

***Family Planning Integration: WHO Guide for
Community Health Workers***

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Outline of Presentation

- **Why new CHW FP materials are important and useful**
- **Summary of new WHO Family Planning Guide for CHWs**
- **Relevance for faith-based organizations**
- **Results that can potentially be achieved for increasing contraceptive use—Afghanistan example**

“The fastest, easiest, cheapest way to prevent maternal deaths is with family planning”

- Modern contraceptives (pill, injection, IUD) over **100 times safer than pregnancy** in Kenya & Sub-Saharan Africa
- Access to FP reduces maternal mortality—global estimates of 30+% reduction in MM if address unmet need for FP

New vision for family planning

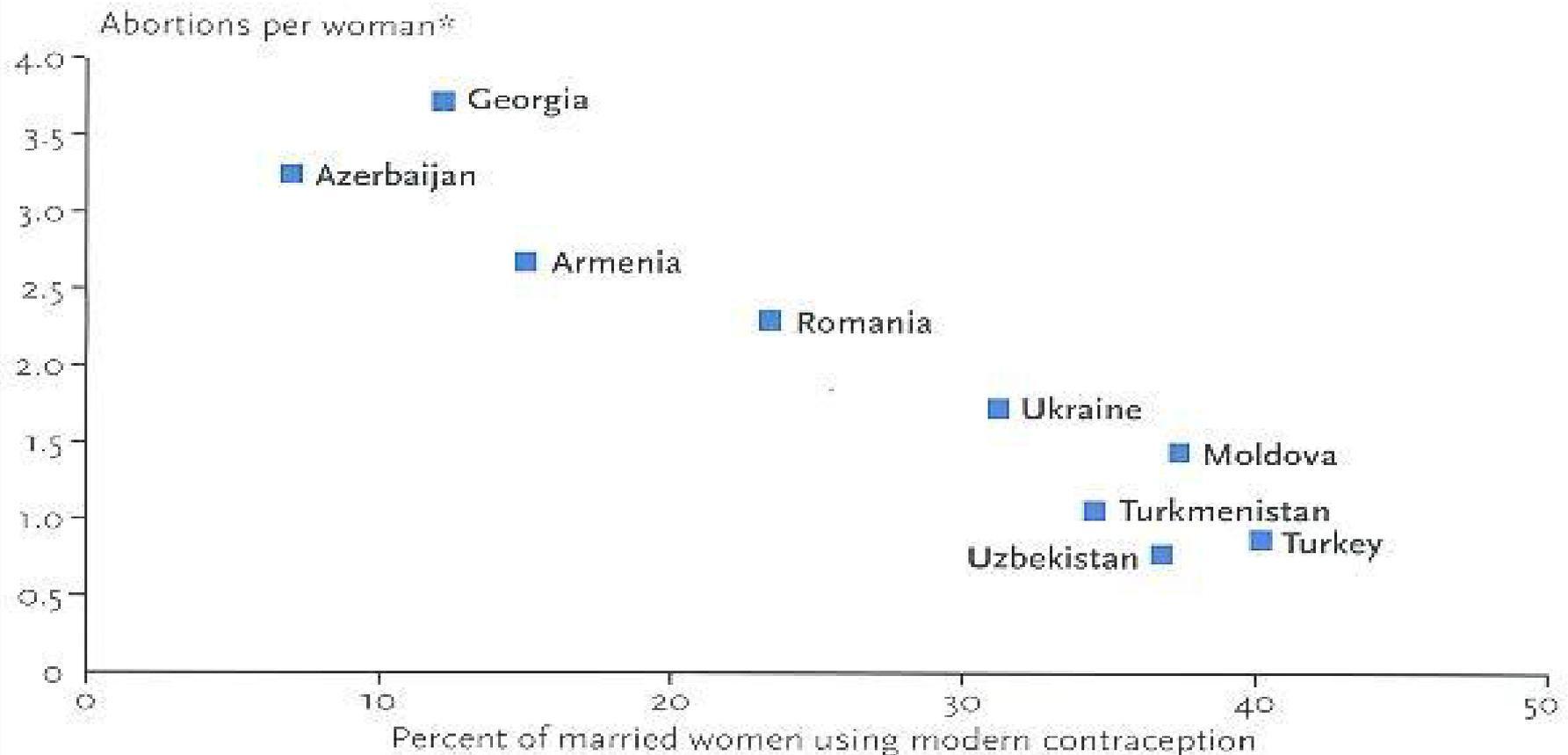
- ***Family planning is to women's health what immunizations are to children's health***

Dr. Khama Rogo, World Bank, November 2009

- (to 1300 participants at the Uganda family planning conference)

Abortion is reduced when modern contraceptives increase

Figure 2: Modern Contraceptive Use and Abortion



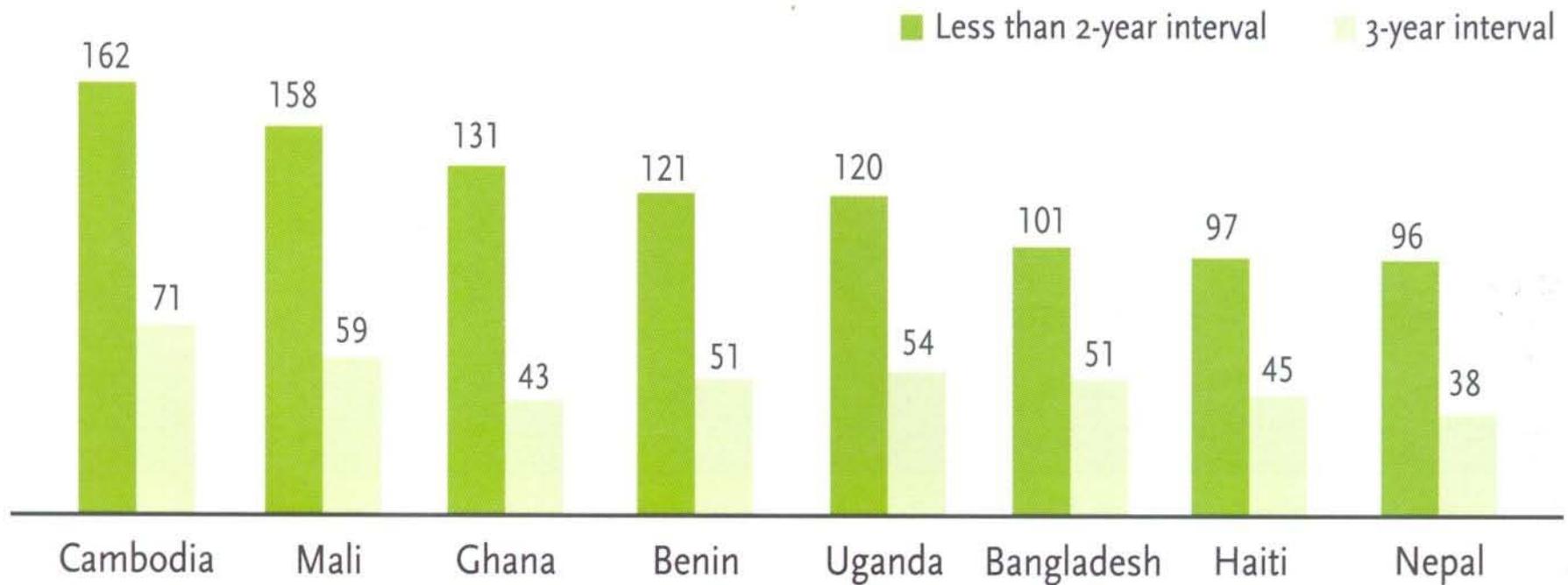
* Total abortion rate: the number of abortions per 1,000 women ages 15-44 or 15-49.

Source: Charles F. Westoff, *Recent Trends in Abortion and Contraception in 12 Countries* (Calverton, MD: ORC Macro, 2005).

Healthy Timing and Spacing of Pregnancy (HTSP) Lowers Infant Mortality

Figure 3: Infant Mortality by Birth Interval

Deaths per 1,000 infants under age 1



Source: Macro International Inc., Demographic and Health Surveys, various years.

Contraceptive Misconceptions are Common in Kenya

(Adapted from MLE, Tupange, 3 June 2011)

Strongly agree+ agree with ...	Total
Use of injectable can make a woman permanently infertile	53
People who use contraception end up with health problems	76
Contraceptives can harm womb	64
Contraceptives reduces woman's sexual urge	61



Contraceptive Misconceptions are Common!

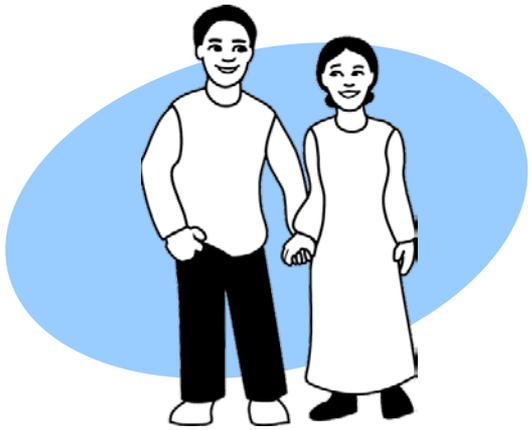
(Adapted from MLE, Tupange, 3 June 2011)

Strongly agree+ agree with ...	Total
Contraceptives can cause cancer	58
Contraceptives can give you deformed babies	64
Contraceptives are dangerous to your health	73
Women who use contraception may become promiscuous	36



Non-users: **40% do not intend to use**--Their reasons for not using in future (Kenya DHS 08-09)

- **Fear of side effects** **16%**
- **Health concerns** **15**
- Religious prohibition **9**
- Woman opposes **8**
- Husband opposes **6**
- **Interferes with normal body processes** **6**



A guide to family planning

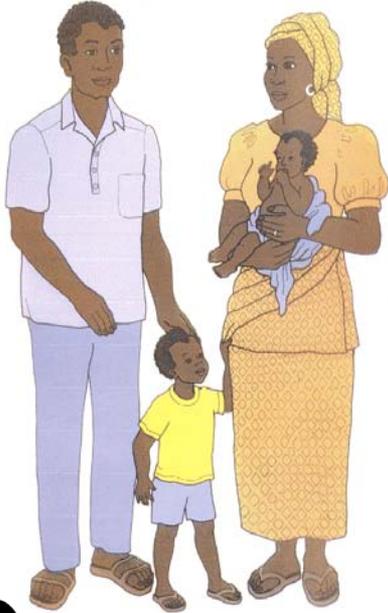
for community health workers and their clients



Adapted from the WHO's *Decision-Making Tool for Family Planning Clients and Providers*

Why use family planning?

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



How can family planning help you?

- Healthier mothers and children
- Fewer children means more time and money for each one
- Delaying pregnancy lets young people stay in school



Family planning can save your life

Why use family planning?

Benefits

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

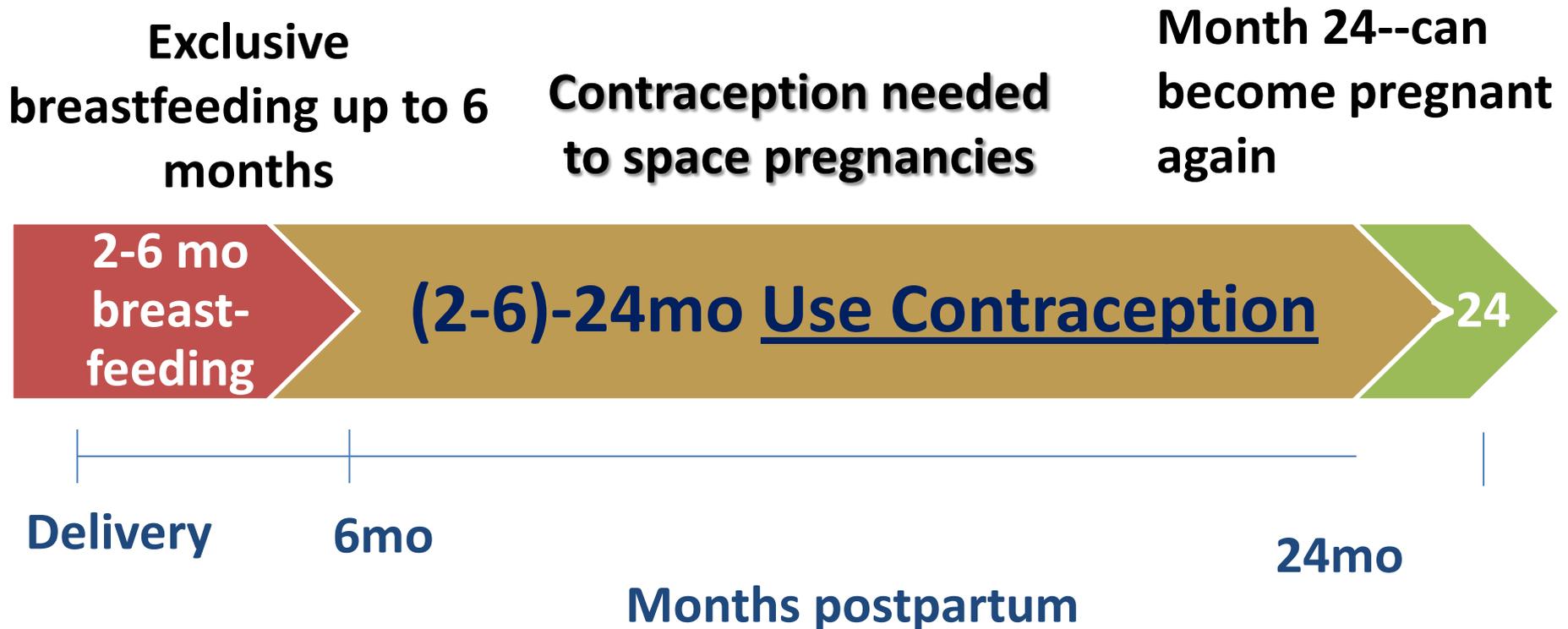
Things to Consider

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



Healthy Timing and Spacing of Pregnancies

To achieve a 36mo birth interval wait until 24 months before trying to become pregnant again; family planning (including breastfeeding), must be used for **18-22 months postpartum**.

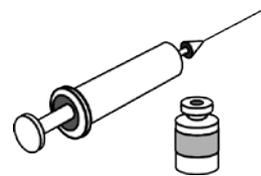
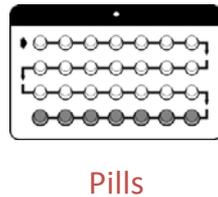
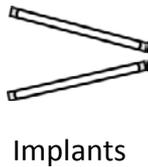
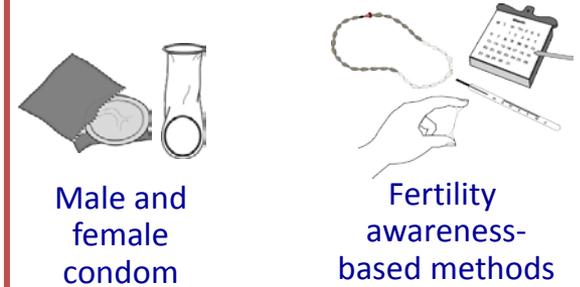
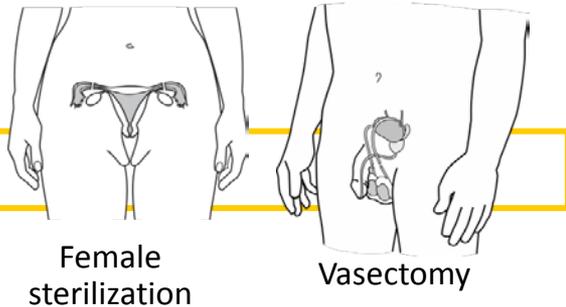


Comparing family planning methods

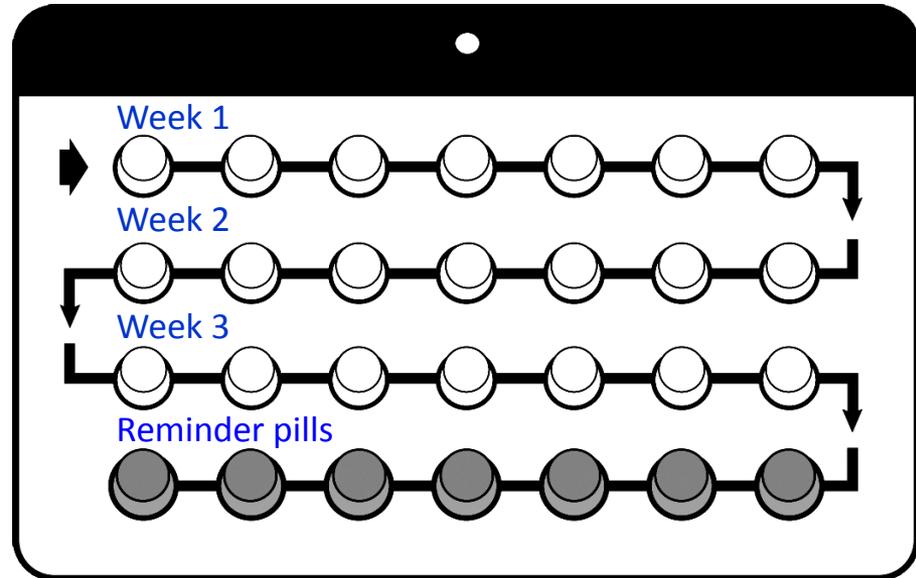
Most effective
and easiest to use

Very effective but must
be carefully used

Effective but must be
carefully used



The Pill



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

The Pill

What it is

- A pill with hormones in it that is taken every day.
- Prevents release of egg, and blocks sperm from meeting egg.

How to use

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

If you miss a pill:

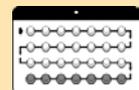
- Take missed pill as soon as possible.
- Okay to take 2 pills at the same time.
- If you miss more than 2 days of pills in a row, use condoms for 7 days and keep taking pills. If you miss these pills in week 3, ALSO skip the reminder pills and start a new pack.

What to expect

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

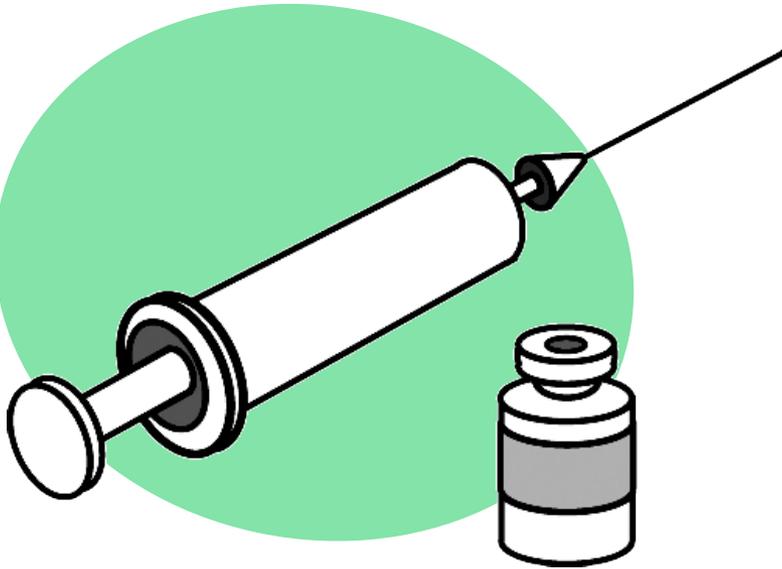
Key points

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



Injection

- Safe
- Hormone injection given every 2 months (NET-EN) or 3 months (DMPA)
- Very effective when injections are on time
- Use can be kept private



Injection

What it is

- Hormone injection.
- Prevents release of egg.

How to use

- Get an injection every 2 months (NET-EN) or 3 months (DMPA).
- If breastfeeding, can start 6 weeks after childbirth.
- Works best if you get your injections on time.

If late for an injection:

- DMPA: Can still get an injection up to 4 weeks late.
- NET-EN: Can still get an injection up to 2 weeks late.

If later, use condoms and return for an injection as soon as possible.

What to expect

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

Key points

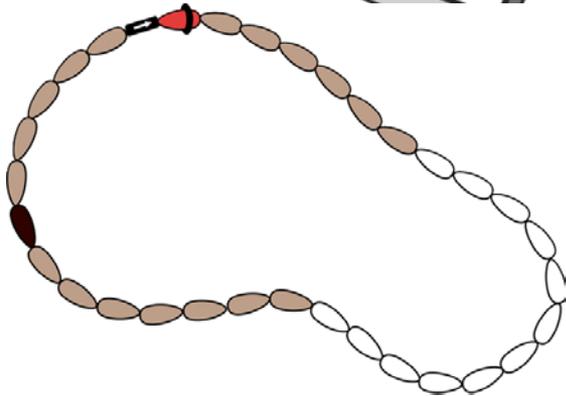
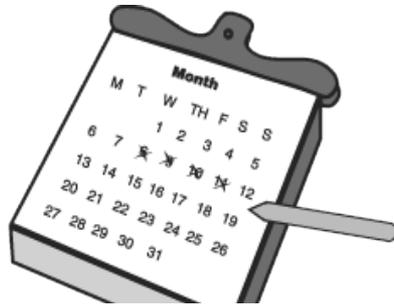
- Does not cause infertility.
- Be sure to get next injection on time.
- Use condoms if you need protection from STIs or HIV/AIDS.

Injection



6

Standard Days Method: Using Calendar or Cycle Beads



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

How to use cycle beads



- Move ring to RED bead when period starts

1



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

2



- Use condoms or abstain when ring is on WHITE beads

3



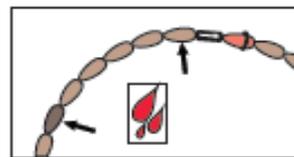
- BROWN beads are safe days of no pregnancy

4

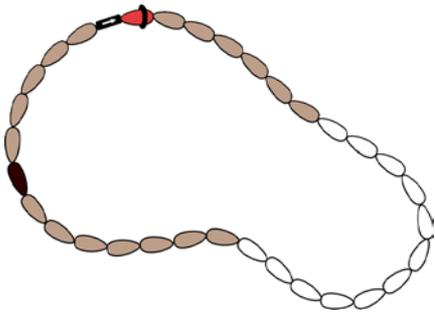


- When period starts again move ring to red bead to begin again.

5



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



Special Situations

After childbirth

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

When to start other methods:

- IUD: just after childbirth or wait 4 weeks after childbirth.
- Female sterilization: just after childbirth or wait 6 weeks after childbirth.
- Vasectomy: ideally 3 months before due date, as it takes 3 months to be effective.
- Minipills, injections, implants: 6 weeks after childbirth if breastfeeding. Immediately after childbirth if not breastfeeding.
- Pills: 6 months after childbirth if breastfeeding. 6 weeks if not breastfeeding.

HIV/AIDS

- HIV+ (not AIDS): Can use any method except spermicides.
- On ART or sick: Can usually use most methods, refer for advice.
- On TB drugs: Can usually use most methods, refer for advice.
- Condoms recommended to prevent transmission of HIV, even if using another method.
- If a woman with HIV chooses to breastfeed, she should be counselled to:
 - Breastfeed exclusively until her infant is 6 months old.
 - After 6 months, add foods and continue to breastfeed for 12 months.
 - Then stop breastfeeding when safe and adequate food is available.



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

Ask her if she has any serious health conditions.

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

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

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



For new clients, did you ...

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

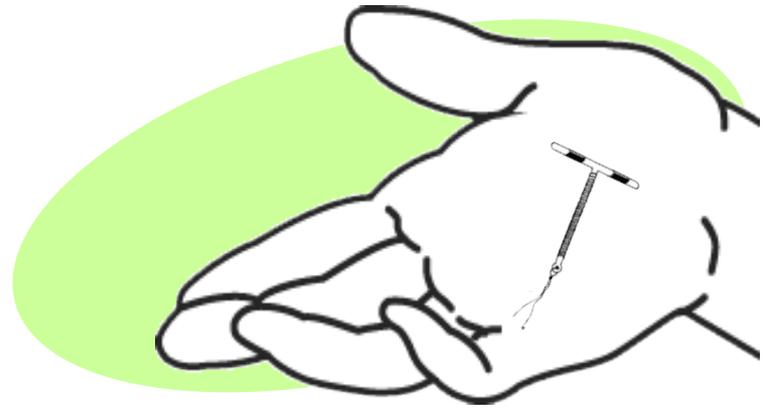
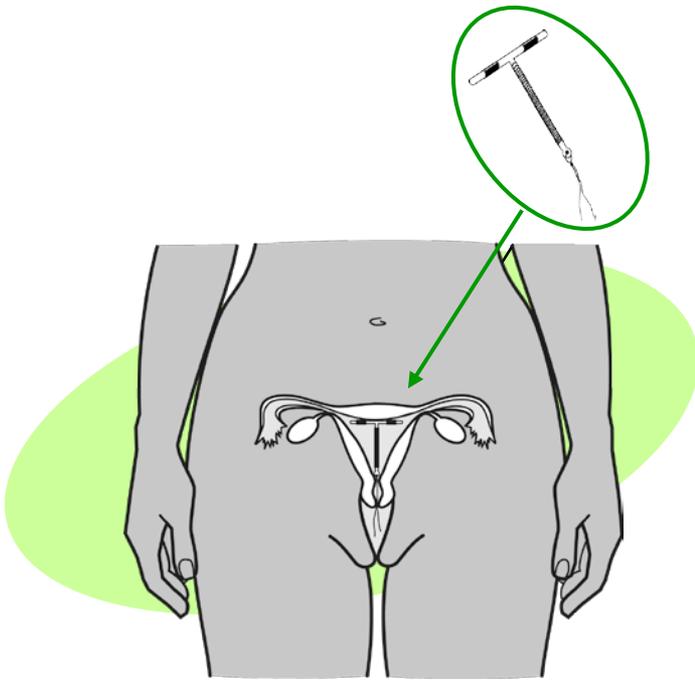


For returning clients, did you...

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



IUD



- Safe to use
- One of the most effective methods
- Can be used for up to 12 years
- Can be removed any time if you already want to get pregnant

IUD

What it is

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

How to use

- Specially trained provider inserts and removes IUD.
- Can be put in right after you have a baby as well as at other times.
- Nothing to remember to do after insertion.

What to expect

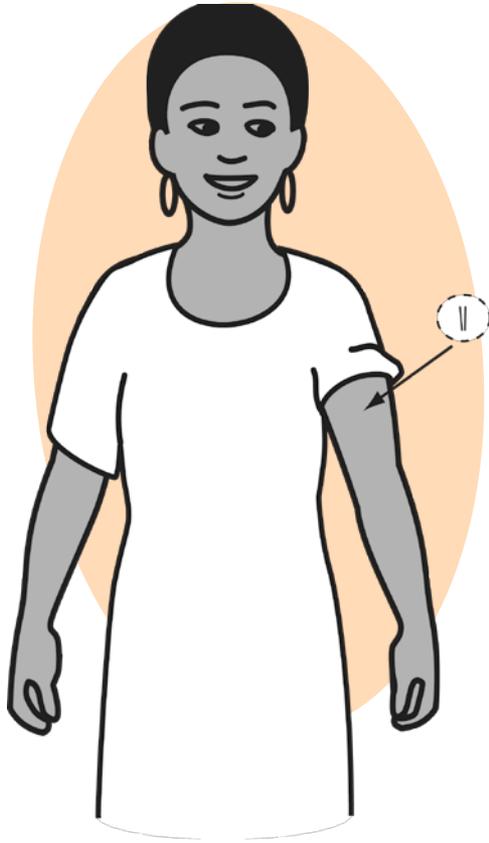
- Some cramping and heavier bleeding during monthly bleeding in the first few months of use.

Key points

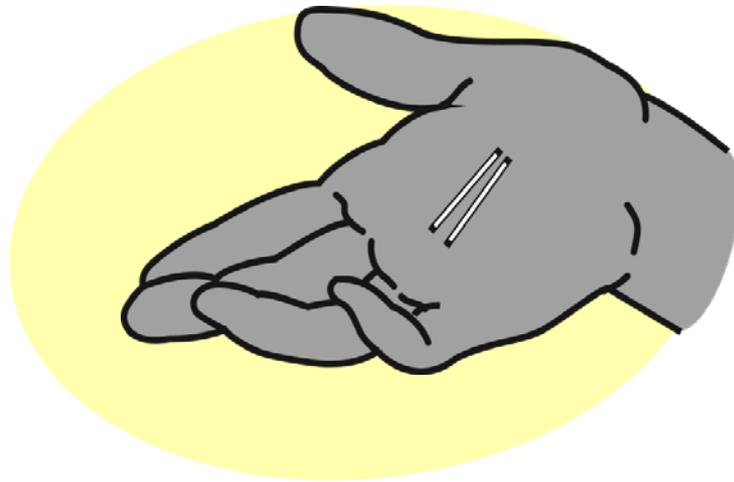
- Use another method if waiting for appointment.
- Use condoms if you need protection from STIs or HIV/AIDS.

Where to go: _____

Implants



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



Implants

What it is

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

How to use

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

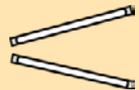
What to expect

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

Key points

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

Where to go: _____



Questions to be reasonably sure a woman is not pregnant

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

If the client answers NO to ALL of the questions, pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test.

If the client answers YES to AT LEAST ONE of the questions and has no signs or symptoms of pregnancy,* provide her with the method.

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

Signs of Pregnancy

If a woman has a late menstrual period or several other signs, she may be pregnant. Try to confirm by pregnancy test or physical examination.

Early signs

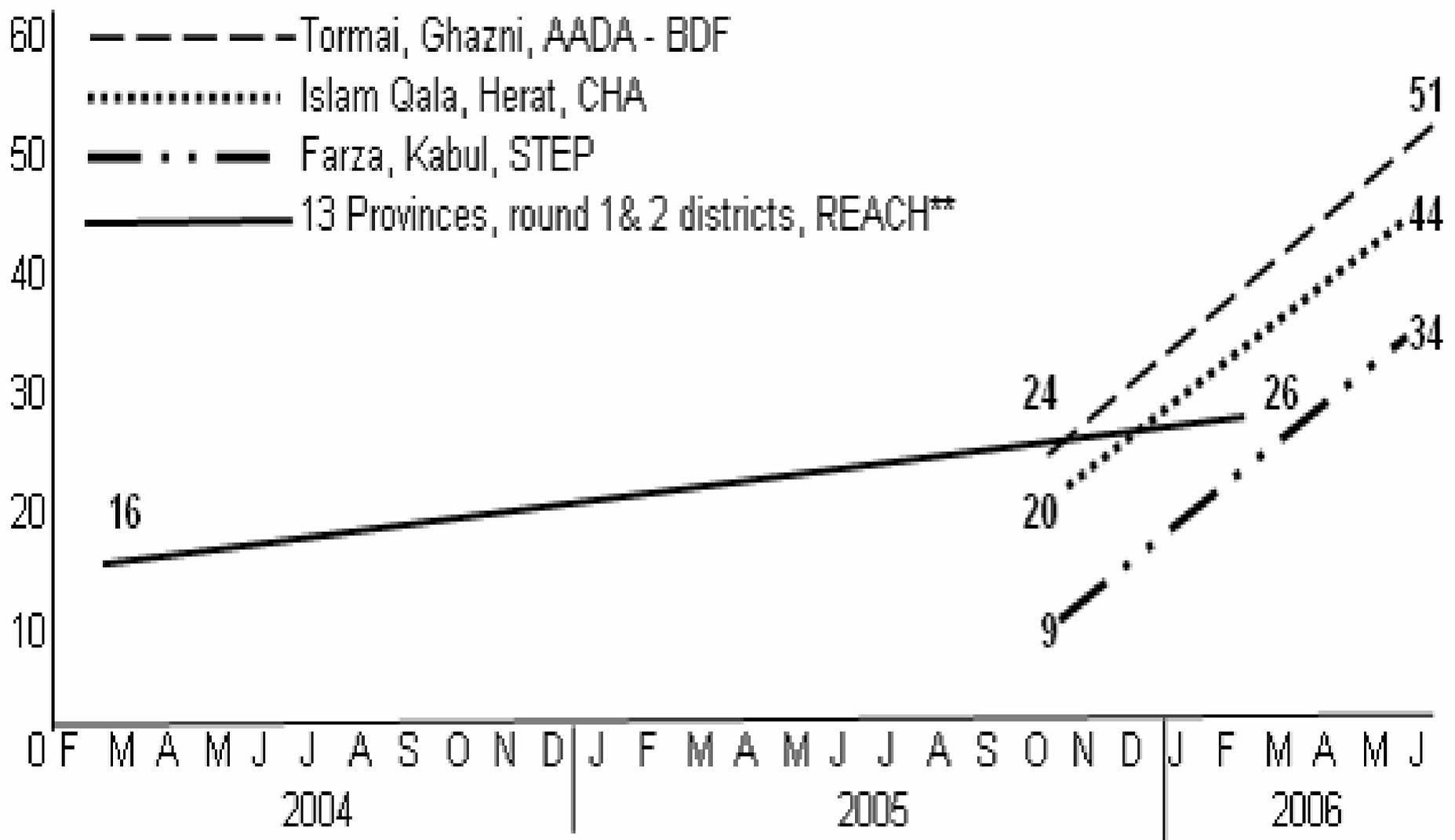
Late menstrual period
Breast tenderness
Nausea
Vomiting
Urinating more often

Weight change
Always tired
Mood changes
Changed eating habits

Later signs

Larger breast
Darker nipples
More vaginal discharge than usual
Enlarged abdomen
Movements of a baby

Progress in Contraceptive Prevalence Rates, Hewlett pilot project (3 CHCs, HP only) REACH (13 provinces both HP, HF)*



* HPs Health Post, CHW only; HF Health Facility, Clinic staff

** REACH data represent households with access to HP, HF, and no access

CCIH and Faith-Based Initiatives for Family Planning

- **Technical Updates for FBOs—the right information presented the right way**
- **Advocacy for international FP: why Christians endorse FP**
- **Interfaith initiatives for FP: “Nairobi Declaration”, July 2011 (see posting on CORE)**
- **CCIH Resources www.ccih.org**