Logo	Name of institution

Promote and Provide Family Planning Service

NTQF Level III

Learning Guide # 2

Unit of Competence	**Promote and Provide Family Planning Service**
Module Title:	**promoting and Providing Family Planning**
LG Code:	**HLT MDW3 M07 LO02-02**
TTLM Code:	**HLT MDW3 TTLM 0919v1**

LO 2: Describing Family Planning Methods

Instruction Sheet	Learning Guide # 2

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Family planning methods
- Types of contraceptives
  - ✓ Natural
  - ✓ Artificial
  - ✓ Permanent
  - ✓ Emergency
- Identification of WHO medical eligibility criterion

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

- Identify types of contraceptives
- Describe advantage, disadvantage and effectiveness of each family planning method
- Discuss mechanisms of actions of contraceptives
- Identify Eligibility criterion as per WHO eligibility criteria

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.

3. Read the information written in the information “Sheet 1, Sheet 2 , Sheet 3, Sheet 4, Sheet 5, Sheet 6, Sheet 7, Sheet 8, Sheet 9 and Sheet 10
4. Accomplish the “Self-check 1, Self-check 2, Self-check 3, Self-check 4, Self-check 5, Self-check 6, Self-check 7, Self-check 8, Self-check 9 and Self-check 10 **in page 6, 22, 43, 52, 58, 63, 71, 79, 88 and 97 respectively**.

Information sheet -1	**Family Planning Methods**

Currently the different family planning methods used are categorized in to the following categorizations. Each type of contraceptive has its own effectiveness, advantage and disadvantage, mechanism of action, medical eligibility criteria, time of initiation and way of use.

1.1. Natural Contraceptives

Natural family planning refers to methods used to prevent or postpone pregnancy by giving attention to natural reproductive events related to fertility. All natural methods except for LAM require partners’ cooperation. Couple must be committed to abstaining or using another method on fertile days. Couple/client must stay aware of body changes or keep track of days, according to rules of the specific method. Natural contraceptives methods do not have side effects or health risks. These methods include:

- Withdrawal method
- Fertility awareness method

- ✓ Calendar-based methods
  - ➢ Standard day method
  - ➢ Calendar/rhythm method
- ✓ Symptoms-based methods
  - ➢ Two day method
  - ➢ Basal body temperature method
  - ➢ ovulation method (also known as Billings method or cervical mucus method), and
  - ➢ symptothermalmethod
- Lactational amenorrhea method (LAM)

1.2. Artificial contraceptive Methods

These method include:

1.2.1. Barrier methods

Barrier methods prevent pregnancy by blocking the sperm from reaching the egg. They cause very few side effects. Barrier methods are safe if a woman is breastfeeding. Most of these methods also protect against Sexually Transmitted Infections (STIs), including HIV. When a woman wants to become pregnant, she simply stops using the barrier method. The most common barrier methods are:

- Male and female condoms
- Spermicide
- Diaphragm
- Cervical cup

1.2.2. Oral Contraceptives (OCPs)

Oral contraceptive pills are contraceptives that are taken orally once daily to prevent pregnancy. Oral contraceptives contain either two or one female sex hormones. The hormones are synthetic estrogens and synthetic progesterones. These include:

- **Combined oral contraceptive pills (COCs):** contain both synthetic estrogrn and progesterone like the natural female sex hormones.
- **Progestin only pills (POPs):** contain progestin only like the natural female sex hormone.

1.2.3. Injectables

The contraceptive injection, also known as 'the shot', contains progestogen or a combination of estrogen and progestogen. The injectable contraceptives depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN) each contain a progestin like the natural hormone progesterone in a woman's body. In contrast, monthly injectables contain both estrogen and progestin. DMPA, the most widely used progestin-only injectable, is also known as Depo or Depo-Provera. In this learning you will learn progestin only ingectables.

1.2.4. Implants

Small plastic rods, each about the size of a matchstick, that release a progestin like the natural hormone progesterone in a woman's body. A specifically trained provider performs a minor surgical procedure to place one or 2 rods under the skin on the inside of a woman's upper arm. Do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen. The Types of implants incude:

- **Jadelle:** 2 rods containing levonorgestrel, highly effective for 5 years
- **Implanon NXT (Nexplanon):** 1 rod containing etonogestrel, labeled for up to 3 years of use (a recent study shows it may be highly effective for 5 years). Replaces Implanon; Implanon NXT can be seen on X-ray and has an improved insertion device.
- **Levoplant (Sino-Implant (II)),** 2 rods containing levonorgestrel. Labeled for up to 4 years of use.

- **Norplant,** which consisted of 6 capsules and was effective for 5−7 years, was discontinued in 2008 and is no longer available for insertion. A small number of women, however, may still need Norplant capsules removed.

1.2.5. Intra Uterine Contraceptive Device (IUCD)

A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix. IUCD provides a long-term pregnancy protection and it is immediately reversible. The types of IUCD include:

- **Copper- bearing Intra uterine device:** is a small, flexible plastic frame with copper sleeves or wire around it. Shown to be very effective for up to 12 years
- **Levonorgestrel Intrauterine Device:** The levonorgestrel intrauterine device (LNG-IUD) is a T-shaped plastic device that steadily releases a small amount of levonorgestrel each day.(Levonorgestrel is a progestin hormone also used in some contraceptive implants and oral contraceptive pills.) Also called the levonorgestrel-releasing intrauterine system, LNG-IUS, or hormonal IUD. Very effective for 5 year5. Works by preventing sperm from fertilizing an egg also cause the thickening of cervical mucus, which stops the sperm from entering the uterus. IUCDs' contraceptive effect is not abortificient. In this learning guide you will learn about Copper-Bearing Intrauterine Device.

1.3. Permanent family planning methods

Permanent FP methods, also called voluntary surgical contraception are among the most effective, popular and well-established contraceptive method options available for men and women who desire no more children. For individuals and couples desiring no more children, it provides the most effective protection against pregnancy. It offers the advantage over other contraceptive methods that it is a once-only procedure. The need for continued contraceptive supplies is eliminated. Globally, the permanent method of contraception is the most popular and commonly used method of contraception, but is one of the least utilized in Ethiopia. Following effective counseling and improving the

availability and quality of service in permanent methods of contraception, it is possible to improve the acceptability of the methods in the community. The methods of permanent family planning are:

- **Bilateral Tubal Ligation:** is a permanent contraception method for female.
- **Vasectomy:** Is a permanent contraception method for male

1.4. Emergency contraceptives

Emergency contraceptive are methods of contraception that can be used to prevent pregnancy following an unprotected act of sexual intercourse. The methods include:

Emergency contraceptive pills (ECPs): can be used up to five days following unprotected intercourse (120 hours).

A cupper- bearing IUD: can also be used within seven days of unprotected intercourse as an emergency contraceptive.

Self-check-1	**Written test**

Directions: Answer all the questions listed below.

Part I say "True" if the statement is correct or "False" if the statement is incorrect (each 1 point 2x 1= 4%

1. Levonorgestrel Intrauterine Device is a small, flexible plastic frame with copper sleeves or wire around it.
2. Bilateral Tubal Ligation is a permanent contraception method for female.

Part I. choose the correct answer for the following alternatives (each 2 point 4x2=8%)

1. Which method of contraceptive is a barrier method of contraception?
   A. Withdrawal method
   B. Fertility awareness method
   C. Lactational amenorrhea method (LAM)
   D. Male and female condom

2. The methods which protect against Sexually Transmitted Infections (STIs), including HIV are _____
   A. Barriers
   B. Oral contraceptives
   C. Implants
   D. Intra uterine contraceptive devise
3. _____ has 1 rod containing etonogestrel, labeled for up to 3 years of use.
   A. Jadelle:
   B. Implanon NXT (Nexplanon)
   C. Levoplant (Sino-Implant (II)
   D. Norplant
4. Emergency contraceptive pills (ECPs) can be used up to ____ days following unprotected intercourse.
   A. 3 C. 5
   B. 4 D. 7

Note: **Satisfactory rating - 5 points** **Unsatisfactory - below 5 points**

Score= _____

Rating = _____

Name: _____ Date: _____

Answer sheet

True or False

1. _____ 2. _____

Multiple Choose

1. ____ 3. ____
2. ____ 4. ____

Information sheet-2	Types of contraceptives

2.1. Natural Family Planning Methods

2.1.1. Withdrawal (Coitus interrupts) method

What Is Withdrawal?

Just before ejaculation, the man withdraws his penis from his partner's vagina and ejaculates outside the vagina, keeping his semen away from her external genitalia. Also known as coitus interrupts and "pulling out." Works by keeping sperm out of the woman's body.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when the man does not withdraw his penis from the vagina before he ejaculates with every act of sex.

- One of the least effective methods, as commonly used.
- As commonly used, about 20 pregnancies per 100 women whose partners use withdrawal over the first year. This means that 80 of every 100 women whose partners use withdrawal will not become pregnant.
- When used correctly with every act of sex, about 4 pregnancies per 100 women whose partners use withdrawal over the first year.

Return of fertility after use of withdrawal is stopped: **No delay**

Protection against sexually transmitted infections: **None**

Advantage

- Always available
- Does not cost anything
- Requires no supplies and
- Has no side effects

Disadvantage

- It requires motivation, cooperation and self-control.

- It is least effective
- There is no protection against sexually transmitted infections.

Who can and can't use withdrawal method?

- All men can use withdrawal. No medical conditions prevent its use.
- Remember that there are some men who cannot consistently sense when ejaculation is about to occur and there are men who ejaculate prematurely.
- Always suggest that an additional or alternative family planning method is available. Explain ECP use in case a man ejaculates before withdrawing his penis from the vagina.

When can withdrawal method be initiated?

- The method can be initiated at any time.

Explaining How to Use

When the man feels close to ejaculating	He should withdraw his penis from the woman's vagina and ejaculate outside the vagina, keeping his semen away from her external genitalia.
If the man has ejaculated recently	Before sex he should urinate and wipe the tip of his penis to remove any semen remaining.

2.1.2. Fertility Awareness Method

What Are Fertility Awareness Methods?

- "Fertility awareness" means that a woman knows how to tell when the fertile time of her menstrual cycle starts and ends. (The fertile time is when she can become pregnant.)
- Sometimes called periodic abstinence or natural family planning.
- A woman can use several ways, alone or in combination, to tell when her fertile time begins and ends.

- ***Calendar-based methods*** involve keeping track of days of the menstrual cycle to identify the start and end of the fertile time. Examples: Standard Days Method, which avoids unprotected vaginal sex on days 8 through 19 of the menstrual cycle, and calendar rhythm method.
- ***Symptoms-based methods*** depend on observing signs of fertility.
  - ✓ **Cervical secretions:** When a woman sees or feels cervical secretions, she may be fertile. She may feel just a little vaginal wetness.
  - ✓ **Basal body temperature (BBT):** A woman's resting body temperature goes up slightly after the release of an egg (ovulation). She is not likely to become pregnant from 3 days after this temperature rise through the start of her next monthly bleeding. Her temperature stays higher until the beginning of her next monthly bleeding. Examples: Two Day Method, BBT method, ovulation method (also known as Billings method or cervical mucus method), and symptothermal method.
  - Work primarily by helping a woman know when she could become pregnant. The couple prevents pregnancy by avoiding unprotected vaginal sex during these fertile days—usually by abstaining or by using condoms or a diaphragm. Some couples use spermicides or withdrawal, but these are among the least effective methods.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when couples have sex on the fertile days without using another method.

- As commonly used, in the first year about 15 pregnancies per 100 women using periodic abstinence. This means that 85 of every 100 women relying on periodic abstinence will not become pregnant.
- Pregnancy rates with consistent and correct use vary for different types of fertility awareness methods (see table below).

- In general, abstaining during fertile times is more effective than using another method during fertile times.

	Pregnancies per 100 Women Over the First Year of Use	
Method	Consistent and correct use	As commonly used
Calendar-based method		
Standard day method	5	12
Symptoms based method		
Two day method	4	14
Ovulation method	3	23
Symtothermal method	<1	2

Return of fertility after fertility awareness methods are stopped: **No delay**

Protection against sexually transmitted infections (STIs): **None**

Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Help protect against:

- Risks of pregnancy

Known Health Risks

None

Advantage

- Have no side effects
- Do not require procedures and usually do not require supplies
- Help women learn about their bodies and fertility
- Allow some couples to adhere to their religious or cultural norms about contraception
- Can be used to identify fertile days by both women who want to

- become pregnant and women who want to avoid pregnancy

Disadvantage

- It has a high failure rate because it needs several days of abstinence and a lot of experience in using the method to be effective.
- Fewer "safe" days to have intercourse each month
- Training is essential
- No protection from STIs
- It is also difficult to use Two Day Method and Ovulation method in the case of vaginal infections, secretions may be misleading.
- If periods are not regular, calendar-based method may not be as effective
- False interpretation or indications in the case of fever, as this may mislead the result of BBT
- A special thermometer may be required to use BBT effectively

Correcting Misunderstandings

Fertility awareness methods:

- Can be effective if used consistently and correctly.
- Do not require literacy or advanced education.
- Do not harm men who abstain from sex.
- Do not work when a couple is mistaken about when the fertile time occurs, such as thinking it occurs during monthly bleeding.

Fertility awareness methods for women with HIV

- Women who are living with HIV or are on antiretroviral (ARV) therapy can safely use fertility awareness methods.
- Urge these women to use condoms along with fertility awareness methods. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

Who can use calendar-based methods?

All women can use calendar-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively and necessitate using ***caution*** or ***delay***ing their use.

- ***Caution*** means that additional or special counseling may be needed to ensure correct use of the method. E.g., menstrual cycles have just started or have become less frequent or stopped due to older age.
- ***Delay*** means that use of a particular fertility awareness method should be delayed until the condition is evaluated or corrected. Other temporary methods of contraception should be offered. E.g., recently gave birth or is breastfeeding, recently had an abortion or miscarriage, irregular vaginal bleeding, use of drugs that may delay ovulation (for example, certain antidepressants, thyroid medications, long-term use of certain antibiotics, or long-term use of any nonsteroidal anti-inflammatory drug, such as aspirin or ibuprofen)..

Who can use symptoms-based methods?

All women can use calendar-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively and necessitate using ***caution*** or ***delay***ing their use.

- ***Caution*** is necessary in the following sitations. E.g., recently had an abortion or miscarriage, menstrual cycles have just started or have become less frequent or stopped due to older age, a chronic condition that raises her body temperature (for BBT and symptothermal methods)
- ***Delay*** is necessary in the following situations. E.g., recently gave birth or is breastfeeding, an acute condition that raises her body temperature (for BBT and symptothermal methods), irregular vaginal bleeding, abnormal vaginal discharge, use of drugs that may affect cervical secretions (antihistamines), raise body temperature or delay ovulation (antibiotics).

When to start using fertility awareness methods?

Women's situation	Calendar-Based Methods	Symptoms- Based Methods

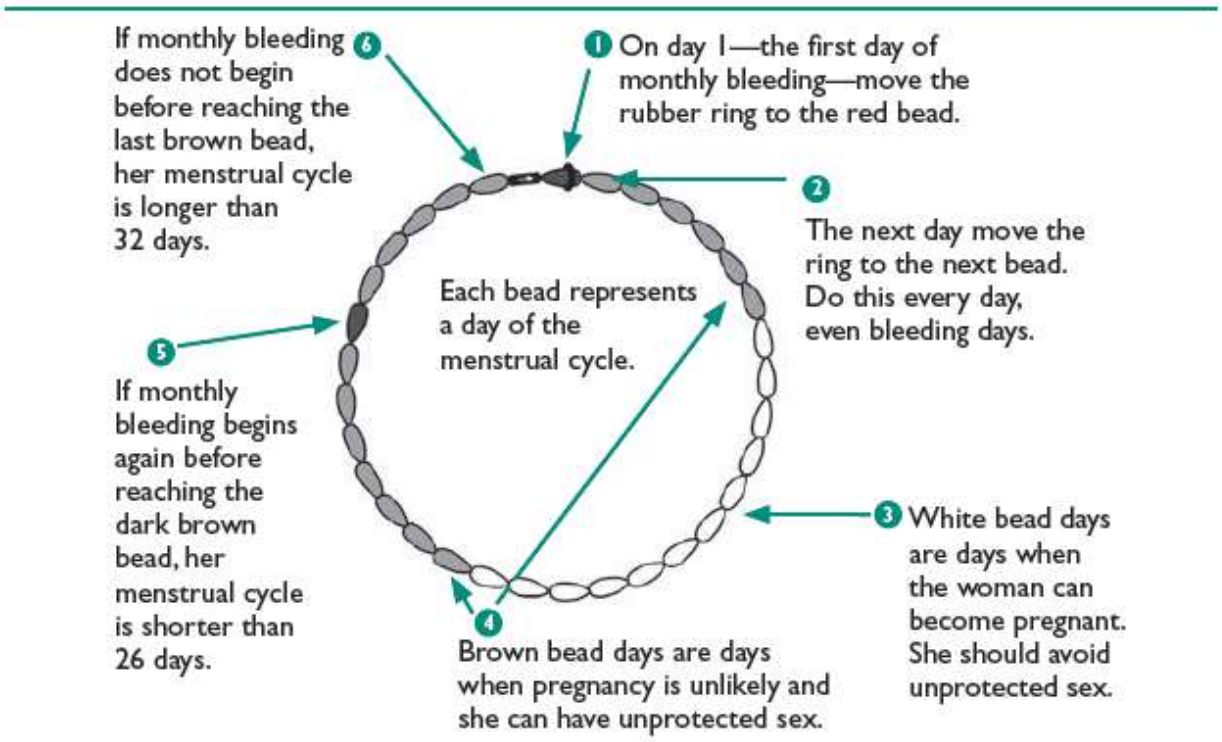
Having regular menstrual cycles	**Any time of the month** • No need to wait until the start of next monthly bleeding.	**Any time of the month** • No need to wait until the start of next monthly bleeding.
No monthly bleeding	• Delay calendar-based methods until monthly bleeding returns.	• Delay symptoms-based methods until monthly bleeding returns.
After childbirth (whether or not breastfeeding)	• Delay the Standard Days Method until she has had 4 menstrual cycles and the last one was 26–32 days long.	• She can start symptoms-based methods once normal secretions have returned.
After miscarriage or abortion	• Delay the Standard Days Method until the start of her next monthly bleeding.	• She can start symptoms based methods immediately with special counseling and support, if she has no infection-related secretions or bleeding due to injury to the genital tract.
Switching from a hormonal method	• Delay starting the Standard Days Method until the start of her next monthly bleeding. • If she is switching from injectables, delay the Standard Days Method at least until her repeat injection would have been given, and then start it at the beginning of her next monthly bleeding.	• She can start symptoms based methods in the next menstrual cycle after stopping a hormonal method.
After taking emergency contraceptive pills	• Delay the Standard Days Method until the start of her next monthly bleeding.	She can start symptoms based methods once normal secretions have returned.

How are calendar-based methods used?

Standard Days Method (SDM):

Can be used if most of the cycles in a year are between 26 to 32 days long.

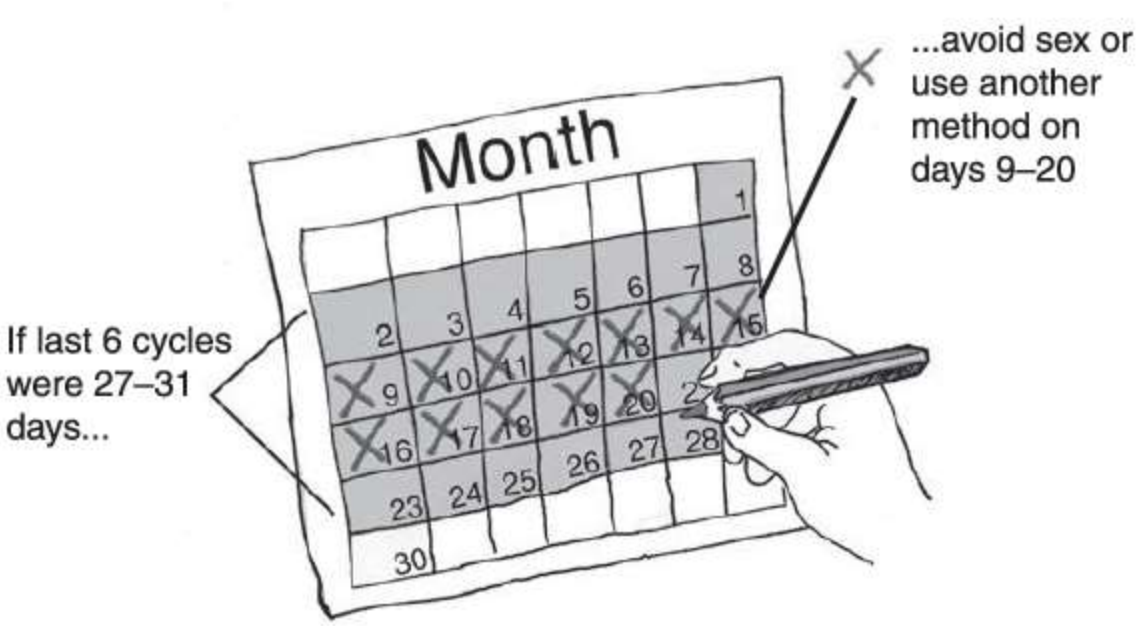
- A woman keeps track of the days of her menstrual cycle, counting the first day of monthly bleeding as day 1.
- Avoids unprotected sex or uses condoms or a diaphragm on days 8 – 19 that are considered fertile days for all users of the SDM.
- The couple can have unprotected sex on all the other days of the cycle—days 1 through 7 at the beginning of the cycle and from day 20 until her next monthly bleeding begins.
- The couple can use Cycle Beads, a color-coded string of beads that indicates fertile and non-fertile days of a cycle (see diagram below), or they can mark a calendar or use some other memory aid.



Calendar Rhythm Method:

Before relying on this method, a woman records the number of days in each menstrual cycle for at least 6 months. The first day of monthly bleeding is always counted as day 1

- The woman estimates the fertile time by subtracting 18 from the length of her shortest recorded cycle. This tells her the estimated first day of her fertile time. Then she subtracts 11 days from the length of her longest recorded cycle. This tells her the estimated last day of her fertile time.
- The couple avoids unprotected sex or uses condoms or a diaphragm during the fertile time.
- She updates these calculations each month, always using the 6 most recent cycles.
- Example: a women has a length of menstrual cycle for 6 months as follows; 28,31,29,30,28 and 27
- The shortest of her last 6 cycles is 27 days, 27 – 18 = 9. She starts avoiding unprotected sex on day 9.
- The longest of her last 6 cycles was 31 days, 31 – 11 = 20. She can have unprotected sex again on day 21. Thus, she must avoid unprotected sex from day 9 through day 20 of her cycle.

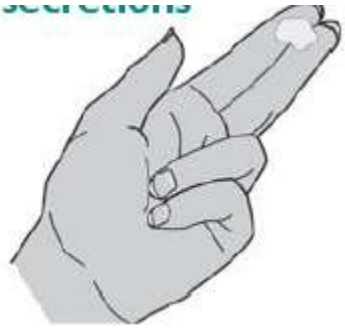


How are symptoms-based methods used?

Two Day Method:

If the woman has a vaginal infection or another condition that changes cervical mucus, Two Day method will be difficult to use.

- The woman checks for cervical secretions every afternoon and/or evening, on fingers, underwear, or tissue paper or by sensation in or around the vagina.
- As soon as she notices any secretions of any type, color, or consistency, she considers herself fertile that day and the following day.

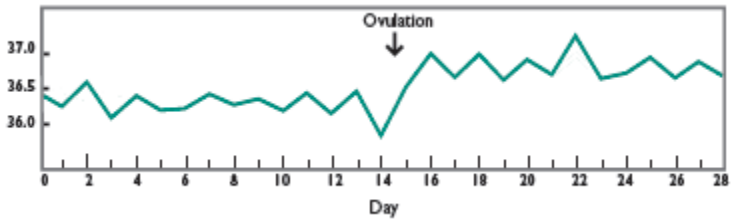


- The couple avoids unprotected sex or uses condoms or a diaphragm on each day that she considers herself fertile and the following day.
- The couple can have unprotected sex again after the woman has had 2 dry days (days without secretions of any

Basal Body Temperature (BBT) Method:

If a woman has fever or other changes in body temperature, the BBT method will be difficult to use.

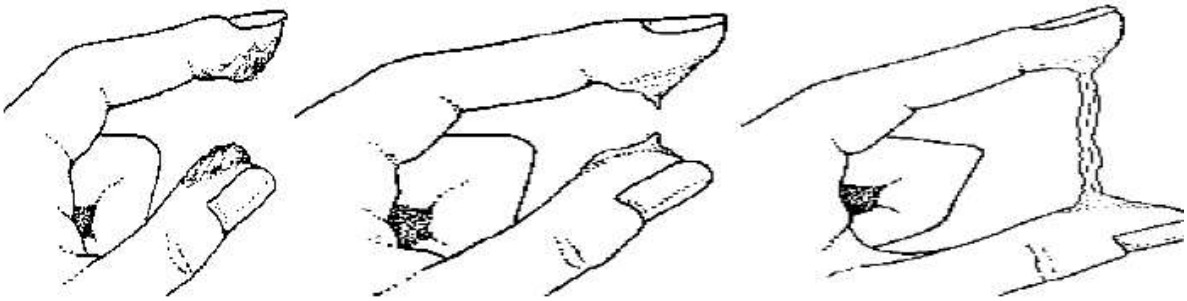
- The woman takes her body temperature at the same time each morning before she gets out of bed and before she eats anything. She records her temperature on a special graph.
- She watches for her temperature to rise slightly—0.2° to 0.5°C (0.4° to 1.0°F)—around the time of ovulation (usually about midway through the menstrual cycle).
- The couple avoids vaginal sex, or uses condoms or a diaphragm from the first day of monthly bleeding until 3 days after the woman's temperature has risen above her regular temperature.
- When the woman's temperature has risen above her regular temperature and stayed higher for 3 full days, ovulation has occurred and the fertile period has passed.
- The couple can have unprotected sex on the 4th day and until her next monthly bleeding.



Ovulation method (also known as Billings method or cervical mucus method)*:*

If a woman has a vaginal infection or another condition that changes cervical mucus, this method may be difficult to use.

- The woman checks every day for any cervical secretions on her finger, underwear, or tissue paper or by sensation in the vagina.
- Ovulation might occur early in the cycle, during the last days of monthly bleeding. Heavy bleeding could make mucus difficult to observe.
- Avoids unprotected sex on days of heavy bleeding that makes mucus difficult to observe
- Between the end of monthly bleeding and the start of secretions, the couple can have unprotected sex, but not on 2 days in a row. (Avoiding intercourse on the second day allows time for semen to disappear and for cervical mucus to be observed.)
- As soon as she notices any secretions, she considers herself fertile and avoids unprotected sex.
- She continues to check her cervical secretions each day. The secretions have a “peak day”—the last day that they are clear, slippery, stretchy, and wet. She will know this has passed when, on the next day, her secretions are sticky or dry, or she has no secretions at all. She continues to consider herself fertile for 3 days after that peak day and avoids unprotected sex. The couple can have unprotected sex on the 4th day after her peak day and until her next monthly bleeding begins.



Early Mucous	Transitional Mucous	Highly Fertile Mucous
• Slight amount • Thick • White • Sticky • Holds its shape	• Increasing amounts • Thinner • Cloudy • Slightly stretchy	• Profuse • Thin • Transparent • Stretchy

Symptothermal Method (basal body temperature + cervical secretions + other fertility signs):

- Users identify fertile and non-fertile days by combining BBT and ovulation method instructions.
- Women may also identify the fertile time by other signs such as breast tenderness and ovulatory pain (lower abdominal pain or cramping around the time of ovulation).
- The couple avoids unprotected sex between the first day of monthly bleeding and either the fourth day after peak cervical secretions or the third full day after the rise in temperature (BBT), whichever happens later.
- Some women who use this method have unprotected sex between the end of monthly bleeding and the beginning of secretions, but not on 2 days in a row.

1.1.3. Lactational Amenorrhea Method (LAM)

What Is the Lactational Amenorrhea Method?

- A temporary family planning method based on the natural effect of breastfeeding on fertility. ("Lactational" means related to breastfeeding. "Amenorrhea" means not having monthly bleeding.)
- The lactational amenorrhea method (LAM) requires 3 conditions. All 3 must be met:
  1. The mother's monthly bleeding has not returned.
  2. The baby is fully or nearly fully breastfed and is fed often, day and night.
  3. The baby is less than 6 months old.
- "Fully breastfeeding" includes both exclusive breastfeeding (the infant receives no other liquid or food, not even water, in addition to breast milk) and almost-exclusive breastfeeding (the infant receives vitamins, water, juice, or other nutrients once in a while in addition to breast milk).
- "Nearly fully breastfeeding" means that the infant receives some liquid or food in addition to breast milk, but the majority of feedings (more than three-fourths of all feeds) are breast milk.
- Works primarily by preventing the release of eggs from the ovaries (ovulation). Frequent breastfeeding temporarily prevents the release of the natural hormones that cause ovulation. Suckling causes increased prolactin, which inhibits estrogen production and ovulation

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman cannot fully or nearly fully breastfeed her infant.

- As commonly used, about 2 pregnancies per 100 women using LAM in the first 6 months after childbirth. This means that 98 of every 100 women relying on LAM will not become pregnant.

- When used correctly, less than 1 pregnancy per 100 women using LAM in the first 6 months after childbirth.

Return of fertility after LAM is stopped: Depends on how much the woman continues to breastfeed

Protection against sexually transmitted infections: None

Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Helps protect against risks of pregnancy

Encourages the best breastfeeding patterns, with health benefits for both mother and baby

Known Health Risks

None

Advantages

- It is a natural family planning method
- It supports optimal breastfeeding, providing health benefits for the baby and the mother
- It has no direct cost for family planning or for feeding the baby
- Effectively prevents pregnancy for at least 6 months

Disadvantage

- Not a suitable method if the mother is working outside the home
- If the mother have HIV small chance to transmitter
- No protection against STIs including HIV
- Not effective after 6months

Correcting Misunderstandings

The lactational amenorrhea method:

- Is highly effective when a woman meets all 3 LAM criteria.
- Is just as effective among fat or thin women.
- Can be used by women with normal nutrition. No special foods are required.
- Can be used for a full 6 months without the need for supplementary foods. Mother's milk alone can fully nourish a baby for the first 6 months of life. In fact, it is the ideal food for this time in a baby's life.
- Can be used for 6 months without worry that the woman will run out of milk. Milk will continue to be produced through 6 months and longer in response to the baby's suckling or the mother's expression of her milk.

Who can and cannot use LAM?

All breastfeeding women can safely use LAM, but a woman in the following circumstances may want to consider other contraceptive methods:

- Has HIV infection including AIDS.
- Is using certain medications during breastfeeding (including mood altering drugs, reserpine, ergotamine, anti-metabolites, cyclosporine, and high doses of corticosteroids, bromocriptine, radioactive drugs, lithium, and certain anticoagulants).
- The newborn has a condition that makes it difficult to breastfeed (including being small-for-date or premature and needing intensive neonatal care, unable to digest food normally, or having deformities of the mouth, jaw, or palate).

LAM for Women with HIV

- Women who are infected with HIV or who have AIDS can use LAM. Breastfeeding will not make their condition worse. There is a chance, however, that mothers with HIV will transmit HIV to their infants through breastfeeding. As breastfeeding is generally practiced, 10 to 20 of every 100 infants breastfed by mothers with HIV will become infected with HIV through breast milk.

- Women taking antiretroviral (ARV) medications can use LAM. In fact, ARV therapy during the first weeks of breastfeeding may reduce the risk of HIV transmission through breast milk.
- Replacement feeding poses no risk of HIV transmission. If—and only if—replacement feeding is acceptable, feasible, affordable, sustainable, and safe, it is recommended for the first 6 months after childbirth. If available replacement feeding cannot meet these 5 criteria, exclusive breastfeeding for the first 6 months is the safest way to feed the baby, and it is compatible with LAM.

When can LAM be initiated?

If the woman is within 6 months after childbirth:

- Start breastfeeding immediately (within one hour) or as soon as possible after the baby is born. In the first few days after childbirth, the yellowish fluid produced by the mother's breasts (colostrum) contains substances very important to the baby's health.
- Any time if she has been fully or nearly fully breastfeeding her baby since birth and her monthly bleeding has not returned.

Remember: A breastfeeding woman can use LAM to space her next birth and as a transition to another contraceptive method. She may start LAM at any time if she meets all the 3 above mentioned criteria required for using the method.

Self-check- 2	**Written test**

Directions: Answer all the questions listed below.

Part I say "True" if the statement is correct or "False" if the statement is incorrect (each 1 point 5x1=5%)

1. Withdrawal (coitus interrupts) prevents from sexually transmitted infections including HIV.

2. Caution means that use of a particular fertility awareness method should not be used until the condition is evaluated or corrected.
3. Women should delay the Standard Days Method until the start of her next monthly bleeding after miscarriage or abortion.
4. Couple who use calendar rhythm method can use Cycle Beads, a color-coded string of beads that indicates fertile and non-fertile days of a cycle
5. Women who are infected with HIV or who have AIDS cannot use LAM.

Part II. Choose the correct answer for the following alternatives (each 2 point 5x2=10%)

1. Among the fertility awareness method if used properly and correctly the most effective method _____
   A. Standard day method
   B. Two Day method
   C. Ovulation method
   D. Symatothermal method
2. Which fertility awareness method is difficult to use If the woman has a vaginal infection or another condition that changes cervical mucus?
   A. Standard day method
   B. Calendar rhythm method
   C. Two Day method
   D. Basal body temperature method
3. Symatothrmal method is the combination of _____ and _____
   A. Basal body temperature method and Standard day method
   B. Basal body temperature method and Ovulation method
   C. Basal body temperature method and Two Day Method
   D. Basal body temperature method and calendar rhythm method
4. To use Ovulation method (Billings method or cervical mucus method) effectively for how many days she will consider after the peak days?
   A. 1 B. 2 C. 3 D. 4

5. A women who uses calendar rhythm method subtracts 18 from the length of her shortest recorded cycle. This tells her _____
   A. The estimated first day of her fertile time.
   B. The estimated last day of her fertile time.
   C. The estimated first day of non-fertile time
   D. The estimated last day of non-fertile time

Part III. Write short and correct answer for the following essay item questions (5%)

1. A women who uses calendar rhythm method has a length of menstrual cycle for 6 months as follows; 28, 32,29,30,28 and 30. Determine the fertile time and non-fertile time of the women.(2 point)
2. List the three criteria for Lactational Amenorrhea to be effect (3 point)

Note: **Satisfactory rating - 10 points** **Unsatisfactory - below 10 points**

Answer sheet True or False

1. _____
2. _____
3. _____
4. _____
5. _____

Answer Sheet Multiple choose Questions

1. _____
2. _____
3. _____
4. _____
5. _____

Answer sheet for Essay item questions

1. _____
   _____
2. _____

_____

_____

Score= _____

Rating = _____

Name: _____ Date: _____

Information sheet 3	Artificial methods

3.1. Barrier Methods

3.1.1. Male condoms

What are male condoms?

- Thin sheath usually made of rubber (latex) that is placed on an erect penis before intercourse. It is the only method of contraception that also provides protection from STIs, including HIV.
- Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. Also keep infections in semen, on the penis, or in the vagina from infecting the other partner.

How effective are male condoms?

Effectiveness depends on the user: Risk of pregnancy or sexually transmitted infection (STI) is greatest when condoms are not used with every act of sex. Very few pregnancies or infections occur due to incorrect use, slips, or breaks.

Protection against pregnancy:

- As commonly used, about 13 pregnancies per 100 women whose partners use male condoms over the first year. This means that 87 of every 100 women whose partners use male condoms will not become pregnant.
- When used correctly with every act of sex, about 2 pregnancies per 100 women whose partners use male condoms over the first year.
- *Return of fertility after use of condoms is stopped:* No delay
- *Protection Against HIV and Other STIs:*

Protection against HIV and other STIs:

- Male condoms significantly reduce the risk of becoming infected with HIV when used correctly with every act of vaginal or anal sex.
- When used consistently and correctly, condom use prevents 80% to 95% of HIV transmission that would have occurred without condoms
- Condoms reduce the risk of becoming infected with many STIs when used consistently and correctly during vaginal or anal sex.
  - ✓ Protect best against STIs spread by discharge, such as HIV, gonorrhea, and chlamydia.
  - ✓ Also protect against STIs spread by skin-to-skin contact, such as herpes and human papillomavirus.

Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Help protect against risks of pregnancy STIs, including HIV

May help protect against conditions caused by STIs:

- ✓ Recurring pelvic inflammatory disease and chronic pelvic pain
- ✓ Cervical cancer
- ✓ Infertility (male and female)

Known Health Risks

Extremely rare:

- Severe allergic reaction (among people with latex allergy)

Advantage

- Have no hormonal side effects
- Can be used as a regular, temporary or backup method
- Can be used without seeing a health care provider
- Are sold in many places and generally easy to obtain
- Help protect against both pregnancy and STIs, including HIV
- Can make sex last longer

Disadvantage

- Condom breaks, slips of the penis
- Difficulty putting on the condom
- Mild irritation in or around the vagina or penis or mild allergic reaction to condom (itching, redness, rash, and/or swelling of genitals, groin)
- Some people connect condoms with immoral sex, sex outside marriage, or sex with prostitutes, and do not want to use them.
- Some people are too embarrassed to buy condoms

Correcting Misunderstandings

Male condoms:

- Do not make men sterile, impotent, or weak.
- Do not decrease men's sex drive.
- Cannot get lost in the woman's body.
- Do not have holes that HIV can pass through.
- Are not laced with HIV.

- Do not cause illness in a woman. Exposure to semen or sperm is not needed for a woman's good health.
- Do not cause illness in men by making sperm "back up".
- Not only for use outside marriage. They are also used by married couples.
- Do not cause cancer and do not contain cancer-causing chemicals.

Who can use male condoms?

All men and women can safely use male condoms except those with severe allergy to latex rubber. Also, condoms can be used by:

- Men and women needing a temporary method while waiting for a regular one
- Couples needing a backup method
- Men and women who have intercourse infrequently
- Couples who need contraception immediately
- Couples in which either partner has more than one sexual partner, even if using another method

When to Start Using Male Condoms?

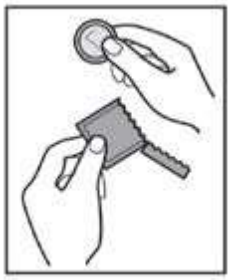
- Any time, whenever a man or a couple wants protection from pregnancy or STIs.

How to use a male condom

IMPORTANT: Whenever possible, show clients how to put on a condom. Use a model of a penis, if available, or other item, like a banana, to demonstrate.

Explain the 5 Basic Steps of Using a Male Condom

Basic steps	Important details	Picture

Use a new condom for each act of sex	• Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if a newer condom is not available. • Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condom	
Before any physical contact, place the condom on the tip of the erect penis with the rolled side out	• For the most protection, put the condom on before the penis makes any genital, oral, or anal contact.	
Unroll the condom all the way to the base of the erect penis	• The condom should unroll easily. Forcing it on could cause it to break during use. • If the condom does not unroll easily, it may be on backwards, damaged, or too old. Throw it away and use a new condom. • If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis.	
Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect	• Withdraw the penis. • Slide the condom off, avoiding spilling semen. • If having sex again or switching from one sex act to another, use a new condom.	

Dispose of the used condom safely	• Wrap the condom in its package and put it in the rubbish bin or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.	

3.1.2. Female condoms

What Are Female Condoms?

- Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft film.
  - ✓ Have flexible rings at both ends
  - ✓ One ring at the closed end helps to insert the condom
  - ✓ The ring at the open end holds part of the condom outside the vagina
- Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. Also helps to keep infections in semen, on the penis, or in the vagina from infecting the other partner. Female Condoms

How Effective?

Effectiveness depends on the user: Risk of pregnancy or sexually transmitted infection (STI) is greatest when female condoms are not used with every act of sex. Few pregnancies or infections occur due to incorrect use, slips, or breaks.

Protection against pregnancy:

- As commonly used, about 21 pregnancies per 100 women using female condoms over the first year. This means that 79 of every 100 women using female condoms will not become pregnant.
- When used correctly with every act of sex, about 5 pregnancies per 100 women using female condoms over the first year.

Return of fertility after use of female condom is stopped: No delay

Protection against HIV and other STIs:

- Female condoms reduce the risk of infection with STIs, including HIV, when used correctly with every act of sex.

Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Help protect against: Risks of pregnancy and STIs, including HIV

Known Health Risks

None

Advantage

- Women can initiate their use
- Have a soft, moist texture that feels more natural than male latex condoms during sex
- Help protect against both pregnancy and STIs, including HIV
- Outer ring provides added sexual stimulation for some women
- Can be used without seeing a health care provider
- Can be inserted ahead of time so do not interrupt sex
- Are not tight or constricting like male condoms
- Do not dull the sensation of sex like male condoms

- Do not have to be removed immediately after ejaculation

Disadvantage

- Condom slips of the vagina
- Difficulty insuring the female condom
- Inner ring uncomfortable or painful
- Makes squeaks or makes noise during sex
- Mild irritation in or around the vagina or penis (itching, redness or rash)

Correcting Misunderstandings

Female condoms:

- Cannot get lost in the woman's body.
- Are not difficult to use, but correct use needs to be learned.
- Do not have holes that HIV can pass through.
- Are used by married couples. They are not only for use outside marriage.
- Do not cause illness in a woman because they prevent semen or sperm from entering her body.

Who can use female condoms?

Any women can use female condoms. No medical conditions prevent the use of this method.

When to start female condoms?

Anytime the client wants.

How are female condoms used?

IMPORTANT: Whenever possible, show the client how to insert the female condom. Use a model or picture, if available, or your hands to demonstrate. You can create an opening similar to a vagina with one hand and show how to insert the female condom

with the other hand. Basic steps and important details are of using a female condom are as follows.

1. Use a new female condom for each act of intercourse

- Check the condom package. Do not use if torn or damaged. Avoid using a condom past its expiration date. Do so only if newer condoms are not available.
- If possible, wash your hands with mild soap and clean water before inserting the condom.

2. Before any physical contact, insert the condom into the vagina

- For the most protection, insert the condom before the penis comes in contact with the vagina. Can be inserted up to 8 hours before sex.
- Choose a position that is comfortable for insertion—squat, raise one leg, sit, or lie down

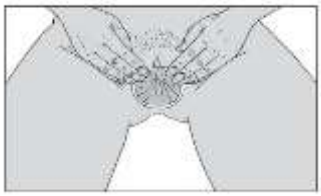
- Rub the sides of the female condom together to spread the lubricant evenly
- Grasp the ring at the closed end, and squeeze it so it becomes long and narrow

- With the other hand, separate the outer lips (labia) and locate the opening of the vagina.

- Gently push the inner ring into the vagina as far up as it will go. Insert a finger into the condom to push it into place. About 2 to 3 centimeters of the condom and the outer ring remain outside the vagina

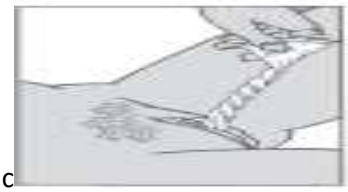
3. Ensure that the penis enters the condom and stays inside the condom

- The man or woman should carefully guide the tip of his penis in to the condom. If his penis goes outside the condom, withdraw and try again.
- If the condom is accidentally pulled out of the vagina or pushed into it during sex, put the condom back in place



4. After the man withdraws his penis, hold the outer ring of the condom, twist to seal in fluids, and gently pull it out of the vagina

- The female condom does not need to be removed immediately.
- Remove the condom before standing up, to avoid spilling semen.
- If the couple has sex again, they should use a new condom.
- Reuse of female condoms is not recommended

c 

5. Dispose of the used condom safely

- Wrap the condom in its package, and put it in the rubbish or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.

Note: Male and female condoms should not be used together. This can cause friction that may lead to slipping or tearing of the condoms.

3.1.3. Spermicides

What Are Spermicides?

- Sperm-killing substances inserted deep in the vagina, near the cervix, before sex.
  - ✓ Nonoxynol-9 is most widely used.
  - ✓ Others include benzalkonium chloride, chlorhexidine, menfegol, octoxynol-9, and sodium docusate.
- Available in foaming tablets, melting or foaming suppositories, cans of pressurized foam, melting film, jelly, and cream.
  - ✓ Jellies, creams, and foam from cans can be used alone, with a diaphragm, or with condoms.
  - ✓ Films, suppositories, foaming tablets, or foaming suppositories can be used alone or with condoms.
- Work by causing the membrane of sperm cells to break, killing them or slowing their movement. This keeps sperm from meeting an egg.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when spermicides are not used with every act of sex.

- One of the least effective family planning methods.
- As commonly used, about 21 pregnancies per 100 women using spermicides over the first year. This means that 79 of every 100 women using spermicides will not become pregnant.
- When used correctly with every act of sex, about 16 pregnancies per 100 women using spermicides over the first year.

Return of fertility after spermicides are stopped: No delay

Protection against sexually transmitted infections (STIs): None.

Frequent use of nonoxynol-9 may increase risk of HIV infection

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

- Irritation in or around the vagina or penis

Other possible physical changes:

- Vaginal lesions

Known Health Benefits

Help protect against risks of pregnancy

Known Health Risks

Uncommon:

- Urinary tract infection, especially when using spermicides 2 or more times a day

Rare:

- Frequent use of nonoxynol-9 may increase risk of HIV infection.

Advantage

- Are controlled by the woman
- Have no hormonal side effects

- Increase vaginal lubrication
- Can be used without seeing a health care provider
- Can be inserted ahead of time and so do not interrupt sex

Disadvantage

- Irritation in or around the vagina or penis. (she or her partner has itching, rash, or irritation that lasts for a day or more)
- Urinary tract infection (burning or pain with urination, frequent urination in small amounts, blood in the urine, back pain)
- Bacterial vaginosis (abnormal white or gray vaginal discharge with unpleasant odor)
- Candidiasis (abnormal white vaginal discharge that can be watery or thick chunky)

Correcting Misunderstandings

Spermicides:

- Do not reduce vaginal secretions or make women bleed during sex.
- Do not cause cervical cancer or birth defects.
- Do not protect against STIs.
- Do not change men's or women's sex drive or reduce sexual pleasure for most men.
- Do not stop women's monthly bleeding.

Who can use spermicides?

Safe and suitable for nearly all women.

Who cannot use spermicides?

All women can safely use spermicides except those who:

- Are at high risk for HIV infection
- Have HIV infection
- Have AIDS

When to start using spermicides?

Anytime the client wants.

How are spermicides used?

Spermicides should be inserted before sex.

- **Foam or cream:** Any time less than one hour before sex.
- **Tablets, suppositories, jellies, film:** Between 10 minutes and one hour before sex. The client checks the expiration date and washes hands with mild soap and clean water, if possible.
- **Applying the spermicide:**
  - ✓ **Foam or cream:** Shake cans of foam hard. Squeezes spermicide from the can or tube into a plastic applicator. Insert the applicator deep into the vagina, near the cervix, and pushes the plunger.
  - ✓ **Tablets, suppositories, jellies**: Inserts the spermicide deep into the vagina, near the cervix, with an applicator or with fingers.
  - ✓ **Film:** Folds film in half and inserts with dry fingers (or else the film will stick to the fingers and not the cervix).
- Before each act of vaginal sex additional spermicide should be inserted.
- Douching is not recommended because it will wash away the spermicide and also increase the risk of STIs. If the client must douche, she should wait for at least 6 hours after sex before doing so.

3.1.4. Diaphragm

- A soft latex cup that covers the cervix. Plastic and silicone diaphragms may also be available.
- The rim contains a firm, flexible spring that keeps the diaphragm in place.
- Used with spermicidal cream, jelly, or foam to improve effectiveness.

- Most diaphragms come in different sizes and require fitting by a specifically trained provider. It does not require seeing a provider for fitting.
- Works by blocking sperm from entering the cervix; spermicide kills or disables sperm. Both keep sperm from meeting an egg.


How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when the diaphragm with spermicide is not used with every act of sex.

- As commonly used, about 17 pregnancies per 100 women using the diaphragm with spermicide over the first year. This means that 83 of every 100 women using the diaphragm will not become pregnant.
- When used correctly with every act of sex, about 16 pregnancies per 100 women using the diaphragm with spermicide over the first year.

Return of fertility after use of the diaphragm is stopped: No delay

Protection against STIs: May provide some protection against certain STIs but should not be relied on for STI prevention.

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

- Irritation in or around the vagina or penis

Other possible physical changes:

- Vaginal lesions

Known Health Benefits

Help protect against:

- Risks of pregnancy

May help protect against:

- Certain STIs (chlamydia, gonorrhea, pelvic inflammatory disease, trichomoniasis)
- Cervical pre cancer and cancer

Known Health Risks

Common to uncommon:

- Urinary tract infection

Uncommon:

- Bacterial vaginosis
- Candidiasis

Rare:

- Frequent use of nonoxynol-9 may increase risk of HIV infection

Extremely rare:

- Toxic shock syndrome

Advantage

- Is controlled by the woman
- Has no hormonal side effects
- Can be inserted ahead of time and so does not interrupt sex

Disadvantage

- Difficulty inserting or removing diaphragm
- Discomfort or pain with diaphragm use
- Irritation in or around the vagina or penis.

Correcting Misunderstandings

Diaphragms:

- Do not affect the feeling of sex. A few men report feeling the diaphragm during sex, but most do not.
- Cannot pass through the cervix. They cannot go into the uterus or otherwise get lost in the woman's body.
- Do not cause cervical cancer.

Who can use the diaphragm?

- Nearly all women can use the diaphragm safely and effectively.

Who cannot use the diaphragm?

Women who have the following conditions:

- Have had a baby or second-trimester abortion in the past 6 weeks
- Allergy to latex rubber
- Are at high risk for HIV infection
- Have HIV infection
- Have AIDS

When to start using the diaphragm?

Anytime the client wants, except within 6 weeks after full-term delivery or second-trimester spontaneous or induced abortion.

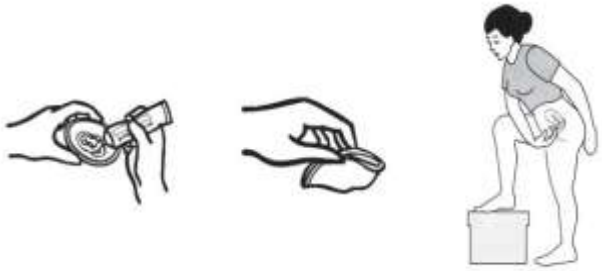
How is diaphragm used?

- A pelvic examination is needed before starting use. The provider determines the correct diaphragm size and checks that it fits properly and does not come out easily. With a properly fitted diaphragm, the client should not be able to feel anything inside her vagina, even when she walks or during sex.

IMPORTANT: Whenever possible, show the woman the location of the pubic bone and cervix with a model or picture. Explain that the diaphragm is inserted behind the pubic bone and covers cervix.

1. **Squeeze a spoonful of spermicidal cream, jelly or foam into the diaphragm and around the rim.**

- Wash hands with soap and clean water if possible.
- Check the diaphragm for holes, cracks, or tears by holding it up to the light.
- Check the expiration date of the spermicide and avoid using any beyond its expiration date.
- Insert the diaphragm less than 6 hours before having sex.



2. Press the rim together; push into the vagina as far as it goes

- Choose a position that is comfortable for insertion—squatting, raising one leg, sitting, or lying down.

3. Feel the diaphragm to make sure it covers the cervix

- Through the dome of the diaphragm, the cervix feels like the tip of the nose.
- If the diaphragm feels uncomfortable, take it out and insert it again.

4. Keep in place for at least 6 hours after sex

- Keep the diaphragm in place at least 6 hours after having sex but no longer than 24 hours.
- *Leaving the diaphragm in place for more than one day may increase the risk of toxic shock syndrome.* It can also cause a bad odor and vaginal discharge.
- For multiple sex acts, make sure that the diaphragm is in the correct position and also insert additional spermicides in front of the diaphragm before each act.

5. To remove, slide a finger under the rim of the diaphragm to pull it down and out

- Wash hands with mild soap and clean water, if possible.

- Insert a finger into the vagina until the rim of the diaphragm is felt.
- Gently slide a finger under the rim and pull the diaphragm down and out. Use care not to tear the diaphragm with a fingernail.
- Wash the diaphragm with soap and clean water and dry it after each use.

Tips for Users of Spermicides or the Diaphragm With Spermicide

- Spermicides should be stored in a cool, dry place, if possible, out of the sun. Suppositories may melt in hot weather. If kept dry, foaming tablets are not as likely to melt in hot weather.
- The diaphragm should be stored in a cool, dry place, if possible.
- She needs a new diaphragm fitted if she has had a baby or a second trimester miscarriage or abortion.

3.1.5 Cervical cap

What Is the Cervical Cap?

- A soft, deep, latex or plastic rubber cup that snugly covers the cervix.
- Comes in different sizes; requires fitting by a specifically trained provider.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when the cervical cap with spermicide is not used with every act of sex.

Women who have given birth:

- One of the least effective methods, as commonly used.
- As commonly used, about 32 pregnancies per 100 women using the cervical cap with spermicide over the first year. This means that 68 of every 100 women using the cervical cap will not become pregnant.

- When used correctly with every act of sex, about 26 pregnancies per 100 women using the cervical cap over the first year.

More effective among women who have not given birth:

- As commonly used, about 16 pregnancies per 100 women using the cervical cap with spermicide over the first year. This means that 84 of every 100 women using the cervical cap will not become pregnant.
- When used correctly with every act of sex, about 9 pregnancies per 100 women using the cervical cap over the first year.

Return of fertility after use of cervical cap is stopped: No delay

Protection against sexually transmitted infections: None

Side Effects, Health Benefits, and Health Risks

- Same as for diaphragms

Who can use the cervical cup?

- Nearly all women can use the diaphragm safely and effectively.

Who cannot use the cervical cup?

- Treated or going to be treated for cervical pre cancer or cervical cancer.
- Have had a baby or second-trimester abortion in the past 6 weeks
- Allergy to latex rubber
- Are at high risk for HIV infection
- Have HIV infection
- Have AIDS

How to use cervical cup

Providing the cervical cap is similar to providing diaphragms and helping diaphragm users. Differences include:

Inserting

- Fill one-third of the cap with spermicidal cream, jelly, or foam.

- Press the rim of the cap around the cervix until it is completely covered, pressing gently on the dome to apply suction and seal the cap.
- Insert the cervical cap any time up to 42 hours before having sex.

Removing

- Leave the cervical cap in for at least 6 hours after her partner's last ejaculation, but not more than 48 hours from the time it was put in.
- Leaving the cap in place for more than 48 hours may increase the risk of toxic shock syndrome and can cause a bad odor and vaginal discharge.
- Tip the cap rim sideways to break the seal against the cervix, and then gently pull the cap down and out of the vagina.

Self-check 3	**Written test**

Directions: Answer all the questions listed below.

Part I say "True" if the statement is correct or "False" if the statement is incorrect (each 2 point 3x2=6%)

1. Male and female condoms should not be used together.
2. Spermicide Protects against sexually transmitted infections including HIV.
3. The diaphragm can be inserted less than 6 hours before having sex.

Part II. Choose the correct answer for the following alternatives (each 2 point 2x2=4%)

1. Among the barrier methods of contraceptives _____ is a sperm killing agent
   A. Condom
   B. Spermicide
   C. Diaphragm
   D. Cervical cap
2. The barrier method of contraception Makes squeaks or makes noise during sex
   A. Male condom
   B. Female condom
   C. Diaphragm
   D. Cervical cup

Note: **Satisfactory rating - 6 points** **Unsatisfactory - below 6 points**

Answer sheet True or False

1. _____
2. _____
3. _____

Answer Sheet Multiple choose Questions

1. _____
2. _____

Score= _____ Rating = _____

Name: _____

Date: _____

Information sheet 4	**Oral Contraceptives (OC)**

4.1. Combined oral contraceptives (COCs)

What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called "the Pill," low-dose combined pills, OCPs, and OCs.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman starts a new pill pack 3 or more days late, or misses 3 or more pills near the beginning or end of a pill pack.

- As commonly used, about 7 pregnancies per 100 women using COCs over the first year. This means that 93 of every 100 women using COCs will not become pregnant.
- When no pill-taking mistakes are made, less than 1 pregnancy per 100 women using COCs over the first year (3 per 1,000 women).

Return of fertility after COCs are stopped: No delay

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

- Changes in bleeding patterns bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.
  - ✓ Lighter bleeding and fewer days of bleeding
  - ✓ Irregular bleeding
  - ✓ Infrequent bleeding
  - ✓ No monthly bleeding

- Headaches
- Dizziness
- Nausea
- Breast tenderness
- Weight change
- Mood changes
- Acne (can improve or worsen, but usually improves)

Other possible physical changes:

- Blood pressure increases a few points (mm Hg). When increase is due to COCs, blood pressure declines quickly after use of COCs stops.

Known Health Benefits

Help protect against:

- Risks of pregnancy
- Cancer of the lining of the uterus (endometrial cancer)
- Cancer of the ovary
- Symptomatic pelvic inflammatory disease

May help protect against:

- Ovarian cysts
- Iron-deficiency anemia

Reduce:

- Menstrual cramps
- Menstrual bleeding problems
- Ovulation pain
- Excess hair on face or body
- Symptoms of polycystic ovarian syndrome (irregular bleeding, acne, excess hair on face or body)
- Symptoms of endometriosis (pelvic pain, irregular bleeding)

Known Health Risks

Very rare:

- Blood clot in deep veins of legs or lungs (deep vein thrombosis or pulmonary embolism)

Extremely rare:

- Stroke
- Heart attack

Advantages

- Are controlled by the woman
- Can be stopped at any time without a provider's help
- Do not interfere with sex
- Are easy to use
- Easy to obtain, for example, in drug shops or pharmacies
- Combined oral contraceptive pills decrease menstrual flow significantly in women with a normal uterus. Therefore, pill users are less likely to develop iron deficiency anaemia. Pills also decrease menstrual cramps and pain.

Disadvantages

- They are not recommended for breastfeeding women, because they affect the quality and quantity of milk.
- Very rarely, COCs can also cause strokes, blood clots in deep veins of the legs, or heart attacks. Those at highest risk are women with high blood pressure and women who are aged 35 years or older.
- Also bear in mind that the pills do not protect against STIs, including AIDS.

Correcting Misunderstandings

Combined oral contraceptives:

- Do not build up hormones in a woman's body. Women do not need a "rest" from taking COCs.
- Must be taken every day, whether or not a woman has sex that day.
- Do not make women infertile after they stop taking COCs.
- Do not cause birth defects or multiple births.
- Do not change women's sexual behavior.
- Do not collect in the stomach. Instead, the pill dissolves each day.
- Do not disrupt an existing pregnancy.

Who Can and Cannot Use Combined Oral Contraceptives

Safe and Suitable for Nearly All Women

Nearly all women can use COCs safely and effectively, including women who:

- Have or have not had children
- Are married or are not married
- Are of any age, including adolescents and women over 40 years old
- After childbirth and during breastfeeding, after a period of time
- Have just had an abortion, miscarriage, or ectopic pregnancy
- Smoke cigarettes—if under 35 years old
- Have anemia now or had in the past
- Have varicose veins
- Are living with HIV, whether or not on antiretroviral therapy

Avoid Unnecessary Procedures

Women can begin using COCs:

- Without a pelvic examination
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination

- Without a pregnancy test. A woman can begin using COCs at any time, even when she is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant.

Who cannot use COCs?

Women who have the following conditions (contraindications):

- Fully or nearly fully breastfeeding a baby less than 6 months old, because estrogen affects the quality and quantity of breast milk.
- Has had a baby in the last 3 weeks
- Current or history of breast cancer
- Liver tumor, liver infection or cirrhosis or has developed jaundice while using COCs
- Age 35 or older and smoking
- Blood pressure 140/90 mmHg or higher
- Diabetes for more than 20 years or damage to arteries, vision, kidneys or nervous system caused by diabetes
- Current gallbladder disease
- Current or history of stroke, blood clot in legs or lungs, heart attack or serious heart problems
- Migraines with aura or migraines without aura at age 35 or older
- Taking medications for seizures (barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate, or rifampicin)
- Planning major surgery that will keep her from walking for one week

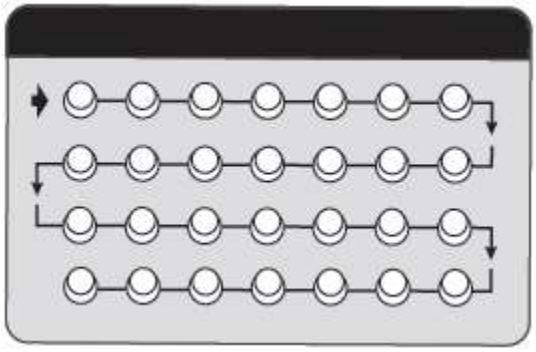
COCs for women with HIV

- Women living with HIV or on antiretroviral therapy can safely use COCs.
- Urge these women to use condoms along with COCs. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

4.2. Progestin- only pills

What Are Progestin-Only Pills?

- Pills that contain very low doses of a progestin like the natural hormone progesterone in a woman's body.
- Do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen.
- Progestin-only pills (POPs) are also called "minipills" and progestin-only oral contraceptives.
- Work primarily by:
  - ✓ Thickening cervical mucus (this blocks sperm from meeting an egg)
  - ✓ Disrupting the menstrual cycle, including preventing the release of eggs from the ovaries (ovulation)



How Effective?

Effectiveness depends on the user: For women who have monthly bleeding, risk of pregnancy is greatest if pills are taken late or missed completely.

Breastfeeding women:

- As commonly used, about 1 pregnancy per 100 women using POPs over the first year. This means that 99 of every 100 women will not become pregnant.

- When pills are taken every day, less than 1 pregnancy per 100 women using POPs over the first year (3 per 1,000 women).

Less effective for women not breastfeeding:

- As commonly used, about 7 pregnancies per 100 women using POPs over the first year. This means that 93 of every 100 women will not become pregnant.
- When pills are taken every day at the same time, less than 1 pregnancy per 100 women using POPs over the first year (3 per 1,000 women).

Return of fertility after POPs are stopped: No delay

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

Changes in bleeding patterns: Bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.

- For breastfeeding women, longer delay in return of monthly bleeding after childbirth (lengthened postpartum amenorrhea)
  - ✓ Frequent bleeding
  - ✓ Irregular bleeding
  - ✓ Infrequent bleeding
  - ✓ Prolonged bleeding
  - ✓ No monthly bleeding
- Breastfeeding also affects a woman's bleeding patterns.
  - ✓ Headaches
  - ✓ Dizziness
  - ✓ Mood changes
  - ✓ Breast tenderness
  - ✓ Abdominal pain

- ✓ Nausea

Known Health Benefits

Help protect against:

- Risks of pregnancy

Known Health Risks

- None

Why some women say they like POPs

- Can be used while breastfeeding
- Can be stopped at any time without a provider's help
- Do not interfere with sex
- Are controlled by the woman

Correcting Misunderstandings

Progestin-only pills:

- Do not cause a breastfeeding woman's milk to dry up
- Must be taken every day, whether or not a woman has sex that day
- Do not make women infertile
- Do not cause diarrhea in breastfeeding babies
- Reduce the risk of ectopic pregnancy

Who Can Use Progestin-Only Pills

Nearly all women can use POPs safely and effectively, including women who:

Are breastfeeding (she can start immediately after childbirth)

- Have or have not had children
- Are married or are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion, miscarriage, or ectopic pregnancy

- Smoke cigarettes, regardless of woman's age or number of cigarettes smoked
- Have anemia now or had in the past
- Have varicose veins
- Are living with HIV, whether or not on antiretroviral therapy

Women can begin using POPs:

- Without a pelvic examination
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination
- Even when a woman is not having monthly bleeding at initiation of the method, if
- it is reasonably certain she is not pregnant (see pregnancy checklist in history and physical examination section)

Who cannot use POPs

Women who have the following conditions:

- Breastfeeding a baby less than 6 weeks old
- Liver tumor, liver infection or cirrhosis
- Current serious problem with blood clot in legs or lungs
- Taking medications for seizures (barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate) or tuberculosis (rifampicin)
- Current or history of breast cancer

Progestin –Only pills for women with HIV

- Women living with HIV or on antiretroviral therapy can safely use POPs.
- Urge these women to use condoms along with POPs. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

Self-check 4	Written test

Directions: Answer all the questions listed below.

Part I. Choose the correct answer for the following alternatives (each 2 point 3x2=6%)

1. Who **can use** combined oral contraceptives (COCs)?
   A. Fully or nearly fully breastfeeding a baby less than 6 months old
   B. Current or history of breast cancer
   C. Age 35 or older and smoking
   D. Blood pressure lower than 140/90 mmHg
2. Which is **CORRECT** statement about oral contraceptive pills?
   A. Oral contraceptives cause delay of fertility after stopping
   B. Work by thickening of cervical mucus
   C. Women living with HIV cannot use COCs
   D. Do not protect from STIs including HIV transmission
3. Who cannot use progesterone only pills (POPs)
   A. Has history of breast cancer.
   B. Have anemia now or had in the past
   C. Have varicose veins
   D. Have goiter

Note: **Satisfactory rating - 4 points** **Unsatisfactory - below 4 points**

Answer Sheet Multiple choose Questions

1. _____
2. _____
3. _____

Score= _____

Rating = _____

Name: _____ Date: _____

Information sheet 5	Progestin Only Injectables

5.1. Progestin Only Injectables

What Are Progestin-Only Injectables?

- The injectable contraceptives depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN) each contain a progestin like the natural hormone progesterone in a woman's body. (In contrast, monthly injectables contain both estrogen and progestin.
- Do not contain estrogen, and so can be used throughout breastfeeding, starting 6 weeks after giving birth, and by women who cannot use methods with estrogen.
- Given by injection into the muscle (intramuscular injection) or, with a new formulation of DMPA, just under the skin (subcutaneous injection). The hormone is then released slowly into the bloodstream.

- DMPA, the most widely used progestin-only injectable, is also known in its intramuscular form as "the shot," "the jab," the injection, Depo, Depo-Provera, and Petogen. The subcutaneous version in the Uniject injection system is currently marketed under the name Sayana Press and in prefilled single-dose disposable hypodermic syringes as depo-subQ provera 104.

- NET-EN is also known as norethindrone enanthate, Noristerat, Norigest, and Syngestal.

How does it work? Work primarily by

- **Inhibits Ovulation** - After a 150 mg injection of DMPA, ovulation does not occur for at least 13 to 14 weeks. Levels of the follicle stimulating hormone (FSH) and luteinizing hormone (LH) are lowered and a LH surge does not occur.
- **Thickens the Cervical Mucus** - the cervical mucus becomes thick, making sperm penetration difficult.
- **Thins the Endometrial Lining** - because of the high progestin and low estrogen levels, the endometrium changes, making it unfavorable for implantation. However, due to the changes in the cervical mucus and anovulation, fertilization is extremely unlikely to occur.

How Effective?

Effectiveness depends on getting injections regularly: Risk of pregnancy is greatest when a woman misses an injection.

- As commonly used, about 4 pregnancies per 100 women using progestin-only injectables over the first year. This means that 96 of every 100 women using injectables will not become pregnant.
- When women have injections on time, less than 1 pregnancy per 100 women using progestin-only injectables over the first year (2 per 1,000 women).

Return of fertility after injections are stopped: An average of about 4 months longer for DMPA and 1 month longer for NET-EN than with most other methods.

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects

Most users report some changes in monthly bleeding. Bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.

- Typically, these include, with DMPA: First 3 months:

- ✓ Irregular bleeding
- ✓ Prolonged bleeding

- At one year:
  - ✓ No monthly bleeding
  - ✓ Infrequent bleeding
  - ✓ Irregular bleeding
- NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely than DMPA users to have no monthly bleeding after one year.

Some users report the following:

- Weight gain
- Headaches
- Dizziness
- Abdominal bloating and discomfort
- Mood changes
- Less sex drive

Other possible physical changes:

- Loss of bone density

Why some women say they like progestin-Only Injectabless

- Requires action only every 2 or 3 months. No daily pill-taking.
- Do not interfere with sex
- Are private: No one else can tell that a woman is using contraception
- Stop monthly bleeding (for many women)
- May help women to gain weight

Known Health Benefits

Helps protect against:

- Risks of pregnancy
- Cancer of the lining of the uterus (endometrial cancer)
- Uterine fibroids

May help protect against:

- Symptomatic pelvic inflammatory disease
- Iron-deficiency anemia

Reduces:

- Sickle cell crises among women with sickle cell anemia
- Symptoms of endometriosis (pelvic pain, irregular bleeding)

Known Health Risks

None

Known Health Benefits

NET-EN

Helps protect against:

- Risks of pregnancy
- Iron-deficiency anemia

Known Health Risks

None

Correcting Misunderstandings

Progestin-only injectables:

- Can stop monthly bleeding, but this is not harmful and could help prevent anemia. It is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman. Effectiveness is high regardless of the bleeding pattern.
- Do not disrupt an existing pregnancy.
- Do not make women infertile.

Who Can Use Progestin-Only Injectables

Nearly all women can use progestin-only injectables safely and effectively, including women who:

- Have or have not had children
- Are married or are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion or miscarriage
- Smoke cigarettes, regardless of woman's age or number of cigarettes smoked
- Are breastfeeding, starting as soon as 6 weeks after childbirth
- Are living with HIV, whether or not on antiretroviral therapy

Avoid Unnecessary Procedures

Women can begin using progestin-only injectables:

- Without a pelvic examination
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination
- Without a pregnancy test. A woman can begin using a progestin-only injectable at any time, even when she is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant.

Who Should Not Use Injectables (DMPA)

Women who have one of the conditions below are not good candidates for DMPA"

- Breastfeeding a baby less than six weeks old.
- Severe decompensated cirrhosis
- Blood pressure higher than 160/100 mm Hg.
- Diabetes more than 20 years of duration or diabetes with vascular complications.
- History or current heart attack or stroke

- Current blood clot in leg (deep venous thrombosis) or lungs (pulmonary embolism)
- Undiagnosed abnormal vaginal bleeding (postpone injection until bleeding can be evaluated)
- History or current breast cancer

Progestin-Only Injectables for women with HIV

- Women who are living with HIV or are on antiretroviral (ARV) therapy can safely use progestin-only injectables.
- The time between injections does not need to be shortened for women taking ARVs.
- Urge these women to use condoms as well. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

Self-check 5	Written test

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 2x2=4%).

1. Progestin only injectables can be used throughout breastfeeding, starting 6 weeks after giving birth.
2. DMPA affects bleeding patterns less than NET-EN.

Part II. Choose the correct answer for the following alternatives (each 2 point 3x2=6%)

1. Who can use progestin only injectables?
   A. Blood pressure less than 160/100 mm Hg.
   B. History or current heart attack or stroke

C. Undiagnosed abnormal vaginal bleeding

D. History or current breast cancer

2. Which is correct about progestin only injectables?

A. DMPA causes an average of about 1 months longer to return fertility

B. Women can begin using progestin-only injectables with a pelvic examination

C. Bleeding changes due to progestin only injectables are abnormal and harmful

D. Women who smoke cigarettes can use progestin only injectables .

Note: **Satisfactory rating - 4 points** **Unsatisfactory - below 4 points**

Answer sheet for True or False

1. _____ **2. _____**

Answer Sheet for Multiple choose Questions

1. _____ 2. _____

Score= _____

Rating = _____

Name: _____ Date: _____

Information sheet 6	Implants

6.1. Implants

What Are Implants?

- Small plastic rods, each about the size of a matchstick, that release a progestin like the natural hormone progesterone in a woman's body.
- A specifically trained provider performs a minor surgical procedure to place one or 2 rods under the skin on the inside of a woman's upper arm.
- Do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen.

- Types of implants:
  - ✓ **Jadelle:** 2 rods containing levonorgestrel, highly effective for 5 years
  - ✓ **Implanon NXT (Nexplanon):** 1 rod containing etonogestrel, labeled for up to 3 years of use (a recent study shows it may be highly effective for 5 years). Replaces Implanon; Implanon NXT can be seen on X-ray and has an improved insertion device.
  - ✓ **Levoplant (Sino-Implant (II)),** 2 rods containing levonorgestrel. Labeled for up to 4 years of use.
  - ✓ **Norplant,** which consisted of 6 capsules and was effective for 5−7 years, was discontinued in 2008 and is no longer available for insertion.
  - ✓ A small number of women, however, may still need Norplant capsules removed.
- Work primarily by:
  - ✓ Preventing the release of eggs from the ovaries (ovulation)
  - ✓ Thickening cervical mucus (this blocks sperm from reaching an egg)
  - ✓ Suppression of endometrial growth so that it is less receptive to implantation.

How Effective?

One of the most effective and long-lasting methods:

- Far less than 1 pregnancy per 100 women using implants over the first year (1 per 1,000 women). This means that 999 of every 1,000 women using implants will not become pregnant. Less than 1 pregnancy per 100 women over the duration of use.
- A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using implants.
- For heavier women, the effectiveness of Jadelle and Levoplant may decrease near the end of the duration of use stated on the label. These users may want to replace their implants sooner.

Return of fertility after implants are removed: No delay

Protection against sexually transmitted infections (STIs): None

Why Some Women Say They like Implants

- Do not require the user to do anything once they are inserted
- Prevent pregnancy very effectively
- Are both long-lasting and reversible
- Do not interfere with sex

Side Effects, Health Benefits, Health Risks, and Complications

Side Effects

Some users report the following:

- Changes in bleeding patterns, bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.
- First several months to a year:
  - ✓ Lighter bleeding and fewer days of bleeding
  - ✓ Prolonged bleeding
  - ✓ Irregular bleeding
  - ✓ Infrequent bleeding
  - ✓ No monthly bleeding
- After about one year:
  - ✓ Lighter bleeding and fewer days of bleeding
  - ✓ Irregular bleeding
  - ✓ Infrequent bleeding
  - ✓ No monthly bleeding
- Users of Implanon and Implanon NXT are more likely to have infrequent bleeding, prolonged bleeding, or no monthly bleeding than irregular bleeding.
- Headaches
- Abdominal pain
- Acne (can improve or worsen)
- Weight change
- Breast tenderness

- Dizziness
- Mood changes
- Nausea

Known Health Benefits

Help protect against:

- Risks of pregnancy, including ectopic pregnancy
- Symptomatic pelvic inflammatory disease

May help protect against:

- Iron-deficiency anemia

Reduces:

- Risk of ectopic pregnancy

Known Health Risks

None

Complications

Uncommon:

- Infection at insertion site (most infections occur within the first 2 months after insertion)
- Difficult removal (rare if properly inserted and the provider is skilled at removal)

Rare:

- Expulsion of implant (expulsions most often occur within the first 4 months after insertion)

Extremely rare:

- There are a few reports of implants found in another place in the body due to improper insertion, for example, in a blood vessel.

Correcting Misunderstandings

Implants:

- Do not work once they are removed. Their hormones do not remain in a woman's body.
- Do not cause any harm if they stop monthly bleeding. This is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman.
- Do not make women infertile.
- Do not increase the risk of ectopic pregnancy

Who Can Use Implants

Nearly all women can use implants safely and effectively, including women who:

- Have or have not had children
- Are married or are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion, miscarriage, or ectopic pregnancy
- Smoke cigarettes, regardless of woman's age or number of cigarettes smoked
- Are breastfeeding
- Have anemia now or in the past
- Have varicose veins
- Are living with HIV, whether or not on antiretroviral therapy

Avoid Unnecessary Procedures

- Women can begin using implants:
- Without a pelvic examination
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination
- Without a pregnancy test. A woman can have implants inserted at any time, even when she is not having monthly bleeding, if it is reasonably certain she is not pregnant (see Pregnancy Checklist, inside back cover).

Who cannot use implants?

Women who have the following conditions:

- Breastfeeding a baby less than 6 weeks old
- Serious active liver disease (jaundice, active hepatitis, severe cirrhosis, liver tumor)
- Current problem with a blood clot in legs or lungs
- Unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition
- Taking medications for seizures (barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate) or tuberculosis (rifampicin)
- Current or history of breast cancer

Implants for Women with HIV

- Women who are living with HIV or are on antiretroviral (ARV) therapy can safely use implants.
- Efavirenz may reduce the effectiveness of implants. Urge women taking this ARV to use condoms along with implants to provide better protection from pregnancy.

Self-check 6	**Written test**

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 3x2= 6%).

1. Implants delay Return of fertility after removed.
2. Users of Implanon and Implanon NXT are more likely to have infrequent bleeding, prolonged bleeding, or no monthly bleeding than irregular bleeding.
3. Implants have known health risk

Part II. Choose the correct answer for the following alternatives (each 2 point 3x2=6%)

1. _____ contain 2 rods of levonorgestrel, highly effective for 5 years
   A. Jadelle
   B. Implanon NXT (Nexplanon
   C. Levoplant (Sino-Implant (II))
   D. Norplant
2. *Which is correct statement about plants*
   A. They contain the hormone estrogen
   B. Prevent pregnancy very effectively
   C. Are short acting and permanent
   D. Women who are living with HIV cannot used
3. Who cannot use implants?
   A. Smoke cigarettes
   B. Are breastfeeding
   C. Have anemia now or in the past
   D. Have unexplained vaginal bleeding

Note: **Satisfactory rating - 6 points** **Unsatisfactory - below 6 points**

Answer sheet for True or False

1. _____
2. _____
3. _____

Answer Sheet for Multiple choose Questions

1. _____
2. _____
3. _____

Score= _____

Rating = _____

Name: _____ Date: _____

Information sheet 7	Copper-Bearing Intrauterine Devise

7.1. Copper-Bearing Intrauterine Devise

What Is the Copper-Bearing Intrauterine Device?

- The copper-bearing intrauterine device (IUD) is a small, flexible plastic frame with copper sleeves or wire around it. A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix.
- Most IUCD users are very satisfied with their IUCD. Women who use IUCDs are among the most satisfied contraceptive users.
- Almost all types of IUDs have one or two strings, or threads, tied to them. The strings hang through the cervix into the vagina.
- The copper bearing IUCDs' principal mechanism of action (MOA) is to interfere with fertilization by causing a chemical change that damages sperm and egg before they can meet.

How Effective?

One of the most effective and long-lasting methods:

- Less than 1 pregnancy per 100 women using an IUD over the first year (6 per 1,000 women who use the IUD perfectly, and 8 per 1,000 women as commonly used). This means that 992 to 994 of every 1,000 women using IUDs will not become pregnant.
- A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the IUD.
  - ✓ Over 10 years of IUD use: About 2 pregnancies per 100 women
- Studies have found that the TCu-380A is effective for 12 years. The TCu-380A is labeled for up to 10 years of use, however. (Providers should follow national guidelines as to when the IUD should be removed.)

Return of fertility after IUD is removed: No delay

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, Health Risks, and Complications

Side Effects

Some users report the following:

- Changes in bleeding patterns (especially in the first 3 to 6 months). Bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.
  - ✓ Prolonged and heavy monthly bleeding
  - ✓ Irregular bleeding
  - ✓ More cramps and pain during monthly bleeding

Known Health Benefits

Helps protect against:

- Risks of pregnancy

May help protect against:

- Cancer of the lining of the uterus (endometrial cancer)
- Cervical cancer

Reduces:

- Risk of ectopic pregnancy

Known Health Risks

Uncommon:

- May contribute to anemia if a woman already has low iron blood stores before insertion and the IUD causes heavier monthly bleeding

Rare:

- Pelvic inflammatory disease (PID) may occur if the woman has chlamydia or gonorrhea at the time of IUD insertion

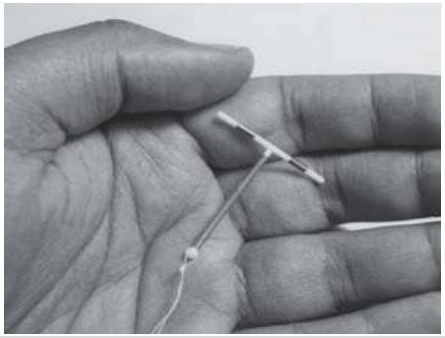
Complications

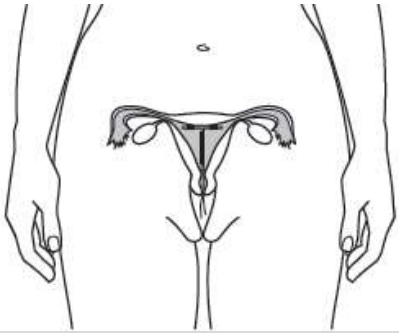
Rare:

- Puncturing (perforation) of the wall of the uterus by the IUD or an instrument used for insertion. Usually heals without treatment.
- Miscarriage, preterm birth, or infection in the rare case that the woman becomes pregnant with the IUD in place.

Why Some Women Say They like IUD

- Prevents pregnancy very effectively
- Is long-lasting
- Is private—usually no one else can tell a woman is using contraception (sometimes a partner may feel the strings during sex)
- Has no further costs for supplies after the IUD is inserted
- Does not require the user to do anything once the IUD is inserted





Correcting Misunderstandings

Intrauterine devices:

- Can be used by women of any age, including adolescents.
- Can be used by women who have had children and those who have not.
- Rarely lead to PID.
- Do not increase the risk of contracting STIs, including HIV.
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.
- Do not make women infertile.
- Do not cause birth defects.
- Do not cause cancer.
- Do not move to the heart or brain.
- Do not cause discomfort or pain for the woman or the man during sex.
- Substantially reduce the risk of ectopic pregnancy.

Who Can Use the Copper-Bearing IUD?

Most women can use IUDs safely and effectively, including women who:

- Have or have not had children
- Are married or are not married
- Are of any age, including adolescents and women over 40 years old
- Have just had an abortion or miscarriage (if no evidence of infection)
- Are breastfeeding
- Do hard physical work
- Have had ectopic pregnancy
- Have had pelvic inflammatory disease (PID)
- Have vaginal infections
- Have anemia

- Have HIV clinical disease that is mild or with no symptoms whether or not they are on antiretroviral therapy (see IUDs

Avoid Unnecessary Procedures

Women can begin using IUDs:

- Without cervical cancer screening
- Without a breast examination
- Without a blood pressure check

Note: A pelvic examination and an STI risk assessment are essential. When available, a hemoglobin test and laboratory tests for STIs including HIV can contribute to safe and effective use.

Who Cannot Use the Copper-Bearing IUD

Women who have the following conditions:

- Gave birth more than 48 hours ago but less than for weeks ago
- Infection following childbirth or abortion
- Unexplained vaginal bleeding suggesting pregnancy or an underlying medical condition
- Female conditions or problems (gynecologic or obstetric conditions or problems) such as genital cancer or pelvic tuberculosis
- Known current cervical, endometrial or ovarian cancer
- AIDS and clinically not well or are not on antiretroviral therapy (If she is at risk of HIV or infected by HIV but does not have AIDS, she can use an IUCD. If a woman who has an IUCD in place develops AIDS, she can keep the IUCD.)
- Very high individual risk for chlamydial infection or gonorrhea
- Might be pregnant

Intrauterine Devises for Women with HIV

- Women living with HIV can safely have an IUD inserted if they have mild or no clinical disease, whether or not they are on antiretroviral therapy.

- Women who have HIV infection with advanced or severe clinical disease should *not* have an IUD inserted.
- If a woman becomes infected with HIV while she has an IUD in place, it does not need to be removed.
- An IUD user living with HIV who develops advanced or severe clinical disease can keep the IUD but should be closely monitored for pelvic inflammatory disease.
- Urge women who have HIV or are at risk for HIV to use condoms along with the IUD. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.
- Women who are at risk of HIV but not infected with HIV can have an IUD inserted. The IUD does not increase the risk of becoming infected with HIV.

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD

First, be reasonably sure that the client is not pregnant. If she is not menstruating at the time of her visit, ask the client questions 1–6. As soon as the client answers **YES** to ***any question***, stop, and follow the instructions after question 6.

YES	1.	Have you had a baby in the last 4 weeks?	NO
YES	2.	Are you exclusively or almost exclusively breastfeeding a baby less than 6 months old and have you had no menstrual period since giving birth?	NO
YES	3.	Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	4.	Did your last menstrual period start within the past 7 days?	NO
YES	5.	Have you had a miscarriage or abortion in the last 7days?	NO
YES	6.	Have you been using a reliable contraceptive method consistently and correctly?	NO

If the client answered **YES** to ***any one of questions 1–6*** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. Proceed to questions 7–13. However, if she answers **YES** to ***question 1***, the insertion should be delayed until 4 weeks after delivery. Ask her to come back at that time.

If the client answered **NO** to ***all of questions 1–6***, pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

To determine if the client is medically eligible to use an IUD, ask questions 7–13. As soon as the client answers **YES** to ***any question***, stop, and follow the instructions after question 13.

NO	7.	Do you have bleeding between menstrual periods that is unusual for you, or bleeding after intercourse (sex)?	YES
NO	8.	Have you been told that you currently have any type of cancer in your genital organs, trophoblastic disease, or pelvic tuberculosis?	YES
NO	9.	Within the last 3 months, have you had more than one sexual partner?	YES
NO	10.	Within the last 3 months, do you think your partner has had another sexual partner?	YES
NO	11.	Within the last 3 months, have you been told you have an STI?	YES
NO	12.	Within the last 3 months, has your partner been told that he has an STI or do you know if he has had any symptoms – for example, penile discharge?	YES
NO	13.	Are you HIV-positive and have you developed AIDS?	YES

If the client answered **NO** to ***all of questions 7–13***, proceed with the **PELVIC EXAM**.

During the pelvic exam, the provider should determine the answers to questions 14–20.

If the client answered **YES** to ***question 7 or 8***, an IUD cannot be inserted. Further evaluation of the condition is required.

If the client answered **YES** to ***any of questions 9–12***, she is not a good candidate for an IUD unless chlamydia and/or gonorrhea infection can be reliably ruled out.

If she answered **YES** to the ***second part of question 13*** and is not currently taking ARV drugs, IUD insertion is not usually recommended. If she is doing clinically well on ARVs, the IUD may generally be inserted. HIV-positive women without AIDS also generally can initiate IUD use.

NO	14.	Is there any type of ulcer on the vulva, vagina, or cervix?	YES
NO	15.	Does the client feel pain in her lower abdomen when you move the cervix?	YES
NO	16.	Is there adnexa tenderness?	YES
NO	17.	Is there purulent cervical discharge?	YES
NO	18.	Does the cervix bleed easily when touched?	YES
NO	19.	Is there an anatomical abnormality of the uterine cavity or cervix that will not allow appropriate IUD insertion?	YES
NO	20.	Were you unable to determine the size and/or position of the uterus?	YES

Midw

If the answer to ***all of questions 14–20*** is **NO**, you may insert the IUD.

If the answer to ***any of questions 14–20*** is **YES**, the IUD cannot be inserted without further evaluation. See explanations for more instructions.

Self-check 7	Written test

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 3x2= 6%).

1. The copper bearing IUCDs is given without a blood pressure check
2. If a woman becomes infected with HIV while she has an IUD in place, it does not need to be removed.

Part II. Choose the correct answer for the following alternatives (each 2 point 3x2=6%)

1. Which side effect is NOT associated with copper bearing IUD
   A. Prolonged and heavy monthly bleeding
   B. Irregular bleeding
   C. More cramps and pain during monthly bleeding
   D. No monthly bleeding
2. The copper bearing IUCDs is effective for ___ year
   A. 5
   B. 7
   C. 10
   D. 12
3. The copper bearing IUCDs' principal mechanism of action (MOA) is _____
   A. By inhibition of ovulation
   B. By interfere with fertilization
   C. By thickening of the cervix mucus
   D. Thinning of the endometrium
4. Who can use the copper bearing IUCDs?
   A. Known current cervical, endometrial or ovarian cancer
   B. Have had pelvic inflammatory disease (PID)

C. AIDS and clinically not well or are not on antiretroviral therapy

D. Very high individual risk for chlamydial infection or gonorrhea

Note: **Satisfactory rating - 6 points** **Unsatisfactory - below 6 points**

Answer sheet for True or False

1. _____
2. _____

Answer Sheet for Multiple choose Questions

1. _____
2. _____
3. _____
4. _____

Score= _____

Rating = _____

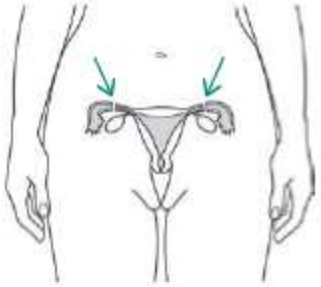
Name: _____ Date: _____

Information sheet-8	Permanent family planning methods

8.1. Female Sterilization

What is female sterilization?

- Permanent contraception for women who will not want more children.
- The 2 surgical approaches most often used:
  - ✓ *Minilaparotomy* involves making a small incision in the abdomen, and the fallopian tubes are brought to the incision to be cut or blocked.
  - ✓ *Laparoscopy* involves inserting a long thin tube with a lens in it into the abdomen through a small incision. This laparoscope enables the doctor to see and block or cut the fallopian tubes in the abdomen.
- Also called tubal sterilization, tubal ligation, voluntary surgical contraception, tubectomy, bi-tubal ligation, tying the tubes, minilap, and “the operation.”
- Works because the fallopian tubes are blocked or cut. Eggs released from the ovaries cannot move down the tubes, and so they do not meet sperm. It is immediately effective.



How effective is sterilization?

- Less than 1 pregnancy per 100 women over the first year after having the sterilization procedure (5 per 1,000).
- Over 10 years of use: About 2 pregnancies per 100 women (18 to 19 per 1,000).
- *Fertility does not return because sterilization generally cannot be stopped or reversed*. The procedure is intended to be permanent. Reversal surgery is difficult, expensive, and not available in most areas. When performed, reversal surgery often does not lead to pregnancy.
- *Protection against sexually transmitted infections (STIs):* None

Correcting Misunderstandings

Female sterilization:

- Does not make women weak.
- Does not cause lasting pain in back, uterus, or abdomen.
- Does not remove a woman's uterus or lead to a need to have it removed.
- Does not cause hormonal imbalances.
- Does not cause heavier bleeding or irregular bleeding or otherwise change women's menstrual cycles.
- Does not cause any changes in weight, appetite, or appearance.
- Does not change women's sexual behavior or sex drive.
- Does not cause ectopic pregnancy. Instead, it substantially reduces the risk of ectopic pregnancy

Why Some Women Say They like Female Sterilization

- No side effects
- No need to worry about contraception again
- Easy to use, nothing to do or remember

Side Effects, Health Benefits and Health Risks

Side effects: None

Health Benefits

- Helps protect against risks of pregnancy and pelvic inflammatory disease (PID).
- May help protect against ovarian cancer
- Reduces the risk of ectopic pregnancy

Health Risks

- ***Uncommon to extremely rare***: Complications of surgery and anesthesia

Complications of surgery

- ***Uncommon to extremely rare***: Serious complications are uncommon and death due to procedure or anesthesia is extremely rare. The risk of complications with local anesthesia is significantly lower than with general anesthesia. Complications can be kept to a minimum if appropriate techniques are used and if procedure is performed in an appropriate setting.

Who can have female sterilization?

With proper counseling and informed consent, any woman can have female sterilization safely, including women who:

- Have no children or few children or are not married
- Do not have husband's permission
- Are young
- Just gave birth (within the last 7 days)
- Are breastfeeding
- Are infected with HIV, whether or not on antiretroviral medications

Women can have female sterilization without any blood tests or routine laboratory tests, without cervical cancer screening and even when a woman is not having monthly bleeding at the time, if it is reasonably certain she is not pregnant.

Who cannot have female sterilization?

No medical condition prevents a woman from using female sterilization. Some medical conditions may limit when, where, or how the female sterilization procedure should be performed. In such situations one should use ***caution***, ***delay*** the procedure or make ***special*** arrangements.

- ***Caution*** means the procedure can be performed in a routine setting but with extra preparation and precautions, depending on the condition. E.g., past PID, previous abdominal or pelvic surgery, hypothyroidism, moderate iron deficiency anemia.
- ***Delay*** means postpone female sterilization. These conditions must be treated and resolved before female sterilization can be performed. The client should be given a backup method* to use until the procedure can be performed. E.g., current pregnancy, pelvic inflammatory disease, malignant trophoblast disease, active viral hepatitis.
- ***Special*** means special arrangements should be made to perform the procedure in a setting with an experienced surgeon and staff, equipment to provide general anesthesia, and other backup medical support. E.g., AIDS, endometriosis, severe cirrhosis of the liver.

For a complete list of medical conditions that necessitate caution, delaying of the procedure and making special arrangements.

When can female sterilization be performed?

- **Having menstrual cycles or switching from another method –** If procedure is performed within 7 days after the start of her monthly bleeding, no need to use another method before the procedure. If it is more than 7 days after the start of her monthly bleeding, she can have the procedure any time it is reasonably certain she is not pregnant.

- **No monthly bleeding** – Any time it is reasonably certain she is not pregnant.
- After using **emergency contraceptive pills** (ECPs), sterilization procedure can be done within 7 days after the start of her next monthly bleeding or, any other time it is reasonably certain she is not pregnant. She should be given a backup method or oral contraceptives to start the day after she finishes taking the ECPs, to use until she can have the procedure.
- **After childbirth (Postpartum)**:
  - ✓ Immediately or within 7 days after giving birth, if she has made a voluntary, informed choice in advance.
  - ✓ Any time 6 weeks or more after childbirth if it is reasonably certain she is not pregnant.
  - ✓ **After abortion or miscarriage** (**Postabortion**) Within 48 hours after uncomplicated abortion, if she has made a voluntary, informed choice in advance.

8.2. VASECTOMY

What is vasectomy?

- Permanent contraception for men who will not want more children. Through a puncture or small incision in the scrotum, the provider locates each of the 2 tubes that carries sperm to the penis (vas deferens) and cuts or blocks it by cutting and tying it closed or by applying heat or electricity (cautery).
- Also called male sterilization and male surgical contraception.
- Works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy.
- There is a 3 months delay in its taking effect. Therefore the man or couple must use condoms or another contraceptive method for 3 months after vasectomy.

How effective is vasectomy?

- Where men cannot routinely have their semen examined to see if it still contains sperm, pregnancy rates are about 2 or 3 per 100 women over the first year after their partners have had a vasectomy. Where men can have their semen examined after vasectomy, less than 1 pregnancy per 100 women over the first year after their partners have had vasectomies (2 per 1,000).
- Some pregnancies occur within the first year because the couple does not use condoms or another effective method correctly and consistently in the first 3 months, before the vasectomy is fully effective.
- Over 3 years of use: About 4 pregnancies per 100 women
- *Fertility does not return because vasectomy generally cannot be stopped or reversed.* The procedure is intended to be permanent. Reversal surgery is difficult, expensive, and not available in most areas. When performed, reversal surgery often does not lead to pregnancy.
- *Protection against sexually transmitted infections (STIs)*: None

Side effects, Health Benefits and Health Risks

None

Complications of surgery

- ***Uncommon to rare***: Severe scrotal or testicular pain that lasts for months or years
- ***Uncommon to very rare***: Infection at the incision site or inside the incision
- ***Rare:*** Bleeding under the skin that might cause swelling or bruising (hematoma).

Why Some Women Say They like Vasectomy

- Safe, permanent, and convenient
- Fewer side effects and complications than many methods for women
- Man takes responsibility for contraception—takes burden off woman
- Increases enjoyment and frequency of sex

Correcting Misunderstandings

Vasectomy:

- Does not remove the testicles. In vasectomy the tubes carrying sperm from the testicles are blocked. The testicles remain in place.
- Does not decrease sex drive.
- Does not affect sexual function. A man's erection is as hard, it lasts as long, and he ejaculates the same as before.
- Does not cause a man to grow fat or become weak, less masculine, or less productive.
- Does not cause any diseases later in life.
- Does not prevent transmission of sexually transmitted infections, including HIV.

Who can have a vasectomy?

With proper counseling and informed consent, any man can have a vasectomy safely, including men who:

- Have no children or few children
- Are not married
- Do not have wife's permission
- Are young
- Have sickle cell disease
- Are at high risk of HIV or other STI infection
- Are infected with HIV, whether or not on antiretroviral medications

In some of these situations, especially careful counseling is important to make sure the man will not regret his decision. Men can have a vasectomy without any blood tests or routine laboratory tests, without having their blood pressure checked, without a hemoglobin test, without having their cholesterol or liver function checked and even if they cannot have their semen examined by microscope later to see if there are still sperm in it.

Who cannot have a vasectomy?

No medical condition prevents a man from using vasectomy. Some medical conditions may limit when, where, or how the vasectomy procedure should be performed. In such situations one should use ***caution***, ***delay*** the procedure or make ***special*** arrangements.

- ***Caution*** means the procedure can be performed in a routine setting but with extra preparation and precautions, depending on the condition. E.g., previous scrotal injury, large varicocele or hydrocele, undescended testicle—one side only, diabetes, depression,
- ***Delay*** means postpone vasectomy. These conditions must be treated and resolved before vasectomy can be performed. The client should be given a backup method* to use until the procedure can be performed. E.g., active sexually transmitted infection, scrotal skin infection or a mass in the scrotum, systemic infection
- ***Special*** means special arrangements should be made to perform the procedure in a setting with an experienced surgeon and staff, equipment to provide general anesthesia, and other backup medical support. E.g., hernia in the groin, undescended testicles—both sides, AIDS, coagulation disorders (blood fails to clot)

For a complete list of medical conditions that necessitate caution, delaying of the procedure and making special arrangements, see the *Family Planning: A Global Handbook for Providers* or see WHO Medical Eligibility Criteria, 2004.

When can vasectomy be performed?

Any time a man requests it (if there is no medical reason to delay).

Self-check-8	Written test

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 2x2= 4%).

1. Fertility does not return after female sterilization because sterilization generally cannot be stopped or reversed.

2. Vasectomy does not prevent transmission of sexually transmitted infections, including HIV.

Part II. Choose the correct answer for the following alternatives (each 2 point 2x2=4%)

1. Who cannot use female sterilization?
   A. Has pelvic inflammatory disease
   B. Are young
   C. Just gave birth (within the last 7 days)
   D. Are breastfeeding

2. Which is NOT correct about vasectomy?
   A. Safe, permanent, and convenient
   B. Fewer side effects and complications than many methods for women
   C. Man takes responsibility for contraception—takes burden off woman
   D. Decreases enjoyment and frequency of sex

Note: **Satisfactory rating - 4 points** **Unsatisfactory - below 4 points**

Answer sheet for True or False

1. _____
2. _____

Answer Sheet for Multiple choose Questions

1. _____
2. _____

Score= _____

Rating = _____

Name: _____ Date: _____

Information sheet-9	Emergency Contraceptives

9.1. Emergency Contraceptives

- **Emergency contraception** also called postcoital contraception is a form of birth control that may be used by women who have had unprotected sex or used a birth control method that failed.
- The method generally is reserved for specific situations and is not a regular method of birth control.
- Emergency contraception does not protect against sexually transmitted diseases.
- ECPs can be used any time a woman is worried that she might become pregnant. For example, after:
  - ✓ Sexual assault
  - ✓ Any unprotected sex
  - ✓ Mistakes using contraception, such as:
    - ➢ Condom was used incorrectly, slipped, or broke

- Couple incorrectly used a fertility awareness method (for example, failed to abstain or to use another method during the fertile days)
- Man failed to withdraw, as intended, before he ejaculated
- Woman has had unprotected sex after she has missed 3 or more combined oral contraceptive pills or has started a new pack 3 or more days late
- IUD has come out of place
- Woman has had unprotected sex when she is more than 4 weeks late for her repeat injection of DMPA, more than 2 weeks late for her repeat injection of NET-EN, or more than 7 days late for her repeat monthly injection

Types of Emergency contraceptive methods

- Emergency Contraception is broadly divided in to two categories;
  1. Hormonal pills ,known as emergency contraceptive pills (ECPs)
  2. copper-bearing intrauterine contraceptive devices (IUCD)

Emergency contraceptive pills (ECPs)

- Are hormonal methods of contraception that can be used to prevent pregnancy following an unprotected act of sexual intercourse.
- ECPs are sometimes referred to as —morning after or postcoital pills.
- ECPs can be used up to five days following unprotected intercourse (120 hours).
- ECPs should not be used as a regular or on-going method of contraception.
- They are intended for emergency use only.

How it Works

- ECPs are thought to prevent ovulation, fertilization, and/or implantation.
- ECPs are not effective once the process of implantation of a fertilized ovum has begun.
- **ECPs will not cause an abortion** and have no known adverse effects on (the growth and development of) an established pregnancy.

What Pills Can Be Used as Emergency Contraceptive Pills?

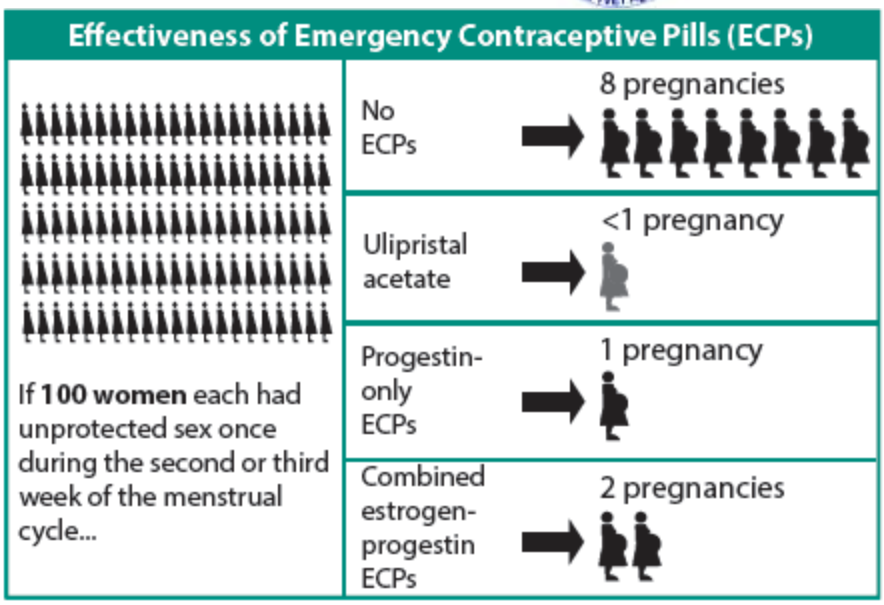
1. A special ECP product with levonorgestrel only, or ulipristal acetate (UPA)
2. Progestin-only pills with levonorgestrel or norgestrel
3. Combined oral contraceptives with estrogen and a progestin— levonorgestrel, norgestrel, or norethindrone (also called norethisterone)

When to Take Them?

- *As soon as possible* after unprotected sex. The sooner ECPs are taken after unprotected sex, the better they prevent pregnancy.
- Can help to prevent pregnancy when taken any time up to 5 days after unprotected sex.

Hoe Effective?

- If 100 women each had sex once during the second or third week of the menstrual cycle without using contraception, 8 women would likely become pregnant.
- If all 100 women used ulipristal acetate ECPs, less than one woman would likely become pregnant.
- If all 100 women used progestin-only ECPs, one woman would likely become pregnant.
- If all 100 women used combined estrogen and progestin ECPs, 2 women would likely become pregnant.
- ECPs are not recommended for regular use.



Return of fertility after taking ECPs: No delay. A woman can become pregnant immediately after taking ECPs. Taking ECPs prevents pregnancy only from acts of sex that took place in the 5 days before. They will not protect a woman from pregnancy from acts of sex more than 24 hours after she takes ECPs. To stay protected from pregnancy, women must begin to use another contraceptive method.

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

- Changes in bleeding patterns, including:
  - ✓ Slight irregular bleeding for 1–2 days after taking ECPs
  - ✓ Monthly bleeding that starts earlier or later than expected

In the first several days after taking ECPs:

- Nausea
- Abdominal pain
- Fatigue

- Headaches
- Breast tenderness
- Dizziness
- Vomiting

Note: *Women using progestin-only or ulipristal acetate ECP formulations are much less likely to experience nausea and vomiting than women using estrogen and progestin ECP formulations.*

Known Health Benefits

Help protect against:

• Risks of pregnancy

Known Health Risks

None

Correcting Misunderstandings

Emergency contraceptive pills:

- Can be used by women of any age, including adolescents
- Do not cause abortion
- Do not prevent or affect implantation
- Do not cause birth defects if pregnancy occurs
- Are not dangerous to a woman's health
- Do not increase risky sexual behavior
- Do not make women infertile
- Can be used more than once in a woman's cycle

Avoid Unnecessary Procedures

- A woman can take ECPs when needed without first seeing a health care provider.
- No procedures or tests are needed before takings ECPs. The exception is that a woman who missed her last menses should have a pregnancy test before taking UPA-ECPs.

Why Some Women say they Like Emergency Contraceptive Pills

- Can be used as needed
- Offer a second chance at preventing unwanted pregnancy
- Enable a woman to avoid pregnancy if sex was forced or she was prevented from using contraception
- Are controlled by the woman
- Reduce the need for abortion in the case of contraceptive errors or if contraception is not used
- Can have on hand in case the need arises

Who can use ECPs?

- All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods.
- Because of the short-term nature of their use, there are no medical conditions that make ECPs unsafe for any woman

Pill Formulations and Dosing for Emergency Contraception

Pill Type and Hormone	Formulation	Pills to Take	
		At first	12 Hours Later
Dedicated ECP Products			
Progestin-only	1.5 mg LNG	1	0
	0.75 mg LNG	2	0
Ulipristal acetate	30 mg ulipristal acetate	1	0
Oral Contraceptive Pills Used for Emergency Contraception			
Combined (estrogen-progestin) oral contraceptives	0.02 mg EE + 0.1 mg LNG	5	5

	0.03 mg EE + 0.15 mg LNG	4	4
	0.03 mg EE + 0.15 mg LNG	4	4
	0.03 mg EE + 0.125 mg LNG	4	4
	0.05 mg EE + 0.25 mg LNG	2	2
	0.03 mg EE + 0.3 mg norgestrel	4	4
	0.05 mg EE + 0.5 mg norgestrel	2	2
Progestin-only pills	0.03 mg LNG	50	0
	0.0375 mg LNG	40	0
	0.075 mg norgestrel	40	**0**

Progestin-only pills contain very small amounts of hormone. Thus, it is necessary to take many pills in order to receive the total ECP dose needed. In contrast, the ECP dosage with combined (estrogen progestin) oral contraceptives is generally only 2 to 5 pills in each of 2 doses 12 hours apart. Women should not take 40 or 50 combined (estrogen-progestin) oral contraceptive pills as ECPs. For women who have been continuing users of POPs, this may be the method of emergency contraception most convenient for her, or the only method available in time.

Giving Emergency Contraceptive Pills

1. **Give pill (or pills)**

- She can take the pill or pills immediately.
- If she is using a 2-dose regimen, tell her to take the next dose in 12 hours.

2. **Describe the most common side effects**

- Nausea, abdominal pain, possibly others.
- Slight bleeding or change in timing of monthly bleeding.
- Side effects are not signs of illness and they do not last long. Most women have no side effects.

3. **Explain what to do about side effects**

- Nausea:
  - ✓ Routine use of anti-nausea medications is not recommended.
  - ✓ Women who have had nausea with previous ECP use or with the first dose of a 2-dose regimen can take anti-nausea medication such as 25–50 mg meclizine hydrochloride (such as Agyrax, Antivert, Bonine, Postafene) one-half to one hour before taking ECPs.
- Vomiting:

If the woman vomits within 2 hours after taking progestin-only or combined ECPs, she should take another dose. If she vomits within 3 hours of taking ulipristal acetate ECPs, she should take another dose. (She can use antinausea medication with this repeat dose, as above.) If vomiting continues, she can take a repeat dose of progestin-only or combined ECPs by placing the pills high in her vagina. If vomiting occurs more than 2 hours after taking progestin-only or combined ECPs, or 3 hours after taking UPA-ECPs, then she does not need to take any extra pills.

4. **Give more ECPs and help her start an ongoing method**

- If possible, give her more ECPs to take home in case she needs them in the future.

5. **Follow-up**

- Encourage her to return for an early pregnancy test if her monthly bleeding is more than 7 days late.

Copper-bearing intrauterine contraceptive devices (IUCD)

- A Copper-T IUD can also keep the egg from attaching to the womb wall.

- The IUD must be inserted by a specially trained health worker within 7 days after having unprotected sex. When the time of ovulation can be estimated, she can have an IUCD inserted up to 5 days after ovulation, even if it is more than 5 days after unprotected intercourse.
- The IUD can be kept in and continue to protect a woman from pregnancy for up to 10 or 12 years.
- Or she can have the IUD removed after her next monthly bleeding when it is certain she is not pregnant.

Mechanism of action

- As emergency contraception, the copper-bearing IUD primarily prevents fertilization by causing a chemical change that damages sperm and egg before they can meet.

Effectiveness

- IUCDs are highly effective as ECs.
- After unprotected sexual intercourse, less than 1% of women are reported to become pregnant if they use a copper-releasing IUCD as an EC.
- The client prefers using an IUCD for continuous, long-term contraception.

Self-check 9	**Written test**

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 3x2= 6%).

1. All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods.
2. If the woman vomits within 3 hours after taking progestin-only or combined ECPs, she should take another dose.

3. The IUD must be inserted by a specially trained health worker within 5 days after having unprotected sex for emergency contraceptives.

Part II. Choose the correct answer for the following alternatives (each 2 point 3x2=6%)

1. _____ is not the indication to use emergency contraceptives:
   A. For regular method of birth control
   B. Sexual assault
   C. Any unprotected sex
   D. Mistakes using contraception
2. Among the pill formulations of emergency contraceptive pills which is the least effective?
   A. Progestin-only
   B. Ulipristal acetate
   C. Combined oral contraceptives
   D. Progesterone only pills
3. Which is CORRECT statement about emergency contraceptives pills?
   A. Offer a second chance at preventing unwanted pregnancy
   B. Are controlled by the woman
   C. Increase the need for abortion
   D. Can have on hand in case the need arises

Note: **Satisfactory rating - 6 points** **Unsatisfactory - below 6 points**

Answer sheet for True or False

1. _____
2. _____
3. _____

Answer Sheet for Multiple choose Questions

1. _____

2. _____
3. _____

Score= _____

Rating = _____

Name: _____ Date: _____

Information Sheet -10	Identification of WHO medical eligibility criterion

10.1. Client Assessment for FP use

Client assessment usually can be accomplished by asking few key questions. Unless specific problems are suspected, the safe provision of most contraceptive methods

does not require performing a physical, pelvic or laboratory examination. Where resources are limited, requiring medical evaluation and or laboratory testing before providing contraceptive methods can be a major barrier to contraceptive choice and access to services.

On the other hand, client assessment creates an environment where client-provider communication is established and confidence is built. In addition, previously undiagnosed medical and surgical conditions may also be uncovered during the assessment.

In a few circumstances, client assessment can be an important aspect of FP services. It helps to ensure the client receives safe and effective contraception. Few physical examinations are absolutely necessary and few laboratory examinations are mandatory before commencing some of the contraceptive methods, IUCDs and voluntary sterilization.

History

The following information should be sought from clients that request FP services to ensure safety and effectiveness before providing contraceptives.

- Age
- Parity, last delivery, last abortion, history of ectopic pregnancy
- Breastfeeding
- Smoking
- Sexual behavior: self, partner
- Present and past medical conditions
    - ✓ STIs
    - ✓ HIV status
    - ✓ Pelvic infection
    - ✓ Tuberculosis
    - ✓ Pelvic surgery

- ✓ Hypertension
- ✓ Diabetes
- ✓ CVS risk factors (smoking, obesity, hypertension, previous thromboembolic phenomena, and high lipids)
- ✓ Migraine
- ✓ Viral hepatitis
- ✓ Gall bladder disease

- Medications the client is taking:
  - ✓ Antiretroviral drugs
  - ✓ Rifampicin
  - ✓ Antibiotics
  - ✓ Antidepressants
  - ✓ Anticonvulsants
- Family history of cancers, cardiovascular diseases and cerebro-vascular Accidents

Physical examination

- Blood pressure measurement – note systolic and diastolic measurements
- Obesity – height and weight
- Pelvic examination – Pelvic examination is seldom necessary, except to rule out pregnancy in women who are amenorrheic for more than 6 weeks from last menstrual period and before the use of IUCD and female sterilization.

Laboratory examination (only when indicated)

- Hemoglobin
- Screening for STIs/HIV – wet smear, gram stain, VDRL, HIV test

Be reasonably sure that a woman is not pregnant

The diagnosis of pregnancy is important. The ability to make this diagnosis early in pregnancy varies depending on the resources available. Highly reliable biochemical pregnancy tests are often extremely useful, but not available in many facilities. Pelvic

examination, where feasible, is reliable at approximately 8–10 weeks since the first day of the last menstrual period.

The provider can be reasonably certain that the woman is not pregnant by asking the following six questions. If a woman answers 'yes' to any of these questions, stop and follow the instruction provided in the respective box below.

Pregnancy Checklist

Ask the client questions 1–6. As soon as the client answers "yes" to *any question*, stop and follow the instructions below.

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

* If the client is planning to use a copper-bearing IUD, the 7-day window is expanded to 12 days.

If the client answered NO to *all of the questions*, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means.

If the client answered YES to *at least one of the questions*, you can be reasonably sure she is not pregnant.

10.2. WHO Medical Eligibility Criterion

Medical eligibility criterion is an evidence-based tool that is used to review who can and cannot safely use a contraceptive method. It offers guidance on the safety of using different methods for women and men with specific reproductive and social characteristics or known medical conditions. The recommendations are based on systematic reviews of available clinical and epidemiological research. The medical eligibility criteria improve both the quality of and the access to family planning services for clients. This medical eligibility criteria was developed within the context of clients' informed choices and medical safety. It was developed by WHO in 2000 and is periodically reviewed and updated as new findings develop.

Classification of categories

Each condition is defined as representing either an individual's characteristics (e.g., age, history of pregnancy) or a known medical/pathological condition (e.g., diabetes, hypertension). Conditions that are of public health significance for Ethiopia are included in the MEC table. Client history is often the most appropriate approach to decide if condition is present. The conditions affecting eligibility for the use of each contraceptive method is classified under one of the following four categories. The conditions affecting eligibility for the use of each contraceptive method is classified under one of the following four categories.

Table:1 Classification of categories

Category	Description
1	A condition for which there is no restriction for the use of the contraceptive method.
2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
4	A condition which represents an unacceptable health risk if the contraceptive method is used.

Table: 2 WHO Medical Eligibility Criteria Classification Categories

Categories 1 and 4 are self-explanatory. Classification of a method/condition as category 2 indicates the method can generally be used, but careful follow-up may be required. However, provision of a method to a woman with a condition classified as category 3 requires careful clinical judgment and access to clinical services; for such a woman, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be taken into account.

For a method/condition classified as category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable. Careful follow-up will be required.

Classification	With clinical judgment	With limited clinical judgment
1	Use method in any circumstances	Yes Use the method
2	Generally use: advantages outweigh risks	Yes Use the method
3	Generally do not use: risks outweigh advantages	No Do not use the method
4	Method not to be used	No Do not use the method

Imitation versus continuation

- The MEC addressed the medical evidence for the initiation and continuation of use of all methods evaluated.
- Continuation criteria is clinically relevant whenever a woman develops the condition while she is using the method.

- Differences for initiation and continuation are noted as 'I=Initiation' and 'C=Continuation'.

Categories for Female Sterilization and Fertility Awareness Methods

A different categorization method is used for female sterilization and fertility awareness methods. Here the letters A, C, D and S are used to describe the categories. The categorization is described in the table below.

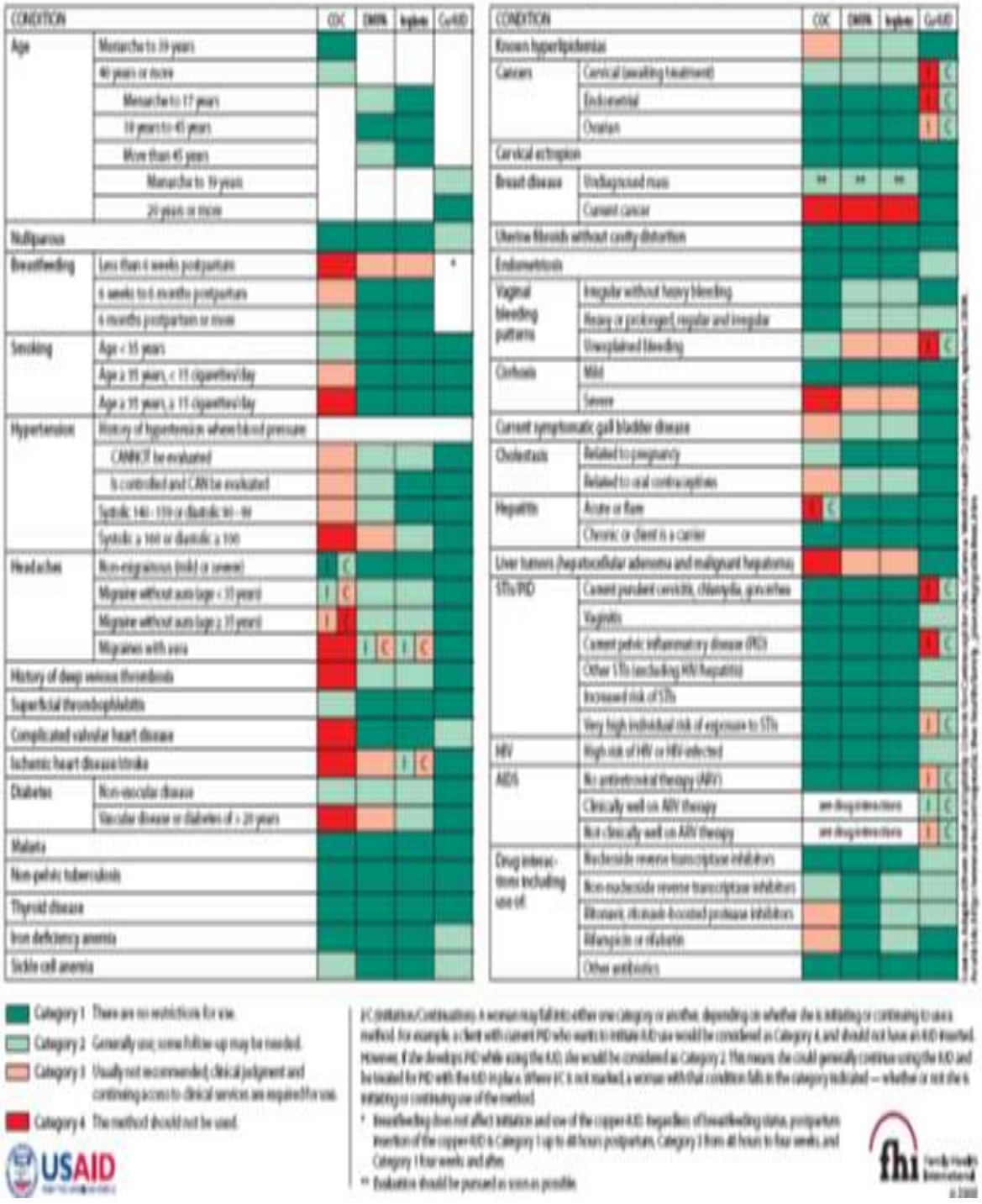
Table 3.4: Categories for Permanent and Fertility Awareness Based Methods

Accept (A)	There is no medical reason to deny the method to a person with this condition or in this circumstance.
Caution (C)	The method is normally provided in a routine setting, but with extra preparation and precautions.
Delay (D)	Use of the method should be delayed until the condition is evaluated and/or corrected. Alternative, temporary methods of contraception should be provided.
Special (S) applies only for permanent methods	The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anesthesia, and other backup medical support. Alternative, temporary methods of contraception should be provided if referral is required or there is otherwise any delay.

The MEC is presented in three separate tables; the first one MEC for conditions related to hormonal methods and female sterilization; the second one for conditions related to male and female condoms, spermicides, diaphragms, cervical cap and LAM; and the third table for conditions related to fertility awareness methods.

Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use –

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD)



Midwifery Level III	Vision :01 Sep. 2019:	Page 108 of 110
	Copyright Info/Author: Federal TVET Agency	

Self-check 10	Written test

Directions: Answer all the questions listed below.

Part II say "True" if the statement is correct or "False" if the statement is incorrect (2 point each 2x2= 4%).

1. Medical eligibility criterion is an evidence-based tool that is used to review who can and cannot safely use a contraceptive method.
2. According to WHO Medical Eligibility Criteria Classification category 4 requires careful clinical judgment and access to clinical services

Part II. Choose the correct answer for the following alternatives (each 2 point 4x2=4%

1. According to WHO Medical Eligibility Criteria Classification category 2 indicates
   A. Use method in any circumstances
   B. Generally use: advantages outweigh risks
   C. Generally do not use risks outweigh advantages
   D. Method not to be used
2. For Female Sterilization and Fertility Awareness Methods categories if there is no medical reason to deny the method to a person it is ____
   A. Accept (A)
   B. Caution (C)
   C. Delay (D)
   D. Special (S)

Note: **Satisfactory rating - 4 points** **Unsatisfactory - below 4 points**

Answer sheet for True or False

1. _____
2. _____

Answer Sheet for Multiple choose Questions

1. _____

2. _____

Score= _____ Rating = _____

Name: _____ Date: _____

Prepared By

No	Name	Educational Back grand	LEVEL	Region	College	Email	Phone Number
1	Masresha Leta	Midwifery	A	Harari	Harar HSC	masreshaleta3@gmail.com	0911947787
2	Gosaye T/haymanot Zewde	Midwifery	A	Harari	Harar HSC	Zewegosa@yahoo.com	0913227450
3	Amare Kiros	Midwifery	A	BGRS	Pawi HSC	amarekiros9@gmail.com	0920843010
4	Jalele Mosisa	Midwifery	B	oromia	Nekemte HSC	jalemosis2018@gmail.com	0939316415
5	Serkalem Fetene	Midwifery	A	oromia	Mettu HSC	serkefetene@gmail.com	0912022476
6	Balela Kadir	Midwifery	B	oromia	Nagelle HSC	balela.kedirbedu@gmail.com	0916633542
7	Sadeya Mohamed	Midwifery	A	Somali	Jigjiga HSC	yanaan261@gamil.com	0915076012