

Federal Ministry of Health, Nigeria

National Family Planning/ Reproductive Health

Service Protocols

Revised edition



Funded by the President's Emergency Plan for AIDS Relief through U.S. Agency for International Development



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First published in 2004 by the Federal Ministry of Health Nigeria with support from USAID-Vision Project.

Reprinted 2005

Revised in 2009 by the Federal Ministry of Health Nigeria with support from Family Health International/Global HIV/AIDS Initiative Nigeria (GHAIN) project.

ISBN: 978 062 229-3

Citation: Federal Ministry of Health, Nigeria. 2009. National Family Planning/Reproductive Health Service Protocols. xxii + 302 pp.

Updates to the family planning method sections of this service protocol were supported in part by the US Agency for International Development (USAID). Family Health International (FHI) provided assistance to the Nigeria Federal Ministry of Health in the updates. However, the contents of this publication do not necessarily reflect the views of FHI, USAID or the United States Government. Financial assistance was provided by USAID under the terms of the Cooperative Agreement GPO-A-00-05-00022-0, the Contraceptive and Reproductive Health Technologies and Utilization (CRTU) program.

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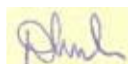
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Foreword to the 2009 edition

In response to the new global trends in family planning and reproductive health practice, the Nigerian Federal Ministry of Health in collaboration with Family Health International reviewed the *2004 National Family Planning/Reproductive Health Service Protocols*.

The Federal Ministry of Health commissioned a task team to review this document aimed to provide guidance to the delivery of quality reproductive health services in Nigeria. The team updated the document in line with the global best practice in family planning services vis-à-vis the 2008 WHO medical eligibility criteria (MEC).

We hope that the revised 2009 edition of the *National Family Planning/Reproductive Health Service Protocols* will improve technical competence and confidence of service providers, and, ultimately, increase quality and access to family planning services.



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Foreword to the 2004 edition

In response to the new global trends in maternal and child health care reflected in the concept of reproductive health, the Nigerian Federal Ministry of Health, in collaboration with Vision Project reviewed the *Guide to Family Planning Practice in Nigeria*. The purpose was to widen the scope of family planning services, include updates in contraceptive technology, and capture related reproductive health services. It was also to improve access to and quality of care at service delivery points by providing a step by step approach to every procedure.

This document was reviewed by a task force set up by the Federal Ministry of Health. Appropriate utilization of this manual in the daily encounters with clients will promote commitment and improve job fulfillment, technical competence and confidence of service providers and, ultimately, client satisfaction.

It is with these in mind that, the name *Guide to Family Planning Practice in Nigeria* was changed to *National Family Planning and Reproductive Health Service Protocols*.

Dr M.S. Amaeshi

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Acronyms

AI	Artificial insemination
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal clinic/antenatal care
ART	Antiretroviral therapy
BBT	Basal body temperature
BCC	Behaviour change communication
BP	Blood pressure
CEDPA	Centre for Development and Population Activities
CHEWs	Community health extension workers
CIN	Cervical intraepithelial neoplasia/cervical carcinoma in situ
CMM	Cervical mucus method
COCs	Combined oral contraceptives
CRR	Cost recovery record
DCR	Daily consumption record
DMPA	Depot-medroxy-progesterone acetate (Depo-Provera)
DVT	Deep vein thrombosis
EC	Emergency contraception
ECPs	Emergency contraceptive pills
ECS	Endocervical swab
FAB	Fertility awareness based
FEFO	First expiry first out
FGN	Federal Government of Nigeria
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	Family planning
GHAIN	Global HIV/AIDS Initiative Nigeria
GTD	Gestational trophoblastic disease
HAART	Highly active antiretroviral therapy

Hb	Haemoglobin
HIV	Human immuno-deficiency virus
HLD	High-level disinfection
HPV	Human papiloma virus
HSG	Hystero- salpingogram
HVS	High vaginal swab
ICDC	Intracellular diplococci
ICPD	International Conference on Population and Development
IDU	Intravenous drug use
IEC	Information, education and communication
IPC	Interpersonal communication
IUCD	Intrauterine contraceptive device
IUD	Intrauterine device
IVF	In-vitro fertilization
LAM	Lactational amenorrhoea method
LGV	Lymphogranuloma venereum
MCS	Microscopy culture and sensitive
MEC	Medical eligibility criteria
MIS	Management information systems
MTCT	Mother-to-child transmission
MVA	Manual vacuum aspiration
NHMIS	National health information management system
NSAID	Non-steroidal anti-inflammatory drugs
NURHI	Nigerian Urban Reproductive Health initiative
PAC	Post-abortion care
PCV	Packed-cell volume
PE	Pulmonary embolism
PHCs	Primary health centres
PID	Pelvic inflammatory disease
PMN	Polymorphonuclear leukocytes
PMTCT	Prevention of mother-to-child transmission

POPs	Progestin-only pills (mini pills)
POC	Products of conception
POP	Progestin only pills
PPFN	Planned Parenthood Federation of Nigeria
PPIUD	Postpartum IUD
PSA	Prostate specific antigen
PSI	Population Services International
RH	Reproductive health
RIRF	Requisition, issue and report form
STIs	Sexually transmitted infections
STM	Symptom-thermal method
TB	Tuberculosis
TBAs	Traditional birth attendants
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
VIA	Visual inspection with acetic acid
VHWs	Voluntary health workers
VSC	Voluntary surgical contraception

Introduction

Reproductive health (RH) received global recognition following the International Conference on Population and Development (ICPD) held in Cairo in 1994. A significant landmark at the ICPD set the shift from family planning to reproductive health with emphasis on improved quality of life. This new paradigm emphasizes integration of reproductive health programs/activities for increased access to services and quality management, thereby enabling clients to receive various health services at a single point or “one-stop-shop”. This further facilitates a multi-sectoral approach to client management and referral linkages, thus improving the quality of care.

In response to the challenges of the ICPD, the Federal Government of Nigeria (FGN) developed the reproductive health policy to address all reproductive health concerns and develop strategies, which respond to the reproductive health needs of the people.

This national family planning/reproductive health service protocol has been reviewed to facilitate the provision of reproductive health services in Nigeria. It aims to improve the quality of care at service delivery points.

How to use this manual

This service protocol is a comprehensive, highly simplified manual, which covers all areas of family planning practice and related reproductive health issues prevalent in Nigeria. It contains 19 chapters and an appendix, which cover all available methods of family planning, sexually transmitted infections (STIs), HIV/AIDS, infertility, routine screening and care for reproductive health cancers, post-abortion care (PAC), and infection prevention techniques. Other related issues discussed in the service protocol are menopause/andropause,

management information systems (MIS), drug interaction, and clinic management.

Each chapter highlights the description, advantages, disadvantages, indications and contraindications to the use, and steps for each procedure. For each family planning method discussed: counselling and screening for medical eligibility, specific counselling issues, contraceptive mechanisms and techniques, management of side effects, complications, and conditions for referral are highlighted.

To use this service protocol, first identify your professional cadre and the procedures you can perform. To perform a particular family planning procedure, look at the table of contents and identify the page where the procedure you require begins. Turn to that page and read the description and objectives (in a box) of the procedure. If the procedure provides a guideline in more than one approach, as in the counselling section, identify the approach that applies to what you are about to do. For example, if you are counselling a couple together, you should follow the guidelines under the column designated as “couple”.

The manual provides you with step by step instructions to perform family planning/reproductive health procedures. Read the procedure you are about to perform before hand to acquaint your self with the steps. Review it after you have finished performing the procedures, therefore strengthening your skills, confirming the accuracy of performed steps, and ensuring quality of service. Do this until you are comfortable and confident. A few chapters are presented in form of tables and algorithms (decision trees) which should be read downwards, generally from left to right.

Whenever you provide any service to clients let them know

that you understand what you are doing and that you care. Therefore, do not limit the use of this manual to the time you are performing a procedure, but take time to go through the manual whenever you are less busy.

Trainers of family planning/reproductive health providers (pre-service or in-service) can use this manual to assist trainees in acquiring skills in family planning/reproductive health procedures. Consulting this manual will reinforce their learning and help them provide high quality services. In this regard, this National Family Planning/Reproductive Health Service Protocols is a useful reference material for training family planning/reproductive health service providers/trainers.

Who is this service protocol for?

This manual is designed as a systematic instructional document for all cadres of health care providers who have been trained and are working at family planning/reproductive health service points. Users should refer to the standards of practice for family planning/reproductive health services in Nigeria to check the scope of services that can be rendered by different cadres of service providers. The different cadres of service providers are as follows:

- Group A: Providers of all methods, including surgical and implant methods — medical doctors.
- Group B: Providers of all methods except surgical and implant methods — nurse-midwives, nurses, registered midwives, community health officers, public health nurses, and community midwives health visitors.
- Group C: Providers of all methods except surgical methods, implants and IUCD insertion — senior community health extension workers and rural health superintendents.

Group D: Providers of re-supply of oral contraceptives, condoms and foaming tablets — pharmacists, pharmacy assistants, pharmacy technicians, pharmacy attendants, dispensary attendants, patent medicine dealers, nursing aides, nursing assistants, junior community health extension workers, volunteers, community-based distribution agents, village health workers, traditional birth attendants, traditional healers, etc.

How to select contraceptive method using WHO medical eligibility criteria (MEC)

Medical eligibility criteria for each contraceptive method, with the exception of female and male surgical sterilization, were classified using four categories:

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

Category	Description	When clinical judgment is available
1	No restriction to use	Use the method under any circumstance
2	Benefit generally outweigh risk	Generally use the method
3	Risk generally outweigh benefit	Use of the method not usually recommended except if other methods are unavailable/unacceptable
4	Unacceptable Health risk	Method not to used

Categories for temporary methods		
Category	With clinical judgment	With limited clinical judgment
1	Use method in any circumstances	Yes (Use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No (Do not use the method)
4	Method not to be used	

Recommendation for surgical sterilization are defined according to the following four categories;

- A (accept) = there is no medical reason to deny sterilization to a person with this condition;
- C (caution) = the procedure is normally conducted in a routine setting, but with extra preparation and precaution;
- D (delay) = the procedure is delayed until the condition is evaluated and/or corrected. Alternative temporary methods of contraception should be provided;
- S (special) = the procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anaesthesia and to back-up medical support. For these conditions the capacity to decide on the most appropriate procedure and anaesthesia regimen is also needed. Alternative temporary method of contraception should be provided, if referral is required or there is otherwise any delay.

Behavior change communication and counselling

Description

Behaviour change communication (BCC) is the process of educating, persuading and disseminating information to people, to positively influence their behavioural patterns about a particular (health) issue.

Family planning counselling is a process by which a family planning provider uses appropriate communication skills to provide correct, adequate and unbiased information on available options to an individual, couple or group to help them understand family planning/child spacing. The information provided will enable the client to voluntarily accept family planning and adopt a method of their choice.

Objectives of BCC and counselling

- To increase awareness about family planning/child spacing methods
- To provide appropriate and clear information about family planning/child spacing to clients
- To promote client-provider interaction in discussing family planning/child spacing
- To assist clients in choosing and adopting a family planning/child spacing method
- To counsel groups that have special needs

Types of counselling

- Individual counselling – involves the provider and a client
- Couple counselling – involves the provider and a couple
- Group counselling – involves the provider and three or more persons

Good counselling skills

A good counsellor:

- listens attentively
- is non-judgmental
- respects the client's feelings and values
- ensures confidentiality of client information
- relates to clients in simple and clear language
- provides a good counselling environment

Rights of the client

The provider should inform every family planning client about his or her right to:

- *Information* – to learn about family planning and the benefits
- *Access* – to obtain services regardless of age, sex, creed, colour, marital status, or location
- *Choice* – to decide freely whether to adopt family planning and which method to use
- *Safety* – to be able to use safe and effective family planning methods
- *Privacy* – to have a private environment during counselling and service provision
- *Confidentiality* — to make any information provided by the client remain confidential
- *Dignity* – to be treated with courtesy, consideration and attention
- *Comfort* – to feel comfortable when receiving services

- *Continuity* – to receive contraceptive services and supplies for as long as required
- *Opinion* – to express their views about the services offered

Indications for counselling

Family planning counselling is necessary when:

- there is a need to increase awareness and demand for family planning services to improve the quality of life
- there are opportunities for behavioural change communication
 - during client visit to health facilities
 - during health worker's visit to institutions, communities and organizations
 - other opportunities relevant to the local situation.

Counselling groups with special needs

Counselling may also be required for certain groups of people who have special needs, e.g. menopausal women, andropausal men, adolescents, people who have suffered one form of sexual abuse or the other, and physically or mentally challenged individuals.

Adolescents

Adolescents include those aged 10–19 years. They undergo physical, emotional and hormonal changes that influence their sexuality and often this makes them take emotional risks as well as risks related to pregnancy, sexually transmitted infections (STIs) and HIV/AIDS. Because they are often subjected to peer pressure and influence, they engage in indiscriminate sexual activities. It is therefore very important to inform and educate adolescents on positive sexual behaviours.

Counselling tips

- Be friendly and accommodating
- Be non-judgmental
- Ensure confidentiality
- Discuss career and life goals and the importance of finishing school in order to achieve these goals
- Encourage discussion about their feelings and beliefs
- Provide comprehensive information on sexual and reproductive health, especially:
 - risks and means of transmission of STIs/HIV and
 - risks of early childbearing and abortion
- Use visual aids
- Arrange clinic sessions in the evenings, at weekends or at periods that are convenient for adolescents (youth-friendly clinic)
- Use peer educators to motivate and educate adolescents

Male involvement in reproductive health

Men are sometimes considered a neglected group in reproductive health/family planning. In the past, they were not regarded as relevant in most programs because reproduction and family planning were not seen as having direct consequences on the health and wellbeing of men and some of the programs were to give women control over their fertility. Men are heads and major decision makers in the family and they exert a lot of influence on women's decisions. Their support and participation can therefore make a big difference in the success of women's effort to adopt family planning. Male participation will improve men's knowledge of family planning and enhance their reproductive health status.

Counselling tips

- Make men feel welcome at the clinic
- Use visual aids that show male examples

- Find out the concerns of men and emphasise the benefit of Reproductive Health in dealing with these concerns, e.g. symptoms of prostatic enlargement, STIs, economic status, children's education, wife's health, etc
- Dispel myths and misconceptions
- Emphasise how men can be supportive of their partner's use of family planning. For example, reminding her to take the pill or helping to insert diaphragm
- Use men as outreach workers to motivate and educate other men
- Encourage men to use family planning methods, such as condoms, abstinence, vasectomy and other reproductive health services
- Arrange clinic sessions in the evenings or at weekends, at a time convenient for men
- Encourage male friendly services

Sexual violence

Sexual violence refers to any form of sexual gesture/activity that is not consented to by the victim, e.g. sexual harassment or rape. Rape victims may present with physical and psychological trauma such as emotional shock, bleeding, swelling and lacerations or medical conditions such as STIs including HIV.

Counselling tips

- Show empathy
- Assist the victim to regain confidence
- Do not be judgmental
- Encourage the victim to report to a law enforcement agency
- Provide opportunities for victim to tell stories of their experience
- Mention the consequences of sexual violence and how to deal with them

- Highlight risk reduction strategies (for example, advise clients to avoid walking alone in dark alleys, etc)
- Provide emergency contraception (refer to Chapter 6)
- Attend promptly to victim and give immediate treatment and counselling
- Liaise with or refer to other NGOs dealing with human rights abuse

Mentally and physically challenged clients

These are people who have mental or physical disabilities and have sexual needs that may not be accommodated by regular services. They may also be subjected to sexual assault. The severity of disability as well as, how much sexual activity is occurring, determine the method of family planning that will best suite client needs and abilities. A client with minor disability can learn about family planning if it is explained patiently and clearly using visual aids.

Counselling tips

- Re-assure client that their disability does not have to interfere with their sexual life
- Counsel client whose injury or condition might be aggravated by sexual relations, e.g. clients that have spinal injuries may have to use alternatives to traditional sexual intercourse
- Encourage and support the use of a family planning method by clients for whom childbearing will be difficult or pose a further threat to their health
- Refer if necessary

Menopause/andropause

(refer to Chapter 16)

Menopause/andropause can be managed with appropriate medication and counselling.

Counselling tips

- Re-assure client that it is the normal physiological change that takes place in the body
- Dispel myths and misconceptions about andropause and menopause
- Counsel client to have adequate rest and sleep
- Recommend adequate dietary intake with increased fiber and fluid
- Encourage client to take part in spiritual and community activities
- Encourage client to express affection to spouse
- Recommend physical exercises that can alleviate symptoms

Steps for BCC and counselling

Step	Individual/couple	Group
Preparation		
	<ul style="list-style-type: none"> • Choose a quiet environment that will ensure privacy for the client • A corner of the clinic where another person cannot listen to your conversation with the client/couple or interrupt you • Ensure sitting for the client/ couple • Gather visual aids that are relevant to the culture of the area. Such visual aids may include: <ul style="list-style-type: none"> • Wall charts on modern family planning methods • Anatomy of male and female reproductive system • Pamphlets developed in the local language • Wall charts on traditional family planning methods • Cue cards • Place samples of available family planning methods in the counselling rooms 	<ul style="list-style-type: none"> • Inform leaders and authorities within the group and communities and solicit their support • Select appropriate date • Ensure adequate sitting space for all persons expected. • Recognize group or community leaders (male and female) <ul style="list-style-type: none"> • Gather samples of available contraceptive methods to take to venue

Step	Individual/couple	Group
Preparation		
	<ul style="list-style-type: none"> Place a list of common taboos and myths about family planning in the area should be near you for reference 	<ul style="list-style-type: none"> A list of common taboos and myths about family planning in the area should be near you for reference
Introduction		
	<ul style="list-style-type: none"> Greet client and introduce yourself. Use the acceptable local language, e.g. Igbo, Yoruba, Hausa or Pidgin English English: Good morning. How is everyone at home? Please sit down. I am Mrs. Adeola Ngozi Hassan. How can we be of help to you today? Create a friendly atmosphere by showing personal interest in comments made by the client/couple Allow client to speak first. Inform client that whatever they discuss with you will not be disclosed to any other person Explain to client the process in the clinic, include description of 	<ul style="list-style-type: none"> Greet group and introduce yourself. If group is less than twelve, encourage self introduction of the group members Start with a family planning song in the local language Create a friendly atmosphere by showing personal interest in comments made by group members Inform clients that whatever they discuss with you will not be disclosed to any other person Explain to group the process in the clinic,

Step	Individual/couple	Group
Introduction		
	<p>physical examination and laboratory test</p> <ul style="list-style-type: none"> • Let client tell you how much they know about family planning and modern methods • Briefly describe family planning as a way of having children by choice and of assisting sub-fertile and infertile couples to have children 	<p>include description of physical examination and laboratory test</p> <ul style="list-style-type: none"> • Ask volunteers from the group to say what they know or have heard about family planning methods • Briefly describe family planning as a way of having children by choice and of assisting sub-fertile and infertile couples to have children
Motivational information		
	<ul style="list-style-type: none"> • Discuss health benefits of family planning. Mention at least five benefits: <ul style="list-style-type: none"> • Reduces maternal and infant death • Allows mother's body to recuperate from previous birth • Promotes health of the children • Promotes family unity and good health • Allows mother to make adequate economic and social contributions to her family • Promotes the health of the community 	<ul style="list-style-type: none"> • Discuss health benefits of family planning. Mention at least five benefits: <ul style="list-style-type: none"> • Reduces maternal and infant death • Allows mother's body to recuperate from previous birth • Promotes health of the children • Promotes family unity and good health • Allows mother to make adequate economic and social contributions to her family • Promotes the health of the community

Step	Individual/couple	Group
Motivational information		
	<ul style="list-style-type: none"> • Helps men provide better life for their families • Explain reproductive tract anatomy and contraceptive methods (display charts). Make short sentences and speak clearly in simple language that the client will understand • Review family planning methods in relation to reproductive tract anatomy and conception • Mention what each method is, how it works, its effectiveness, advantages and disadvantages. Proceed as follows: <ul style="list-style-type: none"> • Fertility Awareness Based (FAB) method (natural family planning method) • Barrier (chemical or mechanical) • Hormonal • IUD • If a client already has a method in mind, counsel properly on the method and only briefly mention others 	<ul style="list-style-type: none"> • Helps men provide better life for their families • Explain reproductive tract anatomy and contraceptive methods (display charts). Make short sentences and speak clearly in simple language that the client will understand • Describe in brief the family planning methods available (avoid too much details) • Mention what each method is, how it works, its effectiveness, advantages and disadvantages. Proceed as follows: <ul style="list-style-type: none"> • FAB method (natural family planning method) • Barrier (chemical or mechanical) • Hormonal • IUD • Show group all available contraceptive methods and encourage them to visit the nearest family planning clinic for more information and counselling

Step	Individual/couple	Group
Motivational information		
		<ul style="list-style-type: none"> • Spend more time on the advantages of family planning to mother, father, child, family, community and country. Mention at least 3 each.
Advantages of family planning		
	<p><i>Mother</i></p> <ul style="list-style-type: none"> • Allows mother's body to rest from last birth thus promoting good health • Allows mother to plan and utilize her time productively • Removes the fear of unintended pregnancy • Promotes mother's nutritional status • Reduces maternal ill health and death <p><i>Father</i></p> <ul style="list-style-type: none"> • Eliminates the fear of unwanted pregnancy and more mouths to feed • Promotes father's social well being • Allows father to plan for the future of the children 	<p><i>Mother</i></p> <ul style="list-style-type: none"> • Allows mother's body to rest from last birth, thus promoting good health • Allows mother to plan and utilize her time productively • Removes the fear of unintended pregnancy • Promotes mother's nutritional status • Reduces maternal ill health • Enhances appropriate use of resources <p><i>Father</i></p> <ul style="list-style-type: none"> • Eliminates the fear of unwanted pregnancy and more mouths to feed • Promotes father's social well being • Allows father to plan for the future of the children

Step	Individual/couple	Group
Advantages of family planning		
	<p><i>Child</i></p> <ul style="list-style-type: none"> • Reduces infant illness and death • Promotes bonding with family • Enjoys opportunity for better life <p><i>Family</i></p> <ul style="list-style-type: none"> • Enhances the family's nutrition • Promotes economic growth • Promotes education of children <p><i>Community</i></p> <ul style="list-style-type: none"> • Allows community to plan and manage its resources effectively • Discourages social delinquencies • Promotes community unity • Enhances appropriate use of resources • Reduces infant and maternal illness and death • Reduces teenage pregnancy and abortion • Enables longer breastfeeding period 	<p><i>Child</i></p> <ul style="list-style-type: none"> • Reduces infant illness and death • Promotes bonding with family • Enjoys opportunity for better life <p><i>Family</i></p> <ul style="list-style-type: none"> • Enhances the family's nutrition • Promotes economic growth • Promotes education of children <p><i>Community</i></p> <ul style="list-style-type: none"> • Allows community to plan and manage its resources effectively • Discourages social delinquencies • Promotes community unity • Reduces infant and maternal illness and death • Reduces teenage pregnancy and abortion • Enables longer breastfeeding period

Step	Individual/couple	Group
Advantages of family planning		
	<i>Country</i> <ul style="list-style-type: none"> • Promotes socio-economic development • Improves quality of life 	<i>Country</i> <ul style="list-style-type: none"> • Promotes socio-economic development • Improves quality of life
Specific methods		
	Intrauterine contraceptive device (IUD) <p><i>What is it?</i> A small flexible plastic frame inserted into the womb to prevent pregnancy</p> <p><i>How does it work?</i> It makes the womb unfavourable to the sperm or egg hence there can be no pregnancy</p> <p><i>Advantage/disadvantages</i> (Refer to Chapter 9)</p> Hormonals Oral contraceptives (pills) <p><i>What are they?</i> They are tablets taken orally to prevent pregnancy</p>	Intrauterine contraceptive device (IUD) <p><i>What is it?</i> A small flexible plastic frame inserted into the womb to prevent pregnancy</p> <p><i>How does it work?</i> It makes the womb unfavourable to the sperm or egg hence there can be no pregnancy</p> <p><i>Advantage/disadvantages</i> (Refer to Chapter 9)</p> Hormonals Oral contraceptives (pills) <p><i>What are they?</i> They are tablets taken orally to prevent pregnancy</p>

Step	Individual/couple	Group
Specific methods		
	<p><i>How do they work?</i> When taken regularly as prescribed, oral contraceptives will temporarily prevent the woman's body from releasing eggs from the ovaries. Also thickens cervical mucus making it difficult for sperm to pass through</p> <p><i>Advantages/disadvantages</i> (Refer to Chapter 6)</p> <p>Injectables</p> <p><i>What are they?</i> Injectables stop ovulation and thicken cervical mucus, making it difficult for sperm to pass through</p> <p><i>Advantages/Disadvantages</i> (Refer to Chapter 7)</p> <p>Implants</p> <p><i>What are they?</i> Implants are silicon tubes (capsules) containing synthetic hormones inserted under the skin of the upper arm</p>	<p><i>How do they work?</i> When taken regularly as prescribed, oral contraceptives will temporarily prevent the woman's body from releasing eggs from the ovaries. Also thickens cervical mucus making it difficult for sperm to pass through</p> <p><i>Advantages/disadvantages</i> (Refer to Chapter 6)</p> <p>Injectables</p> <p><i>What are they?</i> Injectables stop ovulation and thicken cervical mucus, making it difficult for sperm to pass through</p> <p><i>Advantages/Disadvantages</i> (Refer to Chapter 7)</p> <p>Implants</p> <p><i>What are they?</i> Implants are silicon tubes (capsules) containing synthetic hormones inserted under the skin of the upper arm</p>

Step	Individual/couple	Group
Specific methods		
	<p><i>How do they work?</i></p> <ul style="list-style-type: none"> • The contraceptive hormone is released continuously into the body of the woman. • The implant mainly thickens cervical mucus, making it difficult for sperm to pass through it and also prevent the body from producing eggs on a temporary basis <p><i>Advantages and disadvantages</i> (Refer to Chapter 8)</p> <p>Barrier methods (Physical/Mechanical)</p> <p>Male condom</p> <p><i>What is it?</i> It is a rubber sheath worn on an erect penis before and during sexual intercourse</p> <p><i>How does it work?</i> It prevents the man's sperm from getting into the vagina, hence there can</p>	<p><i>How do they work?</i></p> <ul style="list-style-type: none"> • The contraceptive hormone is released continuously into the body of the woman. • The implant mainly thickens cervical mucus, making it difficult for sperm to pass through it and also prevent the body from producing eggs on a temporary basis <p><i>Advantages and disadvantages</i> (Refer to Chapter 8)</p> <p>Barrier methods (Physical/Mechanical)</p> <p>Male condom</p> <p><i>What is it?</i> It is a rubber sheath worn on an erect penis before and during sexual intercourse</p> <p><i>How does it work?</i> It prevents the man's sperm from getting into the vagina, hence there can</p>

Step	Individual/couple	Group
Specific methods		
	<p>be no pregnancy when used as instructed. It also prevents sexually transmitted infections</p> <p>Female condom</p> <p><i>What is it?</i> It is a plastic sheath that is inserted into the vagina before sexual intercourse</p> <p><i>How does it work?</i> It prevents sperm from getting into the womb and prevents sexually transmitted infections</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Diaphragm</p> <p><i>What is it?</i> It is a flexible cup-shaped object made of rubber and is inserted into the vagina to cover the neck of the womb</p> <p><i>How does it work?</i> It prevents sperm from</p>	<p>be no pregnancy when used as instructed. It also prevents sexually transmitted infections</p> <p>Female condom</p> <p><i>What is it?</i> It is a plastic sheath that is inserted into the vagina before sexual intercourse</p> <p><i>How does it work?</i> It prevents sperm from getting into the womb and prevents sexually transmitted infections</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Diaphragm</p> <p><i>What is it?</i> It is a flexible cup-shaped object made of rubber and is inserted into the vagina to cover the neck of the womb</p> <p><i>How does it work?</i> It prevents sperm from</p>

Step	Individual/couple	Group
Specific methods		
	<p>entering the womb so that there can be no pregnancy</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Chemical spermicides</p> <p>These are foaming tablets, suppositories, cream and jelly</p> <p><i>What are they?</i> They are chemical agents that kill the sperm</p> <p><i>How do they work?</i> When a spermicide is inserted into the vagina before sex, it blocks the entrance of the womb and kills the sperm on contact. The tablet usually produces foam.</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Voluntary surgical contraception</p>	<p>entering the womb so that there can be no pregnancy</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Chemical spermicides</p> <p>These are foaming tablets, suppositories, cream and jelly</p> <p><i>What are they?</i> They are chemical agents that kill the sperm</p> <p><i>How do they work?</i> When a spermicide is inserted into the vagina before sex, it blocks the entrance of the womb and kills the sperm on contact. The tablet usually produces foam.</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 5)</p> <p>Voluntary surgical contraception</p>

Step	Individual/couple	Group
Specific methods		
	<p><i>What is it?</i> Surgical contraception is a non-reversible permanent method of family planning. It involves a minor operation on either of the partners.</p> <p><i>How does it work?</i> Tubal occlusion – the tubes that carry the woman's egg into the womb are blocked (show the client the tubal ligation chart). The woman will continue to menstruate till she reaches menopause</p> <p>Vasectomy – the tubes that carry the sperm from the man's testes to the penis are blocked (show client the vasectomy chart). After the operation, the man will not be able to make a woman pregnant, but will continue to be sexually active and produce semen but without spermatozoa. <i>The man is not castrated</i></p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 10)</p>	<p><i>What is it?</i> Surgical contraception is a non-reversible permanent method of family planning. It involves a minor operation on either of the partners.</p> <p><i>How does it work?</i> Tubal occlusion – the tubes that carry the woman's egg into the womb are blocked (show the client the tubal ligation chart). The woman will continue to menstruate till she reaches menopause</p> <p>Vasectomy – the tubes that carry the sperm from the man's testes to the penis are blocked (show client the vasectomy chart). After the operation, the man will not be able to make a woman pregnant, but will continue to be sexually active and produce semen but without spermatozoa. <i>The man is not castrated</i></p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 10)</p>

Step	Individual/couple	Group
Specific methods		
	<p><i>Additional information</i> Surgical contraception is available in selected health facilities around the country. Consult the one nearest to you</p> <p>Fertility awareness-based methods</p> <p>Abstinence Abstinence is the complete avoidance of sexual intercourse</p> <p>Calendar/rhythm method With the calendar/rhythm, the couple decides not to have sexual intercourse when the woman is most likely to get pregnant. They count calendar days to identify the start and end of the fertile period. The number of days depends on the length of the previous menstrual cycles</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p>	<p><i>Additional information</i> Surgical contraception is available in selected health facilities around the country. Consult the one nearest to you</p> <p>Fertility awareness-based methods</p> <p>Abstinence Abstinence is the complete avoidance of sexual intercourse</p> <p>Calendar/rhythm method With the calendar/rhythm, the couple decides not to have sexual intercourse when the woman is most likely to get pregnant. They count calendar days to identify the start and end of the fertile period. The number of days depends on the length of the previous menstrual cycles</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p>

Step	Individual/couple	Group
Specific methods		
	<p>Billings (cervical mucus) method</p> <p>The Billings method involves the use of predictable changes in the pattern of cervical mucus to identify when a woman is likely to get pregnant. When a woman sees or feels cervical secretions, she may be fertile and couples using this method must avoid sexual intercourse during this period</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p> <p>Basal body temperature (BBT)</p> <p>A woman's resting temperature increases slightly around the time of ovulation, when she could become pregnant</p> <p>Sympto-thermal</p> <p>Sympto-thermal method is the combination of calendar, temperature and mucus methods to determine when a woman is likely to get</p>	<p>Billings (cervical mucus) method</p> <p>The Billings method involves the use of predictable changes in the pattern of cervical mucus to identify when a woman is likely to get pregnant. When a woman sees or feels cervical secretions, she may be fertile and couples using this method must avoid sexual intercourse during this period</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p> <p>Basal body temperature (BBT)</p> <p>A woman's resting temperature increases slightly around the time of ovulation, when she could become pregnant</p> <p>Sympto-thermal</p> <p>Sympto-thermal method is the combination of calendar, temperature and mucus methods to determine when a woman is likely to get</p>

Step	Individual/couple	Group
Specific methods		
	<p>pregnant. When intercourse is avoided during this period, pregnancy is not likely to occur</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p> <p>Lactational amenorrhoea method (LAM) When a woman breastfeeds a child exclusively (day and night) she may not ovulate. Therefore, she may not get pregnant</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter)</p> <p>Withdrawal method</p> <p><i>How does it work?</i> It works by the deposition of sperm into the vagina thus preventing sperm from getting into the womb</p> <p><i>Advantages/disadvantages of all natural family planning methods</i> (Refer to Chapter 4)</p>	<p>pregnant. When intercourse is avoided during this period, pregnancy is not likely to occur</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter 4)</p> <p>Lactational amenorrhoea method (LAM) When a woman breastfeeds a child exclusively (day and night) she may not ovulate. Therefore, she may not get pregnant</p> <p><i>Advantages and disadvantages</i> (Refer to Chapter)</p> <p>Withdrawal method</p> <p><i>How does it work?</i> It works by the deposition of sperm into the vagina thus preventing sperm from getting into the womb</p> <p><i>Advantages/disadvantages of all natural family planning methods</i> (Refer to Chapter 4)</p>

Step	Individual/couple	Group
Interpersonal communication (IPC) skills		
	<ul style="list-style-type: none"> • Encourage client to talk, but avoid making judgmental statements and do not complete statements for the client • Listen to your client carefully instead of thinking of what you have to say • Provide summary of what you have heard periodically • Avoid nervous behaviour, e.g. tapping the table, shaking your head and chewing gum 	<ul style="list-style-type: none"> • Encourage group members to ask questions • Avoid finding faults
Effective questioning technique		
	<ul style="list-style-type: none"> • Avoid starting a question with “why” at a time. • Wait for an answer • Do not ask client a question that can be answered with Yes or No (it does not help client to talk any further). For example, what does your wife think about family planning? 	<ul style="list-style-type: none"> • Avoid confrontational questions • Deal with confrontational or religious questions in a neutral manner

Step	Individual/couple	Group
Dealing with untrue information and rumours		
	<ul style="list-style-type: none"> • Encourage client to say more: using words that are appropriate in the client's culture. Use encouragers, e.g. "mm hm", I see, go on, etc. • If the question does not seem to be understood, repeat it in another way • Dispel myths and misconceptions 	<ul style="list-style-type: none"> • Ask audience where they heard these rumours • Discourage them from repeating the false information and rumours
How to help clients make a choice		
	<ul style="list-style-type: none"> • Find out from client why they want to know more about family planning and about any particular method • Do not try to change client's decision regarding choice of family planning method. Simply inform them about other methods • Politely explain to client that the choice is theirs. However (for IUD, hormonal and surgical contraception), physical examination should be done to ensure that the method is safe for the client 	<ul style="list-style-type: none"> • Give out referral slips to group members so that they can visit family planning clinic convenient for them

Step	Individual/couple	Group
How to help follow-up clients		
	<ul style="list-style-type: none"> • Welcome client in a friendly manner • Ask after their health and family • Ask the client how you can help • Listen to what the client has to say • Most returning clients may not have problems. However, there are some guidelines on responding to the problems returning clients may have • For all clients making a second visit after initial circle of pills or an insertion of IUD, inform them that the side effects some of them are experiencing may probably stop after the first three months • If client is unable to tolerate the side effects, help choose another method • If a client wants to stop a family planning method, encourage discussion on reasons for stopping • Politely ask what client wants to do, e.g. to use another method or not to use any method. 	<ul style="list-style-type: none"> • Not applicable

Step	Individual/couple	Group
How to help follow-up clients		
	<ul style="list-style-type: none"> • And if not, ensure that client understands that pregnancy may occur. • If they want to stop the method to have a baby, express interest • Encourage them to talk about their home situation and other children • Encourage them to come back after the birth of their baby to discuss family planning and immunization of the baby 	