Appendix A

Family Planning Resource Materials

Key Elements of GATHER

Greeting
Make a Good Connection and Keep It ......................... 143

Asking
Why and How to Ask Questions .................................. 145
Responding to Clients’ Feelings ................................. 147
Can You Talk about Sex? ........................................... 148
Guiding without Controlling ..................................... 149
How to “Listen Actively” ........................................... 150
Countering False Rumors ......................................... 150

Telling Clients Information
Tailored and Personal ............................................... 153
Counseling Starts in the Community ......................... 155
Effectiveness of Family Planning Methods .................. 156
Telling Clients about Family Planning Methods ........... 157

Helping
Key Help from a Few Questions ................................ 161
Is She Pregnant? Ask Questions to Find Out .............. 163
Tips on Counseling Young Adults .............................. 163
Helping Clients Choose a Family Planning Method ....... 165

Explaining
Explaining So Clients Remember ............................. 171
12 Tips to Help Clients Remember ............................ 171
Explaining How to Use the Chosen Method ................ 174

Returning
The Returning Client Deserves Attention, Too .......... 179
Return Visits Help Clients Continue ......................... 181

Supplements
A: Misconceptions about Family Planning Methods ...... 185
B: Talking about Side Effects ................................... 186
C: Steps in Using a Condom ...................................... 187
Key Elements of GATHER

GREETING

Make a Good Connection and Keep It
In good counseling, providers and their clients often go through a series of connected and overlapping steps. These steps can be remembered by the letters in the word “GATHER.” G stands for “Greet.”

The provider’s friendly, respectful greeting makes the client feel welcome. It makes a good connection between provider and client right from the start. A good connection builds trust, and clients rely on providers that they trust.

This good connection should be kept up. Throughout every visit, all clients deserve understanding, respect, and honesty from everyone they meet.

How to Make Clients Feel Welcome
• Make sure each client is greeted in a friendly, respectful way as soon as he or she comes in. The staff member who first greets clients should understand how important this job is.
• Try to have places for clients to sit while they wait.
• Make the waiting area cheerful and interesting. For example, you can find or make posters that give useful health information.
• Have brochures and pamphlets for clients to look at.
• Tell newcomers what to expect during their visit. This can be done in person, with pamphlets or signs, and perhaps even with a videotape. Invite clients to speak up and ask questions whenever they want.
• If a client will be examined or undergo a procedure, explain what will happen clearly and with reassurance.
• Point out the staff member who can help if a waiting client needs something or has a question.
• Be sure every client has privacy from being seen or heard by others during counseling and during any physical examination or procedure.
• Tell clients that information about them and what they say will not be repeated to others (confidentiality).
• Reassure and comfort clients if needed.

Suggested exercise: Try to name at least two more ways to make clients feel welcome.

Note: This description of the elements of GATHER is adapted from: Rinehart, Rudy, & Drennan, 1998.
**Key Words for Greeting**

Experienced health care providers know “key words.” These words and phrases help put clients at ease. They help clients recognize and express their needs. They help clients make good decisions for themselves. Key words save time, too: They go quickly to the heart of the matter.

Here are some providers’ key words for greeting clients. Of course, the right words may be different in different cultures.

"Welcome to [name of health care facility or organization]. My name is [give name]. I am pleased that you have come."

"How can we help you today?" (Respond to the client’s answer by explaining what will happen next. For example, you might say, “Have you visited us before? Please tell me your name so that we can give your records to the nurse.” OR: “Please have a seat here. We will be able to help you in about [state how many minutes].”)

_Suggested exercise:_ What key words do you know? You can share them with your colleagues. Also, you can ask your colleagues for key words that they use.
ASKING

Why and How to Ask Questions
In GATHER, A stands for “Ask.” The provider questions effectively and listens actively to the client’s answers.

Why Ask Questions?
• To learn why the client has come
• To learn about the client’s circumstances, needs, and concerns
• To help the client express needs and wants
• To encourage the client to actively participate
• To help the client express feelings and attitudes, and so to learn how the client feels
• To help the client think clearly about choices
• To show the client that you care and are interested
• To learn the client’s knowledge and experience with family planning and other reproductive health
• To learn about behavior and situations that could affect the client’s reproductive health and health choices

You may need to ask all clients certain questions for your records. But the most important questions bring out what clients really want and how they feel. The best questions lead to answers that suggest more questions—like conversation between friends. No list of standard questions suits all clients.

How Can You “Question Effectively”? 
• Use a tone of voice that shows interest, concern, and friendliness.
• Use words that clients understand.
• Ask only one question at a time. Wait with interest for the answer.
• Ask questions that encourage clients to express their needs. Examples are: “How would you feel if you became pregnant soon?” “How do you think your spouse feels about family planning?”
• Use words such as “then?” “and?” and “oh?” These words encourage clients to keep talking.
• When you must ask a delicate question, explain why—for example, asking about number of sexual partners to find out about sexually transmitted infection (STI) risk.
• Avoid starting questions with “why.” Sometimes “why” sounds as if you are finding fault.
• Ask the same question in other ways if the client has not understood.
Open-Ended Questions Work Better!

The questions below are open-ended questions. They invite clients to give full, honest answers. They help clients think about their choices. The answer to an open-ended question often suggests the next question.

- “Could you please tell me your reasons for coming?”
- “What have you heard about this method?”
- “What questions do you have about family planning?”
- “How do you feel about that?”

The questions below are closed-ended questions. They require a specific answer, often just “yes” or “no.” They cut off discussion. Some of these are also leading questions. They push the client to answer in the way that the questioner wants.

- “Are you here for family planning?”
- “Have you heard of this method?”
- “Don’t you prefer this method?”
- “Don’t you think young women should avoid sex before they are married?”
Responding to Clients' Feelings

Family planning and other reproductive health concerns can be a very private matter for clients. When they talk about these subjects, they may feel embarrassed, confused, worried, or afraid. These feelings affect their decisions. Some feelings may make choices difficult. Some feelings may lead to choices that clients regret later.

How can you help clients deal with their feelings? First, ask about feelings and help clients talk about them. Give your full attention. Listen actively and question effectively. Watch clients' body movements and expressions. These can help you learn what clients feel.

Once you recognize clients' feelings, let them know in clear and simple words that you understand. This is called "reflecting feelings." At right are two examples.

You cannot change clients' feelings. Only they can do that. But when you reflect feelings, you are showing that you understand. You also are saying that it is all right to feel that way.

As clients talk about their feelings, they understand themselves better. Then they may find it easier to make wise and healthy choices.

Reflecting Feelings

Example 1

I want to use family planning. But I've heard bad things about the different methods.

You sound worried about possible side effects of some methods.

Example 2

My husband wants me to use pills, so I suppose I will.

You seem unsure about your choice.
Can You Talk about Sex?

Even for experienced health care providers, discussing sex can be difficult. Using sexual terms or slang can be embarrassing. As a result, providers may not volunteer important information, answer clients’ questions fully, or ask important questions about sexual behavior. Providers may even try to influence a client’s choice of methods to avoid explaining use of condoms or vaginal methods (e.g., diaphragms or spermicide), for example.

But reproductive health and sex cannot be separated. To make healthy decisions, clients often need to discuss sexual behavior. Therefore, providers need to be comfortable with hearing and using sexual terms and also with using pictures or models of the body. Here are suggested exercises that can make discussing sex easier:

1. Make a list of terms and slang related to sex. Discuss how you feel about hearing and using these words. Compare the words for men with those for women. Do these words avoid negative meanings? Which words would you rather use? Do your clients understand these words?
2. When alone, look at your face in a mirror and say the words that make you uncomfortable. With practice, you will be more at ease and confident.
3. Practice using pictures or a model to show clearly how to put a condom on a penis.

Clients, too, often find it hard to talk about sex. Here are some tips for helping them:

• **Give clients sensitive information in other forms.** Then they can take it into account even if they do not want to discuss it openly. For example, posters, pamphlets, videos, radio, and TV can explain the risks of having more than one sex partner, the signs of STIs, or the need for condoms.

• **Starting discussion** about sex is often the most difficult step. How can you gently let clients know that you are willing to discuss sex but will not force them to do so? You might ask, “Did you see the wall chart about STIs in the waiting area? Did it raise any questions?” or “Some women say they worry that their husbands have other sex partners, but they do not know how to talk with their husbands about it. How do you think you would handle that situation?” From here, you can lead gradually to a more personal discussion if the client is willing.
Guiding without Controlling

Most clients want to make their own decisions with some guidance from the provider. Two principles are important to giving guidance:

- Each client’s wishes—and not the provider’s wishes—determine how much guidance to give. Different clients will want more or less guidance.
- Good guidance helps clients make their own decisions. Good guidance should not be controlling—that is, it should not make decisions for clients.

A provider can give guidance and protect the client’s right to informed choice at the same time. (Hint: Asking questions instead of making statements can help to avoid controlling.)

<table>
<thead>
<tr>
<th>Guiding (Try This!)</th>
<th>Controlling (Avoid This!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling the client clearly that the decision is his or hers, while offering help, too:</td>
<td>Giving advice when not asked:</td>
</tr>
<tr>
<td>“Together we can think through your decision, but the choice is yours.”</td>
<td>“Well, if you want my opinion....”</td>
</tr>
<tr>
<td>Helping clients think about the effects of their choices—both good and bad:</td>
<td>Substituting your decision for the client’s:</td>
</tr>
<tr>
<td>“The pill gives some women upset stomachs at first. What if this happened to you?”</td>
<td>“If I were you, I would....”</td>
</tr>
<tr>
<td>Helping clients think about their own lives:</td>
<td>Expressing personal judgments or criticism about the client’s behavior:</td>
</tr>
<tr>
<td>“With your schedule, what might remind you to take a pill every day?”</td>
<td>“Doing that is wrong. You should know better.”</td>
</tr>
<tr>
<td>Taking cues from the client:</td>
<td>Demanding a quick decision with no time to consider:</td>
</tr>
<tr>
<td>“You said that you had several sex partners in the last year. This makes me think that you may need to protect yourself from STIs.”</td>
<td>“That is the list of methods we have. Now which do you want?”</td>
</tr>
<tr>
<td>Mentioning common experiences of other people like the client. Be balanced:</td>
<td>Stating the client’s decision for her (or him):</td>
</tr>
<tr>
<td>“With injectables, some women are happy when monthly bleeding stops, but other women avoid injectables for this reason.”</td>
<td>“I am sure you do not want this method.”</td>
</tr>
<tr>
<td>Respecting each client’s decisions about their own lives:</td>
<td>Instead, ask the client to state his or her own choice or wishes, and then reflect them back.</td>
</tr>
<tr>
<td>“I understand that you must leave home and work in the city most of the time. Since that is so....”</td>
<td>Using the words should, always, must, and never.</td>
</tr>
<tr>
<td></td>
<td>Cutting off the client:</td>
</tr>
<tr>
<td></td>
<td>“Time is short. Let us move on....”</td>
</tr>
<tr>
<td></td>
<td>Assuming that all similar people have exactly the same needs:</td>
</tr>
<tr>
<td></td>
<td>“You are not married, and all unmarried people need condoms for STI protection.”</td>
</tr>
</tbody>
</table>
How to “Listen Actively”

- Accept your clients as they are. Treat each as an individual.
- Listen to what your clients say and also how they say it. Notice tone of voice, choice of words, facial expressions, and gestures.
- Put yourself in your client’s place as you listen.
- Keep silent sometimes. Give your clients time to think, ask questions, and talk. Move at the client’s speed.
- Listen to your client carefully instead of thinking what you are going to say next.
- Every now and then repeat what you have heard. Then both you and your client know whether you have understood.
- Sit comfortably. Avoid distracting movements. Look directly at your clients when they speak, not at your papers or out of the window.

Countering False Rumors

Asking clients what they have heard about family planning methods or STIs often turns up rumors.

What Are Rumors?

Rumors are misinformation passed around the community, mostly by word of mouth. Rumors become widely known and are believed to be true, but often they are inaccurate or false. The original source is usually forgotten.

Where Do Rumors about Reproductive Health Start?

- Unintended mistakes when a person passes on what he or she has heard
- Traditional beliefs about the body and health
- Exaggerations to make a story more entertaining
- Lack of correct information due to unclear explanations from health care providers—or no explanation at all
- People trying to explain something that has no obvious explanation, such as an unexpected side effect
- Errors or exaggerations in news reports or mass-media entertainment
- Someone trying to hurt the reputation of family planning, other reproductive health care, or health care providers

Tips for Dealing with False Rumors That Clients Have Heard

- Clearly ask all new family planning clients what they have heard and what concerns they have about methods. These questions may bring out rumors.
- Explain politely why the rumor is not true. Also explain what is true in ways that the client understands.
• Find out what the client needs to know to have confidence in the family planning method, other reproductive health care, or the provider. Find out who the client will believe.

• Be aware of traditional beliefs about health. This awareness can help you understand rumors. It also can help you explain health matters in ways that clients can easily understand.

• Encourage clients to check with a health care provider if they are not sure about what they hear.

**Tips for Dealing with False Rumors in the Community**

• Find a credible, respected person who can tell people the truth and counter the rumor. Community leaders and satisfied users can be especially good.

• Try to figure out why the rumor started. Perhaps a real event needs to be explained.

• If rumors are circulating or perhaps even appear in the news, your director can contact reporters and editors and help them learn the true story. Your director could offer to be interviewed or to make a broadcast. Also, your director could offer to help reporters check out any future rumors.

• Encourage people to check first with health care providers before they repeat rumors.

• Prepare a simple handout or poster with correct information.

*[Note: See Supplement A, page 185, for further tips on dealing with rumors and misconceptions about family planning methods.]*
TELLING CLIENTS INFORMATION

Tailored and Personalized
In GATHER, T stands for “Tell.” The provider responds to the client’s situation, concerns, and needs. The provider tells the client information that helps the client reach a decision and make an informed choice.

To make wise choices, clients need useful, understandable information. This information should describe the client’s various options and explain possible results. To help with understanding, you can make information both tailored and personalized.

**Tailored information** is information that helps the client make a specific decision. In the “Ask” step of GATHER, you can learn what decisions the client is facing and what his or her preferences and concerns are. Then, in the “Tell” step, you can give specific information that helps the client make those decisions. You can skip information that makes no difference to the client to avoid overloading and confusing the client.

**Personalized information** is information put in terms of the client’s own situation. Personalizing information helps the client understand what the information means to him or her personally. (See example in box below.)

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**Example**

*Information for a Man Deciding How to Protect Himself against HIV/AIDS*

**Good:** “Having certain other STIs can raise the chances of getting HIV/AIDS.”

**Better (tailored):** “For a person with more than one sex partner, the best protection against getting STIs during sex is using a condom every time.”

**Best (tailored and personalized):** “You mentioned that you have two girlfriends now. The best way to protect yourself and your girlfriends is using a condom every time you have sex with either of them.”

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**Suggested exercise:** Imagine a specific client. Then tailor and personalize an important fact about reproductive health for that client.

**Tailoring Information for Method Choice**
Family planning clients should have access to full information about all available methods. At the same time, describing every method in equal detail can be confusing to a client trying to choose a method. Here is an easy way to find out what the client needs to know:

- **Ask what method the client wants.** Most clients already have a method in mind. Unless there is a medical contraindication, it is best if clients *get the method they want.* They will
use it longer and more effectively. Make sure the client (1) understands the method, (2) has no medical reason to avoid it (see chart, “Helping Clients Choose a Family Planning Method,” page 165), and (3) knows other methods are available when he or she wants to switch.

• What if the client cannot use that method? Ask what the client likes about that method, and then describe similar methods. For example, a woman wants an IUD because it is long-acting, very effective, and reversible. But she cannot use an IUD for medical reasons. You can tell her about Norplant implants or injectables because these also are long-acting, very effective, and reversible.

Find more ways to tell people about family planning methods. Counseling is important, but providers also can tell people about methods in many other ways—for example, radio, television, newspapers, community and clinic presentations, pamphlets, and wall charts. Clients who know more about methods before counseling can make better decisions during counseling.
Counseling Starts in the Community

Informing the community and counseling clients go hand-in-hand. The better that people are informed before counseling, the better that counseling can help clients make informed choices that meet their needs.

Why Give Community Talks and Hold Group Discussions?

- To inform many people at once. This saves time.
- To establish a link between the community and the service providers.
- To tell the community about services.
- To start people thinking about their choices even before they meet with a health care provider.
- To save time during counseling for addressing each client's needs and helping the client learn instructions.
- To answer questions that people are too shy to ask.
- To start a continuing discussion in the community.
- To create a common understanding among people. This helps avoid rumors.
- To make people aware of risky reproductive health behavior and to encourage safer behavior.
- To help people share their experiences and support each other's healthy decisions.

When and Where?

- When community groups meet.
- At workplaces and schools.
- At specially planned public gatherings.
- At other public events such as sports matches, fairs, and exhibitions.
- While clients wait in clinics.

Tips for Talks and Discussions

- Find out in advance who the audience will be, what they know, and what they want to know.
- Prepare. Know your goals, main points, and a few discussion questions. Plan your time.
- To begin, introduce yourself and the topic.
- Help people feel at ease. In a small group, you could start a short game or ask people to introduce themselves.
- Start the discussion with clear, simple information.
- Use words that everyone understands.
- Use audiovisual materials, including sample contraceptives if appropriate.
- Help keep discussion going. Keep eye contact. Encourage people to comment and ask questions. Ask "what" and "how" questions in a respectful way.
- Invite people to talk about their own experiences.
- If the discussion strays from the topic, gently lead it back with an appropriate question.
- Summarize important points during the discussion and again at the end.
- Suggest one important action that every person there can take—for example, each person can tell one other person in the community something important that they have learned.
**Effectiveness of Family Planning Methods**

This table shows how many women in every 100 women become pregnant during the first 12 months of using major family planning methods. Two rates are shown for each method. The rate shown under “As Commonly Used” is a typical, or average, rate. Some couples do better than this, and others do worse. The rate under “Used Correctly and Consistently” applies to couples who follow the use instructions exactly and make no mistakes. For both categories, the pregnancy rate associated with the use of no method is assumed to be 85 per 100.

<table>
<thead>
<tr>
<th>Family planning method</th>
<th>Pregnancies per 100 women in first 12 months of use</th>
<th>As commonly used</th>
<th>Used correctly and consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norplant implants</td>
<td>Less than 1</td>
<td>Less than 1</td>
<td>Less than 1</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>Less than 1</td>
<td>Less than 1</td>
<td>Less than 1</td>
</tr>
<tr>
<td>Long-acting injectable contraceptives</td>
<td>Less than 1</td>
<td>Less than 1</td>
<td>Less than 1</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>Less than 1</td>
<td>Less than 1</td>
<td>Less than 1</td>
</tr>
<tr>
<td>Intrauterine device (TCu-380A)</td>
<td>Less than 1</td>
<td>Less than 1</td>
<td>Less than 1</td>
</tr>
<tr>
<td>Progestin-only oral contraceptives during breastfeeding</td>
<td>1</td>
<td>Less than 1</td>
<td></td>
</tr>
<tr>
<td>LAM (for 6 months only)</td>
<td>2</td>
<td>Less than 1</td>
<td></td>
</tr>
<tr>
<td>Combined oral contraceptives</td>
<td>6–8</td>
<td>Less than 1</td>
<td>3</td>
</tr>
<tr>
<td>Male condoms</td>
<td>14</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Diaphragm with spermicide</td>
<td>20</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Fertility awareness–based methods</td>
<td>20</td>
<td>1–9</td>
<td></td>
</tr>
<tr>
<td>Female condoms</td>
<td>21</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Spermicides</td>
<td>26</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Key:

- = very effective (0–1 failures per 100)
- = effective (2–9 failures per 100)
- = somewhat effective (10–30 failures per 100)

For sources and further explanation, see: Hatcher et al., 1997, pp. 4-18 and 4-19.
**Telling Clients about Family Planning Methods**

Clients need to know about family planning methods before choosing one. Here is basic information about nine methods. You can mention all available methods, but tell clients most about the methods that interest them. (Remember that clients may already know something about some methods.) Then, with the checklists on pages 165 to 169, you can help your clients choose a method. *(Note: Most methods do not protect against STIs, including HIV/AIDS. During sex, condoms are the best protection against STIs.)*

<table>
<thead>
<tr>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptives (the pill)</td>
<td>• No need to do anything at the time of sex.</td>
<td>• Some women have upset stomach (especially in first three months) and/or spotting or bleeding between menstrual periods, missed periods, mild headaches, breast tenderness, and/or slight weight gain.</td>
</tr>
<tr>
<td>When a woman swallows a pill each day, her ovaries stop releasing eggs. She cannot become pregnant without an egg. <strong>Effectiveness:</strong> Very effective if taken every day. Effective as usually used.* No STI protection. Also can be used for emergency contraception.</td>
<td>• Monthly periods are regular, light, short; cramps are milder and fewer. • Helps prevent iron deficiency anemia, ectopic pregnancy, ovarian and uterine cancer, and pelvic inflammatory disease (PID).</td>
<td>• Some women cannot remember to take a pill every day. • In rare cases, the pill causes stroke, heart attack, or blood clots deep in the leg, especially in women with high blood pressure and in women who smoke and also are 35 or older.</td>
</tr>
<tr>
<td>Male condom</td>
<td>• Only method proved to prevent STIs, including HIV/AIDS, and also pregnancy when used correctly with every act of sexual intercourse.</td>
<td>• Must take the time to put condom on erect penis before sex.</td>
</tr>
<tr>
<td>A very thin, flexible sheath that covers the man’s erect penis during sex. It keeps sperm out of the woman's vagina. It also prevents many STIs from passing between sex partners. <strong>Effectiveness:</strong> Effective if used correctly and every time. Only somewhat effective as usually used.* Best method for STI prevention.</td>
<td>• Helps prevent conditions caused by STIs, such as PID in women and infertility in both women and men.</td>
<td>• May decrease sensation. • May cause itching for a few people who are allergic to latex rubber.</td>
</tr>
<tr>
<td></td>
<td>• No need to see a health care provider before using.</td>
<td></td>
</tr>
</tbody>
</table>

*(continued)*

*For more information on method effectiveness, see the chart on page 156.*
Telling Clients about Family Planning Methods *(continued)*

<table>
<thead>
<tr>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female sterilization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A specially-trained health care provider makes a small surgical opening in the woman's abdomen and closes off both tubes that carry eggs from the ovaries to the womb. Then these eggs cannot meet the man's sperm. The woman still has menstrual periods. <strong>Effectiveness:</strong> Very effective and permanent.* No STI protection.</td>
<td>• A single procedure leads to effective, lifelong family planning. • Nothing to remember and no repeated clinic visits needed. • No known long-term side effects or health risks. • A woman can still have sex as usual.</td>
<td>• Usually painful for a few days after the procedure. Slight chance of infection or bleeding at incision, internal infection or bleeding, or injury to internal organs. • Usually not reversible.</td>
</tr>
<tr>
<td><strong>Vasectomy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A specially-trained health care provider makes a small surgical opening in the man's scrotum (the sac of skin that holds the testicles) and closes off both tubes that carry sperm from his testicles. The man still produces semen, but it has no sperm in it to make a woman pregnant. <strong>Effectiveness:</strong> Very effective and permanent.* No STI protection.</td>
<td>• A single, quick procedure leads to effective, lifelong family planning. • A man can still ejaculate and have sex as usual. • No known long-term side effects or health risks.</td>
<td>• Not effective at once. Couple must use another method for at least three months. • Usually some discomfort for a few days after the procedure. Possibly also some pain, swelling, and bruising in the scrotum. • Usually not reversible.</td>
</tr>
<tr>
<td><strong>Long-acting injectable contraceptives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injectables Depo-Provera (DMPA) and Noristerat (NET-EN) stop ovaries from releasing eggs. A woman cannot become pregnant without an egg. They also thicken cervical mucus so sperm cannot pass. <strong>Effectiveness:</strong> Very effective when spaced three months apart (for DMPA) or two months apart (for NET-EN).* No STI protection.</td>
<td>• Private. No one else can tell that the woman is using contraception. • Long-term yet reversible. Each injection lasts at least three months (DMPA) or two months (NET-EN). • The woman has to remember only to return for her next injection.</td>
<td>• Changes in menstrual bleeding, such as light spotting at first and no periods after the first year of use. (Some women consider no periods an advantage.) • Some women gain some weight. (Some women consider this an advantage.) • If stopping to become pregnant, average four months longer wait before pregnancy than after other methods.</td>
</tr>
</tbody>
</table>

*For more information on method effectiveness, see the chart on page 156.
<table>
<thead>
<tr>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| **Norplant implants** | • Lasts at least seven years; fertility returns when capsules are taken out.  
• Nothing to remember. No need to do anything at the time of sex.  
• Helps prevent iron deficiency anemia and ectopic pregnancy. | • Changes in menstrual bleeding, especially spotting or bleeding between periods. Some women have no periods. (Some women consider no periods an advantage.)  
• Clinical procedure is needed to start or stop use. |

Small, plastic capsules placed under the skin of a woman’s arm slowly release a hormone. The hormone thickens cervical mucus so sperm cannot pass. Sometimes also stop ovaries from releasing eggs.  

**Effectiveness**: Very effective.*  
No STI protection.

| **Intrauterine device (IUD)** | • Effective prevention of pregnancy for as long as 10 years. Fertility returns when IUD is taken out.  
• No need to do anything at the time of sex.  
• Can be inserted just after childbirth. | • Many women at first have longer, heavier menstrual periods, bleeding or spotting between periods, or more menstrual cramps or pain.  
• Clinical procedure is needed to start or stop use.  
• PID is more likely to follow STI infection if a woman is using an IUD. |

A small, flexible plastic frame, often with copper wire or sleeves on it. A health care provider inserts the IUD into the woman’s womb through her vagina. The IUD stops egg and sperm from meeting.  

**Effectiveness**: Very effective.*  
No STI protection.

| **Fertility awareness-based methods (including periodic abstinence)** | • No physical side effects.  
• Very little or no cost.  
• Most couples can use these methods if committed to them.  
• Acceptable to some religious groups that object to other methods. | • More effective methods take two or three months to learn.  
Calendar method takes six months of recording cycle length before it can be used.  
• Long abstinence may cause tension.  
• Some methods may be less reliable or difficult to use if woman is sick, has a vaginal infection, or is breastfeeding. |

A woman learns to recognize the fertile time of her menstrual cycle. To prevent pregnancy, a couple avoids vaginal sex during the fertile time or else uses a barrier method or withdrawal.  

**Effectiveness**: Effective if used correctly. Only somewhat effective as usually used.*  
No STI protection.

*For more information on method effectiveness, see the chart on page 156.
### Telling Clients about Family Planning Methods (continued)

<table>
<thead>
<tr>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Vaginal methods (spermicides, diaphragm, cervical cap) | • Woman-controlled method for use when needed.  
• May help prevent some STIs and conditions caused by STIs.  
• No need to see a health care provider before using spermicides. | • May cause irritation. Can make urinary tract infections more common.  
• Woman must put method in vagina before every act of sexual intercourse. |

A woman places a spermicide, or a diaphragm or cap with spermicide, in her vagina before sex. Spermicides kill sperm or stop their movement. Diaphragms and caps keep sperm out of the womb.

**Effectiveness:** Effective when used correctly and every time. Only somewhat effective as usually used.* Help prevent STIs.

*For more information on method effectiveness, see the chart on page 156.
HELPING

Key Help from a Few Questions
In GATHER, H stands for “Help.” The client and provider discuss the choices, their different implications for the client, and how the client would feel about these. In this way, the provider helps the client consider key issues to help him or her reach a decision. Often, the choice is what family planning method to use. Other choices could be how to protect oneself from STIs or, for a young person, whether to begin having sex.

Choosing a Family Planning Method
First, ask the client if she or he already has a method in mind (see “Telling Clients Information,” page 153). Then, with a few more questions, you can learn important information that will help you advise many of your clients. You can choose the best words to ask for this information.

Most clients who answer “no” to all three questions below can consider any available family planning method. Ask further questions as needed to help each client choose.

If a client answers “yes” to any of these three questions, see the advice below:

1. Is the client breastfeeding a baby? If so, for how long?
   - Breastfeeding less than six weeks:
     - Avoid hormonal methods. Combined oral contraceptives and monthly injectables can reduce milk supply. Progestin-only oral contraceptives, long-acting injectables, and Norplant implants in theory might affect the new baby’s growth.
     - All other methods can be considered. Fertility signs, used for fertility awareness–based methods, may be hard to interpret.
     - Between seven and 42 days after childbirth, postpone female sterilization.
   - Breastfeeding six weeks to six months:
     - Avoid combined oral contraceptives and monthly injectables.
     - All other methods can be considered, including progestin-only oral contraceptives. Fertility signs may be hard to interpret.
   - Breastfeeding more than six months:
     - Can no longer use lactational amenorrhea method (LAM).
     - All other methods can be considered, but combined oral contraceptives and monthly injectables are not the best choices. Fertility signs may be hard to interpret.

2. Do the client and his or her partner want any (more) children?
   - If so:
     - Couple should not choose vasectomy or female sterilization. These methods are permanent.

3. Does the client or his or her sex partner have sex with anyone else?
   - If so, the client:
     - Should always use condoms to protect against STIs
     - Can also use another method at the same time for extra protection against pregnancy
     - Should avoid the IUD
Note: All three questions are important. For example, a woman who has been breastfeeding for less than six months and who also has more than one sex partner should avoid combined oral contraceptives and should always use condoms.

Other Good Questions
You may need to ask more questions to find out: Will the method that interests the client really suit the client’s needs and way of life? Will the client be able to use the method effectively? Does the client have any medical condition that makes another choice better? The chart entitled “Helping Clients Choose a Family Planning Method” (page 165) helps answer these questions.

Key Words for Helping

“What have you decided to do?”
After the client has considered all of his or her options, it is very important to ask the client this question. This is why:
• The question makes clear that a decision is needed.
• The question makes clear that the decision belongs to the client.
• By answering out loud, clients make a commitment to carry out their own decisions—or else recognize that they are not ready to decide.
• The client’s answer tells you what the client wants—no need to guess or assume.
• If the client’s answer is not clear or is out of keeping with previous discussion, you can ask more questions to be sure, and you can discuss the choice further.
• If the client’s answer either is medically contraindicated or is based on unrealistic expectations, you can guide him or her to understand why it is not an appropriate choice.

“So, you have decided to...”
Reflect back the client’s decision. Then the client can agree or disagree.
Is She Pregnant? Ask Questions to Find Out

A woman should try not to start certain family planning methods while pregnant.

Asking questions usually is enough to find out if a woman might be pregnant. Pregnancy tests and physical examinations usually are not needed, and they discourage clients.

If the woman answers “yes” to any of these six questions, it is reasonably certain that she is not pregnant. (Once she answers “yes” to a question, you can skip the other questions.)

___ 1. Did she give birth in the last six months, and is breastfeeding often, and has not yet had a menstrual period?
___ 2. Has she abstained from vaginal sex since her last menstrual period?
___ 3. Did her menstrual period start in the last seven days?
___ 4. Has she been using family planning effectively and was her last menstrual period less than five weeks ago?
___ 5. Did she give birth in the last four weeks?
___ 6. Did she have an abortion or miscarriage in the last seven days?

If the client answers “no” to all of these questions, she might be pregnant; pregnancy cannot be ruled out. Has she noticed signs of pregnancy? If so, try to confirm by physical examination.

If her answers cannot rule out pregnancy, the client should either have a laboratory pregnancy test or wait until her next menstrual period before starting combined or progestin-only oral contraceptives, injectables, Norplant implants, an IUD, or female sterilization. She can use condoms or spermicide until then. If she wishes, she can be given oral contraceptives, too, with instructions to start them when her menstrual period begins.

Tips on Counseling Young Adults

Often young adults face different reproductive health issues than older clients. Young adults often are less knowledgeable and may lack the maturity to make well-considered decisions and carry them out responsibly. Thus, counseling young adults requires being even more open, more tolerant, more flexible, more knowledgeable, and more understanding. Counseling young adults can be challenging, but it can be very rewarding to help young people make wise and healthy decisions.

• Be open. Let young people know that no question is wrong, and that even embarrassing topics can be discussed.

• Be flexible. Talk about whatever issues the young person wants to discuss.

• Give simple, direct answers in plain words. Learn to discuss puberty and sex comfortably.

• Be trustworthy. Honesty is crucial to young clients. You—and the information you give—need to be believable. If you do not know an answer, say so. Then find out.

• Stress confidentiality. Make clear that you will not tell anyone else about the client’s visit, the discussion, or the client’s decisions.
• **Be approachable.** Do not get upset or excited. Keep cool.
• **Show respect,** as you do for other clients. Do not talk down to young clients.
• **Be understanding.** Recall how you felt when you were young. Avoid judgments.
• **Be patient.** Young people may take time to get to the point or to reach a decision. Sometimes several meetings are needed.

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**Young Adults Are Special Clients. Keep This in Mind:**

- Young adults often need skills as much as facts. They need to learn how to deal with other people—including older people. For good reproductive health, important skills are knowing how to say no, how to negotiate, and how to make decisions.
- Young people often want to know how social relationships and sexual relationships fit together. Often, this is more important to them than facts about reproductive health.
- Young people often focus on the present. They find it hard to make long-range plans or to prepare for the distant future.
- Young people often find it hard to understand the idea of risk or risky behavior.
- Sexually active young adults often face a greater STI risk than older clients.
- A young person’s sexual behavior may be forced or pressured—possibly by an older person.
- A young person may have sex only once in a while.
- A young person may plan not to have sex again but still do so.
- Young adults of the same age may have very different levels of knowledge and different sexual attitudes, behavior, and experiences.

**Suggested discussion:** How do these points affect how you counsel young adults?
Helping Clients Choose a Family Planning Method

### 1. Help Clients Think About Their Needs
These questions help clients think about their needs.
Discuss only methods that interest the client.
Can you think of more questions?

### 2. Consider These Medical Conditions
For the client's preferred method, ask about these conditions and explain that they rule out its use.
If needed, help the client choose another method.

#### Combined oral contraceptives (the pill)

- Do you want an effective method that you can stop at any time?
- Do you especially want to postpone or to space births?
- Do you want a method that needs no action during sex?
- Do you have heavy, painful menstrual periods or anemia?

**If so, the pill may be a good choice for you.**

- Do you dislike taking pills or do you forget them?
- Would it be hard for you to get more pills?
- Would you stop the pill if it made your stomach upset at first?

**If so, the pill may be a poor choice for you.**

**Should not be used by women who:**
- Smoke cigarettes and also are over age 35
- Have blood pressure (bp) over 160/100 mm Hg; report high bp but cannot be checked
- Are breastfeeding a baby less than 6 months old
- Have had stroke or problems with heart or blood vessels due to blockages
- Have or had breast cancer
- Have active liver disease
- Get bad headaches with blurred vision
- Might be pregnant
- Have unusual vaginal bleeding that suggests disease (until diagnosed)
- Have long-term, severe diabetes

#### Male condom

- Do you or your sex partner(s) need protection from STIs?
- Do you have more than one sex partner? Does your partner?
- Are you a man who wants responsibility for family planning?

**If so, condoms may be a good choice for you.**

- Would you or your partner find it difficult to use a condom with every sex act?

**Even so, you should use condoms if you need STI protection or have more than one sex partner. Can use another method, too.**

**Generally should not be used by someone:**
- As the only method if pregnancy would seriously threaten the woman’s health. For most couples, condom use is only somewhat effective. Can use condoms for STI protection and another method at the same time, for greater protection from pregnancy.
- Who has severe allergic reaction to latex.

(continued)
Helping Clients Choose a Family Planning Method *(continued)*

<table>
<thead>
<tr>
<th>1. Help Clients Think About Their Needs</th>
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<td>These questions help clients think about their needs. Discuss only methods that interest the client. Can you think of more questions?</td>
<td>For the client's preferred method, ask about these conditions and explain that they rule out its use. If needed, help the client choose another method.</td>
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</table>

**Female sterilization**

- Are you sure you will want no more children? Is your husband?
- Do you want a very effective, permanent method with no upkeep?

*If so, female sterilization may be a good choice for you.*

- Are you single or have no children?
- Are you having marriage problems?
- Are you worried about surgery?

*If so, female sterilization may be a poor choice for you.*

**No medical conditions restrict female sterilization, but some conditions call for delay, special care, or a special facility. These include:**

- Gynecologic or obstetric conditions, such as pregnancy, infection, cancer
- Certain heart or blood vessel problems, such as high blood pressure
- Long-term diabetes
- Severe iron deficiency anemia
- Between seven days and six weeks after giving birth

**Vasectomy**

- Are you sure you will want no more children? Is your wife?
- Do you want to take responsibility for family planning?
- Do you want an effective, permanent method with no upkeep?

*If so, vasectomy may be a good choice for you.*

- Are you single or do you have no children?
- Are you having marriage problems?

*If so, vasectomy may be a poor choice for you.*

**No medical conditions restrict the use of vasectomy, but some conditions call for delay, special care, or a special facility. These include:**

- Infection (including STIs), swelling, or lumps in penis or scrotum
- Undescended testicle
- Diabetes
### Helping Clients Choose a Family Planning Method (continued)

<table>
<thead>
<tr>
<th>1. Help Clients Think About Their Needs</th>
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<td>These questions help clients think about their needs. Discuss only methods that interest the client. Can you think of more questions?</td>
<td>For the client's preferred method, ask about these conditions and explain that they rule out its use. If needed, help the client choose another method.</td>
</tr>
</tbody>
</table>

### Long-acting injectable contraceptives

- Do you want to keep your family planning private?
- Do you want a long-lasting, very effective, reversible method?
- Do you prefer injections?

*If so, an injectable may be a good choice for you.*

- Would you mind if menstrual bleeding changes or stops?
- Would you mind some gradual weight gain?
- Would you want to become pregnant quickly after stopping?

*If so, an injectable may be a poor choice for you.*

### Should not be used by women who:

- Are breastfeeding a baby less than 6 weeks old
- Have heart or blood vessel problems due to blockages, or have had a stroke
- Have or have had breast cancer
- Have active liver disease
- Might be pregnant
- Have unusual vaginal bleeding that suggests disease (until diagnosed)

### Norplant implants

- Do you want a long-lasting, very effective, reversible method with no upkeep?

*If so, Norplant implants may be a good choice for you.*

- Would you mind changes in menstrual bleeding?
- Are you worried about minor surgery?

*If so, Norplant implants may be a poor choice for you.*

### Should not be used by women who:

- Are breastfeeding a baby less than 6 weeks old
- Have active liver disease
- Have or have had breast cancer
- Might be pregnant
- Have unusual vaginal bleeding that suggests disease (until diagnosed)
## Helping Clients Choose a Family Planning Method (continued)

### 1. Help Clients Think About Their Needs

These questions help clients think about their needs.
Discuss only methods that interest the client.
Can you think of more questions?

### 2. Consider These Medical Conditions

For the client's preferred method, ask about these conditions and explain that they rule out its use.
If needed, help the client choose another method.

<table>
<thead>
<tr>
<th>Intrauterine device (IUD)</th>
<th>Should not be used by women who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you want a long-lasting, very effective, reversible method with little upkeep?</td>
<td></td>
</tr>
<tr>
<td>• Are you in a mutually faithful sexual relationship?</td>
<td></td>
</tr>
<tr>
<td><strong>If so, the IUD may be a good choice for you.</strong></td>
<td></td>
</tr>
<tr>
<td>• Should not be used by women who:</td>
<td></td>
</tr>
<tr>
<td>• Have or might get STIs, including HIV/AIDS; had an STI or PID in the last three months</td>
<td></td>
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<tr>
<td>• Might be pregnant</td>
<td></td>
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<tr>
<td>• Have usual vaginal bleeding that suggests disease (until diagnosed)</td>
<td></td>
</tr>
<tr>
<td>• Gave birth more than 48 hours but less than four weeks ago</td>
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</tr>
<tr>
<td>• Have infection following childbirth or abortion</td>
<td></td>
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<tr>
<td>• Have cancer of a female organ or pelvic tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fertility awareness–based methods (including periodic abstinence)</th>
<th>Generally should not be used by women:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can you and your partner agree to avoid vaginal sex during the fertile time, or else to use a barrier method or withdrawal?</td>
<td></td>
</tr>
<tr>
<td>• Do your religious or moral beliefs forbid other methods?</td>
<td></td>
</tr>
<tr>
<td>• Do you worry about side effects with other methods?</td>
<td></td>
</tr>
<tr>
<td><strong>If so, these methods may be a good choice for you.</strong></td>
<td></td>
</tr>
<tr>
<td>• Should not be used by women:</td>
<td></td>
</tr>
<tr>
<td>• If pregnancy would seriously threatened their health, unless other methods are not acceptable. For most couples, these methods are only somewhat effective.</td>
<td></td>
</tr>
<tr>
<td>• No medical conditions restrict the use of these methods, but some conditions can make fertility signs harder to recognize:</td>
<td></td>
</tr>
<tr>
<td>• Recent childbirth or abortion, breastfeeding, or other conditions affecting the ovaries, such as stroke, serious liver disease, thyroid conditions, cervical cancer</td>
<td></td>
</tr>
<tr>
<td>• STIs or PID in the last three months; vaginal infection (These affect cervical mucus.)</td>
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<tr>
<td>• Irregular menstrual periods (These may make the calendar method difficult or ineffective.)</td>
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</tbody>
</table>

*If so, the IUD may be a poor choice for you.*
## Helping Clients Choose a Family Planning Method (continued)

<table>
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<td>For the client’s preferred method, ask about these conditions and explain that they rule out its use. If needed, help the client choose another method.</td>
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</table>

### Vaginal methods (spermicides, diaphragm, cervical cap)

- Do you want a method a woman controls and can use when needed?  
  **If so, vaginal methods might be a good choice for you.**

- Do you want a very effective method?  
- Do you dislike touching your genitals?  
- Would you sometimes forget the method or choose to ignore it?  
  **If so, vaginal methods may be a poor choice for you.**

### Generally, should not be used by women:

- If pregnancy would seriously threaten their health (For most couples, vaginal methods are only somewhat effective.)

### The diaphragm or cap should not be used by women who:

- Gave birth up to six to 12 weeks ago (Proper fitting can be difficult.)
- Are allergic to latex
- Have an unusually shaped cervix or vagina that keeps a diaphragm or cap from fitting
- Have had toxic shock syndrome

[Note: See Supplement B, page 186, for ideas on talking with clients about side effects.]
EXPLAINING

Explaining So Clients Remember
In GATHER, E stands for “Explain.” The provider explains to the client how to carry out the client’s decision. Often the provider gives instructions. (See the chart “Explaining How to Use the Chosen Method” [page 174] for instructions about family planning methods.) When explaining, the provider tries to tailor and personalize instructions to suit the individual client’s way of life (see “Telling Clients Information,” page 153).

Key Words for Explaining

“Do you think you can do this? What might stop you?”
If the client sees problems, you and the client can discuss ways to overcome them.

12 Tips to Help Clients Remember
The way you give information—especially instructions—can help clients remember them:

1. Keep it short. Choose the few most important points that clients must remember.
2. Keep it simple. Use short sentences and common words that clients understand.
3. Keep it separate. Keep important instructions separate from information that does not need to be remembered.
4. Point out what to remember. For example, “These three points are important to remember:…..” Then list the three points. Most important to remember is what to do and when.
5. Put first things first. Give the most important information first. It will be remembered best.
6. Organize. Put information in categories. For example: “There are four medical reasons to come back to the clinic.”
7. Repeat. The last thing you say can remind clients of the most important instruction.
8. Show as well as speak. Sample contraceptives, flipcharts, wall charts, and other pictures reinforce the spoken word. (See “Tips on Using Audiovisual Materials,” page 172.)
9. Be specific. For example, “check the IUD strings regularly” is not clear and not easy to follow. It is clearer to say, “Just after a menstrual period, wash your hands. Then put your finger high up in your vagina and feel the IUD strings. If the strings seem longer, shorter, or missing, or you feel something hard, come back to see us.”
10. Make links. Help clients find a routine event that reminds them to act—for example, “When you first eat something each day, think about taking your pill at that time,” or “Please come back for your next injection in the week after the summer festival.”
11. Check understanding. Ask clients to repeat important instructions. This helps them remember. Also, you can gently correct any errors.
12. Send it home. Give clients simple print materials to take home. Review this material with them first.
**Suggested Exercises**

- Without looking at the list on the preceding page, see how many of these 12 points you remember. What does this show?
- Think of an instruction that you often give to clients. Now try to say it again more simply.
- If you do not have pictures to show clients, make your own.

**Should Counselors Explain Side Effects? Yes!**

Does explaining side effects of a family planning method scare away clients? Does it make them worry needlessly? Or does explaining help clients handle side effects if they occur? *Research shows that clients use their method longer when counselors explain side effects in advance.* Possible side effects should be explained honestly and without alarm. Important messages are:

- Many people do not have any side effects.
- The most common side effects are not dangerous. Make this clear when explaining these side effects. Examples include nausea with combined oral contraceptives (the pill) and amenorrhea (no menstrual bleeding) with injectables.
- Many side effects go away without treatment. Many side effects can be treated.
- For most methods, there is a small risk of a serious complication. Explain the warning signs of such complications separately from side effects that are not dangerous.
- Clients are always welcome to come back with any concerns or questions or to change methods.

**Tips on Using Audiovisual Materials**

Audiovisual materials help clients learn and remember. These include sample contraceptives, wall charts, take-home pamphlets and wallet cards, flipcharts, audiotapes, videotapes, drawings, and diagrams such as those on page 173. Even simple, handmade audiovisual materials are better than none at all. Here are some tips on using audiovisual materials:

- Make sure clients can clearly see the visual materials.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flipchart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold sample contraceptives.
- Use sample contraceptives when explaining how to use methods. Clients can practice putting a condom on a model penis, a stick, or a banana. Clients may want privacy for this.
- If possible, give clients pamphlets or instruction sheets to take home. These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he or she looks at the print material later.
- Suggest that the client show take-home materials to other people.
- Order more take-home materials before they run out.
- Make your own materials if you cannot order them or if they run out.
**Vasectomy**

You can use this picture to help tell clients how vasectomy is done. It shows how the man's tubes are cut to prevent sperm from leaving his body. For more description of the vasectomy procedure, see the chart "Explaining How to Use the Chosen Method," page 174.

**Female sterilization (tubal ligation)**

You can use these pictures to help tell clients how tubal ligation is done. The large picture shows where the tubes are blocked. The two small pictures show where the incision in the skin is made. The upper picture shows an incision for laparoscopy. The lower picture shows an incision for minilaparotomy. For more description of female sterilization procedures, see the chart "Explaining How to Use the Chosen Method," page 174.

*Note: Courtesy of Associação Brasileira de Entidades de Planejamento Familiar*

**IUD (intrauterine device)**

You can use this picture to show clients where the IUD is placed in the womb.

*Note: Courtesy of Associação Brasileira de Entidades de Planejamento Familiar*
## Explaining How to Use the Chosen Method

Once your client has chosen a method, explain how to use it correctly. Explain only the method that the client has chosen. These explanations also can help remind returning clients about using their methods correctly.

### Combined oral contraceptives (the pill)

- You can start the pill any time it is reasonably sure that you are not pregnant—for example, during the first seven days after your menstrual period starts.
- Take one pill each day until the packet is empty.
- Then start the next packet. *For 28-pill packets:* Take the first pill from the new packet the next day. *For 21-pill packets:* Wait no more than seven days and then take the first pill.
- If you miss a pill, take it as soon as you can. Then take the next pill at the regular time, even if you take two pills at once or on the same day.
- Side effects sometimes occur, such as upset stomach, light bleeding between periods, very light menstrual periods, occasional missed periods, mild headaches, tender breasts, and moodiness. These side effects are not signs of serious sickness. They generally become less or stop in a few months. Keep taking one pill each day. Skipping pills makes some of these side effects worse.

*Warning Signs:* See a nurse or doctor if you have severe, constant pain in the belly, chest, or leg; if you start to get very bad headaches; if you see flashing lights or zigzag lines; or if your skin or eyes become unusually yellow.

### Male condom

- Put a condom on the erect penis before it touches the vagina.
- Put the condom on the tip of the penis with the rolled rim up (away from the body). The condom should unroll easily to the base of the penis.
- When withdrawing your penis after sex, hold the rim of the condom so that semen does not spill.
- Use each condom only once. Throw the used condom in a pit latrine or bury it.

*Warning:* Do not use lubricants with oil in them, such as Vaseline or butter. Oil weakens condoms.

[Note: See Supplement C, page 187, for further tips on proper condom use.]

(continued)
### Explaining How to Use the Chosen Method (continued)

#### Long-acting injectable contraceptives

- Try not to rub the injection site. This could shorten the protection.
- Try to come back for another injection in three months (for Depo-Provera) or two months (for NET-EN). But come back even if you must come early or you are late. If you are more than two weeks late, use condoms or a vaginal method until you can have another injection.
- Most women have changes in menstrual bleeding, and their periods may stop after a year. This is normal. It is not dangerous and does not mean you are pregnant.

**Warning Signs:** See a nurse or doctor if menstrual bleeding is twice as long or twice as heavy as usual for you; if you start to get very bad headaches; or if your skin or eyes become unusually yellow.

#### Norplant implants

- A specially-trained health care provider will place six small, plastic capsules under the skin of your upper arm. You will get medicine to prevent pain.
- Keep this area dry for four days. You can take off the gauze after two days and the bandage after five days.
- Most women have changes in menstrual bleeding, especially spotting or light bleeding between periods. This is normal. It is not dangerous and not a sign of danger.

**Warning Signs:** Come back if your arm is sore for more than a few days; if your arm becomes painful, hot, or red; if capsules come out; if very bad headaches start or become worse; if you might be pregnant (especially if you also have bad pain or tenderness in the belly or you feel faint); if you have very heavy vaginal bleeding; or if your skin or eyes become unusually yellow.

- You can have the capsules taken out any time you want. After seven years, you should have them taken out; you can get new capsules then if you want.
### Explain How to Use the Chosen Method *(continued)*

<table>
<thead>
<tr>
<th>Intrauterine device (IUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A specially-trained health care provider will insert your IUD. During the procedure, please tell the provider if you feel discomfort or pain. You may feel some cramps for a short time afterward.</td>
</tr>
<tr>
<td>• To make sure the IUD is still in place, check the IUD strings once a week for the first month and then from time to time after a menstrual period. Wash your hands, sit in a squatting position, and insert one or two fingers into your vagina until you feel the strings. Come back if you cannot feel the strings, if the strings feel longer or shorter, or if you feel something hard.</td>
</tr>
<tr>
<td>• Some women have longer, heavier menstrual bleeding, bleeding or spotting between periods, or more cramps. These are not danger signs.</td>
</tr>
<tr>
<td>• Plan to come back for a check-up in three to six weeks—for example, after a menstrual period.</td>
</tr>
</tbody>
</table>

**Warning Signs:** Come back if you miss a menstrual period or you think you might be pregnant; if you might get or have an STI, including HIV or AIDS; or if you have a very bad pain in the belly, especially pain with fever or with bleeding between menstrual periods (signs of PID).

• You can have the IUD taken out any time you want.
• You will get a written record of your type of IUD, when it was put in, and when you should have it removed. You can get a new IUD once this one has been removed.

### Fertility awareness–based methods (including periodic abstinence)

**Be aware of body changes. Remember these rules:**

- **Cervical secretions:** Avoid unprotected sex from the first day of any cervical secretions or feeling of vaginal wetness until the fourth day after the peak day of slippery secretions.
- **Basal body temperature (BBT):** Avoid unprotected sex from the first day of menstrual bleeding until the body temperature has risen and stayed up for three full days.
- **Cervical secretions plus BBT:** Avoid unprotected sex from the first day of cervical secretions until both the fourth day after the peak day of slippery secretions and the third full day after the rise in body temperature.
- **Calendar, or rhythm:** Avoid sex during the fertile time as figured from calculations based on six months of menstrual calendar records.

**Warning:** Providers not trained to teach these methods should refer clients.

### Vaginal methods (spermicides, diaphragm, cervical cap)

• Put spermicide, or diaphragm or cap with plenty of spermicide, into your vagina before sex.
• Spermicide alone can be put in up to an hour before sex. Put in foaming tablets, films, or suppositories at least 10 minutes before sex.
• Do not douche for at least six hours after sex. Leave a diaphragm or cap in place for at least six hours, but not longer than 24 hours for a diaphragm or 48 hours for a cap.

**Warning:** Providers should fit a diaphragm or cap, explain how to put it in and take it out, let the client try putting it in, and check that it is in place.
### Sterilization Procedures

#### Female sterilization

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>There are two female sterilization procedures. Describe only what is available.</th>
<th>After the procedure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minilaparotomy:</td>
<td>The provider makes a small incision in the belly just above the pubic hair. He or she moves the womb to bring each fallopian tube to the opening. This may cause discomfort. The provider ties and cuts both fallopian tubes or closes them with a clip or ring: Then the incision is sewn closed.</td>
<td>Rest for two or three days. Do not lift anything heavy for a week. Take paracetamol (Panadol or Tylenol) for pain, if needed.</td>
</tr>
<tr>
<td>Laparoscopy:</td>
<td>The doctor makes a small incision just under the navel and inserts a thin tube. The doctor puts an instrument inside this tube and uses it to close off or block both fallopian tubes. After taking out the instrument and tube, the doctor sews the incision shut or bandages it.</td>
<td></td>
</tr>
</tbody>
</table>

#### Vasectomy

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>After the procedure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy</td>
<td>Rest for two days and do not do heavy work or exercise for a few days. Use another effective method for at least three months.</td>
</tr>
</tbody>
</table>

**Warning Signs:** Come back if you have high fever; bleeding or pus from the wound; or pain, heat, swelling, or redness at the wound that becomes worse or does not stop.

**EngenderHealth Comprehensive Counseling for Reproductive Health—Participant's Handbook**

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There are two female sterilization procedures. Describe only what is available.
The Returning Client Deserves Attention, Too
In GATHER, R stands for “Return.” All clients should be invited to return to their reproductive health care provider whenever they wish, for any reason.

At the same time, clients should not be made to come back when not necessary. For example, providers should give clients plenty of supplies and not schedule unneeded follow-ups.

Care for Continuing Clients
All returning clients deserve attention, whatever their reason for returning. Returning clients deserve just as much attention as new clients.

Counseling a returning client should be flexible. It should be tailored to meet each client’s reasons for returning. The returning client should not be made to go through full method-choice counseling again.

Here are two general rules for counseling returning clients:

1. Find out what the client wants.

   To find out what the client wants, you can ask:
   • “How can we help you today? What would you like to discuss?”
   • “What has been your experience with your family planning method (or other care)? Satisfied? Any problems? Do you want to switch methods?”
   • “Any new health problems since your last visit?” (For the most part, a health condition that rules out a family planning method in the first place also means the client should switch methods if that condition develops during use.)
   • “Any changes in sexual relationships or circumstances that would affect your risk for STIs?”

2. Respond to what the client wants.

   • If the client has problems, help resolve them. This can include offering a new method or addressing a different SRH need.
   • If the client has questions, answer them.
   • If the client needs more supplies, provide them generously.
   • If appropriate, check whether the client is using the method correctly, and offer advice if not.

See the chart “Return Visits Help Clients Continue” (page 181) for counseling returning users about their specific methods.
**Key Words for Returning**

"Please come back any time, for any reason."

"I hope we see you again."

Making the client feel welcome back is as important as making the client feel welcome the first time.

<table>
<thead>
<tr>
<th>Reasons to Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are many good reasons for clients to return. For example, the client:</td>
</tr>
<tr>
<td>• Has questions or problems or wants advice</td>
</tr>
<tr>
<td>• Needs more supplies, another injection, or IUD or implants replaced</td>
</tr>
<tr>
<td>• Needs emergency contraception</td>
</tr>
<tr>
<td>• Needs a follow-up check after IUD insertion, female sterilization, or vasectomy</td>
</tr>
<tr>
<td>• Wants a different method—for any reason</td>
</tr>
<tr>
<td>• Wants an IUD or Norplant implants taken out</td>
</tr>
<tr>
<td>• Wants help with side effects</td>
</tr>
<tr>
<td>• Has noticed a specific medical reason to return (a “warning sign”)</td>
</tr>
<tr>
<td>• Brings a spouse, friend, or relative for services or information</td>
</tr>
<tr>
<td>• Wants to check on a rumor</td>
</tr>
<tr>
<td>• Needs condoms for STI protection</td>
</tr>
<tr>
<td>• Thinks he or she might have an STI</td>
</tr>
<tr>
<td>• Thinks she might be pregnant</td>
</tr>
</tbody>
</table>
Return Visits Help Clients Continue

Clients are always welcome to return, for any reason—such as needing more supplies, seeking help with a question or problem, wanting an IUD or Norplant implants removed, or wanting to change methods for any reason. Returning clients deserve the same care and attention as new clients.

Return visits are good times to ask if clients are satisfied with their family planning choices and to answer questions or solve problems. Listen carefully, especially if clients have concerns about side effects. Do not dismiss a client's concerns or take them lightly. Here are suggestions to help clients who have problems with their methods. If a client is not satisfied after treatment and counseling, help the client choose another method.

### Combined oral contraceptives (the pill)

**Forgetting pills:** Suggest taking each pill at the same time every day—each morning upon waking, for example. Suggest that a family member help remind her.

*Note:* Urge the client to keep taking the pill even if she has any of the common side effects listed below. Skipping pills can make some side effects worse. In the first three months of use, mention that these side effects usually go away or become less after three months.

**Nausea** (common, not a sign of serious illness): Suggest taking the pill at night or with food.

**Slight headaches** (common, not a sign of serious illness): Suggest taking ibuprofen, aspirin, or paracetamol.

**Spotting or bleeding** (common, not harmful, but may bother the client): Missing pills is sometimes the cause of spotting or bleeding between periods. Encourage her to take a pill every day.

**Common side effects lasting longer than three months that bother the client:** Suggest a different low-dose combined oral contraceptive or a progestin-only pill. An alternative is to help the woman choose a different method.

**Amenorrhea** (no menstrual period) (common, usually not a sign of pregnancy): She probably is not pregnant if:

- She has had even a little bleeding
- She has taken a pill each day
- She missed the seven-day break between 21-pill packs

But if she has missed more than one active pill in a row, check for pregnancy. If she may be pregnant, tell her so, ask her to stop taking oral contraceptives, and give her condoms and/or spermicide to use until it is clear whether or not she is pregnant.

(continued)
Return Visits Help Clients Continue *(continued)*

<table>
<thead>
<tr>
<th>Male condom</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Itching:</strong> Recommend a dry condom or one without spermicide; suggest water if lubricant is needed. If itching continues, examine the client for infection. If no infection and itching continues, help the client choose another method unless he or she is at risk for catching or transmitting an STI. If so, urge continuing condoms despite itching.</td>
</tr>
<tr>
<td><strong>Cannot use condoms consistently:</strong> Discuss ways to make condoms part of each sex act. Remind the client that condoms are the only method proved to prevent both pregnancy and STIs, including HIV/AIDS. Give the client plenty of condoms so that supply is not a concern. If problems continue, discuss other methods. The client with high STI risk should think about using condoms and another family planning method together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female sterilization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Follow-up within seven days after the procedure is strongly recommended.</td>
</tr>
<tr>
<td><strong>Infection:</strong> Clean the site with soap and water or antiseptic. Give oral antibiotics for seven days and check again.</td>
</tr>
<tr>
<td><strong>Abscess</strong> <em>(pus present)</em>: Clean site with antiseptic. Incise, drain pus, and treat the wound. Fever and chills may require hospitalization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vasectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Follow-up within seven days after the procedure is strongly recommended.</td>
</tr>
<tr>
<td>A man can come back any time after three months if he wants his semen checked to make sure the vasectomy is working.</td>
</tr>
<tr>
<td><strong>Pain:</strong> Check for blood clots in the scrotum. Small, uninfected clots require rest and pain-relief medication such as paracetamol. Large blood clots may need to be surgically drained. Infected clots require antibiotics and hospitalization.</td>
</tr>
<tr>
<td><strong>Infection:</strong> Clean the site with soap and water or antiseptic. Give oral antibiotics for seven days and check again.</td>
</tr>
<tr>
<td><strong>Abscess</strong> <em>(pus present)</em>: Clean the site with antiseptic. Incise, drain pus, and treat the wound. Fever and chills may require hospitalization.</td>
</tr>
<tr>
<td><strong>Fear of impotence:</strong> Assure the man that vasectomy does not physically change sexual desire, function, or pleasure.</td>
</tr>
</tbody>
</table>
Return Visits Help Clients Continue (continued)

<table>
<thead>
<tr>
<th>Long-acting injectable contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>More than two weeks late for injection and sexually active:</strong> If the woman might be pregnant, check for pregnancy. Unless she might be pregnant, give another injection if she wants it.</td>
</tr>
<tr>
<td><strong>Often late for injections:</strong> Discuss ways for her to remember her next injection, such as linking the date to a holiday or change of season. Give the woman condoms to use if she cannot come for an injection on time.</td>
</tr>
<tr>
<td><strong>Spotting or bleeding:</strong> Reassure her that this is normal and very common, especially in the first few months. It is not harmful. If this bleeding continues and still bothers the client, encourage her to return and discuss other family planning methods.</td>
</tr>
<tr>
<td><strong>Amenorrhea (no menstrual bleeding):</strong> Reassure her that this is normal and common. It does not mean she is sterile, pregnant, or ill, or that menstrual blood is building up. It does not mean she will be unable to get pregnant when she stops using family planning. If amenorrhea continues to bother the client, discuss other methods.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Norplant implants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> If a woman seems unhappy with her implants after discussion, always ask clearly whether or not she wants the implants removed, and do as she asks.</td>
</tr>
<tr>
<td><strong>Amenorrhea:</strong> Reassure her that this is normal. It does not mean she is sterile, pregnant, or ill, or that menstrual blood is building up. It does not mean she will be unable to get pregnant when she stops using family planning. If amenorrhea continues to bother the client, remove the implants or refer for removal. Help her choose another method.</td>
</tr>
<tr>
<td><strong>Spotting and bleeding between periods:</strong> Reassure her that this is normal and very common, especially in the first three to six months. It is not harmful.</td>
</tr>
<tr>
<td><strong>Infection at insertion site:</strong> If there is no abscess (no pus present), do not remove capsules. Clean the site with soap and water or antiseptic. Give oral antibiotics for seven days and check again. If the site is abscessed, clean it with antiseptic, drain pus, remove capsules, and treat the wound. Insert a new set of capsules in the other arm, or help her choose another method if she prefers.</td>
</tr>
</tbody>
</table>

(continued)
Return Visits Help Clients Continue *(continued)*

Intrauterine device (IUD)

*Note:* At the time of IUD insertion, plan a return visit for three to six weeks later. At that visit, ask if the woman has noticed:

- Signs of infection (increasing or severe pain in lower abdomen, especially if also fever and/or bleeding between menstrual periods)
- Signs that the IUD is out of place (strings seem shorter, longer, or missing, or she feels something hard in her vagina or at the cervix)

If either is suspected, arrange a pelvic examination.

**Irregular bleeding, or prolonged or heavy bleeding:**

*If signs of infection or other abnormality:* Arrange a pelvic exam and, if needed, appropriate care.

*If no signs of infection:* Ask whether she wants to keep her IUD or to have it removed, and do as she wishes.

*If no infection and less than three months since insertion:* Reassure the woman that changes in her menstrual bleeding are normal and will probably lessen over time. Encourage her to return if bleeding worsens.

*If no infection but very heavy bleeding more than three months since insertion:* Check for signs of severe anemia—pale under fingernails and inside eyelids. If she is anemic, recommend IUD removal and give iron tablets for three months. Help her choose another method.

**Lower abdominal pain that suggests PID:** Arrange for abdominal and pelvic exams. If symptoms suggest PID, treat as appropriate or refer for treatment. Generally, remove the IUD and help her choose another method. If another serious condition is found, such as ectopic pregnancy or pelvic mass, treat appropriately.

**Active STI infection:** A woman can keep her IUD if her clinician approves, if she has been or can be successfully treated, and if she is not likely to get an STI again. Otherwise, ask her to consider other methods, and recommend condoms.

**Client’s or her partner’s high-risk sexual behavior:** Ask the woman to consider other methods, and recommend condoms.

**Pregnancy less than 13 weeks:** Best to remove the IUD.

<table>
<thead>
<tr>
<th>Fertility awareness–based methods (including periodic abstinence)</th>
</tr>
</thead>
</table>

**Frustration and/or difficulty with abstaining from sex:** Discuss possible sexual interactions without vaginal intercourse that the couple can enjoy during the fertile time. If appropriate, suggest using condoms or spermicide instead of trying to avoid sex during the fertile time. If the problem cannot be resolved and leads to disputes, discuss whether another method would be better.

**Vaginal methods (spermicides, diaphragm, cervical cap)**

**Allergic reaction or sensitivity:** Check for signs of infection (abnormal vaginal discharge, redness and/or swelling of the vagina, itching of the vulva). Treat or refer. If no infection, suggest a different spermicide.

**Too messy:** Explain again how to insert spermicide, including the correct amount to use. If this continues to bother the client, help her choose another method.
### Supplement A

**Common Misconceptions about Family Planning Methods**

<table>
<thead>
<tr>
<th>The pill (both combined and progestin-only pills)</th>
<th>Vasectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The pill causes cancer.</td>
<td>• Vasectomy will make a man lose his sexual ability.</td>
</tr>
<tr>
<td>• A woman should take a break from the pill after some time.</td>
<td>• Vasectomy will make a man weak.</td>
</tr>
<tr>
<td>• The pill will cause deformed babies.</td>
<td><strong>Condoms</strong></td>
</tr>
<tr>
<td>• The pill can make a woman sterile.</td>
<td>• Condoms are mostly used by prostitutes.</td>
</tr>
<tr>
<td>• A woman should not take the pill if she has not had a baby.</td>
<td>• Condoms will make a man weak and impotent.</td>
</tr>
<tr>
<td>• The pill can make a woman weak.</td>
<td>• Condoms often break during sex.</td>
</tr>
<tr>
<td>• If a woman takes the pill for a long time, she will still be protected from pregnancy after she stops taking it.</td>
<td><strong>IUD</strong></td>
</tr>
<tr>
<td><strong>Injectables</strong></td>
<td>• An IUD can travel from the woman’s uterus to other parts of her body, such as her heart or her brain.</td>
</tr>
<tr>
<td>• Women without children cannot use DMPA.</td>
<td>• An IUD will prevent a woman from having babies after it is removed.</td>
</tr>
<tr>
<td>• DMPA causes cancer.</td>
<td>• A woman who has never had a baby cannot use the IUD.</td>
</tr>
<tr>
<td>• DMPA causes miscarriage.</td>
<td>• A woman should have a “rest period” after using an IUD for several years.</td>
</tr>
<tr>
<td>• DMPA makes a woman sterile.</td>
<td>• An IUD will cause discomfort to the woman’s partner during sex.</td>
</tr>
<tr>
<td><strong>Norplant implants</strong></td>
<td><strong>Spermicides</strong></td>
</tr>
<tr>
<td>• Norplant implants cause cancer.</td>
<td>• Spermicides will cause birth defects.</td>
</tr>
<tr>
<td>• Norplant implants can break and move around within a woman’s body.</td>
<td>• Spermicides cause cancer.</td>
</tr>
<tr>
<td><strong>Female sterilization</strong></td>
<td><strong>Diaphragm</strong></td>
</tr>
<tr>
<td>• Sterilization will change a woman’s monthly periods.</td>
<td>• The diaphragm is uncomfortable for the woman.</td>
</tr>
<tr>
<td>• Sterilization will make menstrual bleeding stop.</td>
<td><strong>LAM</strong></td>
</tr>
<tr>
<td>• Sterilization will make a woman lose her sexual ability.</td>
<td>• LAM is not an effective family planning method.</td>
</tr>
<tr>
<td>• Sterilization will make a woman weak.</td>
<td>• Any type of breastfeeding can protect a woman from pregnancy.</td>
</tr>
<tr>
<td>• Sterilization will make a woman fat.</td>
<td><strong>Spermicides</strong></td>
</tr>
<tr>
<td>• Sterilization involves inverting the uterus.</td>
<td>• Spermicides will cause birth defects.</td>
</tr>
<tr>
<td>• Sterilization can be undone at will.</td>
<td>• Spermicides cause cancer.</td>
</tr>
</tbody>
</table>

**Note:** Information in this chart was adapted from Wells, 1995; Hatcher et al., 1997, and FHI, 2002.
## Talking about Side Effects

Many service providers believe that explaining side effects of family planning methods scares away clients. Research shows the contrary: Clients use their method longer when counselors explain side effects in advance.

With new clients:
- Always explain side effects
- Tell clients that many people do not have side effects

With method users:
- Always acknowledge their complaint of side effects
- Take complaints seriously
- Understand what the exact complaint is

Tell and reassure:
- Why and how side effects occur
- Many side effects are harmless and not signs of danger
- Many side effects go away without treatment and many others can be treated
- In case of specific medical reasons (such as complications) to see a doctor or a nurse, explain these separately from side effects
- They are always welcome to come back with any concerns or questions
- They are always welcome to change methods

*Note: Information in this chart was adapted from AVSC International, 1995; Hatcher et al., 1997; and Rinehart, Rudy, & Drennan, 1998.*
Supplement C

Steps in Using a Male Condom

*Hint:* Make sure condoms are stored properly and obtained from a good source.

1. Check the manufacture or expiration date on the package.
2. Remove the condom from its package.

*Hint:* Do not use your teeth or a sharp object to open the condom package.

3. Unroll the condom slightly to make sure it unrolls properly.
4. Place the condom on the tip of the erect penis.

*Hint:* If a condom is initially placed on the penis backwards, do not turn it around; throw it away and start with a new one.

5. Squeeze the air out of the tip of the condom.
6. Unroll the condom down the penis.
7. Smooth out air bubbles.
8. With the condom on, insert the penis for intercourse.
9. After ejaculation, hold onto the condom at the base of the penis while withdrawing the penis.
10. Withdraw the penis while it is still erect.
11. Remove the condom from the penis.
12. Tie the condom to prevent spills or leaks.
13. Dispose of the condom safely.