

The BALANCED Project

Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project



Reference Guide for PHE Community-Based Distributors and PHE Adult Peer Educators

March 2012



This document can be found at <http://www.crc.uri.edu/>.
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Citation: BALANCED Project. 2011. Reference Guide for PHE Community-based Distributors and PHE Adult Peer Educators. University of Rhode Island. Narragansett, RI.

Disclaimer: This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Coastal Resources Center, University of Rhode Island as part of the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project and do not necessarily reflect the views of the United States Government. Cooperative Agreement No. GPO-A-00-08-00002-00.

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Cover Lower Photo Credit: Path Foundation Philippines, Inc.



Foreword

The *Reference Guide for PHE Community-based Distributors and PHE Adult Peer Educators* was developed by the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project with support from the United States Agency for International Development (USAID).

The BALANCED Project is a five-year, multi-million dollar population, health and environment (PHE) technical leadership initiative awarded by the USAID Office of Population and Reproductive Health. The Project, which is implemented by the University of Rhode Island's Coastal Resources Center (URI/CRC) and its partners—PATH Foundation Philippines Inc. (PFPI) and Conservation International (CI)—promotes wider adoption and use of effective PHE approaches worldwide by:

1. Enabling local communities to become PHE champions by building their capacity to plan, implement, and carry out demand-driven integrated programs in health and conservation. BALANCED builds capacity through peer-to-peer mentoring, south-to-south exchanges, and innovative learning techniques.
2. Synthesizing and developing state-of-the art PHE knowledge and communicating that knowledge to key audiences. This includes demonstrating the value of integrated approaches for development that take into consideration the environment and the people who live in it.
3. Scaling-up, building on, and fostering the implementation of field-based PHE initiatives in areas of high biodiversity, particularly in East Africa and Asia.

The Reference Guide was developed to help trained PHE community-based distributors (CBDs) and PHE adult peer educators (PEs) to remember the key communication points to cover when talking to the community about family planning (FP) and integrated PHE messages. It incorporates the latest in international FP norms and guidance on sexually transmitted infections (STIs), including HIV, as recommended by the World Health Organization (WHO), including the *Medical Eligibility Criteria for Contraceptive Use (WHO 2004)*, *Family Planning: A Global Handbook for Providers (WHO/RHR and JHU/CCP 2007)*, *Contraceptive Technology (Hatcher et al. 2007)*, and *Sexually Transmitted and Other Reproductive Tract Infections: A Guide to Essential Practice (WHO 2005)*.

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Introduction



This Reference Guide is intended for population, health and environment (PHE) community-based distributors (CBDs) and PHE adult peer educators (PEs) who have attended the training on the PHE Community-Based Distribution and Peer Education System and who work on integrated PHE activities. It includes key information from the training that PHE CBDs and PHE adult PEs need when providing community members with information on PHE, including family planning (FP) and modern contraceptive methods.

The Guide is divided into 10 topic areas:

1. Population, Health and Environment
2. Ecosystems – the Machinery of Nature
3. PHE Community-Based Distribution and Peer Education System
4. Human Reproductive Anatomy
5. Human Fertility
6. Family Planning Methods
7. Responses to Common Myths, Misconceptions on Family Planning Methods
8. Sexually Transmitted Infections and HIV/AIDS
9. Interpersonal Communication
10. Communicating PHE, Reproductive Health and Family Planning

Population, Health and Environment Integration (PHE)



What is PHE?

- P** = Population involves the provision of voluntary FP information and services to address unmet need for contraception and promote birth-spacing.
- H** = Health can be a variety of interventions, but usually involves water, sanitation, malaria prevention, or child health.
- E** = Environment can include protected area management and biodiversity conservation. It can include a variety of approaches—watershed management, sustainable agriculture, and natural resources management (NRM).

PHE is also “the linkage, within a community or group of communities, of environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services” (Engelman).

What are the benefits of PHE integration?

- It makes sense. Individuals, families and communities live integrated lives. They don't concern themselves only with their health, children, growing and/or buying food, clean water, having shelter, etc. These issues are interrelated and part of the larger fabric of their everyday life.
- It brings the community together—from village chiefs to adolescents—to help find solutions to a wide range of everyday issues and concerns. This engages the entire community in addressing health, family planning, environment and/or livelihood issues.
- Conservation groups often work in hard-to-reach rural communities that many health organizations find impractical or too expensive to reach on their own. PHE projects bring health care to communities and clients who have few services or who are difficult or expensive to reach.
- When conservation groups also offer health services to the community, they are providing something tangible in exchange for the community's pro-environment actions. This not only builds good community relations, it also provides a good entry point for difficult discussions on health issues, particularly family planning.

Ecosystems – the Machinery of Nature

What is an ecosystem?

An ecosystem is the community of organisms (plants, animals, microorganisms) interacting in a particular location, plus the non-living part of the environment (air, water, soil, light, etc.) including the human-built structure (Marten 2011).

The role of the ecosystem:

- Serves as a living storehouse of biodiversity
- Acts as a natural protection against human poverty
- Source of human sustenance

Natural resources are decreasing because:

- Many resources are in crisis as a result of increasing human population.
- When there are too many persons, human activities become unsustainable, leading to overexploitation of resources, like overfishing and overgrazing by cattle, etc.
- Natural resources management that integrates population aspects can help us prevent overexploitation of the resources upon which people depend.

Impact of human activities on different ecosystems

Ecosystem	Activities	Problems-Issues
Forest ecosystem	Clear-cut logging	Continuous loss of forest cover
	Mining	Loss of soil nutrient
	Slash-and-burn activities	Loss of soil fertility
	Forest harvesting of wood/non-	Loss of biodiversity (plant and

Ecosystem	Activities	Problems-Issues
	wood products Varied activities of forest dwellers	animal resources)
Grassland ecosystem	Forest fires Slash and burn practices Harvesting of non-timber products Mining activities Herbivore production (grazing) Human activities aggravating conditions of watershed areas	Grassland areas further degrade Soil erosion/increased surface runoff Loss of biodiversity (plant and animal resources)
Freshwater ecosystem	Mining Operations of mini-hydropower plants Establishment of swimming resorts using natural springs Ecotourism activities Domestic agro-residential-industrial sites of water Aquaculture Navigation Open fisheries Drainage and conversion to agriculture	Loss of critical watersheds Erosion Increased silt-load and sedimentation of freshwater bodies and adjoining zones Degraded water quality Affects yield regulation service for diminishing water agro-industrial-domestic uses; power generation capability Loss of ecotourism value Encroachment of exotic species Loss of native plants/animals Eutrophication of lakes Biologically dead rivers; drainage channels High levels of organic pollutants and other contaminants

Ecosystem	Activities	Problems-Issues
Mangrove ecosystem	Mangrove harvesting Trading/commerce Conversion of mangrove areas into impoundments for fish/shrimp Conversion of 100,000 ha mangrove swamps into salt beds, industrial and agricultural areas for coconut and rice production	Affects mangrove productivity Decreasing yield of fishery resources Loss of habitat Loss of nutrients Loss of biodiversity Erosion/sedimentation
Seagrass ecosystem	Gleaning Reclamation/conversion	Affects seagrass productivity Decreasing yield of fishery resources Loss of habitat Loss of nutrients Loss of biodiversity Erosion/sedimentation
Coral reef ecosystems	Open fisheries Dynamite fishing Coral reef harvesting Scuba diving Sea-ranching	Affects coral reef productivity Depletion of economically important fishing ground Pollution Destruction of coral reefs Loss of habitat Loss of biodiversity

Source: IIRR. 1992. Basic Concepts in Environment, Agriculture and Natural Resources Management: An Information Kit. International Institute for Rural Reconstruction, Silang, Cavite, Philippines.

PHE Community-based Distribution and Peer Education System

What is the PHE Community-based Distribution and Peer Education System?

It is a system established to distribute, deliver, and promote the use of FP information, products and services as well as integrated PHE messages within the community surrounding areas of high biodiversity. The system makes use of existing structures in the community to deliver health and FP services.

How do you implement a PHE CBD and Peer Education system?

The PHE Community-based Distribution and Peer Education system involves an agent—a PHE adult PE—who is in charge of informing, educating, communicating, and motivating clients on:

- family planning
- conservation
- linkages between family planning and natural resources

These agents can also carry free contraceptive commodities for clients who have no capacity to pay for them.

The system also involves a PHE community-based distributor (CBD), such as a storeowner, storekeeper, community village worker, a member of a people's organization or a cooperative, etc. Small convenience stores or commercial stalls (kiosks), cooperatives, people's organizations are also called PHE CBD outlets. They are physical distribution points for FP products in a community. The owners and members are willing to carry FP methods for retail sale to FP clients at a socialized cost. While a PHE adult PE refers most eligible men and women to these trained PHE CBDs for FP products, they refer first-time users of contraceptives to the health center for a thorough screening.

Some countries have government-established CBDs who also perform tasks related to maternal and child health, tuberculosis, malaria control, etc. These CBDs can provide FP methods to both new and continuing users.

PHE CBDs are trained on community-based distribution, how to provide information on PHE, family planning, and on the stocking and sale of FP commodities.

What are the roles and functions of the PHE CBD?

- Provide integrated PHE messages, including those on family planning and environmental issues.
- Provide for free or sell FP products (pills and/or condoms) to qualified clients.
- Maintain a regular and consistent stock of FP products (pills and condoms).
- Ensure that FP products are properly displayed and visible.
- Ensure that FP products are stored properly.
- Ensure the price of these products is set according to suggested price guidelines.
- Ensure proper display of posters, product dispensers and other point-of-sale materials.
- Maintain good relationships with community members, PHE adult PEs, and Ministry of Health (MOH) workers (i.e., CBDs, health extension workers/HEWs, etc.) in the community.
- Keep a good record of contraceptive sales.
- Maintain a buffer stock of FP products at all times.
- Remit proceeds to the responsible person in a timely manner. These funds are needed to purchase additional stock.
- Refers clients to the health centers for other health services. This is especially important when the client is a first-time user of the pill.

What are the primary responsibilities of a PHE adult PE?

- Educate members of the community about the project's (or local) environmental activities; the benefits of family planning; the linkages between population, health and the environment; and the FP methods available in the community.

- Refer certain FP acceptors to the local health care system.
- Distribute PHE information, education, and communication (IEC) materials to community members.
- Educate couples/individuals about the range of FP options, and clarify myths and misconceptions on side effects of modern FP methods.
- Refer couples/individuals to the PHE CBDs or to the health center for a supply of contraceptives, and for in-depth counseling and other health concerns.
- Complete and submit the FP reporting forms to the person responsible.
- Attend trainings conducted by non-governmental organizations (NGOs) or the health center, as appropriate.

What is social marketing?

- Marketing is not just selling a product. It refers to the complete set of activities involved from the time a product is conceived to the time it is consumed.
- It involves the 4 “P”s

Place – Selecting a place that is strategically located and very accessible to the community, such as a near a market place or transportation area.

Product – Knowledge of the product and its features. This can facilitate use of the product. Knowledge on how to deal with resistance is also helpful in changing attitudes.

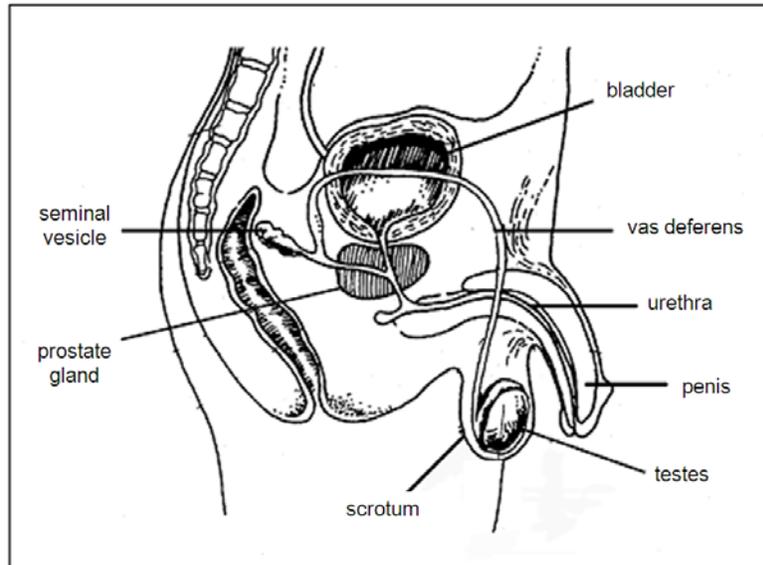
Price – Price is a strong selling point. Incentives will attract PHE CBDs to participate.

Promotion – Having a plan for the promotion of the products can attract FP acceptors to try the product. Effective use of IEC materials can also attract buyers.

Human Reproductive Anatomy

What are the important parts of the male reproductive system? What are the functions of these parts?

Male Reproductive Anatomy



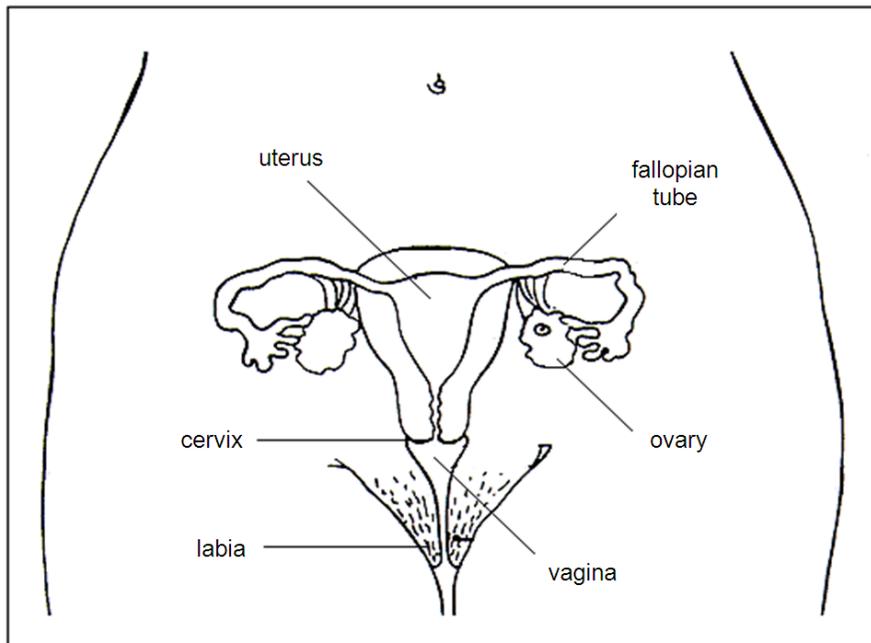
Parts and Functions of the Male Reproductive System

Parts	Functions
Penis	Male organ for sexual intercourse, for urinary excretion and ejaculation of sperm
Scrotum	Sac below the penis that holds the testes. The scrotal muscle contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm
Urethra	Tube that provides passage for urine and semen
Testes	Site of the production of sperm and the male hormone, i.e., testosterone

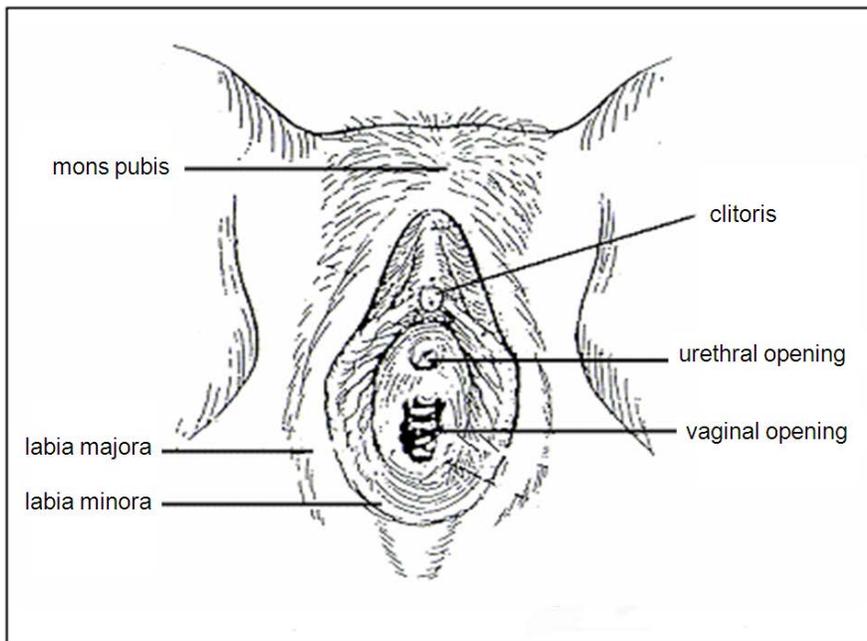
Parts	Functions
Epididymis	Serves as storage for sperm
Vas deferens	Tubes that provide passage for sperm from epididymis to the urethra during ejaculation
Seminal vesicles	Glands that produce the sugar- and protein-containing fluid that provides nourishment for the sperm
Prostate gland	Round-shaped body located below the urinary bladder that secretes fluids that aid in the motility of the sperm

What are the important parts of the female reproductive system? What are the functions of these parts?

Internal Female Reproductive Anatomy



External Female Reproductive Anatomy



Parts and Functions of the Female Reproductive System

Parts	Functions
Mons pubis	A soft fatty tissue which lies over the prominent pubic bone
Labia	The outer and inner folds covering the vagina: <ul style="list-style-type: none"> • Labia majora: outer, rounded folds of fatty tissue with overlying skin and covered with hair • Labia minora: inner folds of tissue covered with mucous membrane
Clitoris	A small projection which contains tissue that becomes erect during sexual stimulation; counterpart of the penis
Vagina	An elastic, muscular canal that provides passage for menstrual flow, for birth of babies, and receives the penis during sexual intercourse

Parts	Functions
Cervix	The neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus
Uterus	A thick-walled hollow organ that houses and protects the fetus during pregnancy. It is commonly called the womb. The inner lining of the uterus (endometrium) undergoes thickening in the ovulatory and early post-ovulatory stages of the menstrual cycle. This prepares the uterus for possible implantation of the fertilized egg
Fallopian tubes	Two tubes that extend from the uterus to the ovaries. The sperm travels through the tubes to reach the egg. Fertilization of the egg takes place in the tubes. The fertilized egg then travels to the uterus, where further growth takes place
Ovaries	Two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e., estrogen and progesterone

Human Fertility



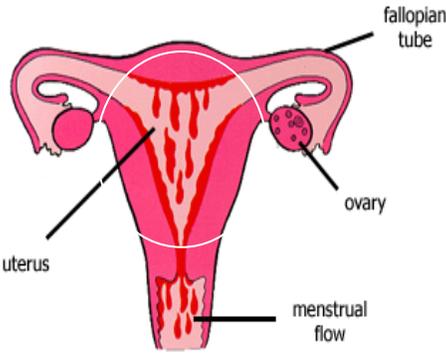
What is human fertility?

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- Closely linked to age
 - a. begins in puberty:
 - Female: when she begins to menstruate (menarche)
 - Male: when he begins to produce sperm (spermarche)
 - b. ends in:
 - Female: menopause
 - Male: later age

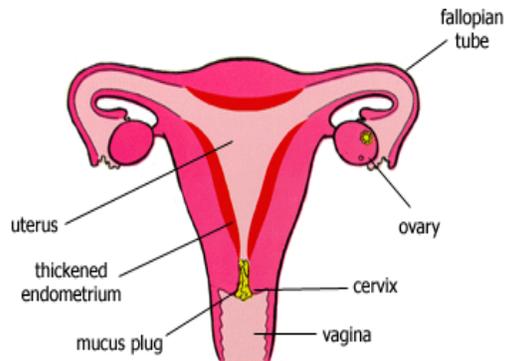
What is the menstrual cycle?

- A monthly (approximately) cycle of ovulation and shedding of the lining of the uterus (endometrium)
- Cycle responds to changing levels of two main hormones of the body, estrogen and progesterone
- Menstrual period (menstruation) marks the start of the menstrual cycle
- Normal range of the cycle is 25 – 35 days; the average cycle of 28 days is often used as a model for the discussion of the cycle and for some hormonal contraceptive cycling
- 1st day of the cycle = first day of menstrual bleeding
- Last day of the cycle = the day before the first day of menstruation of the next cycle

The three stages of the menstrual cycle

<p style="text-align: center;">Pre-ovulatory</p> 	<ul style="list-style-type: none"> • Length of this phase is the most variable • Phase when menstruation occurs. It usually occurs in the first 3-7 days of this phase • After menstruation begins, estrogen steadily increases during this phase in preparation for the release of the mature egg/ovum • Follicles in both ovaries start to mature; only one egg/ovum will be released from an ovary during the next phase
<p style="text-align: center;">Ovulatory</p> 	<ul style="list-style-type: none"> • Release of the egg from the ovary • Occurs approximately 14 days before a woman begins to menstruate again • Can happen at different times in different cycles • Most fertile period and most likely to conceive if woman has unprotected sex • Ovaries are the source of eggs and the hormones that regulate female reproduction • Can be identified through changes in the cervical mucus and body temperature

Post Ovulatory



- Last phase of the menstrual cycle
- Lining of the uterus (endometrium) thickens to prepare the uterus for possible implantation of the fertilized egg
- If no fertilization occurs, the endometrium is shed, resulting in menstruation

Family Planning Methods

Most common FP methods distributed by PHE CBDs are:

- Condoms: male and female
- Combined oral contraceptive pills (COCs)
- Progestin-only contraceptive pills (POPs)
- Emergency contraception pills (ECPs)

A description of these methods follows

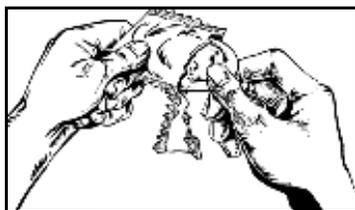
Male Condoms



Male Condom	
What is it?	<ul style="list-style-type: none"> • A latex (rubber) sheath worn over the erect penis during sex
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from entering the vagina
How effective is it?	Pregnancy rate in first year of use is: <ul style="list-style-type: none"> • When used correctly with each act of sex—2 pregnancies per 100 women • When not used consistently/frequently—15 pregnancies per 100 women

Male Condom	
Advantages	<ul style="list-style-type: none"> • Can be used without seeing a health provider • Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method • Protects against pregnancy and STIs, including HIV • Increases male participation in family planning
Disadvantages	<ul style="list-style-type: none"> • Interrupts sex and may decrease sensation • Can break easily if not stored properly in a dry, dark place away from light, moisture, and heat • One-time use only • Requires partner cooperation
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Allergic to latex rubber

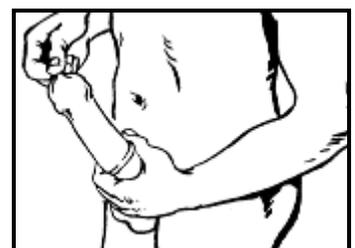
Proper Use



- Carefully open the package so the condom does not tear.



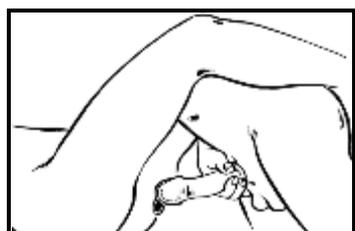
- Squeeze tip of condom and put it on end of erect penis.



- Continue squeezing tip while unrolling condom until it covers all of penis.



- Always put on condom before entering partner.

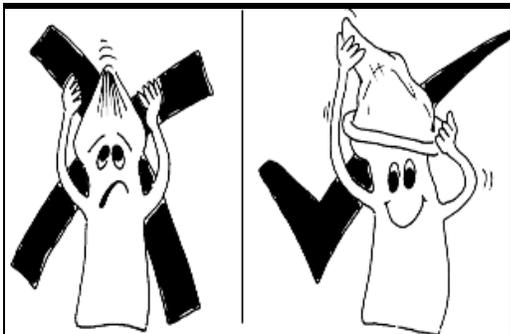
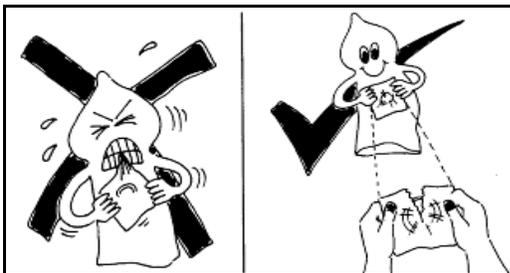
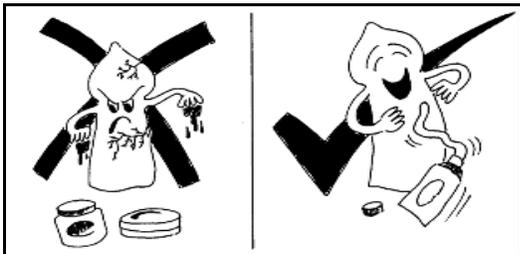
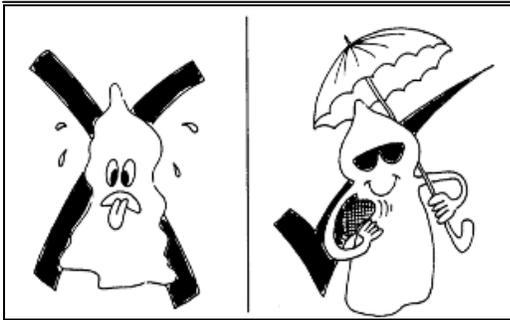


- After ejaculation (coming), hold rim of condom and pull penis out before it gets soft.

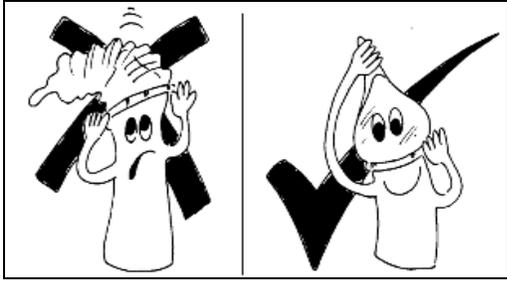


- Slide condom off without spilling liquid (semen) inside vagina.

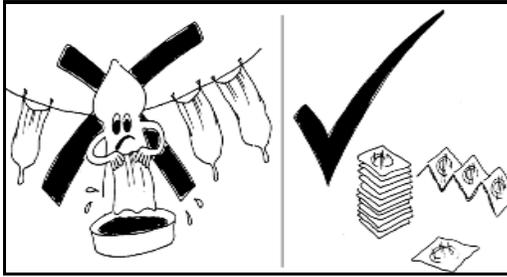
Proper Care



- Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted or damaged.
- Store in dark, dry place, away from sunlight, moisture and heat.
- Do not keep your condom in a tight pocket or in your wallet for a long period—it is too warm.
- Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms—these oils cause the condom to break.
- Use only water-based lubricants.
- Do not use your teeth or other sharp objects to open the package—it may tear the condom.
- Tear the condom package, and then open carefully using the guides in the package.
- Do not pull the condom tight over the head of the penis—it may cause the condom to burst.
- Squeeze the air out of the tip of the condom before you put it on to leave space for the semen to collect.



- Do not unroll the condom to check for tears before putting it on.
- Unroll the condom directly onto an erect penis.



- Do not wash out and attempt to re-use a condom—it may break.
- Use condoms one at a time and then dispose of it properly. Keep new supplies.

Female Condom



Female Condom	
What is it?	<ul style="list-style-type: none"> • A sheath made of a thin, transparent, soft, plastic film or latex rubber with flexible rings at both ends placed into the vagina before having sex
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from entering the vagina

Female Condom	
How effective is it?	<p>Pregnancy rate after first year of use is:</p> <ul style="list-style-type: none"> • When used correctly with each act of sex—5 pregnancies per 100 women • When not used consistently or frequently—21 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Woman can initiate their use • Woman is in control of their use • Can be used without seeing a health provider • Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method • Protects against pregnancy and STIs, including HIV • Preserves feeling of sex for men and women
Disadvantages	<ul style="list-style-type: none"> • Interrupts sex and may decrease sensation • Can break easily if not stored properly • Re-use is not recommended • Requires partner cooperation • May be relatively expensive • May make noises during intercourse
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Allergic to latex rubber

Oral Contraceptive Pills (COCs)



Combined Oral Contraceptive Pills (The Pill)	
What is it?	<ul style="list-style-type: none"> • A pill that a woman takes every day to prevent pregnancy
How does it work?	<ul style="list-style-type: none"> • A woman takes one pill every day—with the pill being most effective when taken at the same time every day • The pill contains small amounts of the hormones estrogen and progestin • Estrogen and progestin make the mucus around the cervix thick, which stops sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation)
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • With no missed pills—less than 1 pregnancy per 100 women • With some missed pills—8 pregnancies per 100 women

Combined Oral Contraceptive Pills (The Pill)	
Advantages	<ul style="list-style-type: none"> • Woman can control the method • Can be stopped at any time without a provider's help • Does not interfere with sex • Helps prevent cancer of the uterus and ovaries
	<ul style="list-style-type: none"> • Helps prevent pelvic inflammatory disease (PID) • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • Woman must remember to take a pill once a day, every day • May cause irregular bleeding during first few months of use • May also cause absence of periods or other side effects • Does not protect against STIs, including HIV

Combined Oral Contraceptive Pills (The Pill)

Method not advised if a woman:

- Is breastfeeding a baby less than six months old
- Smokes cigarettes
- Has high blood pressure
- Has cirrhosis of the liver, a liver infection, or liver tumor
- Has diabetes
- Has had a stroke, blood clot in legs or lungs, heart attack, or other serious heart problems
- Has gallbladder disease or takes medication for gall bladder disease
- Has or has had breast cancer
- Has migraine aura (sometimes seeing a growing bright spot in one eye)
- Has migraine headaches without aura (a type of severe headache)
- Is taking medication for seizures or is taking Rifampicin

Progestin-Only Contraceptive Pills (POPs)



Progestin-Only Pills (Mini-pill)	
What is it?	<ul style="list-style-type: none"> • A pill that a woman takes every day to prevent pregnancy
How does it work?	<ul style="list-style-type: none"> • Woman takes one pill every day and is most effective when taken at the same time every day • Contains small amounts of hormone (progestin) • Progestin makes the mucus around the cervix thick, which stops sperm from meeting the egg • Also stops the release of eggs from the ovaries (ovulation)
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • With no missed pills—less than 1 pregnancy per 100 women • With some missed pills—3 to 10 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Safe for women who are breastfeeding—may begin the mini-pill 6 weeks after giving birth • Woman controls the method • Can be stopped at any time without a provider's help

Progestin-Only Pills (Mini-pill)	
	<ul style="list-style-type: none"> • Does not interfere with sex • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • May cause irregular monthly bleeding and for breastfeeding women may cause delayed return of monthly bleeding • Woman must remember to take a pill once a day, every day • Does not protect against STIs, including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Is breastfeeding a baby less than 6 weeks old • Has a blood clot in the legs or lungs • Has or has had breast cancer • Has severe cirrhosis of the liver, liver infection, or liver tumors • Is taking medication for seizures or is taking Rifampicin

Emergency Contraception Pills (ECP)

Emergency Contraception Pills	
What is it?	<ul style="list-style-type: none"> • The only method that can help prevent pregnancy after a woman has had unprotected sex • Must be used within 5 days of having unprotected sex
How does it work?	<ul style="list-style-type: none"> • ECPs contain the same hormones as combined and progestin-only oral contraceptive pills, but in higher doses • These hormones prevent the release of eggs from the woman's ovaries
How effective is it?	<p>When taken within 5 days of having unprotected sex:</p> <ul style="list-style-type: none"> • With ECPs—1 to 2 pregnancies per 100 women • With no ECPs after unprotected sex during fertile days—8 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Safe for women who cannot use hormonal contraceptive methods • Women can use ECPs if there has been forced sex (rape) • Can be used if there has been contraceptive mistakes or failures, such as: <ul style="list-style-type: none"> – Condom broke, slipped or was not used correctly – Woman missed 3 or more combined oral contraceptive pills – Woman started a new packet of pills 3 or more days late – Woman is more than 7 to 14 days late for a repeat injection of injectable contraception – Woman used the Standard Days Method incorrectly

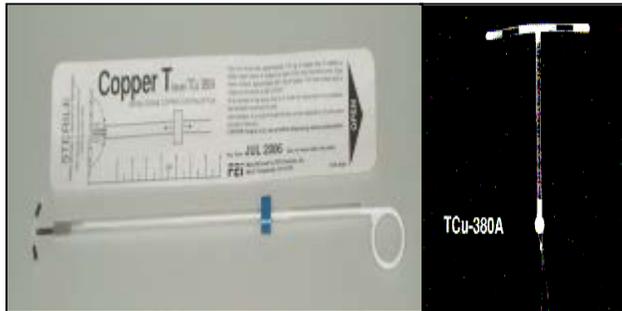
Emergency Contraception Pills	
	<ul style="list-style-type: none"> • Reduces the need for abortion • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines • Woman controls the method
Disadvantages	<ul style="list-style-type: none"> • Not recommended for regular use as it is not effective as a continuous method of contraception • Does not protect against STIs, including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Most women can use ECPs

Other modern FP methods that prevent the union of the egg and sperm are:

- Intra-uterine device (IUD)
- Voluntary surgical contraception (VSC): vasectomy and bilateral tubal ligation
- Natural family planning methods (NFP): standard days method

A description of these methods follows.

Intrauterine Devices (IUD)

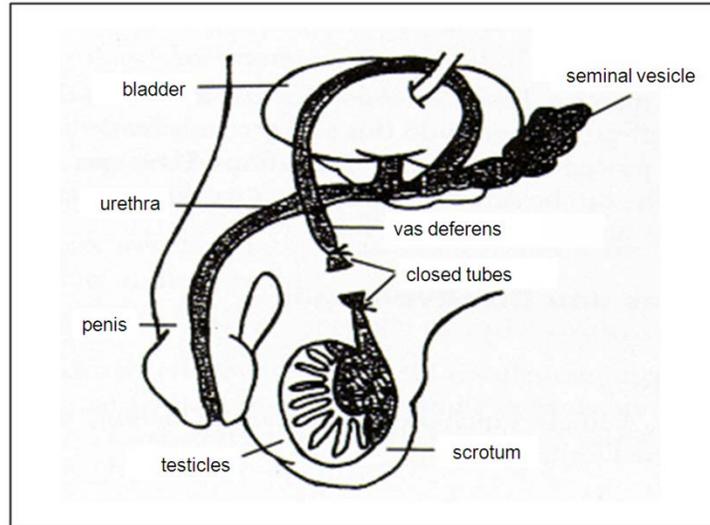


	Copper-bearing IUD	Levonorgestrel IUD (Mirena)
What is it?	<ul style="list-style-type: none"> • Small plastic and copper device inserted into the uterus by a trained provider • Most IUDs have one or two thin strings that hang from the cervix into the vagina 	<ul style="list-style-type: none"> • Small T-shaped plastic device that contains the hormone levonorgestrel • Has two thin strings that hang from the cervix into the vagina
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from meeting the egg 	<ul style="list-style-type: none"> • Suppresses growth of lining of uterus and prevents egg from implanting
How effective is it?	<ul style="list-style-type: none"> • In first year of use—less than 1 pregnancy per 100 women • More than 10 years of use—2 pregnancies per 100 women 	<ul style="list-style-type: none"> • In first year of use—less than 1 pregnancy per 100 women • More than 5 years of use—less than 1 pregnancy per 100 women
Advantages	<ul style="list-style-type: none"> • One of the most effective and long-lasting methods • Does not require woman to do anything once inserted • Does not interfere with sex • Immediate return to fertility after removal • Safe for a woman with HIV or on anti-retroviral (ARV) 	<ul style="list-style-type: none"> • One of the most effective and long-lasting methods • Does not require woman to do anything once inserted • Does not interfere with sex • Immediate return to fertility after removal • Safe for a woman with HIV or on anti-retroviral (ARV)

	Copper-bearing IUD	Levonorgestrel IUD (Mirena)
	medicines and is clinically well	medicines and is clinically well
Disadvantages	<ul style="list-style-type: none"> • Slight pain and bleeding during the first few days after insertion • Typically causes longer and heavier bleeding and pain during menstruation especially in the first 3 to 6 months • Does not protect from STIs, including HIV (use condoms if at risk) • Needs to be inserted by a trained health care provider 	<ul style="list-style-type: none"> • Slight pain and bleeding during the first few days after insertion • Changes in bleeding patterns—usually lighter or less frequent menstruation • Does not protect from STIs, including HIV (use condoms if at risk) • Needs to be inserted by a trained health care provider
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Is pregnant or thinks she might be pregnant • Has unusual vaginal bleeding • Has pelvic infections • Has AIDS and is NOT taking ARV medicine • Is at high risk of having an STI, i.e., has or has had multiple sex partners 	<ul style="list-style-type: none"> • Is pregnant or thinks she might be pregnant • Has given birth in the last 4 weeks • Has current blood clot in veins of legs or in the lungs • Has or has had breast cancer • Has severe liver disease, liver infection, or liver tumor • Is at high risk of having an STI, i.e., has or has had multiple sex partners

Voluntary Surgical Contraception (VSC) Methods

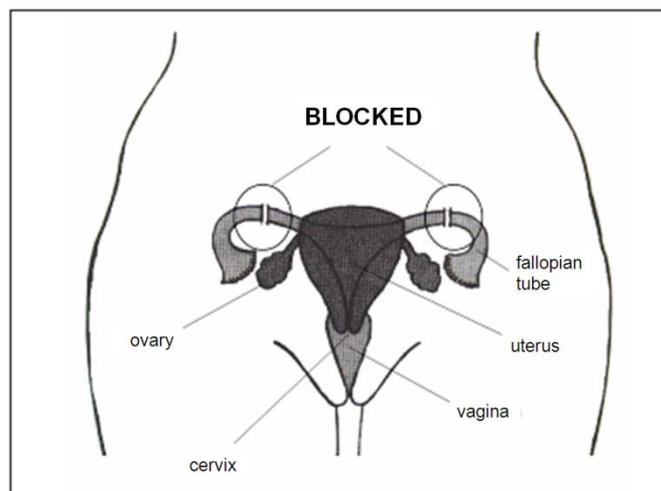
Vasectomy



Vasectomy	
What is it?	<ul style="list-style-type: none"> • A simple, safe surgical procedure for men who do not want more children • Requires informed consent
How does it work?	<ul style="list-style-type: none"> • A trained provider makes a simple cut and closes off the tubes from the testicles to the penis • Closing off the tubes keeps sperm out of the semen • A man can still have erections and ejaculate semen—but with no sperm
How effective is it?	<p>Pregnancy rate after procedure is:</p> <ul style="list-style-type: none"> • In first year—1 to 3 pregnancies per 100 women whose partner has had a vasectomy • After first 3 years—4 pregnancies per 100 women whose partner has had a vasectomy

Vasectomy	
Advantages	<ul style="list-style-type: none"> • Highly effective, but still has a small risk of failure • Safe and convenient • Increased enjoyment of sex because no worries about getting partner pregnant • Safe for a man with HIV/AIDS, whether or not he takes ARV medicines
Disadvantages	<ul style="list-style-type: none"> • Not fully effective until 3 months after the procedure—as such, the couple must use condoms or another method for first 3 months after the surgical procedure • Permanent—can no longer have children • Requires trained provider • Does not protect against STIs, including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Partner is not sure if s/he wants more children • Has a medical condition where it may be necessary to delay the procedure

Bilateral Tubal Ligation



Bilateral Tubal Ligation	
What is it?	<ul style="list-style-type: none"> • Permanent method for women who do not want more children • Requires informed consent
How does it work?	<ul style="list-style-type: none"> • A trained provider makes a small incision in the woman's abdomen • S/he ties off (or cuts) the two fallopian tubes that carry eggs from the ovary to the uterus • The eggs can never join with the sperm
How effective is it?	<p>Pregnancy rate after the procedure is:</p> <ul style="list-style-type: none"> • In first year—less than 1 pregnancy per 100 women • More than 10 years—2 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Highly effective • No need to worry about contraception anymore • Does not affect sexual desire • Safe for a woman with HIV/AIDS, whether or not she takes ARV medicines

Bilateral Tubal Ligation	
Disadvantages	<ul style="list-style-type: none"> • Requires trained provider • Permanent—can no longer have children • Complications from surgery and anesthesia are possible • Special arrangements are needed for a woman with AIDS • Does not protect against STIs, including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Woman is pregnant • Woman is depressed • Woman has certain medical conditions that make it necessary to delay the procedure

Natural Family Planning Methods

Standard Days Method®



Standard Days Method	
What is it?	<ul style="list-style-type: none"> • The woman keeps track of her menstrual cycle to know the days that she can get pregnant (fertile days) • Ideal for women whose menstrual cycle is usually between 26 to 32 days long
How does it work?	<ul style="list-style-type: none"> • Mark a calendar or use Cyclebeads® to track the days a woman can get pregnant and the days she is not likely to get pregnant • The days a woman can get pregnant are days 8 through 19 of her menstrual cycle • On those days, the woman must abstain from having vaginal sex to avoid getting pregnant, or she can use a condom or other barrier method
How effective is it?	<p>Pregnancy rate in the first year of use:</p> <ul style="list-style-type: none"> • With consistent and correct use and no unprotected sex on fertile days—5 pregnancies per 100 women • When not used consistently and correctly—12 pregnancies per 100 women

Standard Days Method	
Advantages	<ul style="list-style-type: none"> • Allows couple to adhere to religious or cultural norms about contraception • Safe for a woman with HIV/AIDS, whether or not she takes ARV medicines
Disadvantages	<ul style="list-style-type: none"> • Woman needs counseling on how to correctly use the method • Requires partner cooperation • During the 12 days when the woman can get pregnant, the couple must abstain from unprotected sex or use a barrier method (condoms) • Does not protect against sexually transmitted infections (STIs), including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Does not have menstrual cycles that are between 26 to 32 days long • Is not willing or able to abstain from unprotected sex or use a barrier method (condom) during the days she can get pregnant • Cannot keep track of the days of her menstrual cycle • Has not had at least 3 consecutive menstrual cycles since giving birth • Has not resumed menstruation after discontinuing a hormonal method

Other FP methods that basically prevent ovulation:

- Lactational Amenorrhea Method (LAM)
- Progestin-only Injectables (DMPA and NET-EN)
- Combined Injectable Contraceptives (CICs)
- Hormonal Implants (i.e. Norplant®, Implanon™, Jadelle® and Sinoplant (II) ®)

A description of these methods follows.

Lactational Amenorrhea Method (LAM)



Lactational Amenorrhea Method	
What is it?	<ul style="list-style-type: none">• LAM is the use of full or nearly full breastfeeding to delay the return to fertility after having a baby• LAM requires that the following three conditions be met:<ul style="list-style-type: none">- The woman’s monthly menstruation has not returned since giving birth, and- The baby is fully or nearly fully breast-fed and is fed often—day and night, and- The baby is less than 6 months old

Lactational Amenorrhea Method	
	<ul style="list-style-type: none"> • It is a temporary family planning method
How does it work?	<ul style="list-style-type: none"> • Fully or nearly fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate)
How effective is it?	<p>Pregnancy rate in first 6 months after childbirth is:</p> <ul style="list-style-type: none"> • When all 3 conditions are met—less than 1 pregnancy per 100 women • When less than 3 conditions are met—2 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Allows couple to adhere to religious or cultural norms about contraception • Does not interfere with sex • No costs and no supplies needed • Safe for mothers with HIV, whether or not taking ARV medicines. Breastfeeding will not make their condition worse. There is a chance, however, of transmitting HIV to the infant through breastfeeding
Disadvantages	<ul style="list-style-type: none"> • Effectiveness after 6 months postpartum is not certain • Fully or nearly fully breastfeeding may be inconvenient or difficult for some women • Mothers with HIV could pass HIV to their infants through breastfeeding • Does not protect against STIs, including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Woman last gave birth more than 6 months ago • Woman's monthly menstruation has returned • Woman has begun to breastfeed less often, and the majority of feedings are no longer breast milk • Your health care provider advises against breastfeeding

Lactational Amenorrhea Method	
	(e.g., if you are HIV positive with advanced disease or newly infected and if replacement feeding is acceptable, feasible, affordable, sustainable and safe)

Hormonal Injectables

Progestin-Only Injectables (DMPA & NET-EN)



Progestin-Only Injectables (DMPA & NET-EN)	
<p>What is it?</p>	<ul style="list-style-type: none"> • Injectable contraceptive that contains progestin that is given every 2 to 3 months, depending on which of the two types of injectable are used: <ul style="list-style-type: none"> - DMPA (known as Depo-provera, Depo, Megestron, and Petogen) - NET-EN (known as Noristerat and Syngestal)
<p>How does it work?</p>	<ul style="list-style-type: none"> • Contains the hormone progestin • Progestin makes the mucus around the cervix thick, which prevents the sperm from meeting the egg • Stops the release of eggs from the ovaries (ovulation) • DMPA injections (every 3 months) and NET-EN injections (every 2 months) are types of progestin-only injectables

Progestin-Only Injectables (DMPA & NET-EN)

<p>How effective is it?</p>	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> • With no missed or late injections—1 pregnancy per 100 women • With some missed or late injections—3 pregnancies per 100 women
<p>Advantages</p>	<ul style="list-style-type: none"> • Safe for women who are breastfeeding • Private, i.e., no one can tell you are using an injectable • Does not interfere with sex • Helps prevent against certain cancers of the uterus and pelvic inflammatory disease (PID) • Safe for women with HIV/AIDS, whether or not taking ARV medicines
<p>Disadvantages</p>	<ul style="list-style-type: none"> • May cause irregular or no menstrual bleeding • There is a delay in fertility after woman stops the injection—it takes about 4 months longer than with most other methods to return to fertility • Does not protect from STIs, including HIV
<p>Method <u>not</u> advised if woman:</p>	<ul style="list-style-type: none"> • Is breastfeeding a baby less than 6 weeks old • Has high blood pressure • Has blood clot in the legs or lungs • Has unexplained vaginal bleeding • Has or has had breast cancer • Has severe liver disease, liver infection or liver tumor • Takes medication for seizures or takes Rifampicin

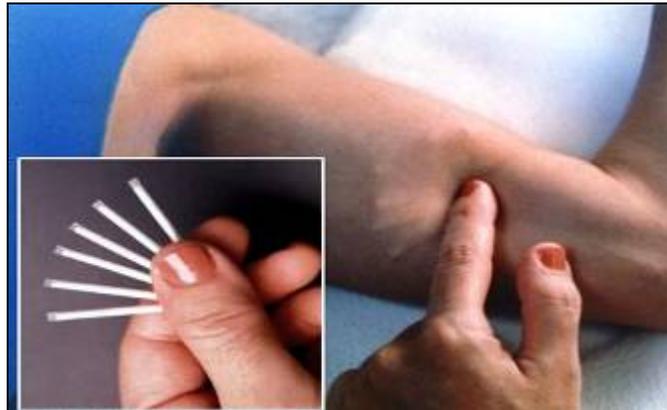
Combined Injectable Contraceptives (CICs)



CICs (Monthly Injectables)	
What is it?	<ul style="list-style-type: none"> • Injectable contraceptive that contains two hormones—progestin and estrogen—and is given every 30 days • Commonly known as Cyclofem, Cyclo-provera, Lunelle and Novafem
How does it work?	<ul style="list-style-type: none"> • Progestin and estrogen make the mucus around the cervix thick, which stops the sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation) • Woman needs an injection every 4 weeks (30 days) to prevent pregnancy
How effective is it?	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> • With no missed or late injections—1 pregnancy per 100 women • With some missed or late injections—3 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • More regular monthly bleeding than with DMPA or NET-EN injectables • Private, i.e., no one can tell you are using an injectable • Does not interfere with sex • Does not require any daily action, such as taking pills

CICs (Monthly Injectables)	
	<ul style="list-style-type: none"> • Safe for women with HIV/AIDS, whether or not taking ARV medicines
Disadvantages	<ul style="list-style-type: none"> • There is a delay in fertility after a woman stops the injection—it takes about 1 month longer than with most other methods • Does not protect from STIs, including HIV
Method <u>not</u> advised if woman:	<ul style="list-style-type: none"> • Is breastfeeding an infant less than 6 months old • Smokes 15 or more cigarettes a day • Has high blood pressure • Has blood clot in the legs or lungs • Has or has had breast cancer • Has severe liver disease, liver infection or liver tumor • Has migraine headaches (a type of severe headache) • Has migraine aura (sometimes seeing a growing bright spot in one eye)

Hormonal Implants (Jadelle®, Implanon™, Norplant®, Sinoplant)



Hormonal Implants	
What is it?	<ul style="list-style-type: none"> • Small plastic rods or capsules—each about the size of a match stick—are inserted under the skin of a woman’s upper arm and slowly release progesterone into the woman’s blood • There are many types of implants: <ul style="list-style-type: none"> - Jadelle®: two rods, effective 5 years - Implanon™: one rod, effective 3 years - Norplant®: six capsules, effective 5 to 7 years - Sinoplant (II) ®: 2 rods, effective 5 years
How does it work?	<ul style="list-style-type: none"> • A trained provider inserts the implants under the skin, usually on the inside of a woman’s upper arm • The implants slowly release a hormone (progesterone) • Progesterone thickens the mucus around the cervix, which stops sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation)

Hormonal Implants	
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • Less than 1 pregnancy per 100 women • Long-term effectiveness by type, depending on weight of user: <ul style="list-style-type: none"> - Jadelle—over 5 years of use, less than 1 pregnancy per 100 women - Implanon—after 3 years use, less than 1 pregnancy per 100 women - Norplant—after 7 years use, approximately 2 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Provide long-term protection from pregnancy for 3 to 7 years—length of protection depends on implant • Safe for women who are breastfeeding—may get implants 6 weeks after giving birth • Safe for a woman with HIV/AIDS, whether or not she takes ARV medicines • Do not interfere with sex
Disadvantages	<ul style="list-style-type: none"> • Often cause changes in monthly bleeding (menstrual irregularities/spotting) • A trained provider must insert and remove implants • Do not protect against sexually transmitted infections including HIV • May be difficult to obtain locally

Hormonal Implants	
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none">• Is breastfeeding a baby less than 6 weeks old• Has a blood clot in the legs or lungs• Has unexplained vaginal bleeding• Has or has had breast cancer• Has severe liver disease, liver infection or liver tumor• Takes medicine for seizures or takes Rifampicin

Responses to Common Myths/Misconceptions on FP Methods

PILLS

Can pills cause cancer?

Response: No. OCPs have not been proven to be the cause of cancer in women. In fact, OCPs such as COCs help prevent cancer of the ovary and the endometrium (lining of the uterus).

Can pills cause abnormalities in babies if the mother has taken the pill during pregnancy?

Response: Studies have shown that OCPs taken during pregnancy did not produce any abnormalities. The OCPs sold in pharmacy outlets have very low hormonal content. Causes of abnormalities of babies could be due to other factors, such as the intake of drugs that can cause abortion, hereditary/genetic factors, illness such as measles, and the intake of antibiotics.

Is it true that the pill builds up in the body and forms stones or causes the growth of uterine tumors?

Response: No. The pill is dissolved inside the body. The hormones from the pill are metabolized in the liver and eliminated from the body through the urine within 24 hours.

Is it true that women who take the pill will not be able to have a baby in the future?

Response: No. Pills do not cause total infertility. Most women become pregnant soon after they stop taking the pill. Some women, just as with women who do not take the pill, may take 3 to 4 months to get pregnant.

Can the pill make the woman weak so that she cannot do her work?

Response: No. The pill prevents both pregnancy and loss of too much blood during her monthly period. The woman even becomes healthier and stronger.

Does the woman who uses the pill lose interest in sex and become cold?

Response: No. A woman who uses the pill has no fear of becoming pregnant. She therefore may enjoy sex more freely.

BILATERAL TUBAL LIGATION / VASECTOMY

Does ligation change the woman's menstrual period?

Response: No. Bilateral Tubal Ligation (BTL) does not affect the woman's menstrual cycle. The duration and length of the menstrual cycle can be affected by the following: poor nutrition, obesity, abnormally-low body weight, stress, emotional trauma, hormonal, travel, endometriosis, and ovarian cysts.

Will ligated women lose their sexual desire?

Response: No. This is not true. The woman will look and feel the same. She might find that sex is better since she does not have to worry about pregnancy and the FP method does not interrupt sex.

Will ligated women become "sex maniacs" or have higher sexual libido?

Response: No. Bilateral Tubal Ligation has no direct effect on the sexual behavior of the woman. Ligated women may enjoy sex more since they no longer fear pregnancy. The sense of security of not getting pregnant may increase the libido of the client. Sexual activities are not interrupted by the chosen method.

Is the procedure in tubal ligation more painful than childbirth?

Response: No. The operation is simple and very minor. It only takes 30 minutes to perform. There is no pain during the operation due to the anesthesia. Pain-relievers are given for any slight discomfort that may occur after the operation.

Do women become weak and unable to do their work after ligation?

Response: No. The minor operation has no effect on the physical strength of a woman. Women continue to do their ordinary work after operation. General body weakness of a woman could be due to several other factors such as illness, lack of sleep, or lack of nutrition.

Is it true that ligated women should not lift heavy objects or engage in strenuous activities?

Response: No. This is not true. As soon as the skin incision is healed, the woman may resume her usual activities.

Is vasectomy the same as castration?

Response: No. The man who has a vasectomy does not lose his testicles/penis or any of his masculine characteristics and feelings, except that he definitely will not make a woman pregnant.

Does a man lose his sexual desire and ability with vasectomy?

Response: No. A man will look and feel the same as before. The vasectomy procedure does not affect his erection and ejaculation. Problems in achieving erection could be psychological.

Does Vasectomy cause impotency?

Response: No. Vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.

INTRA-UTERINE DEVICE (IUD)

Will the IUD travel from the uterus to other parts of the body?

Response: No. The IUD cannot travel to any part of the body. The uterus has a thick muscular wall and opens only into the vagina through the cervix. (Show a picture of the uterus.) Only a physician or a midwife places the IUD in the uterus or removes it from the uterus. If it does come out by itself, it usually comes out through the vagina.

Do IUDs cause infection?

Response: No. This is not true. The procedure of inserting an IUD is very sterile. The process can only be done by trained medical personnel who observe a proper aseptic (absence of any infectious organism) technique. The IUD itself does not cause infection. The string of the IUD can be a carrier of a microorganism if there is an existing infection in the vagina.

Is it true that the string of the IUD can wrap around the penis during sexual intercourse?

Response: No, this is not true. Show the client an actual sample of IUD. Permit the client to touch the flexible string of the IUD. Show the client how short the string will be cut after the IUD insertion.

If a woman gets pregnant while using an IUD, will she deliver a baby with the IUD on the baby's forehead?

Response: No. The fertilized egg implanted in the endometrium of the uterus will develop into a fetus. This fetus is enveloped in an amniotic sac. The IUD is outside this developing fetus and thus, the IUD cannot be found on the baby's forehead during delivery.

DMPA INJECTION

Is it true that absence of menstruation as a result of using DMPA is bad for the health of women?

Response: Absence of menstruation is an expected result of using DMPA because women using it do not ovulate and since the lining of the uterus does not thicken, there is nothing that will be shed off. It prevents anemia and frees women from the discomfort of monthly bleeding.

Does DMPA cause abortion?

Response: No. It does not cause abortion. DMPA inhibits ovulation and the union of egg and sperm does not take place. Hence, there is no abortion.

Will DMPA users not get pregnant anymore even when they stop the injections?

Response: Return to fertility is slow with DMPA-users because of the systemic effect of the drug. Women who have stopped using the DMPA usually get pregnant about 3 months after the last injection. Some women may however, take 6 to 9 months before they get pregnant.

Does DMPA cause cancer?

Response: No. DMPA has not been shown to cause cancer in humans. In fact, it has been demonstrated to protect against ovarian and endometrial cancer.

CONDOMs

Do condoms decrease sexual pleasure?

Response: For some people, this might be true. However, this does not have to be the case. After all, the condom does not have to be applied until after the couple is already aroused. Also sometimes, just knowing that you cannot get pregnant or become infected with an STI makes sex more enjoyable.

Is it true that some condoms cannot fit?

Response: “One size fits all.” Condoms can fit any size of penis, as long as it is correctly used.

Is it true that condoms have holes where the sperm and microorganisms can pass through?

Response: Every condom manufactured is tested electronically for holes and weak spots before it is released for sale.

Sexually Transmitted Infections and HIV/AIDS



What are sexually transmitted infections (STIs), including HIV?

- Can be caused by a virus, bacterium, protozoan or parasite
- Can occur as a solitary or multiple infection(s) in an individual
- Can affect certain parts of the body such as the reproductive organs, mouth, anus, throat, eyes or may affect the whole body
- Some STIs can be treated and cured
- If not treated, some STIs can cause serious health problems or complications such as infertility, blindness, complications during pregnancy, paralysis and even death
- HIV cannot be cured and is one of the leading causes of death among men and women of reproductive age

How are STIs, including HIV, transmitted?

- Unprotected sexual intercourse through vaginal, anal, or oral sex
- Exchange of infected blood and blood products such as contaminated needles
- Mother-to-child transmission (during pregnancy, delivery and through breastfeeding)
- Close contact, such as with herpes, scabies and pubic lice

What are the factors that influence the transmission of STIs, including HIV?

- Having unprotected sex
- Having (or having had) sex with multiple sexual partners
- Having sex with partners whose sexual history or STI/HIV status you do not know

- Failing to follow safe-sex measures such as not using a condom
- Delay in treatment of an STI
- Having sex with infected partners who are not treated for STIs
- Poor STI treatment compliance
- Being a woman (the vaginal wall is more receptive to infections)

What are the usual signs and symptoms of STIs?

- Unusual vaginal or urethral discharge
- Genital lesions such as painful blisters, cauliflower-like growth
- Genital ulcers
- Lower abdominal pain
- Scrotal pain and swelling
- Painful urination
- Genital itchiness

***Note:** HIV does not have signs and symptoms

Who can be infected with STIs, including HIV?

- Anyone who has unprotected sex, regardless of age
- People with certain jobs such as sex workers and their clients, truck drivers, overseas contract workers
- Sexually-active persons
- Anyone can be infected with STIs, including HIV. The risk of getting an STI increases if one engages in unprotected sexual intercourse or if one does not use condoms during sexual intercourse

For HIV, what are the risk factors?

- A person who currently has symptoms of or is being treated for an STI; a person who, in the past, showed symptoms of an STI or was treated for an STI; or a person who has a current or past sexual partner(s) with STI symptoms or who was/is being treated for an STI
- A person's HIV status and HIV status of partners
- A person's home life situation e.g. partner violence (rape)

What are the complications of STIs?

If left untreated or undetected despite the presence of sexual risk, STIs can lead to serious complications and health problems, for example:

- Untreated gonorrhea and chlamydial infection can lead to pelvic inflammatory disease, which can cause infertility, ectopic pregnancy or infection of the eyes or lungs of the newborn.
- Syphilis can spread through the placenta of a pregnant mother and could cause spontaneous abortion or death of the infant.
- Venereal warts can lead to cervical cancer five to 30 years after initial infection.
- HIV leads to death.

What are ways to prevent STIs, including HIV?

- A:** Abstain—i.e., do not engage in sex.
- B:** Be faithful—i.e., do not have sex outside a mutually monogamous relationship
- C:** Condoms—use them correctly and consistently with each act of sex.
- D:** Do not share needles or syringes or abuse prohibited drugs or alcohol.
- E:** Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services.

Inter-Personal Communication



What is Inter-Personal Communication (IPC)?

IPC is a face-to-face verbal and non-verbal exchange of information between two or more people. Good IPC helps PHE CBDS and PHE adult PEs to:

- Promote/motivate couples/clients to plan their families and protect their natural resources.
- Educate couples/clients on family planning/contraceptive methods and correct misconceptions and myths.
- Counsel couples/clients to make an informed choice about their choice of contraceptive.
- Educate community members about management of their resources and how they can participate in community activities that will help protect the environment.

What are the six principles of counseling?

- Treat each client well.
- Interact with the client.
- Adapt the information to the client's needs.
- Do not give too much information.
- Provide the method that the client wants.
- Help the client understand and remember.

When counseling couples/individuals, you should try to:

- Help them articulate problems that they see in the community or that they personally experience, such as:
 - overpopulation and the poor economic situation of the country

- the economic burden of supporting more children
- health risks for women with birth-spacing of less than two years or multiple pregnancies
- food insecurity
- destruction and/or over extraction of natural resources
- pollution
- soil erosion
- effects of destructive farming practices, such as flood and drought
- Suggest ways to address the problem:
 - Participate in environmental conservation activities in the community, e.g. protecting marine sanctuaries, helping to restore mangroves, planting vertiver grass, planting trees, etc.
 - Promote policies and laws related to protection of natural resources
 - Promote birth spacing
 - Raise awareness on the links between population, health and environment
- Discuss PHE links:
 - Cutting trees for charcoal leads to fewer trees and fewer resources for the community, which leads to poverty
 - Too few natural resources make it difficult to feed and sustain growing families and children become sick
 - Too many people put pressure on dwindling natural resources, like trees, water, good farmland, etc., and can lead to food insecurity
 - Not enough resources and too many people leads to poverty and illness
 - Alternative livelihoods help take pressure off of natural resources and provide income for families

- Spacing and timing of children leads to healthier children and families
- Planned families results in fewer resources needed—this, in turn, helps protect natural resources
- Discuss benefits of family planning
 - Improves the health and well-being of all family members
 - Reduces the number of risky pregnancies by:
 - Proper birth-spacing
 - Having children at the most ideal time
 - Allowing women (and sick women) to recover physically before conceiving
 - Ensuring planned and wanted pregnancies
 - Reducing the prevalence of induced abortion
 - Enable couples to take advantage of and benefit from other life opportunities:
 - Self-improvement
 - Education for children
 - Time for career development
 - Social advancement
 - Improves the quality of life for the individual, couple, family, community by:
 - Promoting rational population growth
 - Balancing resources
 - Ensuring ecological integrity and environmental protection
 - Promotes free and informed choice by:
 - Promoting smaller families
 - Encouraging longer spacing of children
 - Delaying the age of marriage

Communicating PHE, Reproductive Health and Family Planning



PHE Adult Peer Educator Checklist

1. Bring these with you when you talk to clients:
 - ID Card/adult PE T-shirt
 - Ball pen or pencil with eraser
 - Diary
 - Work plan
 - Referral forms
 - IEC materials
 - Samples of pills, condom, other methods
 - Penis model
2. Begin conversation:
 - Greet client.
 - Introduce yourself/your organization/group.
 - Explain your role as an adult PE.
 - Say that the project helps a community to attain a healthy family and environment for a health community.
3. Ask clients how life is. Use some of these questions:
 - How is life?
 - How is your place?

- Do you see any difference in your life/community today as compared to in the past?
 - Are things more expensive now than in the past? Are you able to make ends meet?
 - Is our community healthy?
 - What are the common family concerns regarding health, children, and natural resources?
 - What links do you see between health, family size, water and the environment?
4. Explain the population, health and environment links:
- Cutting trees for charcoal leads to fewer trees and fewer resources for the community.
 - Fewer natural resources makes it harder to provide food and income for the growing number of families.
 - Too many people put pressure on dwindling natural resources, like trees, water, good farmland, etc.
 - Not enough resources and too many people lead to poverty.
 - Alternative livelihoods help take pressure off of natural resources and provide income for families.
 - Spacing and timing of children leads to healthier children and families and it results in fewer resources needed—this helps protect natural resources.
5. Tell the client about the benefits of family planning to health, environment, and economics:
- Adequate spacing (two to three years) between children allows mothers to regain their health and children to grow strong and healthy.
 - Planning one's family helps the family save money for food, medicine and education.

- Smaller families use fewer resources and help conserve resources for the future.
6. Discuss the environment messages promoted by the project, or the environmental activities that are going on in the community.
 7. Show IEC materials as you speak to the client about PHE links and family planning.
 8. Help the client choose a modern family planning method. Discuss the methods that are available.
 9. Encourage questions and provide clarification.
 10. End the talk by:
 - Referring the client to a health center or CBD and providing a referral slip
 - Providing IEC materials to the client
 - Setting a date to come back for follow up
 - Thanking the client for her/his time and attention

PHE CBD Job Aid

Case 1: When the client asks for pills

Step 1: Ask client if they were referred. Follow the chart below:

If:	And client is:	Then do this:
No	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by PHE adult PE	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by health center	First time user and not yet screened	Refer to appropriate person at health center for screening
	First time user and screened	Give FP product

Step 2: Ask if the client knows about the product.

Step 3: Explain to the client:

- What the method is and how it works
- How effective it is
- Advantages and disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask if the client has questions, answer the questions, and clarify myths and misconceptions.

Step 5: Discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer client to health center/clinic if client wants a method not offered by the CBD or has other health concerns.

Step 8: Give the client integrated PHE and related FP IEC materials.

Case 2: When the client asks for condoms

Step 1: Give the client the product.

Step 2: Ask the client if s/he knows about the product.

Step 3: Explain to the client:

- What the method is and how it works
- How effective it is—emphasize dual protection against STI/HIV and unwanted pregnancy
- Advantages and disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask if the client has questions, answer the questions, and clarify myths and misconceptions.

Step 5: Discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer the client to health center or clinic for other concerns or requests including for FP commodities.

Step 8: Give the client integrated PHE and related FP IEC materials.

Case 3: When the client asks for ECPs

Step 1: Ask the client the following using the chart below:

If client had	And	Action
Unprotected sex within 5 days	<ul style="list-style-type: none">Last menstrual period is less than 5 weeksRegular menstruation	Give ECP
Unprotected sex is more than 5 days	<ul style="list-style-type: none">Last menstrual period is more than 5 weeks agoPositive pregnancy test	Refer to health center

Step 2: Ask the client if s/he knows about the product.

Step 3: Explain to the client:

- What the method is and how it works
- How effective it is
- Advantages and disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask if the client has questions, answer the questions, and clarify myths and misconceptions.

Step 5: Offer to share other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer the client to health center or clinic for other concerns.

Step 8: Give the client integrated PHE and related FP IEC materials.

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