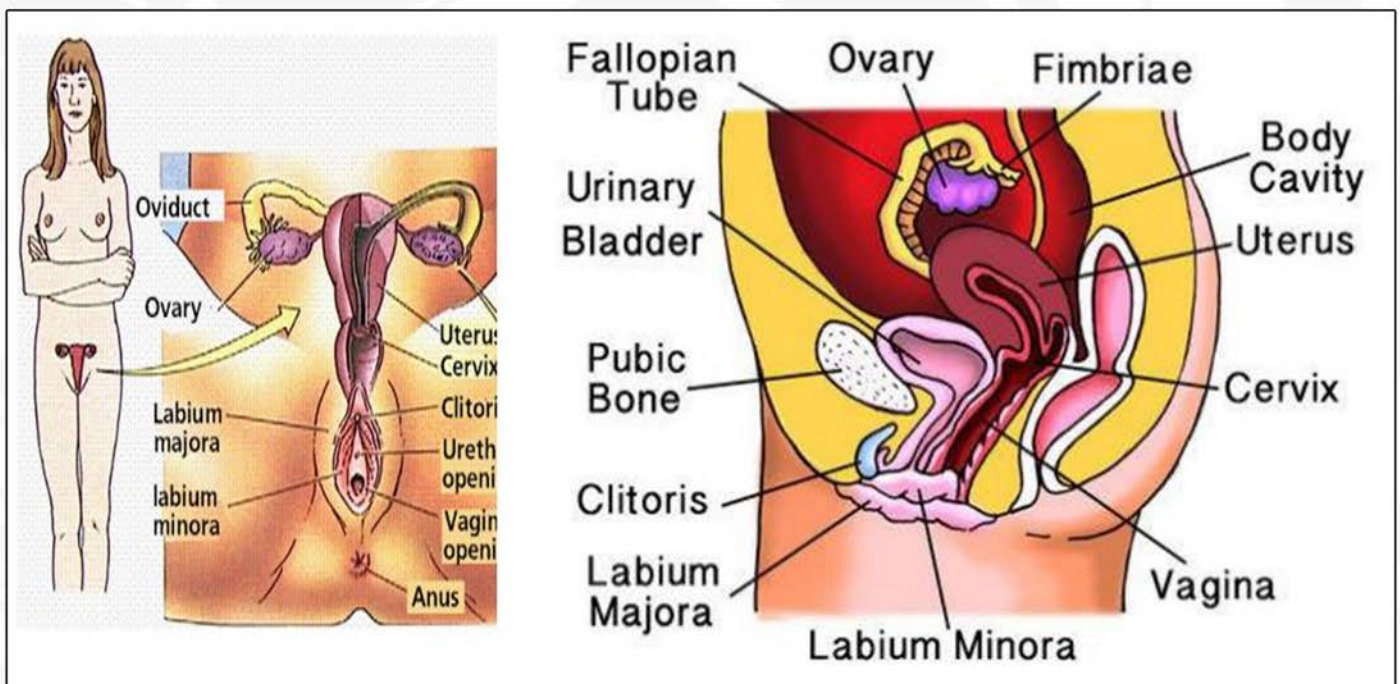
All people at risk of STIs/HIV or AIDS should use condoms even if they also use another method.

Add any questions that are often asked in your community

MALE ANATOMY



FEMALE ANATOMY



How to use a male condom



How to Use a Condom in 10 Steps:

1. Check the expiry date. Do not use expired condoms.
2. Press the package between your fingers. Do not use if there is no resistance from air inside.
3. Tear open the condom package from the corner and remove the condom. Do not use teeth or sharp objects to open as this can damage the condom.
4. Identify which way the condom unrolls.
5. Pinch the receptor tip of the condom to remove air.
6. Place the condom on the head of the penis while still pinching the condom receptor tip.
7. Unroll the condom to the base of the shaft.
8. Insert the penis into vagina, anus or mouth.
9. Pull out while still erect, holding the base of the condom firmly.
10. Remove the condom from the penis and discard.



How to use a female condom.

1



Use a **new condom** each time

Open package carefully

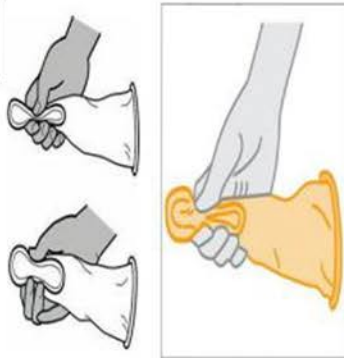
Make sure the condom is well lubricated inside

2



Choose a comfortable position

3



Squeeze the inner ring, at the closed end

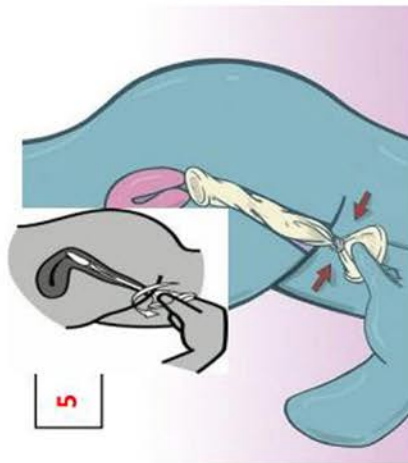
4



Gently insert the inner ring into the vagina
Place the index finger inside condom, and push the inner ring up as far as it will go
Make sure the outer ring is outside the vagina and the condom is not twisted

Be sure that the penis enters inside the condom and stays inside it during intercourse

5



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

How to use Cycle Beads



Move ring to RED bead when period starts



**Move ring to next bead every day.
Move ring even on bleeding days.**



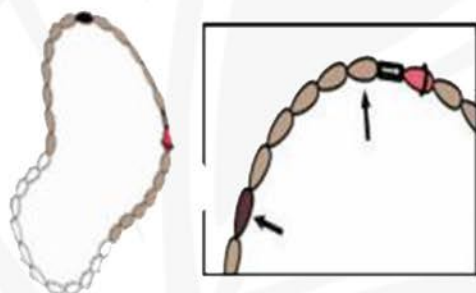
**Use condoms or abstain when ring is on
WHITE beads**



**BROWN beads are safe days of no
pregnancy.**



**When period starts again move ring to
red bead to begin again.**



**Always check your period comes
between dark brown bead and last
brown bead.**

For new clients, did you

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

Invite the client to come back any time....

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

NATIONAL FAMILY PLANNING GUIDELINE FOR HEALTH WORKERS

This tool is a work of the Sexual and Reproductive Health Section in the Ministry of Health in collaboration with health professionals and policy team on several modifications and revisions of the original WHO tool.

The tool is an adaptation of the World Health Organization (WHO) Guide to Family Planning for Community Health Workers and their Clients. This WHO tool was reviewed by Health Professionals, Policy team and SRH team to contextualize the technical content of the guide prior to the consultations of the draft.

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Through faith in the Lord, nothing is impossible.

FAMILY PLANNING GUIDELINE WORKING GROUP



Henry Taylor
Principal Nurse
Savaii



Avaia Lautusi
Principal Nurse
Community-Upolu



Ulisese Tapuvae
Principal Nurse
TTM



Logomai Feterika
Senior Nurse
Specialist - MT2



Mareta Peseta
Senior Nurse
Specialist - EPI



Lonise Time
NurseManager
AUA



Josephine Afumua
Principal Policy Analyst
HPPRD



Vaelei Apelu
Senior Policy Analyst
HPPRD



Selaupasene Ualesi
AHD Coordinator
HSPQA/N&M



Perive Lelevaga
Principal SRH
HSPQA/N&M



1. National Health Services
2. Samoa Family Health Association
3. Samoa Red Cross Society
4. Fa'ataua-Le-Ola
5. Lototaumafai
6. Samoa Ministry of Health

