

Contraceptive Updates

Facilitator's Guide

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Ministry of Health and Family Welfare
Government of India



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INTRODUCTION

Population stabilization is our priority concern at the present time when the country is going through rapid economic development. This is essential for the benefits of the economic development to seep down to every individual of this country. A vibrant and effective contraceptive services for the couples in need of it becomes the backbone of population stabilization. The responsibility of the service provider becomes immense in this context. Though family planning program was introduced more than 50 years ago, many newer contraceptives have been added over the years in the National Family Welfare Program and some are being used by the couples in the country, though not in the national program. Knowledge and attitude of service providers in counseling the couples in accepting the contraceptive method of their choice is the core factor that determines an effective family planning program. A Manual on Contraceptive Update for medical officers is prepared with this view and this Facilitators Guide for the trainers is to serve as a useful tool while conducting the trainings. The acceptance of a contraceptive method by a couple depends to a large extent on the complete knowledge imparted to them and in the counseling skills of the provider. Physicians are accustomed to the role of an adviser as they deal with sick people mostly but in contraceptive service provision they have to man the role of a counselor as otherwise the advice of the provider is not accepted easily. The Contraceptive Update training emphasizes on this aspect adequately and this area needs to be taken due care while imparting training on contraceptives.

I wish to express my gratitude to UNFPA (United Nations Population Fund) for helping us in developing this guide, which would serve as a very useful tool to all trainers in the country in this important area.

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Session: 1

Introduction and Objectives of the Seminar

At the end of the session, the participants should be able to:

- Explain Family Planning (FP) within reproductive rights perspectives.
- Mention about how access to quality contraceptive services is critical
- Explain the purpose of the 1-day seminar and importance of contraceptive update

Time: 15 minutes

Materials: Flip chart, flip chart stand, overhead projector (OHP), transparencies/ CD of the PowerPoint slides (as supplied with the package)

Methodology: Interactive presentation

Key content:

- Family planning (FP) within a reproductive rights perspective
- Objectives of the contraceptive update seminar

Process

- Step 1:** Welcome the participants to the seminar and clarify that the event has been planned to provide contraceptive technology update for the medical practitioners from the private and public sector. Introduce facilitators' team. It will be good to invest some time on going through a round of brief introduction at the start. Explain that RCH2 programme also takes in the cognizance private sector resources for health care available in the country. In the past-training programme were generally organised for public sector functionaries. Joint training programme will also help in building public-private partnerships in RCH2 programme.
- Step 2:** Ask the participants what the basic human rights are? The most likely answers would be access to food, shelter, water, education, information etc. If the responses also include health or reproductive health as a right, ask the respondent what this means. Tell them in brief about the ICPD and IPPF framework of reproductive rights and its implications for provision of contraceptive services.
- Step 3:** Now ask an open question to the participants: What do they understand by reproductive rights of an individual and what are its components? Write down their responses on a flip chart. Praise those participants who can describe the concept or key elements of it. It is advisable to not to confront the participants upfront about their construct and formulation of reproductive rights. You may like to explain as how development is being viewed in the context of rights framework.
- Step 4:** Introduce participants to reproductive rights. Explain framework of reproductive rights (slide#2-10) Try to generate discussions on each of these slides. What are the participants views on right to information, counselling, quality of care, etc, without deviating from the topic under discussion allow participants to express their own opinions about different elements of right framework. Highlight if there are any differences in the perception about "rights" framework between public sector and private sector providers.
- Step 5:** Share the objectives of the seminar and explain that the purpose of this seminar is to give healthcare providers in the public and private sector an update on current issues relating to family planning and reproductive health. Highlight that we are living in era where knowledge is empowerment. Technological advances are happening at a rapid pace. WHO and many other agencies periodically review eligibility criteria for contraceptive and come out with practice recommendations. Clarify that this seminar is a part of a continuing education process for the healthcare providers (slide #11)
- Step 6:** Clarify the doubts of the participants, if any. Many private providers may have some apprehensions about what is expected from them after participation. Try to allay their fears and apprehensions if any by explaining that main objectives is to increase access and improve quality of contraceptive service provision. This will help in addressing unmet contraceptive needs.

Session: 2

The Contraceptive Scenario in India

At the end of the session, the participants should be able to:

- Explain recent trends in family planning in India
- Define the unmet need for family planning and list major reasons for the current unmet need in India
- List reasons for discontinuation of various family planning methods

Time: 1 hour

Materials: Flip chart, flip chart stand, OHP, transparencies/ PowerPoint slides

Methodology: Interactive presentation

Key content:

- Trends in family planning in India
- Method mix
- Awareness about contraceptives
- Discontinuation and major reasons for it Contribution of private and public sector
- Unmet need for FP - concept, reasons
- Quality of care in current family planning programme

Process

- Step 1:** Tell the participants that there will now be a discussion about the current trends in family planning in India. Ask participants to guess about the extent of knowledge among the general population and among the current users. Write their responses in the respective columns. Now show slide # 1 & 2 showing the current scenario of knowledge and use of various contraceptives in India.
- Step 2:** Using this data and slide # 3 showing the method mix among the current users in India, attract the attention of the participants to the facts that:
- 1) though the knowledge levels for various contraceptives is fairly high, use of modern spacing methods is very poor
 - 2) female sterilization is the most widely used FP method and
 - 3) male sterilization is among the least used FP method.
- Overall, sterilization accounted for as much as 84% of the current contraceptive prevalence rate. Emphasize that as many as 52% "couples" do not use any contraception at all.
- Steps 3:** Inform participants that the use of male dependent methods (male sterilization and condoms) have shown a decline in southern states in the 1990s. Condom use has also shown a marginal increase from NFHS 1 to 2, from 2.4% to 3.1%.
- Step 4:** Share the fact with the participants that the contraceptive prevalence is better with women that have a better education and better standard of living. It also increases with the age of the woman (except at older ages) and with the number of living children.
- Step 5:** Also tell the participants that at each parity, current use was lower among women with no sons than among women with one or more sons, with a maximum differential at parity three, indicating that strong son preference prevails in India (at parity three, 38 per cent of women with no sons vs. 62 per cent with one son and 75 per cent with two sons).
- Step 6:** Now ask 1 or 2 participants from both the public and private sector about the share of their sector in family planning in India. Note their responses on a flip chart paper. Now show slide# 4 and explain that though the share of private sector has increased in the last 10 years still public sector remains a major source for getting contraceptives for most people. As many as 75% of the female and male sterilizations are done at the public sector sites as against 12% in private hospitals and nursing homes. In contrast private shops and pharmacies/drugstores are the main source for condoms (68 per cent) and pills (62 per cent). About 25% of female sterilizations and 20% of male sterilizations in urban areas as well as nearly 33% of IUD insertions in rural areas and more than 50% of IUD insertions in urban areas are performed in the private sector.

- Step 7:** Help the participants understand that the private sector can play a major role in improving access to and quality of family planning services in India. Give the example of Kerala where the private sector providers and nursing homes have contributed significantly to the family planning programme.
- Step 8:** Clarify to the participants that continuation of contraceptives is as important as providing contraceptives to new clients. Explain that service quality plays an important role in continuation of spacing methods and increasing the popularity of terminal FP methods. Show the slide # 5 - reasons for discontinuation of FP methods. Discuss the common problems overall and problems for specific contraceptives. In the quality of care for FP, providing quality service at the time of initiation of the chosen contraceptive is as important as providing effective follow-up services. Complete the discussion summarizing that the desire for a child was the main reason for discontinuation in about 30 per cent cases. The fact that more than one-third reported method-related reasons such as method failure, side effects and inconvenience, highlights the need for improved quality of services.
- Step 9:** Now ask the participants what they understand by unmet need for family planning. Note their responses on a flip chart. Freely appreciate, if you get a correct response from any participant. Now show slides # 6 and 7 about unmet need for FP. Explain the concept using the flow chart.
- Step 10:** Share the unmet need for FP as revealed by NFHS II using slides # 8, 9 and 10. Emphasize that the unmet need for spacing (8.3) is more than the unmet need for limiting (7.5). Point out that unmet need is much higher for women with one living child and for women with 6 or more living children (23 per cent) than for women with either no children (14 per cent) or two to five children (12–17 per cent). Also indicate that among women with no children or one child, unmet need is almost exclusively for spacing.
- Step 11:** Now initiate a discussion on reasons for unmet need for family planning in India. Encourage participants to give the major reasons why couples who do not want children now or never could not adopt the family planning method of their choice. Note their responses. Now share the list of 5 major reasons for unmet need for FP i.e. limited knowledge among the prospective clients; opposition by husbands; limited choice of methods and limited access to and availability of services; poor quality of FP services.
- Step 12:** Now, discuss each one of these barriers to contraception using slides # 11-16. Assist participants to realize that the providers in both public as well as private sector working in tandem or in perfect coordination can help clients overcome these barriers by providing high-quality family planning services on a regular basis. The private providers in particular can play an important role in improving access and quality of FP services.

Session: 3

Critical Components of Quality of Contraceptive Services

At the end of the session, the participants should be able to:

- List and explain critical issues in delivery of quality family planning services
- Explain key points in client communication in family planning services

Time: 20 minutes

Materials: Flip chart, marker pens, Transparencies/PowerPoint slides

Method: Interactive presentation, question/answers and discussion

Key content:

- 5 critical issues in delivery of quality family planning services
 1. Skilled providers
 2. Physical infrastructure and supplies
 3. Method-specific counselling and interpersonal communication skills
 4. Adherence to service delivery standards and protocols
 5. Follow-up care including management of side effects
- Key issues in client communication during FP services

Process

- Step 1:** Ask participants what critical issues must be considered for delivering high-quality family planning services. Let participants respond and note their responses on a flip chart. Now inform the participants that there are some critical issues of service quality and access that affect use of any contraceptive method. Give an opportunity to 4-5 participants to explain what these critical issues are. Praise them if you get some correct responses. Show slide # 2 listing the critical issues. Clarify that each of these issue is equally important for the successful use of contraceptive method by the client. Emphasize that besides clinical and counselling skills, infection prevention and follow-up skills are key skills necessary for starting and continuing any contraceptive method.
- Step 2:** Initiate a discussion on each of the 5 issues in detail. Show slide# 3 and explain about importance of the skilled providers for providing high-quality family planning services. Highlight that the skills include clinical skills, counselling, communication and the follow-up skills.
- Step 3:** Now ask one of the participants what they understand by appropriate infrastructure and supplies for providing good family planning services. Show key issues on slide #4 and emphasize that the sites/hospitals providing FP services are expected to follow the norms and guidelines for infrastructure and clinical procedures. These guidelines can be obtained on request from the Ministry of Health and Family Welfare, New Delhi or from the office of District Health Officer.
- Step 4:** Tell participants that counselling is a vital component of the FP service delivery. Using slide # 5&6 clarify that general and method-specific counselling is essential for allowing the clients to exercise their informed choice and ensure correct and consistent use of the contraceptives. Emphasize that the counselling must include complete and correct information about the contraceptive use, possible side effects, their management and protection from STIs and return of fertility. Explain that it is essential for all the providers to follow the prescribed service delivery standards and protocols for various procedures, including infection prevention practices. Now ask participants to write in the notebook 3 to 4 key issues they would like to include in a good counselling session with a family planning client. Ask 5 or 6 participants to share their responses and create a list of key points by noting their responses on a flip chart. Highlight the importance of 4 special issues during FP counselling:-
- 1) return of fertility
 - 2) STI and contraception
 - 3) needs of adolescents and
 - 4) needs of special client groups such as physically and mentally challenged and clients with psychiatric problems. Explain that the reproductive rights of the individual must be considered in any such decisions.
- Step 5:** Tell the participants that the provider must discuss the issue of return of fertility while providing any spacing method (slide# 7). Return to fertility is immediate with all methods, with the exception of DMPA and NET-EN; the median delay in return to fertility with these methods is 10 and 6 months respectively from the date of the

last injection, regardless of the duration of their use. The family planning counselling by the trained providers must include a detailed instruction and information to the clients about the return of fertility. In the long run, this helps in dispelling myths about various contraceptives and popularizes the methods.

Step 6: Inform the participants that the social and cultural context of each client must also be considered while providing the FP services. The problems of exposure to STIs, including HIV, deserve special consideration because of the importance of both in preventing pregnancy and preventing transmission of infection (slide# 8). When a risk of STI/HIV transmission exists, it is important that health care providers strongly recommend dual protection, either through the simultaneous use of condoms with other methods or through the consistent and correct use of condoms alone for both pregnancy prevention and disease prevention. Women and men seeking contraceptive advice must always be reminded of the importance of condom use for preventing the transmission of STI/HIV. Male latex condoms and female condoms protect against STI/HIV when used consistently and correctly.

Step 7: Ask the participants how many of them had an opportunity to provide contraceptives to adolescents and how they dealt with such a situation. Let 2 or 3 participants share their experiences. Now show slide # 9 and tell them that in general adolescents are eligible to use any method of contraception and must have access to a variety of contraceptive choices. Age alone does not constitute a medical reason for denying any method to adolescents. While some concerns have been expressed regarding the use of certain contraceptive methods in adolescents, (e.g., the use of progestogen-only injectables by those below 18 years), these concerns must be balanced against the advantages of avoiding pregnancy. It is clear that many of the same issues regarding appropriate contraceptive use that apply to older clients apply to young people too.

Clarify that the social and behavioural issues are important considerations in the choice and use of contraceptive methods by adolescents, especially in some settings where adolescents are also at an increased risk of STIs, including HIV. While adolescents may choose to use any one of the contraceptive methods available in their communities, in some cases using methods that do not require a daily regimen may be more appropriate. Adolescents, married or unmarried, have also been shown to be less tolerant of side-effects and therefore have high discontinuation rates. Method choice and use may also be influenced by factors such as sporadic patterns of intercourse and the need to conceal sexual activity and contraceptive use. Expanding the number of method choices offered can lead to improved satisfaction, increased acceptance and increased prevalence of contraceptive use. Proper education and counselling both before and at the time of method selection can help adolescents address their specific problems and make informed and voluntary decisions.

Step 8: Now show slide # 10 about clients with special needs. Contraceptive provision to people with special needs requires additional consideration. Individuals with a physical disability represent such a group. Decisions on appropriate contraception must take into account:

- 1) the nature of the disability
- 2) the expressed desires of the individual and
- 3) the nature of the method.

Decisions must be based on informed choice. Similar considerations should be given to individuals with mental

disability or with serious psychiatric disease. Where the nature of the condition does not allow for informed choice, contraceptives should be provided only after full discussion with all parties including guardians or care-givers. The reproductive rights of the individual must be considered in any such decisions. Selected practice recommendations may need to be modified for clients with special needs. For example, clients with mental disabilities may have difficulty remembering to take pills daily, while clients with physical disabilities may have difficulty obtaining supplies or otherwise accessing family planning services.

- Step 9:** Now ask participants what clinical guidelines and protocols they follow while providing family planning services. Clarify that the Government of India (GOI) has developed guidelines for most contraceptive methods. The guidelines are very comprehensive and include protocol regarding facility norms, clinical procedure, infection prevention practices, follow-up process and counselling services. These guidelines can be obtained from local government health authorities. (slide # 11)
- Step 10:** Finally inform the participants that the follow-up services (slide # 12) , including the post-provision of contraceptives is essential for the successful continuation of the method and in the long run it helps to popularize the method and encourages other clients to accept it.

Session: 4

Oral Contraceptive Pills and Emergency Contraceptive Pills

At the end of the session, the participants should be able to:

- Explain the mechanism of action of OCPs
- List the major advantages and disadvantages of OCPs
- Explain the medical eligibility criteria for OCPs
- List client instructions for effective use of the OCPs
- Explain steps for management of common side effects of OCPs
- Administration of ECPs

Time: 1 hour

Materials: Flip charts and marker pens, OHP/Multimedia projector, TP/slides

Method: Interactive presentation, discussion, question-answer

Process

- Step 1:** Tell the participants that there will be a discussion on Oral Contraceptive and Emergency Contraceptive Pills for the next hour. Ask them if they know about the types of OCPs. Show slide#2 on types of OCPs. Explain that OCPs are of 2 types - combined and progesterone-only. There are sub-categories under combined oral contraceptive pills i.e. monophasic and multiphasic (biphasic and triphasic). Clarify that only the monophasic pills are approved and available in our country and that therefore the discussion will be limited to this category. Begin with OCPs and later deal with the Progesteron-Only Pills (POPs).
- Step 2:** Now ask 1 or 2 volunteers to tell the large group about contents/constituents of various types of pills. Congratulate them for correct/partially correct responses. Show slide #3 and complete the discussion by explaining various combinations of pill content.
- Step 3:** Tell participants that OCPs are broadly divided into 3 groups, namely standard dose, low dose and very low dose pills. Encourage them to share various brand names of OCPs available in the market under each of the categories.
- Step 4:** Ask the volunteers to explain the mechanism of action of combined oral contraceptives. Show slide #4 and complete the discussion.
- Step 5:** Show slide#5 on effectiveness of OCPs. While discussing the slide, do not forget to remind the participants that a correct and consistent use of contraceptives increases its effectiveness. Emphasize that OCPs are almost 100% effective if used correctly and consistently.
- Step 6:** Pose an open question to the participants to generate a list of major advantages of OCPs. Show slides# 6 and 7 and complete the list. Do a similar exercise for common side effects of OCPs. Assure the participants that there will be further discussion about the side effects and its management later (slides # 8and 9)
- Step 7:** Now tell the participants that there will be a discussion on the medical eligibility for OCPs. Clarify that the World Health Organization (WHO) has compiled major recommendations about the medical eligibility for various contraceptive methods using the findings of research studies all over the world. Ask participants how they usually examine medical eligibility of a woman who opts for the OCPs. Ask them to categorize it in 2 parts, who can use it and who cannot (among the women who have voluntarily chosen OCPs as a method of contraception). Note their responses on a flip chart. Create 2 lists on 2 separate flip charts. Encourage all participants to contribute and do not let a few participants dominate the discussion. Just list the criteria at this point without any discussion.

Once you have compiled a list based on the participant's responses, show them slides #10, 11 and 12. Clarify once again that these criteria are based on clinical research and evidence. After sharing the list of the criteria concerning those that cannot use OCPs (slide # 13 and 14), do not forget to clarify that in such situations the provider must encourage and help the woman/couple to choose another method of contraception. They must not lose any opportunity of providing contraceptive protection to a motivated client.

- Step 8:** Tell the participants that now you will share and discuss some important evidence and clarifications regarding medical eligibility of the OCPs. Take the first example from slide# 16 and clarify that just because the woman is 35 years and above, this alone does not prevent her from choosing OCPs. However, point out that when this age factor is combined with smoking it becomes a deadlier combination and increases the risk of cardiovascular disease, especially myocardial infarction, in comparison to non-smokers.
- Step 9:** Take another example of high blood pressure (BP), clarifying that the measurement of BP is important while starting OCPs. However, add that a woman should not be denied OCPs only because a BP measurement facility is not available and there is nothing else suggestive of high BP. But in case of proven hypertensive women, OCPs should be advocated only if other suitable methods of contraception are unavailable or unacceptable to the client.
- Step 10:** Discuss all the evidence and clarifications in a similar way from slides# 17-21. Respond to any questions from the participants. Do not hesitate to look up reference material and other supporting materials instead of brushing aside a question or ignoring it.
- Step 11:** Now begin a discussion on when a woman can start OCPs. Present different situations that a woman may face during her reproductive life as given on slide #22 and encourage participants to respond as to when they will initiate OCPs in such situations. After getting responses from participants on each situation, describe and discuss criteria for initiation of OCPs. Complete the discussion for each of the possible situations.
- Step 12:** Using slide #23 and 24, explain the major steps in providing OCPs to a woman. Explain the importance of providing condoms, outlining each step in using OCPs. Suggest that it is always useful to ask the client/woman to repeat the instructions at the end of the counselling session.
- Step 13:** Now ask participants what instructions they would like to give to the client using OCPs, if she had missed 1 or more pills in a row. Listen to the responses. Now show flow chart on slide # 25 and tell the participants that these are the latest WHO guidelines for missed pills. Explain the flow chart, discussing each situation thoroughly. Respond to participants' questions, if any.
- Step 14:** Remind the participants that follow-up visits or meetings with FP clients are very important to ensure correct and consistent use of contraceptives, and for improving the continuation rate of the prescribed contraceptive and overall success of the method in preventing unwanted pregnancies. Explain the key steps for follow-up of a OCP user as given on the slide # 26, 27.
- Step 15:** Finally show the list of common problems with OCPs and generate a discussion on how to deal with common and simple problems. Remind the participants that if the client is not happy with the method she/he chosen earlier in spite of all efforts, encourage and help her/him to choose another contraceptive method in order to prevent unwanted pregnancies.
- Step 16:** Introduce Emergency Contraception and different terms such as "morning after" pills or post coital contraception.
- Step 17:** Now ask participants about indications for ECPs. Encourage them to enumerate all those situations, when ECPs will be useful to prevent unwanted pregnancy. (slide # 29)

Step 18: Show slide # 30 on ECPs and ask participants if they can recall common brands available in market.

Step 19: Discuss slide # 31-33 on levonorgestrel ECPs, and its dosage schedule. Slide # 34 should be used to talk about effectiveness of ECPs in preventing pregnancy.

Step 20: It will be useful to discuss about mechanism for action for ECPs. The probable mechanism of action are listed in slide # 35.

Step 21: Show slide # 39 on advice on common problems. You may like to discuss about routine anti-emetic with ECPs. She should be also explained about specific situations to return to health care provider (slide # 40).

Step 22: Sum up the session with wrap up slides on ECPs. Highlight that now increasing access to ECPs with request in reduction in demand for induced abortions, especially unsafe abortions.

Session: 5

Injectable Contraceptives: Progestin-only Injectables (POIs)

At the end of the session, the participants should be able to:

- List commonly used injectable contraceptives.
- Describe effectiveness and mechanism of action of DMPA and NET-EN.
- List advantages and disadvantages of DMPA and NET-EN.
- List key issues for medical eligibility for DMPA and NET-EN.
- Describe key steps in providing injectable contraceptives.
- Explain the process of follow-up of client.
- Describe the key steps for management of common problems of DMPA and NET-EN.

Time: 1 hour

Materials: Flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Types of injectable contraceptives
- Effectiveness and mechanism of action
- Medical eligibility
- Key steps for providing DMPA and NET-EN
- Follow-up of clients
- Management of common problems of DMPA and NET-EN

Process

- Step 1:** Ask the participants if any one of them has provided injectable contraceptives to their clients. If so, what is their and their clients experience about this? Let 1 to 2 participants share their experiences in not more than 5 minutes. Now start a discussion on injectable contraceptives by saying that the progestin-only injectables (POIs) have been found to be the most effective injectable contraceptives. Tell participants that the next 60 minutes will be spent on important facts about 2 such injectables - DMPA and NET-EN - which have been approved by the Drug Controller of India and which are being used in over 100 countries.
- Step 2:** Ask participants if they know about the mechanism of action of POIs. Listen to their responses and complete the list by sharing the mechanism of action on slide# 4
- Step 3:** Ask 2 to 3 participants what they know about the effectiveness of the POIs. Praise them if they respond correctly and then show slide# 5 and share details about the effectiveness of DMPA and NET-EN. Take this opportunity to remind the participants that the effectiveness depends on the correct and consistent use of the contraceptives.
- Step 4:** Using slide# 6 discuss that the studies have shown that the continuation rate for DMPA ranges from 50-80% and that one of the major reasons for discontinuation has been the change in bleeding pattern and amenorrhoea following the use of POIs.
- Step 5:** Now generate a list of advantages and disadvantages of DMPA and NET-EN taking responses from the participants. Note these advantages and disadvantages on 2 separate flip charts. Using slides# 7-13 complete the list. Explain wherever necessary. Emphasize the long-term effect of the contraceptive, on no effect on breast milk during use of POIs and reduction in menstrual bleeding. During the discussion on disadvantages, clarify that the return of fertility is delayed in POIs users, and that it might take as much as 9 months from the last injection of DMPA.
- Step 6:** Using slides 14-16 explain that most women can use POIs safely. Let some of the participants read out the various health conditions in a woman when she can use POIs.
- Step 7:** Now share major evidence and clarifications that emerged from the use of POIs all over the world. Clarify that POIs do not affect the quality or quantity of breastmilk but inform that studies have shown that it might reduce bone density among adolescent DMPA users. Due to hormonal effects, the POIs increase the risk of cardiovascular disease in women who have multiple risk factors or hypertension, compared to non-users.
- Step 8:** Also clarify that DMPA/NET EN increases the risk of venous thrombosis too and that in the above cases the effects may persist for some time after discontinuation. Explain that POIs do not increase the risk of breast cancer, cervical, liver or ovarian cancer, but rather reduce the risk of endometrial cancer.

- Step 9:** Also point out that POIs do not offer any protection against PID or HIV or lower genital STIs. In severe liver disease conditions POIs are not an appropriate choice and should be used only if other appropriate contraceptives are not available or acceptable. Tell participants that there is limited evidence suggesting interaction between POIs and ARV drugs which might affect the effectiveness of both POIs and ARV treatment. Therefore, if a woman on ARV decides to use hormonal contraceptives, the consistent use of condoms is recommended for preventing HIV transmission which may also compensate for reduced effectiveness of hormones.
- Step 10:** Now show slide # 24 and ask participants how they will provide POIs in these conditions to a woman. Complete the discussion for each situation.
- Step 11:** Using slides# 25-28, discuss the procedure for providing DMPA to a woman who has chosen injectables as a contraception. Emphasize that the change in bleeding pattern is one of the major reason for discontinuation of the POIs and that therefore good counselling is an important prerequisite for successful initiation and continuation of the POIs. The providers must give detailed instructions about the dosage schedule and common side effects to the client, especially changing bleeding patterns.
- Step 12:** Explain in detail the steps for giving DMPA injection as given on slide# 29, 30 and 31.
- Step 13:** Re-emphasize importance of follow-up visits for successful continuation and correct and consistent use of the contraceptives. Share instructions on slide# 32.
- Step 14:** Changes in bleeding pattern is one of the most common side effects of the POIs, therefore, discuss in detail about the possible bleeding changes mentioned on slide# 34. Similarly, highlight importance of informing clients about delayed return of fertility in POI users and reassure them.

Session: 6

Intrauterine Devices (IUDs)

At the end of the session, the participants should be able to:

- Describe types of IUDs and compare between various types of IUDs.
- Describe the effectiveness and mechanism of action for copper-bearing IUDs.
- List advantages and disadvantages of copper-bearing IUDs.
- List key issues for medical eligibility of copper-bearing IUDs.
- Describe key steps in the insertion of IUDs.
- Explain the process of follow-up.
- Describe the key steps for management of common problems of copper-bearing IUDs.
- Insertion of LNG-IUD.

Time: 1 hour

Materials: Samples of copper-bearing IUDs, flip charts, marker pens, OHP/multimedia projector, transparencies/ PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Structure of IUDs
- Types of IUDs
- Effectiveness and mechanism of action
- Medical eligibility
- Key steps for insertion and removal of IUDs
- Follow-up of IUD clients
- Management of common problems of IUDs

Process

- Step 1:** Tell participants that there will be a discussion about the IUD, which is one of the most effective methods of contraception. Show slide#2 and explain the structure of IUDs.
- Step 2:** Now ask participants about the different types of IUDs they know. Show slide#3 and clarify that IUDs could broadly be divided in 2 categories - copper-bearing and hormone-releasing. Tell them that the inert IUDs such as Lippes Loop are no longer distributed.
- Step 3:** Show slides# 4 and 5 and briefly compare between the IUDs that are currently available.
- Step 4:** Using the slides# 6 and 7, tell the participants about the effectiveness of various IUDs. Point out the fact that the LNG-20 IUD is the most effective device among the currently available IUDs, with a pregnancy rate of just 0.3 per 100 women after 5 years of use. Also discuss in brief about the continuation of IUDs using the information from slide# 8.
- Step 5:** Tell the participants that there will be a discussion about the copper-bearing IUDs, followed by LNG IUDs. Now ask 1 or 2 participants about the mechanism of action of copper-bearing IUDs. After listening to the responses, complete the discussion by explaining the mechanism of action as shown on slide# 9.
- Step 6:** Now generate a list of advantages and disadvantages of copper-bearing IUDs, obtaining responses from the participants. Write these advantages and disadvantages on separate flip charts. After this, compare it with the list given on slides# 10 to 16. Inform participants that the IUD 380 A, which has a life-span of 10 years, is now available in the public health sector. Clarify that the IUDs can only be provided (inserted and removed) by providers who are trained in the relevant techniques. Also emphasize that there is an immediate return of fertility following IUD removal, but that IUDs do not provide any protection from STIs or HIV.
- Step 7:** Now initiate a discussion on the medical eligibility for copper-bearing IUDs. Ask 2 to 3 volunteers who currently provide IUD services (from both public and private doctors), to describe how they confirm medical eligibility for IUDs whenever any woman chooses IUD as a contraception. Listen to their responses. Do not comment on good or not so good practices at this point of time (nor allow other participants to do so). After listening to these volunteers, using the information on slides# 17-20, inform the participants that most women can use IUDs. However, there are some situations when the IUDs should be used with caution or not at all, though these situations are rare. Share the evidence and clarifications of slides#21-23, informing the participants that this evidence is based on a collection of data from various studies and clinical trials all over the world.
- Step 8:** Now discuss how copper-bearing IUDs could be started during various situations during the reproductive life of a woman. Using slide#24, explain the steps and precautions for initiating IUDs in these situations.

- Step 9:** At the beginning of the discussion on IUD insertion techniques, attract the attention of the participants to the basic principles of the IUD insertion technique on slide#25. Ask participants about the “no-touch technique” for avoiding infections during the procedure and the importance and procedure of the “withdrawal technique” for high placement of the IUD. Show slides# 26-30 and discuss this step-by-step. Similarly describe and discuss the steps for IUD removal. Clarify that the provider must provide specific instructions to a woman post-insertion (slides# 31-35) and help her understand how to check for IUD threads and explain also when she should see a healthcare provider.
- Step 10:** Explain that the providers must inform the IUD user about the possible side effects following IUD insertion and reassure her.
- Step 11:** Using slides # 37-39, explain and discuss the common problems a woman can face following IUD insertion. Discuss the management of each of these problems and respond to the questions of participants.
- Step 12:** Show slide # 40-42 to introduce LNG-IUD. These IUDs are commercially available in India and many private providing prescribe these IUDs, which are expensive.
- Step 13:** Slide # 43 & 44 gives information on effectiveness of method and its mechanism of action. Explain the difference between mechanism of action with IUDs.
- Step 14:** Discuss evidence available regarding use of LNG-IUDs. Slides # 49-51 provide major clarifications in use of LNG-IUDs.

Session: 7

Male Sterilization

At the end of the session, the participants should be able to:

- Describe the effectiveness and mechanism prevention of pregnancy in male sterilization.
- List advantages and disadvantages of male sterilization.
- List key issues for medical eligibility of vasectomy.
- Describe key steps in vasectomy.

Time: 30 minutes

Materials: Flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Effectiveness and mechanism of action
- Medical eligibility
- Key steps in vasectomy procedures
- Follow-up of clients
- Management of common problems

Process

- Step 1:** Initiate the session making some introductory comments about male sterilization using slides# 2 and 3.
- Step 2:** Ask 1 or 2 participants about the mechanism of action of vasectomy and the contraceptive effectiveness of vasectomy. Show slides# 4 and 5 and complete the discussion.
- Step 3:** As in previous sessions, encourage participants to list the advantages and disadvantages of male sterilization. Note their responses on 2 separate flip charts. Complete the list of advantages and disadvantages using the slides# 6-11.
- Step 4:** Now initiate a discussion on the medical eligibility for male sterilization. Show slide# 12 and explain the most men can safely have a vasectomy done even if HIV positive or at risk of HIV or other STIs.
- Step 5:** Displaying slide# 13, clarify that if there is any infection around the genitals or STIs or systemic infection, the vasectomy should be delayed until the infection is taken care of.
- Step 6:** Similarly showing slide# 14 explain that if the man has any of the listed conditions, the should be referred to a well-equipped centre with experienced staff which can handle any possible complications during vasectomy.
- Step 7:** Also clarify that utmost caution needs to taken if the person undergoing a vasectomy has any of the conditions listed on slide # 15.
- Step 8:** Attract the attention of the participants to the 6 essential elements of a safe and effective sterilization procedure as shown in slide# 16. Discuss each of these issues in brief using the information provided in the content section. Emphasize the importance of informed consent, counselling, infection prevention and client assessment procedures. Show the informed consent form prescribed by the Government of India. Inform the participants that the Government of India (GOI) has established standards and guidelines for informed consent and clinical procedure for male and female sterilization, including the facility standards. These standards and guidelines can be obtained on request from the Department of Health Family Welfare, New Delhi or from the local government health authorities. It is expected that all public and private sector facilities should conform to these standards.
- Step 9:** Using slides# 17-19, explain in brief the procedure of vasectomy (both traditional and no-scalpel). Attract the attention of the participants to the fact that the studies have found that fascial transposition with ligation and excision of deferens vas during vasectomy lead to a more rapid decrease in sperm count than when ligation and excision were used alone. Explain the procedure of fascial transposition for the benefit of the participants.

- Step 10:** Give the client instructions about the post-vasectomy period, using the slides# 21, 22 and 23. Remind him about the use of condoms or other effective family planning methods for 3 months after the vasectomy procedure.
- Step 11:** Clarify that if the procedure is done by a trained provider using appropriate care, usually minimal follow-up is required. However, the man must see a healthcare provider if he develops any of the conditions mentioned on slides# 24 and 25.
- Step 12:** Finally, show the list of various possible problems that could occur in the post-vasectomy period and briefly discuss the management of each of these conditions using the information given in the reference manual.

Session: 8

Female Sterilization

At the end of the session, the participants should be able to:

- Describe the effectiveness and mechanism of prevention of pregnancy in female sterilization.
- List advantages and disadvantages of female sterilization.
- List key issues for medical eligibility for female sterilization.
- Describe key steps in female sterilization.
- Describe steps in follow-up.

Time: 30 minutes

Materials: Flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Effectiveness and mechanism of action
- Medical eligibility
- Key steps in female sterilization procedures
- Follow-up of clients
- Management of common problems

Process

- Step 1:** Ask 1 or 2 participants about the different categories of female sterilization they know about. Generally, all the participants will be able to respond. Show slide# 2 and 3, explain that the female sterilization can be categorized based on the means of reaching the tubes and methods for occluding the fallopian tubes.
- Step 2:** Encourage 1 or 2 participants to comment on the mechanism of prevention of pregnancy in female sterilization and the effectiveness of the procedure. Showing slides# 4 and 5 clarify that although the overall rate of pregnancy is very low in female sterilization, it depends partly on how well the tubes are blocked.
- Step 3:** Allow the participants 1 minute to write down one advantage and one disadvantage of female sterilization. Then ask them to read their responses out loudly one-by-one. Request them not to repeat the points mentioned by other participants. Generate a list of advantages and disadvantages on 2 separate flip charts. Now displaying slides # 6 to 9, complete the list of advantages and disadvantages. Clarify that the female sterilization procedure can be performed only by a provider trained in the technique. Available GOI guidelines need to be adhered in this respect. Also explain that reversal surgery is expensive, difficult and not available in all areas, and that therefore for all practical purposes the procedure should be considered as non-reversible.
- Step 4:** Now displaying slides# 10 to 12 explain that most of the women can have a safe and effective female sterilization. Clarify that a woman who is HIV positive or is at the risk of HIV, can safely undergo female sterilization in routine settings.
- Step 5:** Now ask participants to list the conditions under which female sterilization cannot be done without extra caution or appropriate additional expertise. After getting a few responses from the participants, complete the list using slides# 13 to 22 and simultaneously discuss the issues as needed. The female sterilization should be delayed in women having serious post-abortion complications and severe pre-eclampsia or eclampsia. Also it should be delayed in women having active STI, PID and pelvic cancers.
- Step 6:** Similarly in a situation where additional surgical procedure or manipulation may be required such as hernia, fixed uterus, uterine rupture or perforation, the woman should be sent for female sterilization to a centre where experienced staff and equipment are available for handling other potential problems.
- Step 7:** For women with cardiovascular problems such as acute heart disease due to blocked arteries and deep vein thrombosis or pulmonary embolism, the sterilization procedure should be delayed until the problem is tackled. Also, women having moderate/severe high blood pressure or vascular disease due to diabetes or vulvular heart disease, should be referred for sterilization to

a centre where experienced staff and equipment are available for handling potential problems. Similarly, run through the list of conditions on slides 18 to 22 and explain in what situations to refer, use caution and when to delay the sterilization procedure.

- Step 8:** Now initiate a discussion on the sterilization procedure using slide# 23 which lists all essential basic elements of quality female sterilization procedure. As femal sterilization is a permanent method of contraception, emphasize the importance of informed consent and good counselling. Similarly, highlight the necessity of client assessment prior to the procedure and infection prevention during the procedure.
- Step 9:** Using slides#24-26 discuss major steps in minilaparotomy procedure. Remind participants the importance of proper infection prevention procedures.
- Step 10:** Similarly, using slides# 27 to 30 and information given in the reference manual of the femal sterilization chapter, explain the procedure of laparoscopic female sterilization.
- Step 11:** Inform participants that post-procedure care (by self and by the providers, as required) is essential for client satisfaction for timely identification and management of common problems relating to the procedure. Explain self-care by the client using slides# 31 and 32 and help participants understand the situation when the client should see a healthcare provider after the female sterilization procedure. Clarify that all these instructions must be given to a client and her relatives as a part of counselling, after the female sterilization procedure.
- Step 12:** Ask participants if any of their clients had become pregnant after the female sterilization procedure. If so, what were the reasons for this? After a brief discussion show slides# 34 and 35 and discuss the possible reasons for pregnancy after the female sterilization procedure and elaborate on the simple yet effective ways of preventing such a situation (slide# 35).
- Step 13:** Finally, discuss the steps in the follow-up of female sterilization and talk of the identification and management of common problems following the sterilization procedure.
- Step 14:** Close the session by showing slide# 38 on the long term effects of female sterilization. Remind the participants that pregnancy following female sterilization is rare but when it occurs, it is more likely to be ectopic pregnancy. Alteration in the menstrual cycle flow or length or in menstrual pain have been attributed to female sterilization and are referred to as the post-sterilization syndrome. However, latest studies in the US show no strong evidence of post-sterilization syndrome.

Session: 9

Condoms (Male & Female)

At the end of the session, the participants should be able to:

- Describe the effectiveness and mechanism of action of condoms.
- List advantages and disadvantages of condoms.
- List key issues for medical eligibility for condoms.
- Describe key steps in providing condoms

Time: 30 minutes

Materials: Samples of commonly available male condom brands and a sample of the female condom, wooden penile model, flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides.

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Effectiveness and mechanism of action
- Medical eligibility
- Key steps for providing condoms
- Follow-up of clients
- Management of common problems with condoms

Process

- Step 1:** Ask participants what they understand by dual protection. Listen to their responses and tell them that now the discussion will be on condoms, which is the only contraceptive method that provides dual protection - both from pregnancy and transmission of STIs including HIV.
- Step 2:** Make introductory comments about condom using slide# 2 and about the mechanism of action using slide# 3.
- Step 3:** Show slide# 4 and highlight the differences in the effectiveness of condoms if used typically, correctly and consistently.
- Step 4:** Encourage participants to list the advantages and disadvantages of condoms. Note their responses on 2 separate flip charts. Using slides# 5 to 10 complete the list highlighting that the condom (male and female) is the only contraceptive method which provides dual protection, from unwanted pregnancy as well as transmission of STIs including HIV.
- Step 6:** While discussing the medical eligibility of condoms, clarify that except for allergy to latex, there are no other contraindications for use of condoms. However, considering its effectiveness in preventing transmission of STIs/HIV, condoms can still be used despite the allergy.
- Step 7:** Now ask one of the volunteers to come forward and demonstrate to the large group how to counsel a man who has chosen to use condoms for contraception and to demonstrate the use of condom on a wooden penile model. Let the person demonstrate while others observe without making any comments. After the demonstration, using slides# 12 to 16, explain and at the same time demonstrate how to use condoms and explain what instructions must be given to the client in order to be reasonably sure about correct and consistent use.
- Step 8:** Finally explain what to do if the condom breaks during sexual intercourse and outline the reasons for a condom user to see the healthcare provider using slides# 17-19.
- Step 9:** Now ask the participants how many of them have seen a female condom. Can they describe how it looks and the mechanism of action. Show slides# 21-23 and share general information about female condoms.
- Step 10:** Using slides # 38-40, explain the advantages and disadvantages of the female condom. Clarify that it offers protection to both internal and external genitalia and it is more comfortable for men as it does not reduce any sensitivity. In disadvantages, mention about difficulties in wearing the condom (which is one of the most common reasons for discontinuation) and that it is not aesthetically pleasing. Also it is much more expensive than the male condom.
- Step 11:** Share with participants slides # 25-32. These slides capture the design and results from operations

research studies undertaken in India at 3 sites. Explain that findings are encouraging.

Step 12: Slide # 33 is about effectiveness of female condoms both in the context of pregnancy and disease prevention. Expanding basket of choice increases protection.

Step 13: There are concerns regarding acceptability, safety and reuse of female condoms. Initiate discussions on these issues using slides # 35-37.

Step 14: Explain the process of using female condoms using instructions on slide#41. Also show slide # 42 on effectiveness of female condoms if used correctly and consistently.

Session: 10

Lactational Amenorrhoea Method (LAM)

At the end of the session, the participants should be able to:

- Describe effectiveness and mechanism of prevention of pregnancy in LAM.
- List advantages and disadvantages of LAM.
- List key issues for medical eligibility for LAM.
- Key considerations in LAM.

Time: 10 minutes

Materials: Flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Effectiveness and mechanism of action
- Advantages and disadvantages
- Medical eligibility
- Key considerations

Process

- Step 1:** Ask participants what they understand by LAM or lactational amenorrhoea method of contraception. Using slide#2, explain about LAM as a natural method of contraception which may last for 6 months after childbirth. You may also use this opportunity to get some information as breast feeding practices especially initiation of breast feeding and exclusive breast feeding. It will be good to reinforce messages on breast feeding with special reference to infant health and nutrition.
- Step 2:** Using slides 3 and 4 explain the effectiveness and mechanism of action of LAM. Emphasize that LAM is a very effective method if used correctly and consistently. Compare effectiveness of LAM with other methods such as condoms and fertility awareness based methods. Highlight that this is a non-invasive method.
- Step 3:** Explain the concept of correct and consistent use of LAM by using the criteria mentioned on slide#5. Clarify that all the criteria are essential to ensure that this contraception is successful. Even if one condition is not met, LAM will not work.
- Step 4:** Explain the advantages and disadvantages of LAM using slides #6 to 9. Emphasize that LAM also ensures proper and adequate breastfeeding to the infant leading to proper growth of the baby and protection from childhood diseases offered by mother's breast milk. It does not cost anything and encourages the woman to adopt another method of contraception later. Further, it does not have any hormonal or any other side effects and helps in developing a strong bond between mother and baby.
- Step 5:** Regarding medical eligibility (slides#10-13), clarify that any breastfeeding woman can use LAM as a contraceptive method provided she is ready to follow the prescribed breastfeeding rule or criteria during the first 6 months after childbirth. Explain that certain conditions or obstacles, which affect breastfeeding, may also affect duration of amenorrhea, making this a less useful choice for family planning purposes. These include HIV infection, medications used during breastfeeding. In order to protect infant health, breast-feeding is not recommended for women using certain drugs such as anti-metabolites, high dose corticosteroids etc. Congenital deformities of mouth, jaw or palate in newborn, small for date or premature needing intensive care can make breast-feeding difficult.
- Step 6:** Explain the criteria once again using slide#14, reminding the participants that all the criteria MUST be met for successful prevention of pregnancy. Finally, displaying slide#15, explain those situations when women need to start another method of contraception in place of LAM.

Session: 11

Fertility Awareness Based Methods: Standard Days Method (SDM)

At the end of the session, the participants should be able to:

- Describe the effectiveness and mechanism of prevention of pregnancy in SDM.
- List advantages and disadvantages of SDM.
- List key issues for medical eligibility for SDM.
- Key considerations in SDM.

Time: 10 minutes

Materials: Flip charts, marker pens, OHP/multimedia projector, transparencies/PowerPoint slides

Method: Interactive presentation, discussion in large group, question-answers

Key content:

- Effectiveness and mechanism of action
- Advantages and disadvantages
- Medical eligibility
- Key considerations

Process

- Step 1:** Ask participants if they know about Standard Days Method. Possibly, most of the participants will know this method. Let 1 or 2 of them explain the method clarifying that this method is useful for women having menstrual cycles ranging between 26-32 days. It involves identifying fertile days during each menstrual cycle.
- Step 2:** Using slides# 3 to 11 explain the concept of SDM and with the help of coloured beads explain how a woman can find out her fertile days during the menstrual cycle, during which there is a very low risk of becoming pregnant if she has unprotected sexual intercourse. Explain that now locally manufactured coloured bead strings are available in India.
- Step 3:** Finally, using slide #12, inform when a woman using SDM should see a healthcare provider.

