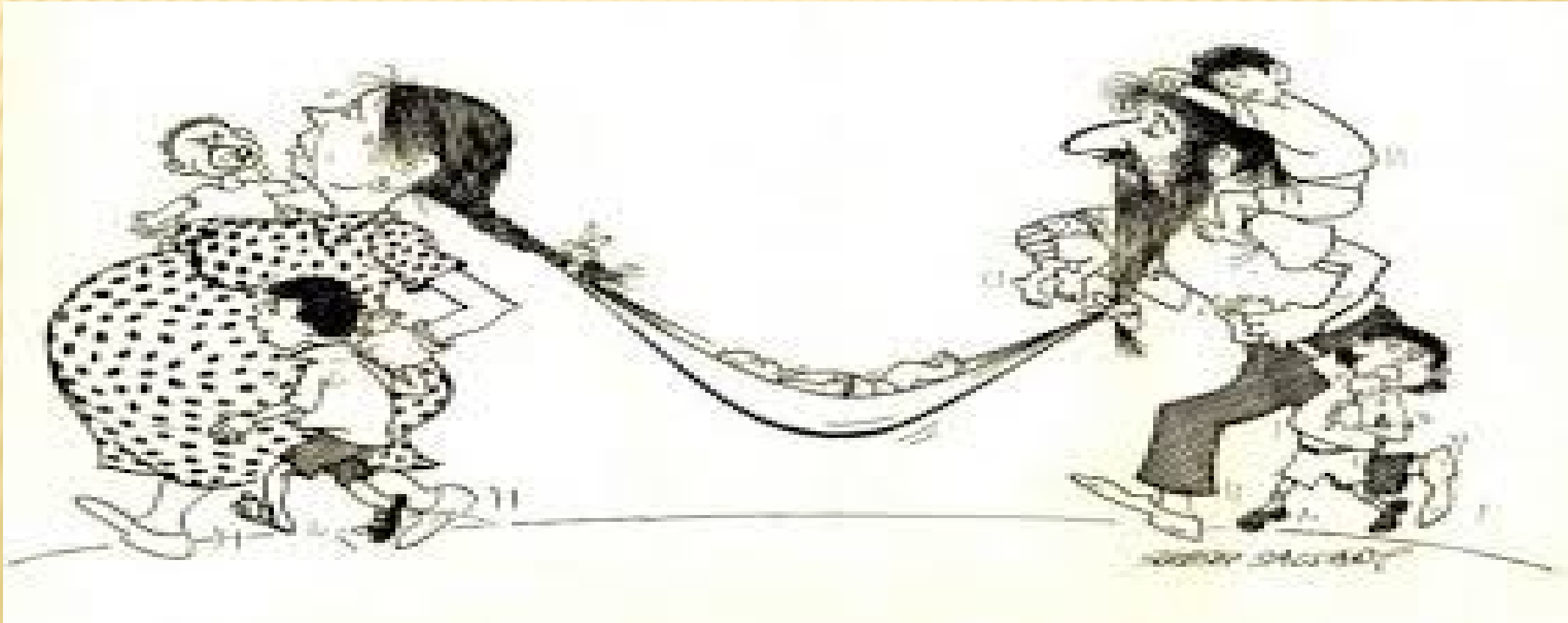
FAMILY PLANNING
BY GALCHU T



DEFINITION

- **Family planning** is defined as the use of various methods of fertility control that will help individuals or couples to have the # of children they desire & at a planned time interval in order to ascertain well being of the children, parents & community at large.

FAMILY PLANNING SERVICE CONTRIBUTES

- ***Contribute to the health of the baby***
- ***Promotes the happiness of the family***
- ***The reduction of morbidity & mortality of m & c;***
- ***Avert consequence that is high risk abortion;***
- ***Prevention of HIV/AIDS & other STDs;***
- ***Increase of house hold income; &***
- ***Promotes the conservation & efficient use of resources***

THE EVOLUTION OF FP

- FP has received growing attention beginning in the 1960s due to three things:

✓ Serious of discussion by different people implication of rapid population growth

✓ International conferences attended by country leaders

✓ Invention of two types of contraceptives (Pills and IUD) in the early 1960s

FAMILY PLANNING SERVICE IN ETHIOPIA

- Modern family planning service started in 1966 with the establishment of the Family Guidance Association of Ethiopia (FGAE), by one-room clinic run by one nurse, at the former St. Paul Hospital in Addis Ababa
- In 1980s, the Ministry of Health (MOH) integrated family planning as part of

Rationales of FP programs

RATIONALES OF FP PROGRAMS

- FP programs intervention in developing countries and **a component** of international development assistance programs for three reasons:

1. THE DEMOGRAPHIC RATIONALE

- Concern of rapid population growth on economic productivity, savings and investment, natural resources, and the environment
- It was the predominant rationale for much of the late 1960s and 1970s.

2. HEALTH RATIONALE

- During the 1980s, a different set of concerns became paramount: the public health consequences of high fertility for mothers and children.
- High rates of infant, child, and maternal mortality as well as abortion and its health consequences , were pressing health problems in many developing nations and had also become of greater concern for international development agencies

❖ The consequences of high fertility for maternal, infant, and child mortality

- ✓ Closely spaced births causes high infant & child morbidity & mortality
- ✓ FP could reduce MM by >= 30%
- ✓ Reduces the occurrence of low birth weight & infant malnutrition and mortality rates
- ➢ Birth interval of at least 3 years reduce infant mortality by up to 50%

Non contraceptive benefits

- ➢ Prevents STIs including AIDS, cancers
- ➢ Protect menstrual problems – bleeding, anemia

3. HUMAN RIGHTS RATIONALE

- Individuals and couples have a fundamental right to control reproductive decisions, including family size and the timing of births
- This rationale found its strongest articulation at the ICPD, held in Cairo, in 1994

THE GOAL OF FAMILY PLANNING

- Is to curb the rapid population growth so that it becomes **compatible with the living standard of the people.**
- Contribute to the efforts geared to create sustained efficient use of the country's resources.
- **Target groups of family planning**
- Females of fertile age groups
- Adolescent Males & above age groups

ADVANTAGES OF FP

- **For women**
  - –Avoid unwanted and high risk pregnancies
  - –Reduce morbidity and mortality
- **Children**
  - –Avoid morbidity and mortality
  - –Better feeding, Care, Clothing, Schooling
- **Family**
  - –Improves family well-being
  - –Better food, clothing, housing, living

ADVANTAGES OF FP

- **Nations**

–Better Economic development

•People's economic situation move faster in countries where women have fewer children.

–Less unproductive force

•FP reduces youth dependency ratio

–Conservation of Natural resources

•reduces the exploitation of natural resource

- **World/Earth**

–Low demands on natural resources

–Better opportunity for better life

FAMILY PLANNING METHODS

- Refers to methods or ways by which unwanted pregnancy is prevented
- Not all these methods are equally effective, safe or equally acceptable
- Therefore, individualization of contraceptive choice is important for successful prevention of pregnancy
- Two broad categories

1. Natural/ Traditional methods
2. Artificial methods/Modern Contraceptive Methods

Traditional Contraception Methods

- Abstinence
- Coitus interrupts / withdrawal

Natural Contraception Methods

- Lactational Amenorrhoea Method (LAM)
- Rhythm or calendar method
- Basal Body Temperature (BBT)
- Cervical Mucus Method (Billings)
- Sympto-thermal (BBT+ Billings)

WITHDRAWAL

- When having sex, the man has to take his penis out of the vagina before ejaculation.
- This is intended to stop sperm from entering the woman.
- This method frequently fails as drops of sperm can already escape from the penis into the vagina before the man ejaculates.
- **Effectiveness:** Failure rate can be as high as 15% (15 pregnancies per 100 women).
- More reliable methods are advised.

LACTATION AMENORRHEA (LAM)

- is a temporary family planning method based on the natural effect of breastfeeding on fertility.
- LAM requires three mandatory conditions (all of which must be met)

1. The mother's monthly bleeding has not returned.
2. The baby is fully or nearly fully breastfed and is fed often, day and night
3. The baby is less than six months old.

CALENDAR METHOD

- Some times called Rhythm method
- The method is dependent on the menstrual cycle
- The menstruation should be followed for 6 to 12 cycles
- Then record the longest and the shortest cycle
- Subtract **11** days from the longest and **18** days from the shortest cycle
- Then the woman is expected to abstain in between the results of the subtraction days

THE BASAL BODY TEMPERATURE METHOD(BBT)

- This is a method where a woman is advised to take her body temperature at the same time each morning before she gets out of bed and before she eats anything.
- Here the woman will recall the changes that occur during the fertile period of her menstrual cycle
- The body temperature will raise by 0.2-05 ^{0}C
- The lady is expected to take temperature every day
- Illness, stress, consumption of alcohol drinks affect the results
- The woman is expected to abstain from the day she noticed the temperature change to three days after the fall of the temperature

THE CERVICAL MUCUS /BILLINGS METHOD

- Some times called ovulation method
- It is based on the cervical secretion that is seen during the fertile period of the menstrual cycle
- The women feels wet
- The secretion looks the white an egg
- Which has elastic behavior
- The woman is expected to check the secretion every day

- **Benefits of these methods include:**

- inexpensive, no method related health risks, does not require any procedures and supplies, and no systemic side effects

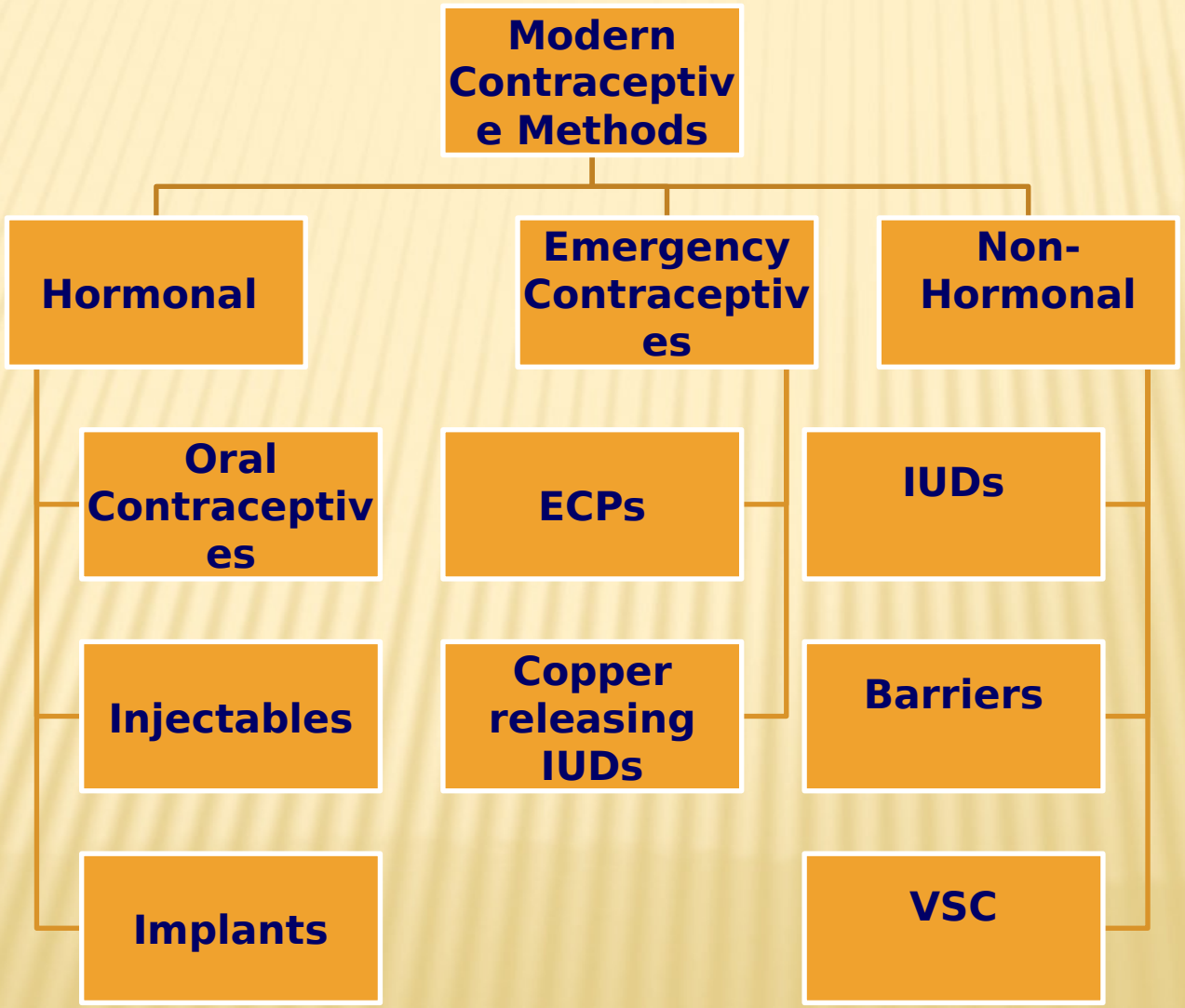
- **The limitations of the method include:**

- pregnancy rates even with consistent and correct use are as high as 9 pregnancies per 100 women for over the first year.

2. ARTIFICIAL METHODS/MODERN CONTRACEPTIVE METHODS

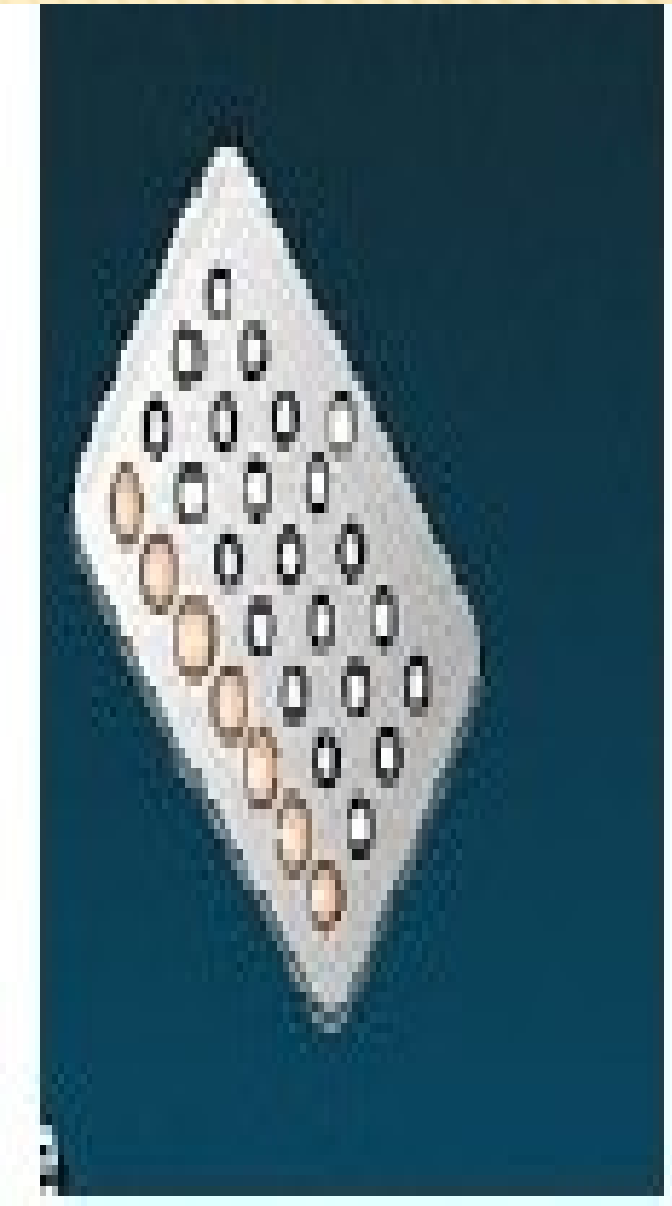
- Hormonal Methods
  - Oral contraceptives (COC, POP)
  - Injectable (DMPA, Depo- Provera)
  - Implants
- Non hormonal Methods
  - IUDs (Copper 380)
  - Barrier Methods (condom, spermicides, diaphragm)
  - VSC (vasectomy, tubal ligation)
- Emergency Contraception
  - (ECPs) – within 3 days
  - Copper releasing IUDs – up to 5 days

CLASSIFICATIONS



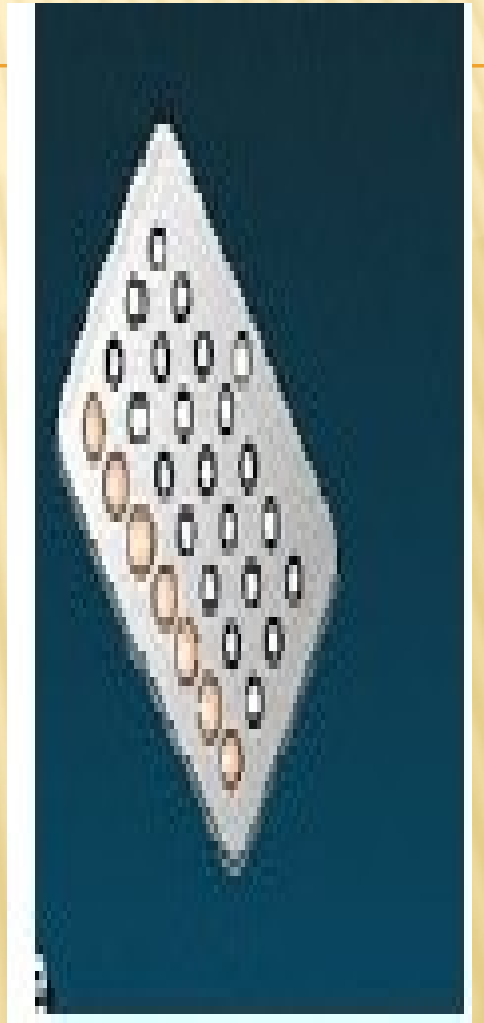
COMBINED ORAL CONTRACEPTIVES

- Introduction
  - Contain low doses of two synthetic hormones oestrogen and progesterone
  - Highly effective in preventing pregnancy
- How do they work?
  - Inhibit ovulation
  - Thicken cervical mucus
- Effectiveness
  - Typical use (as commonly use) 6-8% pregnancy rate
  - Perfect use - 0.1% pregnancy rate
- Advantages
  - Safe, effective and reversible
  - Can be used at any age



COMBINED ORAL CONTRACEPTIVES

- Potential health benefits
  - Prevent/reduce iron deficiency anemia
  - Reduce risk of Pelvic Inflammatory Disease
  - Reduced risk of uterine/ovarian cancer
- Disadvantages
  - Have to be taken daily
  - Reduces milk supply - not recommended postpartum
- Health risks
  - Equivocal evidence of increased risk of breast and cervical cancer
  - Increased risk of myocardial infarction, stroke, venous thrombosis



INJECT ABLE CONTRACEPTIVES

- Introduction
  - ✓ The most widely used progestin only injectable contraceptive, is Depot Medroxprogesterone Acetate (DMPA),Depo-Provera given every three months
- Other injectables
  - NET EN (Noristerat), Norethisterone enanthate/2months
  - *Cyclofem, cycloprovera, Mesigyna* /1 month
  - ✓ Contain estrogen and proestin
- How does it work?
  - Inhibit ovulation and thickens cervical mucus
- Effectiveness:
  - Very effective
  - Failure rates 0.3% in the first year of use

INJECT ABLE CONTRACEPTIVES

Advantages

- Effective
- Long-term and reversible
- Can be used at any age
- No effect on quality and quantity of breast milk, can be used by breast-feeding women
- No estrogen side effect
- reduced risk of endometrial/ovarian cancers
- reduced risk of pelvic inflammatory disease
- Can be delivered by paramedical



INJECTABLE CONTRACEPTIVES

- Disadvantages
  - Menstrual irregularity- common side effect
    - ✓ Light spotting or bleeding
    - ✓ Heavy bleeding
    - ✓ Amenorrhea
  - Weight gain
  - Headache, breast tenderness
  - Delayed return of fertility
  - Equivocal evidence of increased risk of breast and cervical cancer
  - Does not prevent against STDs, HIV/AIDS



CONTRACEPTIVE IMPLANTS

- Hormonal implant are thin, flexible, matchstick-size rods made of soft plastic
- The rode contains hormone progestin(similar to the natural progesterone hormone in a women's body)
- Surgically placed beneath the skin of the clients upper arm by trained provider
- They are highly effective, very safe, simple, convenient, and quickly reversible form of contraception
- Three new implants
- **Jadelle-**two rod system labeled as effective for five years
- **Implanon** – one rod system labeled as effective for three years
- **Norplant** –six rod system labeled as effective for five - seven years

NORPLANT

- Introduction
  - Long acting, low dose, progestin (called levonorgestrol), similar to a natural hormone that a woman's body makes
  - A set of six plastic capsules implanted sub-dermally in the upper arm
  - levonorgestrol hormone released very slowly from all 6 capsules.
  - Prevent pregnancy for at least 5 years
- How does it work?
  - Inhibit ovulation
  - Thickens cervical mucus, preventing sperm penetration

NORPLANT HORMONAL IMPLANTS CONT'D…

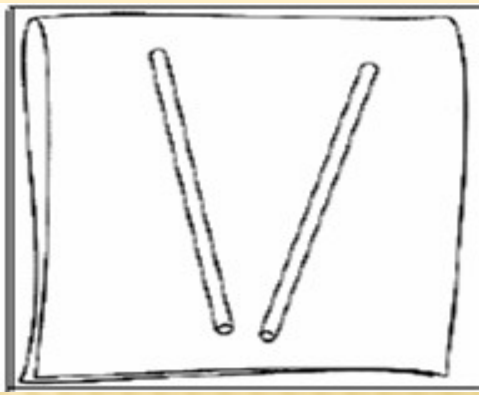
- Advantages
  - Very effective
  - Long-term prevention, reversible
  - Effective within 24 hrs of insertion
  - Immediate fertility return
  - No effect on the quantity and quality of breast milk, can be used by breastfeeding women
  - Prevents EP, endometrial Ca



NORPLANT HORMONAL IMPLANTS CONT'D…

- Disadvantages
  - Menstrual irregularity – common side effect
    - Light spotting or bleeding between period
    - Prolonged bleeding
    - Headache, dizziness, Nervousness, Nausea, Weight gain,
  - Provider controlled
    - Needs medical personnel to deliver and to remove
  - Requires surgical procedures
  - Do not protect against STDs, HIV/AIDS

JADELLE HORMONAL IMPLANTS



- A new progestin only hormonal implant composed of 2 rod
- Each Jadelle rod contains 75 mg Lenovonorgestrel (LNG) and deliveries contentious dose to the bloodstream and preventing pregnancy for five years
- Jadelle® implants are inserted sub dermally in the medial aspect of the upper arm.
- **At least two mechanisms are active in preventing pregnancy: ovulation inhibition and thickening of the cervical mucus**
- **Effectiveness 0.05 pregnancies per 100 women in the first year of life**

IMPLANON HORMONAL IMPLANTS

- A single road, hormonal contraceptive implant
- The Implanon rod provides controlled release of progestogen, etonogestrel and does not contain estrogen
- It provides effective, reliable and reversible contraception for a for three years
- **Its efficacy is mainly achieved by ovulation inhibition**
- Surgical incision before insertion is not necessary

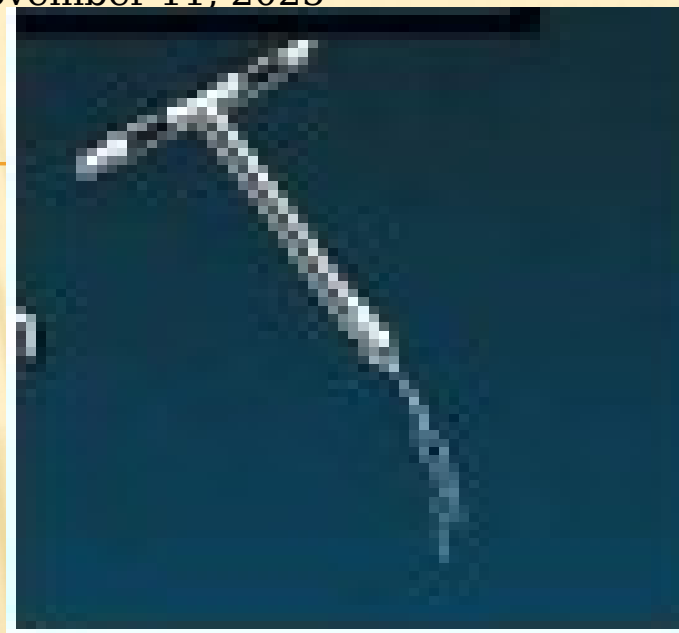
INTRAUTERINE DEVICES (IUD)



- **Introduction**
  - Reversible long-term contraceptive method
  - A small, flexible plastic frame, that has copper wire or copper sleeves on it
  - All IUDs have one or two strings or threads tied to them
- **Types**
  - Most widely used
    - Copper bearing IUDs – TCu-380A, MLCu-375 (Multiload)
  - Less widely available



INTRAUTERINE DEVICES (IUD) CONT'D…



- How do they work?
  - Interferes with the transport of ovum to uterus
  - Prevents meeting of the ovum and sperm
  - Interferes with implantation
- How effective?
  - TCu-380A IUD
    - Widely available, lasts at least 10 years
    - 0.6-0.8% failure rate in the first year

INTRAUTERINE DEVICES (IUD)

Advantages

- Long term action (TCu-380A, up to 10 yrs)
- Very effective
- Immediately reversible
- No interference with sex
- No side effects with copper bearing or inert IUDs
- No effect on amount or quality of breast milk with copper bearing or inert IUDs
- Can be inserted immediately after childbirth or after induced abortion (if no infection)
- Reduced risk of ectopic pregnancy



INTRAUTERINE DEVICES (IUD)

- **Disadvantages**
  - Requires medical procedures
  - Client can’t stop its use on their own
  - Does not protect against STDs
  - PID is likely to follow
  - Requires frequent checking
  - Loss with out woman knowing
  - Side effects and complications
  - Some pain and bleeding or spotting immediately after IUD insertion



INTRAUTERINE DEVICES (IUD)

- Side effects and health risks
  - Menstrual change (common)
    - Longer and heavier menstrual periods
    - Bleeding or spotting between periods
    - More cramps or pain during periods
  - Severe cramps and pain beyond the first 3-5 days after insertion
  - Severe bleeding - Anemia
  - Increased risk of PID/infertility,
  - Perforation of uterus

BARRIER METHODS

Barrier Methods



CONDOM

- **Introduction**
  - Most condoms are made of thin latex rubber
  - Some condoms are coated with a dry lubricant or with spermicide
  - Different sizes, shape, colors, texture



- **How does it work?**
  - Create physical barrier that prevents sperm entry into the vagina

CONDOM

- **Effectiveness**
  - Typical use: 15% failure rate on typical use
  - Perfect use: 2% failure rate
- **Advantage**
  - safe and reversible, protection against STDs including AIDS,
- **Disadvantage**
  - Require correct and consistent use
  - High failure rate



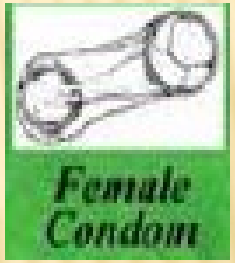
FEMALE CONDOM

- Introduced in 1992
  - A female controlled method
  - A sheath made of thin, transparent soft plastic.
  - Limited availability
  - Expensive
- Effectiveness
  - Similar to male condom
  - 21% vs 5% failure rate



FEMALE CONDOM

- Advantages
  - Controlled by the woman
  - Prevents both STD and Pregnancy
  - No medical condition limit its use
  - No apparent side effects
- Disadvantages
  - Expensive
  - Limited availability
  - Needs partner’s okay



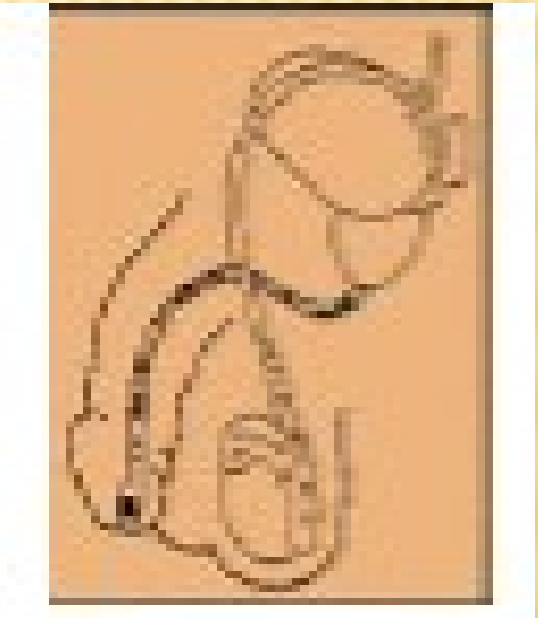
SPERMICIDES

- are sperm-killing substances inserted deep in the vagina, near the cervix shortly before sex.
- can be used as a primary or as a backup method.
- is one of the least effective contraceptive methods. About 18-29 pregnancies per 100 women are expected during the first year of use.

VOLUNTARY SURGICAL CONTRACEPTION (VSC)

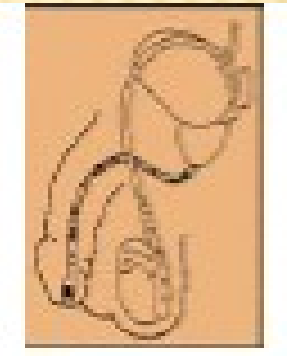
Vasectomy

- Surgical method of contraception for men who decided not having more children in the future through a small incision or puncture in the scrotum
- Provides permanent contraception
- Safe, simple and quick surgical procedure
- It is not castration, it does not affect the testes
- It does not affect sexual ability

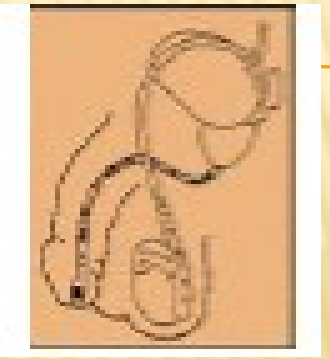


VASECTOMY

- How does it work?
  - Closure of two tubes (vas deference)
  - Interruption of passage of sperm/keeping sperm out of semen
- Effectiveness
  - Typical use: 0.15% in the first year
  - Perfect use: No failure



VASECTOMY



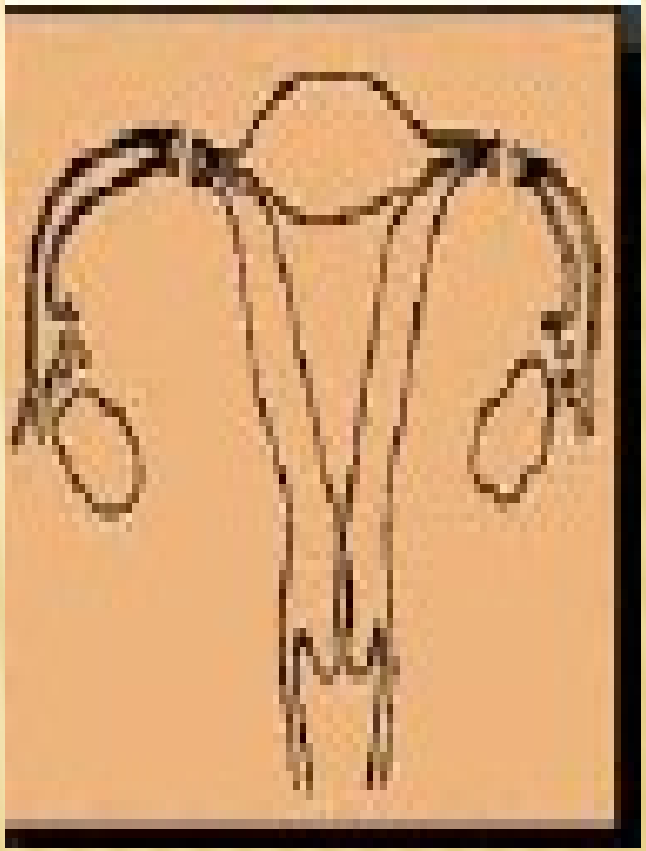
- **Advantages**
  - Very effective
  - Permanent
  - No supplies
  - No repeated visit
  - No apparent long term risks
- **Disadvantages**
  - Requires procedures, trained person
  - Minor-short term surgical complications
  - Not immediately effective
  - Reversal surgery is difficult, expensive
  - No protection Against STDs

DO NOT CONSIDER VASECTOMY

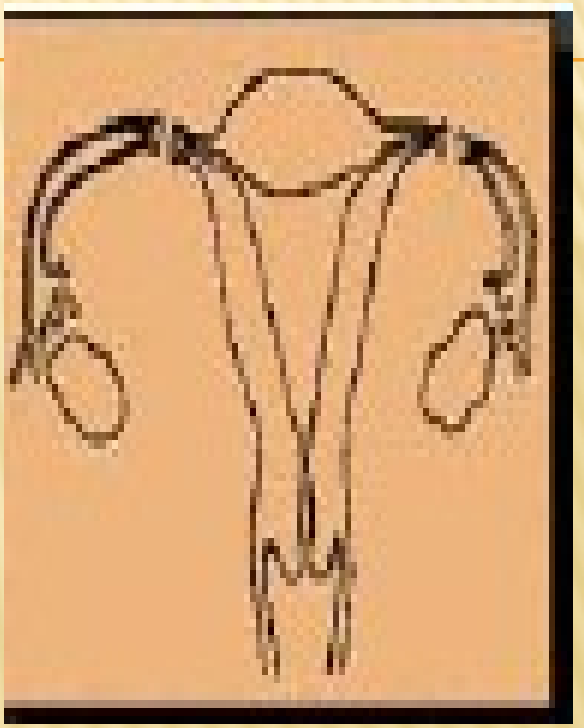
- If clients has sexual problem
- Short-term mental and physical illness
- Financial worries- not good for temporary problems
- Clients has not considers possible changes in his life like divorce, remarriage, death of children
- Clients has not discussed it fully with his partner

FEMALE STERILIZATION

- Provides permanent contraception for women
- Safe and simple surgical procedure
- Usually done by local anesthesia and little sedation
- Cut or tying the fallopian tubes
- Requires proper infection prevention procedures



FEMALE STERILIZATION



- How does it work?
  - Fallopian tubes are cut or blocked
  - Ovum unable to meet with the sperm
- Effectiveness
  - Very effective, 0.5% pregnancy in the first year
  - Within 10 years after the procedure, 1.8% pregnancies
  - Depends partly on how well the tubes blocked

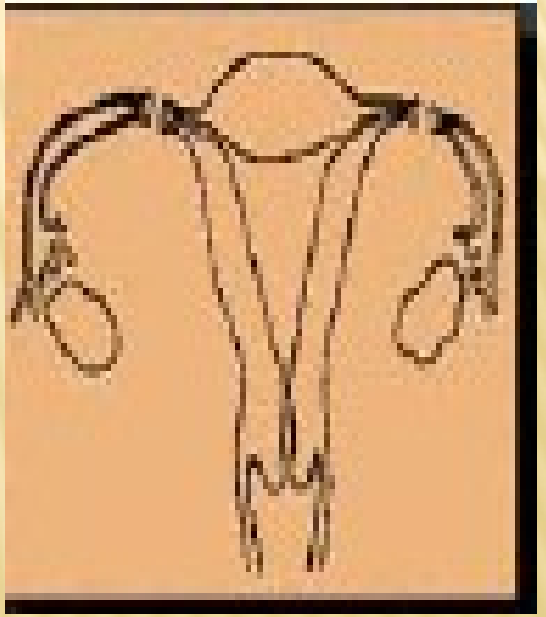
FEMALE STERILIZATION

- **Postpartum tubal ligation**
  - Most effective female sterilization
  - 0.05% pregnancy in the first year
  - Within 10 years, 0.75% pregnancies
- **Advantages**
  - Immediately effective
  - Permanent
  - No interference with sex
  - No effect on breast milk
  - No known long-term side effects or health risks

FEMALE STERILIZATION

- **Disadvantages**
  - Complications of surgery
    - Pain, Bleeding, infection, injury to other organs, anesthesia risks – allergy, overdose
  - Ectopic pregnancy (rare)
  - Requires procedures, trained person
  - Reversal surgery is difficult, expensive
  - No protection against STDs including HIV/AIDS

FEMALE STERILIZATION



- When can a woman undergo FS?
  - Almost any time, if
    - She decides that she will never want any more children
    - She is not pregnant
- Usually - any time
  - Immediately after childbirth or within 7 days
  - 6 weeks or more after childbirth
  - Immediately after abortion (within 48 hrs)
  - But not between 7 days and 6 weeks post partum

EMERGENCY CONTRACEPTION(EC)

- Used as an emergency procedure to prevent unintended pregnancy following unprotected sexual intercourse or contraceptive accident
- Should not be used as a regular family planning methods but should be used an emergency backup
- Two type of ECs

❖Hormonal methods which use of ECPs up to three days and

❖Post-coital insertion of IUD up to 5 days

MECHANISM OF ACTION ECPS

- Inhibition or delay of ovulation – work primarily by preventing or delaying the release of egg from ovaries(ovulation)
- Thickening of cervical mucus
- Direct inhibition of fertilization
- Alteration of endometrium leading to impaired endometrium receptivity to

- **Two hormonal preparation of ECPs are**

1. One contain only progestin levonorgestrel
2. Combined preparation containing both ethynyl estradol and levonorgestrel

- **Progesterone only pills (POPs)**

- ✓ when the pills containing only 0.75mg levonorgestrel are available, one pills should be taken as the first dose as soon as convenient but not later than 3 days after unprotected sexual intercourse to be followed by other one pills 12 hours later
- ✓ When pills containing 1.5 mg levonorgestrel available- one pills should be taken within 3 days
- ✓ When pills containing 0.03mg levonorgestrel available 20 pills should bet taken as the first dose followed by another 20 pills 12 hours later

- **Emergency contraceptive pills** (ECPs) containing ethinyl estradol and levonorgestrel –yuzpe's regimen – within 3 days
  - ✓ The following hormonal methods can be used for emergency contraception
  - ➢ 4 low dose tablets of COC followed by another dose 12 hours later, if 30 mcg ethinyl estradol and 0.15 mg levonorgestrel are available
  - The second 4 pills should followed 12 hours later
  - ➢ 2 "standard dose" COC followed by another equal dose 12 hours later, if 50 mcg ethinyl estradol and 0.25 mg

COUNSELING ABOUT FP

By Galchu T November 11, 2025

- **Counseling** is a face-to-face, **personal communication in which one person helps another to make decisions** and then support the person to act on them.
- Through counseling providers help clients
  - ✓ Make their own choices
  - ✓ Counseling helps clients to understand how to use
  - ✓ helps users to use correctly and consistently
  - ✓ To be more satisfied
  - ✓ To use FP more longer & successfully

COUNSELING ABOUT FP

- Good counseling never takes too much time
- **Mutual trust between client and provider**
- The **client and** service **provider give and receive relevant, accurate, & complete information**

TYPES OF FAMILY PLANNING COUNSELING

- *General Counseling*
  - Usually takes place on **first family planning visit**
  - Needs of clients discussed
  - Client concerns addressed
  - General information about methods/options given
  - Questions answered
  - Misconceptions/myths discussed
  - Decision-making and **method choice begins**

TYPES OF FAMILY PLANNING COUNSELING CONT…..

- *Method-specific Counseling*

  Decision-making and **method choice made**

  - More information on method choice given
  - Screening process and procedures explained
  - Instructions about how and when to use method given
  - What to do if there are problems discussed
  - When to return for follow-up discussed
  - *Return/Follow up counseling is arranged*

FREE AND INFORMED CHOICE.

- Means that men and women are making free and informed choices about their fertility.
- The three words *free, informed and choice* are the goal of family planning.
- ***Free*** **–** Refers to decision made without coercion, constraints, or other forms of pressure.

FREE AND INFORMED CHOICE CONT.

- ***Informed Choice*** – Requires full information about the nature, risks, and benefits of the available family planning options.
- **Choice –** means that the client can decide whether or not to use contraception, and can choose among different methods..

PRINCIPLES OF COUNSELING

1. Treat each client well
   - ✓ Be polite
   - ✓ Respect every client
   - ✓ Create a feeling of trust
   - ✓ Be open to sensitive matters
2. Interact
   - ✓ The provider should listen
   - ✓ Understands the clients
     - ✓ desire
     - ✓ Situation
   - ✓ Encourage the client to talk & ask

3. Tailor information to the client

- ✓ Listen & give what information the client needs in language that the client understands

4. Avoid too much information

- ✓ Give information to make informed choices
- ✓ Too much information hard to remember
- ✓ The provider will spent much time & little time will be left for the client's question, concerns & opinions
- ✓ Delivering too much information is called "information overload"

- **5.Provide the method client wants**
- Help the client to make informed choice
- Respect the clients choices
- Start counseling from what the clients know before
- Check the client understands the method
  - How it is used?
  - The advantages & disadvantages
- Correct any mistaken ideas gently
- Make client to consider other choices & compare them
- If there is no medical reason against it, clients should have the method what they want
- This makes them to use the method more longer

6.Help the clients understand & remember

- Show sample FP materials
- Show how they are used
- Explain flip charts pamphlets or posters
- Check the clients understanding
- Give printed materials

TOPICS TO BE COVERED ON FP COUNSELING

1. **Effectiveness of the method**

- Because it is an important point for clients to make their choice
- *Tell them the effectiveness is also depends on the user*

2. **Advantages & disadvantages**

- Tell the clients about the advantages & the disadvantages of the method what they choose

3. **Side effects & complications**

✓ Clients need to know the side effects of the method before they choose & start to use

✓ Clients who know the side effects of the method

4. HOW TO USE

- Demonstrate how to use the method
- Cover instructions what clients can do to remember eg .a pill

5. STD prevention

- FP clients should know to use condoms if they might get STD even if they are using another method
- Explain the ABC of safe behavior

6. WHEN TO RETURN

- If the client wants the supply
- If the client wants other information
- If the client wants to change the method
- If the client has seen the side effects or other signs or symptoms
- The client should be welcome at any time she comes

COUNSELING STEPS IN FAMILY PLANNING

THE REDI FRAMEWORK

R = Rapport Building

E = Exploration

D = Decision Making

I = Implementing the decision

STEP 1: RAPPORT BUILDING

1. Greet client with respect
2. Make introductions Identify category of the client—i.e., new, satisfied return, or dissatisfied return
3. Assure confidentiality and privacy
4. Explain the need to discuss sensitive and personal issues

STEP 2: EXPLORATION

Explore in depth the client's reason for the visit

FOR NEW CLIENTS:

1. Explore client's past experience, current situation, and future RH-related plans
   a) Explore client's reproductive history and goals,
   b) Explore client's social context, circumstances, and relationships
   c) Explore issues related to sexuality
   d) Explore client's history of STIs, including HIV
   e) Explain STI risk and dual protection, and help the client perceive his or her risk for contracting & transmitting STIs

STEP 2: EXPLORATION

FOR NEW CLIENTS…

2. Focus your discussion on the method(s) of interest to client
   - Discuss the client's preferred method, if any, or
   - Relevant FP options if no method is preferred,
   - Give information as needed, and correct misconceptions
3. Rule out pregnancy and explore factors related to monthly bleeding, any recent pregnancy and medical conditions

STEP 2: EXPLORATION

FOR RETURNING CLIENTS:

1. Explore the client's knowledge and satisfaction with the current method used
2. Confirm correct method use
3. Ask the client about changes in his or her life

Such as

Plans about having children,

STI risk and status, and so on

STEP 2: EXPLORATION

FOR RETURN CLIENTS…

Dissatisfied clients

Explore the reasons for the client’s dissatisfaction or the problem

Including

- Causes of dissatisfaction and
- Possible solutions such as
  - Reassurance
  - Treatment of side effects,
  - Switching methods as well as other options

STEP 3: DECISION MAKING

1. Identify the decisions the client needs to confirm or make
2. Explore relevant options for each decision
3. Help the client weigh the benefits, disadvantages, and consequences of each option. Provide information to fill any remaining knowledge gaps
4. Encourage the client to make his or her own decision

STEP 4: IMPLEMENTING THE DECISION

1. Assist the client in making a concrete and specific plan for carrying out the decisions, obtaining and using the FP method chosen, risk reduction for STIs, dual protection, and so on
2. Have the client develop skills to use his or her chosen method and condoms
3. Identify barriers that the client might face in implementing his or her decision
4. Develop strategies to overcome the barriers
5. Make a plan for follow-up and/or provide referrals as needed

GATHER APPROACH…

- **G**- Greet the clients when they come in.
- **A**- Ask clients about themselves and their needs including RH history.
- **T**- Tell clients about all available methods.
- **H**- Help clients to choose methods by themselves.
- **E**- Explain how to use the chosen method, initiate to ask.
- **R**- Return for follow up, explain when and why.

CONSEQUENCES OF POOR COUNSELLING

Effect	Outcome
Incorrect method use	Unplanned pregnancy
Not counseled for side effects	Dissatisfaction Discontinuation
Failure to recognize serious warning signs	Health risks
Does not suit Dissatisfaction with method	Drop out Poor word-of-mouth Low utilization

By Galchu T November 11, 2025

REASONS FOR NOT USING CONTRACEPTIVES

Major Reasons in Ethiopia (EDHS)

- Fertility-related reasons (40 %) mainly desire for more children
- Opposition to use (23.6 %)
- Lack of knowledge (11.2%),
- Method-related reasons (13.6%)

FACTORS AFFECTING THE USE OF FAMILY PLANNING SERVICE

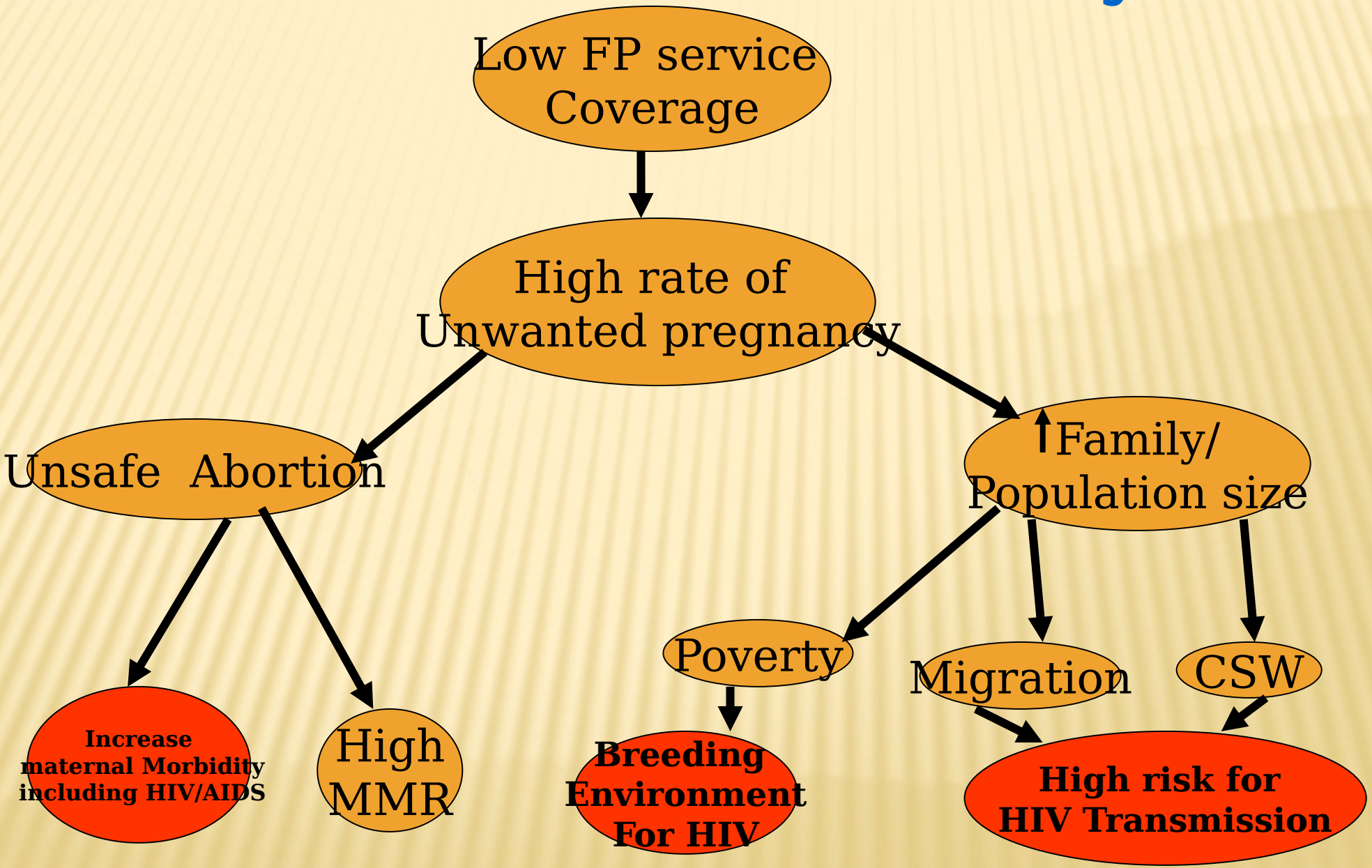
- Religion
- Proudness with the number of children they have
- Lack of information
- Lack of near by services
- Poor reporting on the demand and supply of the services
- Poor networking system among regional and district level
- Poor coordination among private and public stakeholders

MALE INVOLVEMENT IN FAMILY PLANNING

Male involvement in FP means:

- Encouraging men to become more involved and supportive of women's needs, choices, and rights in sexual and reproductive health; and
- Addressing men's own sexual and reproductive health needs and behavior

Effect of a low FP service coverage



SUCCESSFUL PROGRAMS OF FAMILY PLANNING

- Make services accessible.
- Make services affordable.
- Offer client-centered care.
- Rely on evidence-based technical guidance

  –Up-to date service delivery guidelines, tools, and job aids can help translate research findings in to better practice
- Communicate effectively

Assure contraceptive security

- ✓ Ensure that a variety of methods, and the supplies and equipment to provide them, are always available.
- Work for supportive policies.
- ✓ Showing how family planning contributes to development goals makes the case for continued support for family planning programs.

CONT…

- Build a high performing staff.
- ✓ Programs can keep workers motivated and on the job by creating a good working environment, matching skills with tasks, and rewarding a job well done
- Integrate services appropriately
- ✓ Programs can address a wide range of health needs by integrating services where appropriate and offering referrals where it is not.

Family Planning Delivery Strategies

- Service delivery strategies need to be tailored to reach populations in different locations- urban areas, rural towns, villages, and remote areas.
- The most common service delivery sites include:
  - Clinics - based services,
  - community-based distribution programs (CBD),
  - commercial retail sales,
  - workplace programs,
  - postpartum programs, and
  - Private physician

1. CLINIC-BASED SERVICES

- A clinic-based approach is reasonable in areas where clients do not live far from the clinic. Clinics often have the advantage of being able to provide methods that are more medically complex, such as IUDs, implants, injectable and sterilization.
- In urban areas and rural towns, FP is most often provided by clinics that integrate it with other health services for women and children or offer it only on certain days of the week.

2. COMMUNITY-BASED DISTRIBUTION

- In areas that do not have clinics nearby, family planning services may be made available through CBD programs.
- In this approach, CBD workers, usually village women, are trained to educate their neighbors about family planning and to distribute certain contraceptives.
- In some programs, CBD workers also provide some primary health care services.

CBD …

- In some programs, the workers receive some kind of payment; in others they are strictly volunteers.
- A midwife, family planning nurse, program coordinator, or other staff member is usually responsible for supervising the CBD workers' activities and managing any problems that occur.
- FP administrators may find that CBD services are most effective when a program is fairly new and people are not familiar with contraceptives.

CBD…

- Adding CBD services to existing clinic services has been shown to make family planning more acceptable to a community and to increase a program’s impact. In Ethiopia, CBD workers provide FP to 1.7 % of current users from the public sector and 1.4 % of the private sector

CBD…

- **Setting up community-based FP programs**
  - Selection of CBD workers
  - Training (initial/in-service)
  - Supervision
  - Integrating into a functional referral system
  - Incentives to CBD workers

By Galchu T November 11, 2025

አነስተኛና ደስተኛ ቤተሰብ!!!

