# CONTRACEPTIVE COUNSELLING AND SERVICES

Contraceptive counselling is most effective when it is tailored to the specific needs of the client. Clients must be allowed time to reflect and ask questions about contraception methods (WHO 2018a: 370).

Qualified providers should provide counselling and services to adolescent girls (WHO 2011a: 4) by improving adolescent girls access and offering post-abortion contraception in order to reduce the likelihood of adolescent girls having second pregnancies.

Service providers should provide counselling and services to adolescent girls to improve access to contraceptive services and to reduce the likelihood of the consequent occurrence of unplanned pregnancies. The services also need to be adolescent friendly. Health providers must promote adolescent-friendly contraceptive counselling and services (FMoH 2017a: 32, 34). One of the core competencies of service providers is to provide contraceptive counselling and services (ICM 2019:13-21).

## Contraceptives services for adolescent girls

Healthy adolescents are medically eligible to use any of the current contraception methods. Age alone is not a medical reason to deny adolescent girls any method. Many of the method-specific eligibility criteria that apply to older clients also apply to adolescents (MoH 2019c). Adolescent girls who are not sexually active should get information and education on contraceptive methods and services.

Since casual and forced sex is prevalent among adolescent girls, emergency contraceptives and condoms should be available in advance. Adolescent girls can safely use all contraceptive methods and their specific attributes should be discussed during counselling. Unmarried adolescent girls may have more than one sexual partner, which put them at risk of contracting STIs/HIV. Hence dual use of contraceptive methods should be emphasized in counselling sessions.

## Quality of contraceptive service for adolescent girls

Confidential and respectful interpersonal communication is essential for quality contraceptive service for adolescent girls. Procedures must be performed with technical competence and skill, and different contraceptive methods must be available. Midwives must know and use family planning guidelines, protocols and checklists. Adolescent girls need to have access to and be comfortable using the contraceptives services, and know where to obtain services (MoH 2019c: 47). Adolescent girls who are not sexually active should be educated to delay first sex and given information about contraceptive methods and services (MoH 2019c).

## Integration of contraception counselling and provision of contraceptive service

Contraceptive information and services should be routinely integrated as part of sexual and reproductive health services, such as antenatal,

postpartum, abortion, and post-abortion care, as well as HIV testing, treatment, and care provided in the health care setting. Mobile outreach services are used to improve access to contraceptive information and services for people who live in remote areas. Integration of contraceptive commodities, supplies, and equipment covering a wide range of methods within the essential medicine supply chain, including emergency contraception

Competent Health care providers providing counselling on contraception might encounter adolescent clients who are coming for contraception counselling and provision and other SRH services. Competent Health care providers through different units in health facilities should be

able to educate and counsel adolescent clients on contraceptives including post-partum and post-abortion contraceptive methods, and pregnancy tests.

## Competencies of service providers on contraception to adolescent girls

More adolescent girls will have access to contraceptive methods as more health care providers are authorized and trained to provide them. Specific competency-based training and on-going educational support enhance the capacity of contraceptive counselling and uptake of services. Counselling, education, and technical skills involved in inserting and removing IUDs or implants are all part of the training (WHO 2018a: 373).

## Infection prevention in the health facilities

In family planning clinics, use universal precautions for infection prevention (WHO 2018a: 376). Infection-prevention procedures are simple, effective, and low-cost. When service providers do not adhere to infection prevention practices,

infectious organisms can easily attach clients attending and can spread from health facilities to communities. In family planning units, universal precautions to prevent infection must be followed.

## Hand washing in infection prevention

The single most important infection-prevention procedure is hand washing. Before and after examining or treating each client, health professionals must wash their hands. Rub hands for at least 20 seconds with clean water and plain soap. Make sure to clean in between fingers and under fingernails. Hands should be washed before putting on gloves, after removing gloves, and whenever they become dirty. Similarly, wash your hands when you arrive at work, after you use the restroom or latrine, and when you leave.

Dry your hands with a paper towel or a clean, dry cloth towel that no one else is using, or let them air dry. If clean water and soap are not available, hand sanitizers containing at least 80% alcohol can help to reduce the number of germs on one's hands. Sanitizers do not eliminate all types of germs and might not remove harmful chemicals (WHO 2018a: 376).

## Contraceptive method mix counseling

Contraceptive method mix counseling is central to quality contraceptive services (MoH 2019c: 48). Health care providers should provide unbiased counseling to promote and enhance voluntary and informed method mix, including long acting and short acting contraceptive methods. Contraceptive method mix, including long-acting reversible contraceptives, should be explained to clients. The health care workers counsel on how to improve the quality of contraceptive services provided to adolescent girls. The goal is to cultivate respect, non-judgment, adolescent girls' friendliness, and confidence in making informed decisions about their own lives (MoH 2019c) by counseling them that method mix consists of the following and categorizing them as follows:

1. Long acting reversible contraceptive (LARCs)
   - Contraceptive implants
   - Intrauterine contraceptive devices (IUCD)
2. Short-acting contraception
   - Male and female condoms

- Oral contraceptives (OCP)
- Injectables Contraceptives
- Emergency contraceptives
- Others as updated by the National EFDA

## Contraceptive implants provision

Following effective counseling, describe each contraceptive method provision applicable to adolescent girls, including implants and IUCD. In these guidelines, implants are mentioned first, followed by IUCD.

The use of implants results in less than one pregnancy for every 100 women. Inserting and removing them necessitates the use of a specially trained provider. A client cannot initiate or terminate implants on her own. Once the implants are in place, the client is not required to do much. Bleeding changes are common, but they are not

dangerous. Implants are safe and appropriate for both girls and women. Almost all unmarried clients can safely and effectively use implants (WHO 2018a: 131-154).

## Providing implants

The pregnancy checklist must be used before beginning hormonal contraceptive implants. Check medical eligibility criteria before inserting implants (WHO 2018a: 138).

## When to start

Clients should be informed that they could start using implants at any time of the month, either immediately or after taking emergency contraception pills. Implants can be inserted on the same day if a client is not pregnant and has taken emergency contraception pills; however, a client must have a backup method in place for the first 7 days (WHO 2018a: 138).

## Advising on the side effects

Counselling the clients and explaining the side effects such as changes in their bleeding patterns, headaches, abdominal pains, and breast tenderness is necessary.

## Contraceptive implant insertion

Health care providers should inform the adolescent client about the insertion procedure and inform clients about implant placement (WHO 2018a: 142).

## Insertion procedure

- The provider must follow proper infection-prevention protocols.
- The provider makes a mark on the skin on the inner side of the client's upper arm where the implant will be inserted (the arm she uses less often).
- The client should receive a local anesthetic injection under her arm's skin to relieve pain while the implant is being inserted, and the site should be closed with a first aid plaster and dressed for 3 days.
- The client should be expressly invited to return at any time.
- Each client should be provided with an Implant reminder card with the following written information and explain it:

Card for Implant Reminder

The client's name_____

Implant type_____

Insertion date, month and site (which arm)_____

Removal or replacement date _____

If you have any problems or questions, please contact ___ or go to_.

## Removing implants

Clients should be informed of the removal process (WHO 2018a: 145).

## Removal procedure

The provider should apply effective infection control procedures. Apply local anaesthetic injection under the client's arm skin before the procedure. An adhesive bandage is used to close the wound.

## Intrauterine device (IUD)

The TCu-380A intrauterine device and levonorgestrel intrauterine device are used (WHO 2018a: 155-210).

An intrauterine device (IUD):

- One of the most effective long-term

pregnancy protections that serves for 12 years and is immediately reversible.

- Less than 1 pregnancy per 100 women using an intrauterine device.
- Bleeding changes are common.
- Does not protect against sexually transmitted infections and HIV.

## Known health risks

- Anaemia may occur if a client already has low iron blood stores prior to insertion and the intrauterine device causes heavier monthly bleeding.

## Assess clients for risk of sexually transmitted infections

The provider should use the IUD screening checklist before providing the method

## When should the client begin using her intrauterine device?

If the client is not pregnant, she is free to do so at any time after the pregnancy has been ruled out. If the intrauterine device is implanted within 48 hours of birth, including via caesarean section, or if they had an abortion or miscarriage in the following weeks, there is no need for a backup method.

## Intrauterine device insertion

The insertion should be explained the procedure to the client (WHO 2018a: 167). There might be a risk of infection, expulsion, and perforation, but the risks can all be minimized with proper insertion techniques. The providers should apply the following procedure:

- Perform a pelvic examination to determine the uterine size, position and eligibility.
- Perform a bimanual examination before inserting
- Uses an antiseptic to clean the cervix and vagina.
- Insert a speculum
- Inserts the tenaculum slowly through the speculum, closing it just enough to keep the cervix and uterus in place.
- Passes the uterine sound gently and slowly through the cervix to determine the depth and position of the uterus.
- Load the IUD into the inserter while both are still sterilized packaging.

- Insert the loaded IUCD gently into the uterus and release
- Cuts the IUDs strings, with about 3 centimeters left outside the cervix. Allow the client to rest for 20-30 minutes after the insertion.

## Post insertion instructions

A client must be told about what to expect and remind length of pregnancy protection:

- Advise the client about the intrauterine device and schedule a return appointment with in three to six weeks.
- Each client must be given IUD reminder card with the following written information explaining.

IUD reminder card

- Client's name _____
- Type of IUD _____
- Date of inserted _____
- Removal or replaced by Month _____ Year ____
- If you have any problems or questions contact ___or go to___

## Removal of intrauterine device

Explain what will happen during removal of the IUD the before removing it.

- To view the intrauterine device strings, a speculum is inserted, and carefully cleans the cervix and vagina with an antiseptic solution

such as povodine iodine.

- Narrow forceps are used to gently pull the intrauterine device strings until the device is completely removed from the cervix.

## Levonorgestrel intrauterine device

Long-term pregnancy protection is very effective for 5 years, is reversible, has lighter and fewer days of bleeding, and is infrequent or irregular.

- Also known as hormonal intrauterine devices.
- Works by preventing sperm from fertilizing an egg.

## Side effects

Provide information about the most common side effects. Changes in her monthly bleeding pattern are the most common side effects, if the problems persist or she has additional concerns, she can return for help.

## Contraceptive service delivery modalities

All health facilities should provide contraceptive counselling and services to adolescent girls (MoH 2019c: 33):

Service delivery modalities consist of facility-based services (public and private), non-governmental organizations; youth centre clinics, outreach-based community services, outreach/mobile health team approaches, school health services, workplace services and social franchising.

## Increased use of contraceptives by adolescent girls

Competent Health care providers should advocate for and provide contraception services to

adolescent girls in order to avoid unplanned pregnancy (Chandra-Mouli et al 2013:519).

## Counselling for contraceptive method choices for adolescent girls

Proper education and counselling during method selection can assist adolescents in making well-informed, voluntary decisions (MoH 2019c: 41).
The following issues should be addressed through counselling:

- The method's effectiveness
- Information on STI/HIV prevention
- The method's most common side effects
- The method's potential health risks and benefits
- Dual protection and how to do it
- Information on resuming fertility after discontinuing a fertility treatment
- The location where the method can be obtained

## Dual protection provided by available contraceptive methods

Information about infection prevention should be particularly emphasised for individuals who may be at increased risk, and in areas of a known high prevalence of HIV and other STIs. HIV counselling and testing should be available in the facility, or by referral to other facilities. Dual protection, or the use of one method such as condoms, or a combination of methods, to protect against both pregnancy and STIs should be promoted (WHO 2012:52).

Competent Health care providers should strongly advise all sexually active adolescent clients to use dual protection so that they are aware of the importance of avoiding pregnancy and STIs/HIV. The dual use method is another method for protecting against pregnancy and STIs/HIV at the same

time. This entails combining a contraceptive method, such as an implant, intrauterine device, or injectables, with condoms (FMoH 2017a).