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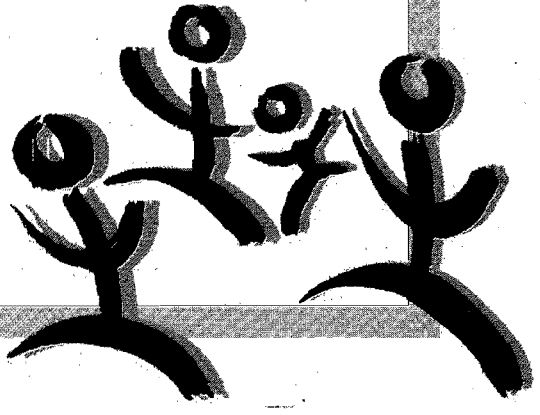
WHO

COMMUNICATING FAMILY PLANNING IN REPRODUCTIVE HEALTH

Key Messages for Communicators



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Preface

Family planning benefits the health and well-being of women, children, families, and communities and is a key component of sexual and reproductive health services. It is essential that women and men have access to family planning information and services that enable them to choose freely the number and spacing of their children. Communicating the benefits of family planning to individuals, communities, and policy makers is the first step in making services more accessible.

Family Planning in Reproductive Health synthesizes the lessons learned from years of research and experience of family planning programmes around the world. These key messages and the information that supports them can be used to help stimulate discussion and develop effective communication strategies that can:

- *Increase awareness* that family planning saves the lives of women and children and brings many benefits to the community.
- *Enhance the ability* of couples and individuals to exercise their basic right to decide freely and responsibly the number and spacing of their children.
- *Encourage action* to improve the quality and accessibility of family planning services.
- *Change attitudes or beliefs* about the safety of contraceptives and about the advantages of proper birth spacing.

- *Change behaviour* and prevent major reproductive health problems such as STDs, unwanted pregnancy, and high-risk pregnancy.

The information in this book is intended for communicators, healthcare providers and others who can help promote the message that family planning is safe and has many benefits. Family planning and social service professionals and organizations, government workers, private sector employees, the media, religious and community leaders, and concerned individuals all can use the information presented here to increase awareness of the need for family planning services and advocate for improvement and expansion of services. Existing knowledge of the benefits of family planning can be put to use immediately and can help save and improve lives — particularly those of women and children.

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Acknowledgements

This document has been produced by staff of the Reproductive Health Division (RHT) of the World Health Organization. It was developed on the basis of recommendations emerging from various WHO interregional meetings held since 1994 in which Family Planning policy makers and programme managers from governmental and non governmental programmes participated. These advisers commissioned WHO to draw upon the format of publications such as the joint UNICEF/UNFPA/UNDP/WHO booklet entitled Facts for Life, to develop an information and advocacy tool that could be used by a variety of national and non governmental organizations (NGOs), to mobilize and sensitize policy makers, service providers and the public at large on the role of Family Planning in Reproductive Health and the health impact of Family Planning.

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Introduction

Family planning saves lives

Family planning saves women's and children's lives and improves the quality of life for all (Population Reference Bureau, 1991). It is one of the most effective investments for helping to ensure the health and well-being of women, children, and communities, and is a key component of quality reproductive health services (see box next page).

Contraceptive use saves women's lives and improves their health by allowing women to avoid unwanted and poorly timed pregnancies. Contraceptive use saves children's lives by allowing parents to delay and adequately space births — when births come too early or less than two years apart, the health of infants and their siblings is endangered. Contraceptive use also helps to empower women by allowing them to decide the number and spacing of their children; this, in turn, provides them increased opportunities for participation in educational, economic, and social activities. At the same time, measures to improve women's status, coupled with access to family planning and other key reproductive health services, are likely to result in the most rapid improvements in health and well being.

In addition to saving lives, family planning reduces fertility and can help to relieve the pressures that rapidly growing populations place on economic, social, and natural resources. Rapid population growth impedes economic growth and makes it more difficult to achieve improvements in education, health, and environmental quality.

Many lack access to services

Despite these many benefits, the full range of family planning methods remains unavailable to at least 350 million couples worldwide, many of whom want to space or prevent further pregnancies. Survey data suggest that approximately 120 million additional married women worldwide would be currently using a modern family planning method if more accurate information and affordable, quality contraceptive services were easily available, and if husbands and partners, family members, and the community were supportive.

Photo: WHO/MCH

Special groups that have inadequate access to family planning information and services include: adolescents (many of whom are unprepared for sexual activity, parenthood, and family life); the unmarried; men; women postponing their first pregnancies; displaced populations; people with disabilities; and the poor, especially the rural poor who are isolated from effective health care by distance, cost of transportation, and inadequate knowledge of the options available. Most family planning programmes focus primarily on married women with children. If good reproductive health is to become more universally attainable, new models must be developed to reach under-served groups. Family planning associations, women's groups, and relevant non-governmental organizations can all play a major role in reaching these groups (WHO, 1995a).

Expanding services can improve health

Significant improvements in women's and children's health and reductions in fertility can still be attained by expanding family planning programmes (and/or adding family planning to other health and development programmes) and improving contraceptive choice. Many couples who wish to space or limit births are not using any method. If all women who actually said they wanted no more children were able to control their fertility, births would be reduced by about 35 percent in Latin America, 33 percent in Asia, and 17 percent in Africa. The maternal death rate also would fall by at least these proportions (Royston and Armstrong, 1989) and the population size of the developing world in 2100 would be reduced by an estimated 2.2 billion below the current projection.

Experience from around the world indicates that high-quality, client-centred family planning programmes can successfully improve health and reduce fertility. A high priority should be placed on ensuring that clients have an informed choice of contraceptive methods and are treated with respect (Bruce, 1990). It also is important to obtain the support of individuals, policy makers, community and religious leaders, and the media, among other groups, for family planning activities.

Reproductive Health

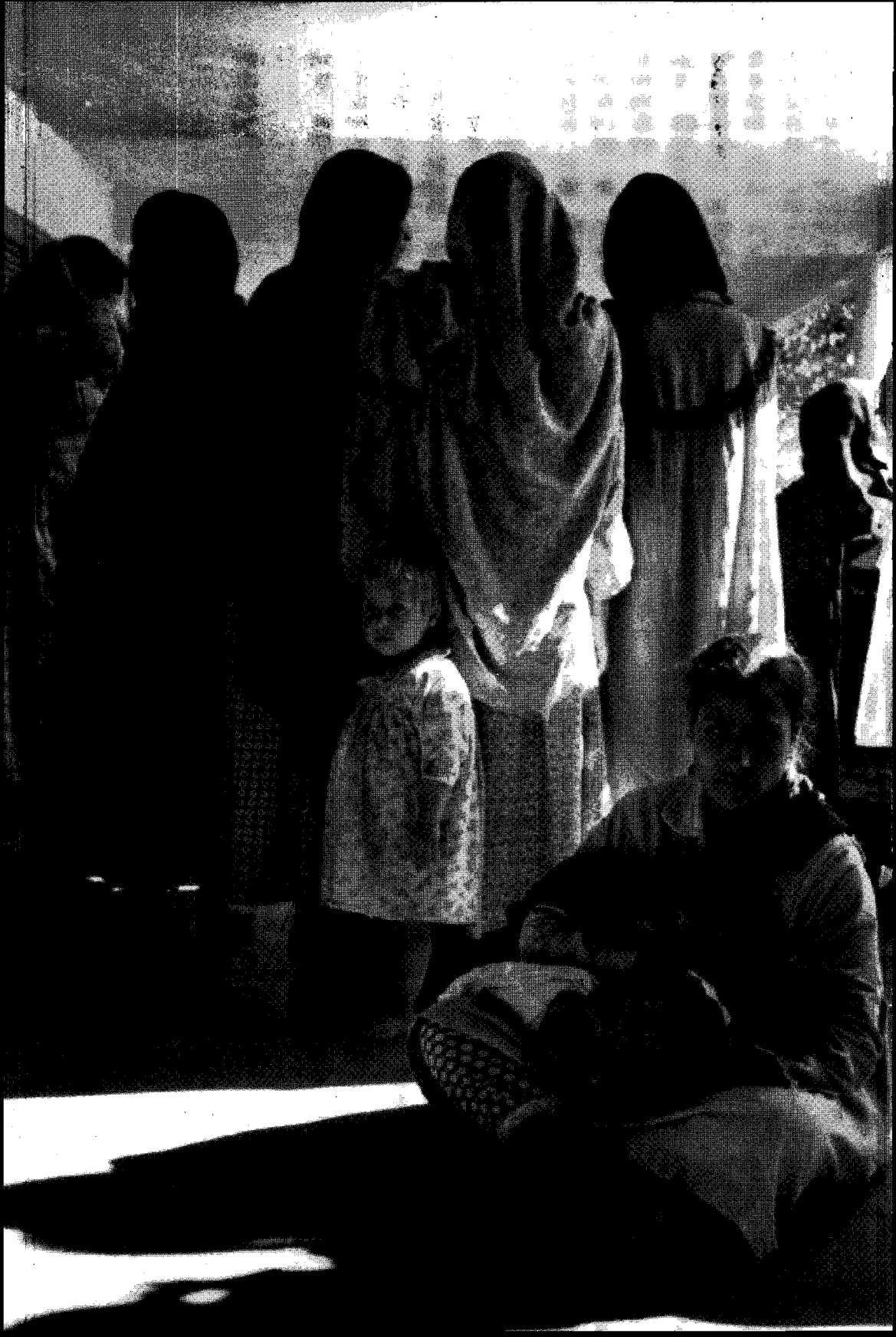
The Programme of Action of the 1994 International Conference on Population and Development (ICPD) emphasized the importance of reproductive health to women's overall well-being and called for programmes to increase the availability and quality of reproductive health services. The ICPD defined reproductive health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

Reproductive health has three main priority areas (WHO, 1995a):

1. Family planning
2. Prevention of maternal and newborn deaths and disabilities
3. Prevention and management of sexually transmitted disease (STD) and Acquired Immunodeficiency Syndrome (AIDS)

Expanding access to services in these three areas is one of the most cost-effective ways to improve reproductive health. Other dimensions of reproductive health to consider addressing through reproductive health programmes include harmful traditional practices, such as female genital mutilation, rape, domestic violence, forced prostitution and human trafficking, infertility, malnutrition and anaemia, osteoporosis, uterine prolapse, and reproductive tract infections and cancers.

For many of the world's people, reproductive health remains poor because of factors such as inadequate levels of knowledge about human sexuality; inappropriate, poor-quality, or inaccessible reproductive health information and services; high prevalence of risky sexual behaviour; and the limited choices many women and girls have in their lives. Adolescents are particularly vulnerable to reproductive ill health because they lack information and access to relevant services. Older women and men also have specific reproductive and sexual health concerns that often are inadequately addressed.



Communicating Family Planning in Reproductive Health

Communicating Family Planning in Reproductive Health synthesizes the lessons learned from years of research and experience of family planning programmes around the world. These prime messages and the information that supports them can be used by information, education, and communication (IEC) specialists and other communicators to help stimulate discussion and develop effective communication strategies. IEC activities can then be used to:

- Increase awareness that family planning saves the lives of women and children and brings many benefits to the community.
- Enhance the ability of couples and individuals to exercise their basic right to decide freely and responsibly the number and spacing of their children.
- Encourage action to improve the quality and accessibility of family planning services.
- Change attitudes or beliefs about the safety of contraceptives and about the advantages of proper birth spacing.
- Change behaviour and prevent major reproductive health problems such as STDs, unwanted pregnancy, and at-risk pregnancy ("too young," "too old," "too close," "too many").

Communicating family planning messages can be challenging, however. Family planning deals with highly personal aspects of life in which social and cultural barriers exist that inhibit open discussion of the topic. Open discussion of sensitive subjects such as sexual relations often is difficult between women and men or even providers and clients. Communication about family planning also may be difficult because some key information is complex and technical or may change as new research findings are released.

Moreover, communication is not simply a matter of transmitting information and assuming it will be understood and acted upon. Effective

Photo: WHO. Photo by M. Jacot

health communication involves the transformation of health knowledge into messages that can be readily understood, accepted, and put into practice by the intended audience. Often this means using health messages expressed in terms of people's traditional beliefs and value systems rather than in technical terms. It also involves taking into account the social, political, economic, religious, and environmental factors that influence people's behaviour. What is appropriate for one audience may not be appropriate for another. For example, some audiences may not understand oral contraceptive instructions that use a picture of a calendar to illustrate when to take pills; pictures of the sun and moon may be more easily understood.

Who Can Use *Communicating Family Planning in Reproductive Health*

The information in this book is intended for specialists and others who can help promote the message that family planning is safe and has many benefits, including saving and improving the lives of women and children. *Communicating Family Planning in Reproductive Health* is intended as a prototype document that can be adapted to different settings. Specific messages and the appropriate and available channels for communicating the messages will be influenced by such characteristics of the intended audience as gender, marital status, age, educational level, languages, culture, and religion. Audiences for the information include health professionals, decision makers (at the government, programme, or clinic level), family planning counsellors, potential users, religious leaders, and other influential community or family members.

While promoting family planning is an integral component of health and family planning services, effective IEC efforts should utilize a broad alliance of communicators to deliver family planning information. In addition to health workers, the following groups can help disseminate information: research scientists; journalists, broadcasters, and other media professionals; teachers, educators, and students; trade union leaders and employers; religious and community leaders; artists, entertainers and sports personalities; publishers and advertising experts; leaders of women's and youth organizations; development and social workers; officials of all branches of national and local government; and political leaders.

How to use *Communicating Family Planning in Reproductive Health*

To effectively communicate *Family Planning in Reproductive Health*, the best approach is a carefully programmed, ongoing set of activities involving a broad cross-section of society, not short-term promotional events. Communicators should rely on a participatory approach to identify local needs and priorities and to plan, develop, implement, and evaluate effective strategies for disseminating the information provided in *Family Planning in Reproductive Health.* In many countries, the following steps have been found to be useful in communicating new health knowledge and skills (adapted from *All for Health: A Resource Book for Facts for Life* [UNICEF, 1989]).

1. Define clearly what specific health behaviours you are trying to promote. For example - delaying pregnancy until at least age 18, using condoms for the prevention of STDs, or involving men in family planning.

2. Decide exactly who in the population you are trying to influence. While the main target audience for family planning messages may be women of reproductive age, consideration should also be given to other groups whose knowledge, values, and attitudes may have a strong influence on a woman's beliefs and actions. These secondary target audiences may include husbands, partners, parents, grandparents, religious and community leaders, school teachers, traditional birth attendants, and local government officials.

3. Ask whether the new behaviour requires new skills. For example, the following actions may need to be learned: proper use of condoms for disease protection, communication skills between partners, or decision-making skills for adolescents.

4. Learn about the present health knowledge, beliefs, and behaviours of the target audience. Knowing your audience will help in design of appropriate family planning messages, selection of the most suitable communication channels and media, and identification of existing and potential barriers to communicating family planning concepts and actions. It also will serve as a useful baseline for the evaluation of the programme at a later stage.

5. Inquire whether the health behaviour you are trying to promote has already been introduced into the community. If so, find out who introduced it, how people responded to it, the attitudes people have toward it now, and why it is not practiced more widely.

6. Investigate the target audience's present sources of information about family planning and reproductive health. This will help identify the target audience's most credible health information sources and level of access to various mass media and interpersonal communication channels. It also will draw attention to potential communication conflicts — such as misleading advertising or incorrect health advice provided by influential people, including community leaders, traditional healers, and even trained health workers.

7. Select communication channels and media that are most capable of reaching and influencing the target groups (see box). Effective IEC strategies use a combination of channels so that target audiences receive consistent, mutually reinforcing messages.

8. Design health messages that are easily understandable, culturally and socially appropriate, practical, brief, relevant, technically correct, and in local languages.

9. Develop, test, and revise your educational materials before producing and disseminating them widely. This will result in more effective communication and save considerable time and money. Present your materials (posters, videos, leaflets, flash cards, songs, dramas, etc.) to a sample of your target audience and ask them for their opinions. Do they understand the health messages you are trying to communicate? Do they like the materials and format you have used? Are the symbols/language/ stories/music socially and culturally acceptable? Revise your materials accordingly before mass production and distribution.

10. Synchronize your educational programme with other health and development services. For example, a sexuality education programme that encourages the use of condoms for disease protection should ensure that there is already an adequate supply of quality condoms available through family planning clinics and primary health care services and that they are provided to all target audiences.

11. Evaluate the impact of your programme. Using baseline data (step 4) for comparison, check the extent to which the target audience understands the messages and is carrying out the new health behaviour. Investigate why some members of the audience do not accept the messages and/or are not acting on them. For example, a message to limit the number of pregnancies may conflict with the traditional practice of marrying early, bearing a son, and gaining status based on family size. Investigate who in the community are the opinion leaders in family planning and target this group with appropriate messages.

12. Repeat and adjust the messages at regular intervals. Experience in many countries has shown that it is only through frequent, varied repetition of carefully designed health messages through many channels and over a number of years, that new health knowledge is fully accepted and acted upon. People can easily revert to previous behaviour if new health actions are not reinforced. The messages may also need to be adjusted as people's health knowledge and behaviour change over time.

Other Resources

Academy for Educational Development. *A Tool Box for Building Health Communication Capacity*. Washington, D.C. (1995).

Cohen S. *Developing IEC Strategies for Population Programmes*. New York: UNFPA (1993).

Zimmerman, M. et al. *Developing Health and Family Planning Print Materials for Low-Literate Audiences: A Guide*. Seattle, Washington, U.S.A.: PATH (1989).

Communication Channels for Family Planning

The most appropriate communication channel for a particular message will depend on the content of the message and the characteristics of the target audience (see below). Regardless of what mechanism is used to deliver them, messages should be culturally appropriate and client-centered for maximum effectiveness.

INTERPERSONAL CHANNELS: Counselling; outreach activities; advocacy; and information provided by health professionals and social services workers, religious and community leaders, traditional health practitioners, women's and youth organizations, community councils and organizations, school programmes and groups, trade union and labour group leaders, government services, non-governmental and voluntary organizations, and business leaders.

MASS MEDIA: radio, films/movies, television, newspapers, magazines.

SMALL MEDIA: posters, cassettes, leaflets, brochures, slide sets, videos, flip charts, flash cards, t-shirts, badges, etc.

TRADITIONAL MEDIA: traditional folk arts, story tellers, puppet shows, plays, theatre, role plays, music, dance performances, comedy, magic, festivals, etc.

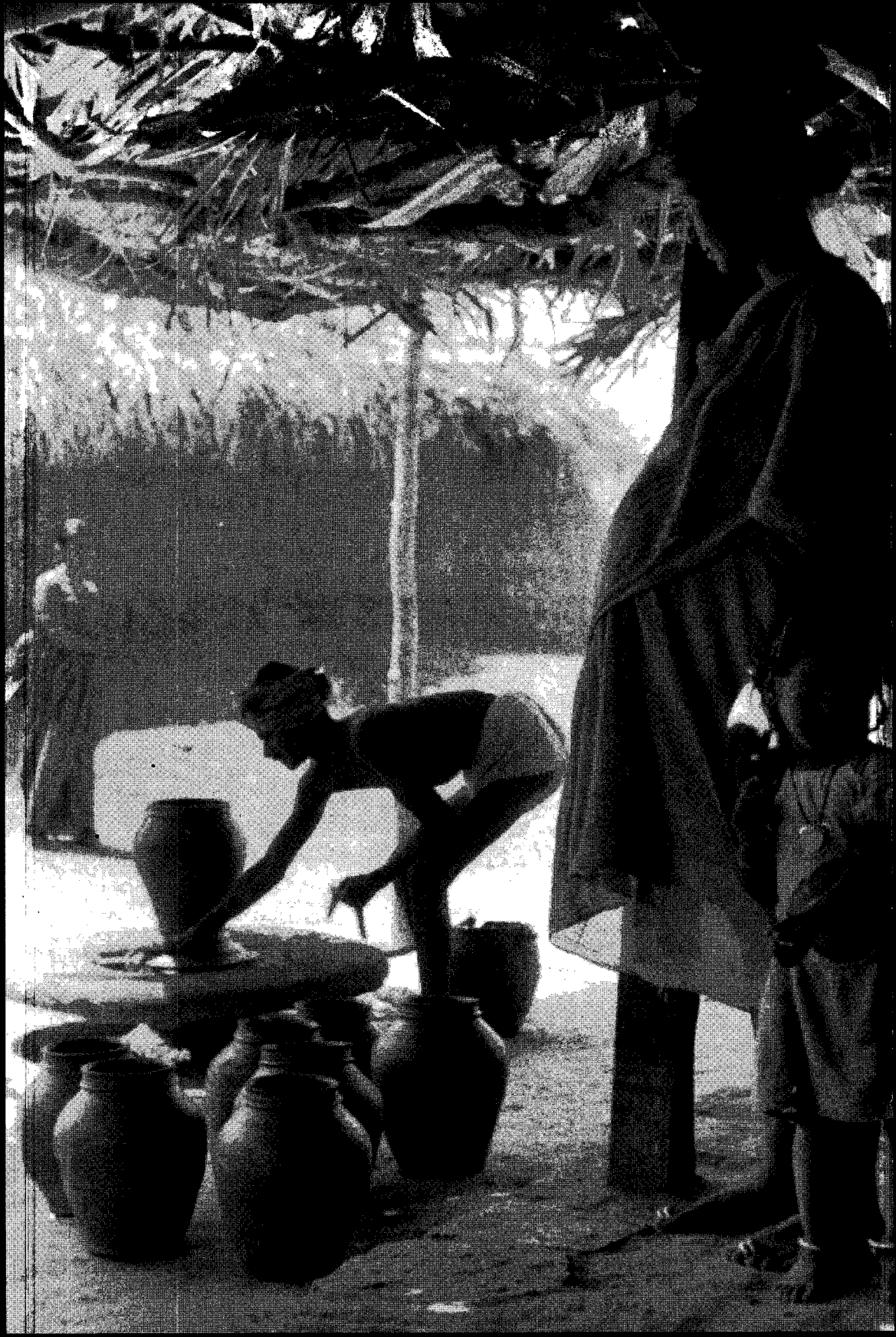
NEW COMMUNICATION TECHNOLOGIES: computer networks, global telephone systems, new multimedia technologies, etc.

The mass media - especially radio and television - can be extremely powerful. They can be used to reach out and publicize new family planning programmes, create mass awareness of reproductive health issues, and promote new health knowledge and behaviours. They can be key to placing family planning and reproductive health high on a nation's agenda.

Although the mass media carry great authority, interpersonal communication often is necessary to change individual beliefs and behaviour. A woman may hear on the radio that use of contraceptives can save women's lives and improve health, but if contraceptive use conflicts with the long-standing traditions or religious beliefs of her community, she is unlikely to use it. She is likely to need the encouragement of someone whose advice on family planning she respects — a nurse from the nearest health centre, for example, the village midwife, a school teacher, or a community leader. She will need this support in order to sustain her break with traditional behaviour and values.

Interpersonal communication is especially effective when supported by appropriate small media such as leaflets, posters, flip charts, video, role play, songs, and drama. (For more information on how to use small media, see Appendix A.)

Photo: UNICEF. Photo by John Isaac



KEY STATEMENTS

1. Family planning saves women's lives and improves their health.

2. Using contraception to delay first births and space births at least two years apart saves children's lives and improves the health of children under five.

3. Family planning provides special social and economic benefits for the couple, the family, and the community.

4. A variety of safe and effective contraceptives exist, each with different characteristics to meet the varied needs of users.

5. Contraceptives are safe; they offer many health benefits.

6. Condoms provide significant protection against sexually transmitted diseases; other barrier methods also provide some protection.

7. Adolescents face serious physical, economic, and social consequences from pregnancy and sexually transmitted diseases. Sexuality education helps adolescents make responsible choices.

8. Men can support their sexual partners by sharing responsibility for family planning, disease prevention, and child rearing.

Photo: WHO. Photo by Schwab

1. Women's Health

KEY STATEMENT:
Family planning saves women's lives and improves their health.

Note to communicators

The health benefits of contraceptive use are significant. Contraceptives provide women with a safe and effective means to avoid unwanted pregnancies, or pregnancies that may place their health at risk; these pregnancies can have serious consequences, including illness, disability, and death. Many of these deaths occur when women with unwanted pregnancies resort to unsafe abortion. If all women who wanted no more children had access to and used effective contraception, an estimated 100,000 women's lives could be saved each year.

Prime messages

1. Family planning saves women's lives and improves their health by preventing pregnancies, many of which put women at risk of illness or death.
2. Family planning is especially beneficial to certain groups of women — those under 18 or over 35 years of age, who have more than four children, or who have health problems.
3. Expanding access to family planning services can help women avoid unwanted pregnancies, many of which end in unsafe abortion. Unsafe abortion can cause severe illness and death.
4. Because women provide emotional, physical, and economic support for their families, the death of a mother is one of the most traumatic events that can befall a family.

Photo: WHO. Photo by T. Takahara

Supporting information

1. ***Family planning saves women's lives and improves their health by preventing pregnancies, many of which put women at risk of illness or death.***

- Each year over 585,000 women die from causes related to pregnancy and childbirth; 99 percent of these women are in developing countries (WHO, 1996). In much of South Asia a woman has a one in eighteen chance of dying over the course of her lifetime as a consequence of pregnancy or delivery; the risk is one in fourteen in many areas of Africa (Belsey and Royston, 1987). By contrast, the risk in North America is one in 6,366 (Merchant and Kurz, 1993). The causes of these deaths are essentially the same around the world. It is estimated that 25% of women die due to haemorrhage, 15% due to sepsis, 12% due to hypertensive disorders of pregnancy, 8% due to obstructed labour and 13% due to abortion. Around 20% of women die as a result of disease which is aggravated by pregnancy.

- Contraceptive use allows women to prevent unwanted pregnancies and thereby avoid the associated risks. It is estimated that 100,000 deaths could be avoided each year if all women who said they wanted no more children were able to prevent future pregnancies (World Bank, 1993).

- Pregnancy also threatens women's health. It has been estimated that for each maternal death in a developing country, there are 124 women suffering illnesses or complications related to pregnancy and childbirth (Koblinsky et al., 1993). These conditions include anaemia, ante and postpartum haemorrage, hypertension, infertility, prolapsed uterus, reproductive tract infections, and sepsis, among others.

2. ***Family planning is especially beneficial to certain groups of women — those under 18 or over 35 years of age, who have more than four children, or who have existing health problems.***

- In many areas of the world, a majority of women are at high risk of experiencing pregnancy-related problems, including 72 percent of women in sub-Saharan Africa, 57 percent in Asia, and 53

percent in Latin America and the Caribbean (Govindasamy, 1993). If all high-risk pregnancies were prevented, maternal mortality could be reduced by up to 25 percent (Royston and Armstrong et al., 1989).

- Women under 18 years of age who become pregnant face serious health risks because their bodies may not be physically mature enough to handle the stress of pregnancy and childbirth (see Statement 7). Risks of childbearing also are greater in women over age 35 as their bodies may be less able to deal with the physical stresses of pregnancy and childbirth. The risk of giving birth to babies with low birth weight or disabilities also increases in older women (UNICEF, 1993).

- The risk of maternal death increases for each successive birth after the fourth; the risk is 1.5 to 3 times higher for women with five or more children than for women with two or three children (National Academy of Sciences, 1989). Pregnancy and child birth are risky for women with many children, as they are more likely to suffer from anaemia, require blood transfusions during delivery, and die of haemorrhage than women with fewer children (UNICEF, 1993 and Rinehart et al., 1984).

- Women who have existing health problems face an increased risk of death if they become pregnant because pregnancy may exacerbate their condition. For example, the risks of dying from anaemia, cholera, heart disease, hepatitis, malaria, and renal disease, are increased in women who are pregnant compared to those who are not.

- The health consequences of high-risk pregnancies also can have social consequences for women. For example, a common complication of childbirth among young women is obstetric fistula; women who suffer from this condition often are socially ostracized.

3. ***Expanding access to family planning services can help women avoid unwanted pregnancies, many of which end in unsafe abortion. Unsafe abortion can cause severe illness and death.***

- In the absence of other options, some women may resort to unsafe

abortion services to terminate an unwanted pregnancy. Unsafe abortion carries high risks. Immediate complications include uterine perforation and injury to other internal organs, cervical lacerations, haemorrhage, and infection. Long-term complications include increased risk of subsequent ectopic pregnancy, chronic pelvic infection, and infertility.

Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy performed either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both. An abortion can be considered as safe when it is performed under conditions of asepsis and with appropriate technical skills and equipment.

- Unsafe abortions and their complications are a major cause of maternal mortality. Every year at least 70,000 women die of the consequences of unsafe abortions and many more suffer complications (WHO, 1994d). Studies from most African countries confirm that up to 50 percent of maternal deaths are due to unsafe abortion (Rogo, 1993). In Latin America, complications of unsafe abortion are thought to be the main cause of death in women between the ages of 15 and 39 years (WHO, 1993).

- Children's lives are also affected by maternal mortality due to unsafe abortion. Many children who become motherless due to abortion-related maternal mortality each year will not survive the loss of their mother; others are fostered but often do not fare well in terms of health and nutrition.

- Treating complications from unsafe abortion places a heavy strain on limited community and health system resources. In some hospital settings in sub-Saharan Africa, 50 percent of hospital resources are used to treat patients admitted for complications of unsafe or incomplete abortions (WHO, 1990c).

- Complications from unsafe abortion also have high social costs. In Romania, the Ministry of Health estimates that one out of five women of reproductive age now suffers from infertility caused primarily by repeated unsafe abortions (Coeytaux et al., 1993). In many places, infertility places a woman at risk of being abandoned by her husband and/or socially ostracized.

4. ***Because women provide emotional, physical, and economic support for their families, the death of a mother is one of the most traumatic events that can befall a family.***

- The death of a mother causes a major disruption in the lives of her children and household. In addition to the immediate emotional trauma of losing one's mother, motherless children may not receive adequate emotional support as they grow into adults.
- In many regions of the world, women produce much of their family's food, obtain water and fuel, prepare meals, clean house, and care for the sick. When they die, there often is no one who can assume these responsibilities and adequately meet the nutritional and other health needs of infants and children in the family. This is particularly true for babies, who depend on their mothers for breast milk; fewer than ten percent of developing country infants that survive the death of their mother live beyond one year (Koblinsky et al., 1993).
- When women are wage earners, the impact of a mother's death on the family is even more pronounced. Many male-headed households rely on women for a significant portion of the family income. Furthermore, women are the sole wage earners in an estimated one-fourth to one-third of households (Koblinsky et al., 1993). When wage-earning women die, their children are less likely to have access to adequate food, clothing, and shelter. In some cases, older children may be expected to fill their mother's economic role, often at the expense of their education.

2. Child Health

KEY STATEMENT:

Using contraception to delay first births and space births at least two years apart saves children's lives and improves the health of children under five.

Note to communicators

Contraception provides women and men with a means to control the timing of births which can greatly influence the health of their families. Women who delay having children until age 18 or older and space pregnancies by at least two years reduce their chances of having an infant or child die compared to those who have early and frequent births.

Prime messages

1. Using contraception to space births at least two years apart can significantly reduce infant and child deaths.
2. Infants born to young mothers (under 18) are at greater risk of dying. Using contraception helps prevent this risk.
3. Infants born to women with four or more children are at high risk of death. Using contraception to limit family size reduces infant deaths.

Supporting information

1. Using contraception to space births at least two years apart can significantly reduce infant and child deaths.

- Short spacing between births (less than two years) increases the average chance of dying in infancy by about 60-70 percent. One reason for this is that children born very soon after a previous delivery are more likely to be premature and have a low birth weight, which increases their risk of dying. A child's chance of dying before the age of five years is increased by about 50 percent when the birth is not properly spaced (Hobcraft, 1987).

Photo: WHO

- Using contraception to achieve adequate birth spacing could reduce child mortality by 20 percent or more in Central and South America and in North Africa, and by up to one-third in Brazil and Egypt (Hobcraft, 1991).

Birth Spacing and Infant Mortality

Mortality rate (deaths per 1,000 live births)

	Number of years between births		
	Less than 2 years	2-3 years	4 years or more
Indonesia (1991)	115	68	45
Pakistan (1991)	133	65	30
Morocco (1992)	104	47	32
Peru (1991/1992)	108	54	31
Egypt (1992)	129	63	40

(Source: Demographic and Health Surveys)

- Short birth intervals also decrease the survival chances of the preceding child. The arrival of a new baby means that breastfeeding stops suddenly and the mother has less time to devote to caring for the older child. A birth interval of less than 12 months increases the risk of death for the preceding one-to-five-year-old child by at least 70 to 80 percent; a birth within 18 months raises the risk by 50 percent or more (Hobcraft, 1987).

2. ***Infants born to young mothers (under 18) are at greater risk of dying. Using contraception helps prevent this risk.***

- Maternal age can influence an infant's chance of survival as well as that of the mother (see table on next page). An infant born to a teenage mother is more likely to be born too early and to weigh too little at birth and is 24 percent more likely to die in the first month of life than is an infant born to a mother aged 25-34 years; this higher risk of death continues through early childhood.

- Delaying first births until women are at least 18 years old would reduce the risk of death for first-born children by up to 20 percent on the average and by up to 30 percent in some countries (Hobcraft, 1991).

- Delaying first births also allows women and men time to mature emotionally before becoming parents.

Effect of Mother's Age on Infant Mortality

Mortality rate (deaths per 1,000 live births)

Age of mother	Under 20	20-29
Indonesia (1991)	113	65
Pakistan (1991)	121	91
Morocco (1992)	107	59
Peru (1991/1992)	79	58
Egypt (1992)	118	73

(Source: Demographic and Health Surveys)

3. Infants born to women with four or more children are at high risk of death. Using contraception to limit family size reduces infant deaths.

- The risks associated with the fifth or later births vary from region to region but often are increased. Births of order four and higher are associated with higher infant mortality in Latin America and Asia (Ross and Frankenberg, 1993). A study in Egypt found 38 percent higher infant mortality among fifth and subsequent births than among third- and fourth-order births (Ibrahim, 1993). A study in Bangladesh found that the infant mortality rate for women who had 5-6 children was about three times the rate of those with only two children (Rahman and Nessa, 1989).
- This higher risk may be partially due to the effect of older maternal age (greater than age 35), which poses a risk for the mother, and consequently her infant. Scarcer resources and the higher likelihood of exposure to infectious diseases also may be factors.

3. Family Well-Being

KEY STATEMENT:

Family planning provides special social and economic benefits for the couple, the family, and the community.

Note to communicators

Family planning not only improves the health of women and children, but also provides special advantages for the couple, the family, and the community (see Figure 1). Contraceptive use allows women and men the freedom to choose the number and spacing of their children. Couples that choose to have smaller families enjoy a reduction in the financial, emotional, and physical responsibilities associated with child rearing. Communities benefit from small families because they reduce the demand for health, educational, and social services.

Prime messages

1. Family planning helps individuals and couples choose the number and spacing of their children and enjoy sexual relations without fear of unintended pregnancy.
2. Couples with fewer and healthier children can devote more resources to providing their children and themselves with adequate food, clothing, housing, and educational opportunities.
3. Communities benefit from reduced strain on environmental resources; reduced strain on community health, educational, and social services; and improved quality of life for women, men, and children.

Photo: WHO. Photo by J. Littlewood

Photo: WHO/PAHO/C. Gaggero

Supporting information

1. ***Family planning helps individuals and couples choose the number and spacing of their children and enjoy sexual relations without fear of unintended pregnancy.***

- The availability of contraceptives allows individuals and couples to exercise their basic human right to determine freely the number and spacing of their children.
- It is widely believed that both women and men can enjoy their sexual relations more when they are confident that intercourse will not lead to an unwanted or ill-timed pregnancy.

2. ***Couples with fewer and healthier children can devote more resources to providing their children and themselves with adequate food, clothing, housing, and educational opportunities.***

- By using contraception, young couples may postpone having their first or subsequent children, thus allowing them the freedom to complete their education or vocational training. The parents' educational level can have a significant impact on the economic opportunities available to the family.
- Using family planning to limit family size can help reduce family budget pressures. Providing food, clothing, and other necessities for a family of four is less expensive than providing the same items for a larger family.
- Use of family planning can drastically improve the quality of women's lives in both the short and the long term by reducing the physical and mental burdens of having too many children too close together or at too early or too late an age.
- Family planning can improve children's quality of life. The quality of care provided to children increases when parents are able to invest more time, energy, and money in a smaller number of children. In addition, use of family planning to limit family size can increase a couple's time available for earning income, community involvement, and other activities.

- Declines in fertility have had a beneficial effect on the extent and opportunity for children's education. In Thailand, for example, the declines in fertility and concurrent economic advances over the past 30 years have contributed to an increased proportion of children entering both the lower and upper levels of secondary school. Children from small families generally attained more education than those from large families (Knodel, 1992).

3. ***Communities benefit from reduced strain on environmental resources; reduced strain on community health, educational, and social services; and improved quality of life for women, men, and children.***

- Family planning contributes to fertility decline, which results in reduced competition for scarce resources such as food, land, and clean water.
- Appropriately timed and spaced births lead to healthier mothers, children, and families, which reduces stress on health care systems. Furthermore, when family planning is used to limit births, there is less demand for educational and social services.
- Having fewer, more widely spaced births improves the quality of women's lives, child care, family life, and education, and allows women to participate more fully in community life.
- Women, men, and children with greater educational opportunities are better able to contribute to social and economic progress of the community.

4. Contraceptive Choices

KEY STATEMENT:

A variety of safe and effective contraceptives exist, each with different characteristics to meet the varied needs of users.

Note to communicators

Women and men should be able to determine the number and spacing of their children freely and responsibly. To do so, they should have a wide choice of contraceptive methods appropriate to their needs. A variety of contraceptive options exist, each with different characteristics to meet the varied needs of users. Choice of contraceptive methods is a key element of quality of care that benefits both clients and programmes. Clients benefit because they are able to select the method that best meets their needs and can switch to a different method as their needs change or if they experience difficulties. Programmes benefit because their clients are more likely to be satisfied and, therefore, to select and continue using a method. The information and counselling provided by family planning workers is an important part of ensuring that clients have choices.

Prime messages

1. A variety of family planning methods exist, including condoms, implants, injectables, IUDs, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, voluntary surgical sterilization, and withdrawal.
2. Having a choice of methods is important because each person's method preference is influenced by personal concerns, health considerations, cost, and convenience. These factors vary according to the individual, the couple, and the cultural setting.
3. Individuals and couples may wish to switch methods as their family planning needs change over time.
4. Individuals and couples have the right to decide whether to use family planning and which method to use.

Photo: UNHCR. 6261 by P.P. Rossi

Supporting information

1. ***A variety of family planning methods exist, including condoms, implants, injectables, IUDs, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, voluntary surgical sterilization, and withdrawal.***

   - A variety of contraceptive methods exist (see box on next page), each with advantages and disadvantages. Some provide temporary contraceptive protection while others are permanent, some, such as condoms, protect the user against sexually transmitted diseases including HIV while others do not, some contain hormones while others do not, some are for women and some for men, and some must be used at the time of sexual intercourse while others can be used independently of intercourse.

   - Some contraceptive methods are highly effective at preventing pregnancy, while others are only moderately effective (see box). Effectiveness is closely linked to correct and consistent use for some methods, such as condoms, injectables, natural family planning, oral contra-ceptives, spermicides, vaginal barrier methods, and withdrawal. Providers can help clients use their chosen method effectively by providing information on correct method use and counselling about issues that may prevent consistent use, such as how to talk to a partner about condom use.

2. ***Having a choice of methods is important because each person's method preference is influenced by personal concerns, health considerations, cost, and convenience. These factors vary according to the individual, the couple, and the cultural setting.***

   - Personal factors that influence contraceptive acceptability and choice include age, marital status, number of children, reproductive intentions (spacing or limiting childbearing), frequency of intercourse, relationship with partner, influence of others in the decision-making process, importance of method convenience, and the user's familiarity and level of comfort with her or his body (WHO, 1994a). Factors such as female genital mutilation may also be an important consideration.

Figure 1.

Benefits of Family Planning

CHILDREN
- Better Health
- More food and other resources available
- Greater opportunity for emotional support from parents
- Better opportunity for education

WOMEN
- Better health/protection from certain diseases
- Freedom of decision
- Prevention of unsafe abortion
- Less physical/emotional/economic strain
- Greater care to each child
- Improved quality of life

MEN
- Can provide protection from STDs/HIV
- Less emotional and economic strain
- Freedom of decision
- Improved quality of life

COUPLE/FAMILY
- Freedom to decide when to have children
- Less emotional and financial strain
- Increased education opportunities for children
- Increased economic opportunities
- More energy for household activities
- More energy for personal development and community activities

ADOLESCENTS/YOUTH
- Protection from too early and unwanted pregnancy and childbirth
- Can provide protection from STDs/HIV
- Longer education
- Job possibilities
- Prevention of unsafe abortions

COMMUNITY
- Reduced strain on environmental resources (land, food, water)
- Reduced strain on community resources (healthcare, education)
- Greater participation by individuals in community affairs

(Adapted from Health Benefits of Family Planning, World Health Organization, 1995)

Available Family Planning Methods

Method	*Description*	*Failure Rate**
Male voluntary sterilization (vasectomy)	a minor surgical procedure in which the vas deferentia are cut and then tied or blocked	0.15%
Injectables - Progestogen/estrogen	an injection containing a combination of the hormones estrogen and progestogen	0.2%
Injectables - Progestogen only	an injection containing the hormone progestogen	0.4%
Female voluntary sterilization (tubal ligation)	a surgical procedure in which the fallopian tubes are cut and then tied or blocked	0.4%
Implants (NORPLANT® contraceptive implants)**	six small silastic rods filled with the hormone levonorgestrel that are surgically implanted under the skin of a woman's upper arm	0.4%
Combined oral contraceptives (pills)	tablets containing the hormones estrogen and progestogen that are taken orally every day	1-8%
Intrauterine devices	plastic devices, some fitted with copper bands or filled with a hormone, that are placed in the uterus	3%
Progestogen-only oral contraceptives (minipills)	tablets containing the hormone progestogen that are taken orally every day	3-10%
Condoms - male	a latex or plastic sheath that covers the erect penis	12%
Condoms - female	a plastic pouch with an opening in one end that is inserted in the vagina and covers the penis during intercourse	5-21%
Withdrawal	removal of the penis from the vagina prior to ejaculation	18%
Natural family planning	abstinence from sexual relations during the fertile period, which is determined using various techniques, including calendar, basal body temperature, and cervical mucus charting	20%
Other vaginal barrier methods (diaphragm, cap, sponge)	latex or silicone devices that are placed over the cervix; most are used with spermicide	18-28%
Vaginal spermicides	chemical agents that are placed in the vagina where they inactivate sperm	21%
Emergency Contraception	use of high dose estrogen and progestogen pills or insertion of an IUD soon after unprotected intercourse to prevent pregnancy	2-4% per use***

* Among typical couples in the United States who begin using a method, the percentage who experience an accidental pregnancy in the first year. The pregnancy rate for United States couples using no method is 85%.
** NORPLANT is a registered trademark of the Population Council.
***Failure rate per cycle. Emergency contraception is intended for occasional use only.Therefore, annual failure rates are not relevant.

- A client's general health, reproductive history (including history of contraceptive use), and history of sexually transmitted disease (STD) may influence which methods are appropriate. Certain conditions — including anaemia, presence of infection or STD, cervical and uterine abnormalities, and circulatory disorders — can affect the suitability of some methods of contraception. The prevalence of STDs in the community and the client's risk-taking behaviour with respect to STDs also are important factors for consideration (see Statement 6).

- The costs to clients of using contraception include not only the direct cost of the method, if any, but also costs associated with obtaining the method, including time, transportation, and psychological costs such as feelings of embarrassment or not being respected. Lowering these costs will help clients have real choices.

- Cultural traditions, such as the status of women, female authority in decision making, women's freedom of movement, and the role and influence of men in contraceptive decision making affect a client's ability to seek or use contraceptives. Other cultural factors, such as prevalence of rumours or misperceptions about various methods, religious beliefs, and availability of female family planning counsellors or providers, also can influence an individual client's willingness or ability to use a contraceptive method. Programmes should try to provide services within the cultural and religious framework of their clients, while remaining in conformity with universally recognized human rights (see box).

3. ***Individuals and couples may wish to switch methods as their family planning needs change over time.***

   - Contraceptive needs change as an individual moves through the reproductive life cycle from adolescence to menopause, reflecting changes in levels of sexual activity, health status, disease risk, and/or childbearing intentions. A method that is appropriate and acceptable to a young woman may not be the best choice for the same woman several years later (WHO, 1994a).

4. ***Individuals and couples have the right to decide whether to use family planning and which method to use.***

- The decision about which contraceptive method to use, if any, should be made by the individual or couple, with information and support from family planning providers (public and private sector).
- The decision to discontinue use of a method also should be made by the individual or couple and should be respected by the provider. This is particularly important for methods that require provider assistance to discontinue, such as IUDs and implants.

All family planning clients at risk of STD/HIV must be advised to use male or female condoms correctly and consistantly in addition to or instead of other contraceptive methods.

Culture and Religion Influence IEC Messages and Strategies

Culture and religion play a major role in people's decisions to use family planning and in the acceptability of specific methods. Successful programmes make an effort to learn about the cultural and religious beliefs of their clients and adapt IEC messages and strategies in response to those beliefs. In general, the cultural and religious beliefs of clients should be respected by programmes unless they are harmful (as is female genital mutilation, for example).

Communicators should consider involving key community and religious leaders in their IEC programmes. In many cases, the group's cultural or religious beliefs will be in accordance with the key principles of family planning. For instance, most cultures and religions support the concept of improving women's and children's health, a key goal of family planning programmes. Highlighting these similarities in purpose can help women and men see how family planning fits within their cultural or religious experience.

Emergency Contraception

Emergency contraceptives occupy a uniquely important position in the range of family planning options currently available. They are the only methods couples can use to prevent pregnancy *after* they have had unprotected sexual intercourse or a contraceptive accident. By making emergency contraception more widely available, family planning and reproductive health care providers can help reduce unplanned pregnancies, many of which result in unsafe abortion and take a large toll on women's health. Emergency contraception is also an important part of treatment for women who are victims of sexual assault.

The most common method, used in many countries for over 20 years, involves taking an elevated dose of birth control pills (oral contraceptives containing estrogen and progestogen) within 72 hours of unexpected intercourse, followed by a second dose 12 hours later.

High dose of estrogen or a high dose of progestogen alone also can be used for emergency contraception, although there is less clinical experience with these regimens. A copper-T IUD, inserted within five days of unprotected sex, is also another method of emergency contraception.

Because all current methods of contraception sometimes fail, emergency contraception is an important backup when routine contraception fails to work properly, as when a condom breaks or a diaphragm or IUD becomes dislodged.

For couples who did not use any contraceptive but wish they had, emergency contraception provides a critical second chance to prevent an unwanted pregnancy. Young people in particular may not be prepared for their first sexual experience.

Also, in many developing countries, where abortion remains illegal, unsafe abortion is a leading cause of death among women of reproductive age. Abortions are also a major drain on scarce medical resources. In these settings, the availability of emergency contraception could prevent much needless death and suffering.

Couples use condoms both to avoid pregnancy and to prevent the spread of disease. Emergency contraception provides no protection against sexually transmitted diseases, including HIV/AIDS. For individuals at risk of STDs, condom use remains critical. Women and men may, on the other hand, feel more confident about relying on condoms for birth control if emergency contraception is available as a backup, in case a condom slips or breaks.

5. Contraceptive Safety

KEY STATEMENT:
Contraceptives are safe; they offer many health benefits.

Note to communicators

One of the biggest challenges for communicators is to describe accurately to clients both the benefits and risks of different contraceptive methods. In general, modern contraceptives offer many health benefits and pose few risks for the vast majority of users. In addition to preventing high-risk pregnancies, some contraceptives offer other benefits, such as protection from sexually transmitted diseases (STDs), including Acquired Immunodeficiency Syndrome (AIDS), or certain types of cancers. The small risks associated with the use of some methods can be reduced through appropriate screening of clients and counselling in correct method use.

Prime messages

1. Contraceptive use offers substantial health benefits. In addition to protecting health by preventing pregnancy and its associated health risks, contraceptives provide protection against some diseases and other health conditions. Furthermore, breastfeeding, 'nature's contraceptive', provides special health benefits for the infant.
2. While usually safe, some contraceptive methods pose a risk to certain categories of potential users. For clients who are appropriately screened and counselled, these risks are usually small. They vary from one individual to another, however, and may be greater in some settings.
3. Some contraceptives may cause side effects that, while not

Photo: UNICEF. Photo by T.S. Satyan

damaging to the user's health can have an impact on the user's quality of life or feeling of well-being.

4. For the majority of healthy reproductive-age women, the benefits associated with contraceptive use clearly exceed the risks, particularly in countries where there are high risks associated with pregnancy and childbearing.

5. Many people have heard false rumors about contraceptives. Clients can get accurate information from their family planning provider.

Supporting information

1. ***Contraceptive use offers substantial health benefits. In addition to protecting health by preventing pregnancy and its associated health risks, contraceptives provide protection against some diseases and other health conditions. Furthermore, breastfeeding, 'nature's contraceptive', provides special health benefits for the infant.***

   - Condoms play an important role in the prevention of STDs, including AIDS. Other barrier methods, including spermicides and the diaphragm, also provide some protection against STDs. STDs are a significant problem in many countries and can lead to pelvic inflammatory disease (which can lead to infertility), cervical cancer and, in some cases, death. In addition, some STDs can be transmitted to infants during pregnancy or birth. (See Statement 6.)

   - Hormonal contraceptives offer significant protection against some cancers and health conditions. For example, combined oral contraceptives have been shown to reduce the incidence of benign breast disease, endometrial cancer, iron deficiency anemia, menstrual problems, ovarian cancer, ovarian cysts, and pelvic inflammatory disease. In some cases, the protective effect remains even after the method is discontinued.

   - Other methods also provide health benefits. For instance, progestogen-only contraceptives reduce monthly blood loss and, therefore, help protect against anaemia; they have also been reported to protect against some STDs and pelvic

inflammatory disease; female sterilization is linked to protection against ovarian cancer (Hankinson et al., 1993).

- In addition to its contraceptive effect, breastfeeding provides special health benefits for the infant.

Breastfeeding Benefits Mother and Infant

Breastfeeding has been used by generations as a natural method of birth spacing. It also provides special nutritional benefits to the infant and protects against diarrhoea, coughs and colds, and other common life-threatening illnesses including measles, diphtheria, and whooping cough. The contraceptive efficacy of breastfeeding is more than 98 percent during the first six months postpartum for a woman who fully breastfeeds and whose menstrual periods have not resumed. Women who are more than six months postpartum, not fully breastfeeding, or whose menstrual periods have resumed should use a different method for contraception. Breastfeeding can continue, however, and remains beneficial to the health of the infant.

2. ***While generally safe, some contraceptive methods pose a risk to certain categories of potential users. For clients who are appropriately screened and counselled, these risks are generally small. They vary from one individual to another, however, and may be greater in some settings.***

   - Risks associated with contraceptive use vary from person to person depending upon factors such as age, health status, STD risk, and smoking habits. For example, although progestogen-only methods are appropriate contraceptives for most women, they are not appropriate for women who have unexplained vaginal bleeding or breast cancer, and they are not generally recommended for women with several other conditions, including active hepatitis and jaundice, or who are using certain antibiotics or anti-seizure medications.

   - The risks associated with contraceptive use also are influenced by the quality and availability of services to treat possible complications of method use and to deal with unwanted pregnancies that may result from method failure (Ross and Frankenberg, 1993). Programmes should ensure that adequate services are available to treat method side

effects and complications and/or help clients discontinue method use, if desired. This is particularly important for methods like implants and IUDs that require provider assistance for removal.

- Programmes can reduce risks associated with contraceptives by providing family planning workers with adequate training in administering and in counselling clients about contraceptive methods, screening clients for contraindications, providing appropriate and easily understandable written and verbal information about correct method use, alerting clients to the signs of possible problems and where to go for help, and developing systems for follow-up and emergency services.
- Family planning programmes also can reduce risks by using only contraceptive products registered for use in their country and by establishing procedures to monitor and check the quality of all products before use to ensure that they meet established standards.

3. ***Some contraceptives may cause side effects that, while not damaging to the user's health, can have an impact on the user's quality of life or feeling of well-being.***

   - Side effects are minor conditions that may result from use of a contraceptive method but do not threaten the user's health. For instance, some hormonal methods cause irregular bleeding patterns that may be viewed as inconvenient by some women, particularly women whose cultures or religions prohibit certain activities during menstruation. IUDs can cause increased menstrual cramping in some women. While these are undesirable side effects and often affect method continuation and choice, they are not damaging to the user's health.
   - In some cases, conditions described by contraceptive users as side effects may be unrelated to contraceptive use. For example, some women may mistakenly believe that STD symptoms are side effects of contraceptive use.
   - Research suggests that if providers counsel clients adequately about the potential side effects of various methods, users are

more likely to tolerate minor side effects of the method they select.

4. ***For the majority of healthy reproductive-age women, the benefits associated with contraceptive use clearly exceed the risks, particularly in countries where there are high risks associated with pregnancy and childbearing.***

   - Risks associated with modern contraceptives are generally very small. Research has found that pregnancy in developing countries is far more dangerous than use of oral contraceptives, IUDs, or condoms. It is estimated that an unplanned, unwanted pregnancy is 20 times riskier than use of any modern method of contraception (due in part to the unsafe abortions that often follow unplanned pregnancies) (Starrs, 1987).

   - Many clinicians' and users' perceptions about contraceptive safety are based on outdated data. Since they were first introduced, the safety and effectiveness of many contraceptive technologies have been greatly improved. For example, current oral contraceptive formulations use much less estrogen than the formulations widely available in the 1960s. Modern IUDs have been significantly improved over the devices used in the 1970s and are among the safest methods today. Sterilization techniques have been refined to increase safety and reduce pain.

   - On balance, contraceptives are safe and help protect women's health. One study of hospitalization among U.S. contraceptive users found that although a few hospitalizations were caused by the use of IUDs, oral contraceptives, and male and female sterilization, many more hospitalizations were prevented by use of these methods (Harlap et al., 1991).

5. ***Many people have heard false rumours about contraceptives. Clients can get accurate information from their family planning provider.***

   - Rumours and misperceptions about contraceptives are common and can prevent women and men from using a family planning method. Rumours also can impede providers from suggesting certain methods as possible options.

Answers to Common Rumours About Contraceptives

Rumour	Reality
The pill causes cancer.	For most women this is not true. In fact, oral contraceptives (OCs) offer significant protection against ovarian and endometrial cancer. Most women who use OCs have little or no overall increased risk of breast cancer, although for women who used OCs for an extended period beginning while very young there may be a very small risk. Although OCs slightly increase the risk of liver cancer, OC use has not appreciably altered the risk of liver cancer in countries where hepatitis B is endemic and liver cancer is relatively common. Data on risk of cervical cancer are inconclusive. For the majority of women, the benefits of OCs far outweigh any possible risks, particularly in countries where the risks associated with pregnancy and childbearing are high.
Injectable contraceptives cause breast cancer.	This is not true. After three decades of research on the safety of progestogen-only injectables and clinical studies evaluating more than three million women-months of injectable use, recent World Health Organization data have found no overall increased risk of breast, cervical, or ovarian cancer among injectable users. In fact, there is evidence that injectables may protect against endometrial cancer.
Injectable contraceptives will cause your babies to be deformed.	This is not true. Injectable contraceptives do not cause a baby to be deformed. Since injectable contraceptives are highly effective, it is very rare that a woman would become pregnant while using this method. Fetal exposure can occur when already-pregnant women receive an injectable; also large doses of injectables sometimes were used to prevent abortion and premature delivery. Accidental fetal exposure to injectables has not resulted in increased risk of congenital deformities, and the long-term prospects for children exposed appear to be good.
Injectable contraceptives cause infertility.	This is not true. No research has found that injectables have any permanent effect on fertility, although return to fertility is delayed for a few months after use.
The IUD causes infertility.	This is not true. Modern IUDs are extremely safe when used by women at low risk of sexually transmitted diseases (STDs). The risk of infection appears to be related to the insertion technique, with highest risk during the first 20 days after insertion and low and stable rates thereafter. Women who suffer from pelvic infections or who are exposed to STDs may face higher risk of infections that could lead to infertility and should use other contraceptive methods.

Answers to Common Rumours About Contraceptives

Rumour	Reality
The IUD can migrate in a woman's body.	This is not true. The IUD cannot be pushed out of the uterus during sexual intercourse or float around in the body. An IUD is inserted by a clinician through the vagina into a woman's womb. When a woman wants the IUD removed, the clinician removes it through the vagina. There are no other entrances to the womb.
Implants can get 'lost' in a woman's body.	This is not true. The implants will stay where they were placed, under the skin in a woman's arm, until they are surgically removed. They can be left in place for up to six years.
Condoms make a man weak or impotent.	This is not true. There is no medical reason why condoms would make a man weak or impotent. Millions of men successfully use condoms. Fears such as these may be covering other feelings such as awkwardness with using or suggesting use of condoms. As men and women become accustomed to using condoms, feelings of awkwardness can lessen considerably. Counselling can also help.
Tubal ligation stops menses; blood will build up in a woman's body.	This is not true. Female sterilization (or tubal ligation) involves blocking the tubes that carry eggs from the ovaries to the uterus. Sterilization does not influence menstruation (monthly bleeding). Menstruation is controlled by the interaction of various hormones in the body. It is the shedding of the uterine lining that occurs when a fertilized egg has not been implanted. Women will still have a monthly cycle after sterilization.
Vasectomy is the same as castration.	This is not true. Vasectomy involves creating one or two small incisions (or punctures for the no-scalpel technique) in the scrotum, and cutting or blocking the tubes so that sperm cannot be ejaculated. No part of the man's body is removed. Castration is a very different operation, which involves removing the testicles. Sensitively designed education and face-to-face counselling can help overcome such misunderstandings.
Withdrawal makes a man weak; it also causes 'pelvic congestion'.	This is not true. There is no medical reason why withdrawal would make a man feel weak. This belief may be more related to a man's feelings of power in his relationship rather than a physical sensation. Withdrawal does not need to cause frustration and tension. Many men and women achieve orgasm after withdrawal by sexual touching and play. Withdrawal is used extensively in some nations.

Source: Population Reference Bureau, 1988 and reports from the field.


JAMAICA
FAMILY PLANNING ASSOCIATION
LTD.

6. Sexually Transmitted Disease Prevention

KEY STATEMENT:

One family planning method, the condom, (male and female) provides significant protection against sexually transmitted diseases; other barrier methods also provide some protection.

Note to communicators

Sexually transmitted diseases are the most common communicable diseases in many countries and are particularly common among young people aged 15-29. An estimated 333 million new STD cases occur each year (WHO, 1995c). There were over 3.1 million new HIV infections during 1996 (UNAIDS, 1996). Information, education, and counselling for prevention and risk reduction are essential given the serious long-term consequences of STDs and HIV/AIDS, which include sterility, maternal transmission of infection to baby, and death.

Health workers, including family planning workers, can help to reduce the spread of STD infections by informing clients about the risks of STDs and helping them learn how to avoid them. For example, health workers can educate their sexually active clients about the importance of abstinence, fidelity, and correct and consistent condom use; they also can encourage those infected with or at high risk of STDs to seek diagnosis and treatment. Philippine health secretary Juan Flavier coined the "ABCs" for safe sex: "A for abstinence. If you can't abstain, B for be faithful. And if you can't be faithful, then C for use condoms" (Lande, 1993). By communicating these basic messages about STDs, health workers can help save lives.

Photo: WHO. Photo by H. Anenden

Photo: WHO. Photo by J.L. Littlewood

Prime messages

1. Unprotected sexual activity can put people at risk of serious or life-threatening diseases.
2. Sexual abstinence or sexual intercourse between mutually faithful uninfected partners can eliminate STD risk.
3. For individuals who are sexually active, consistent and correct use of high-quality male or female condoms dramatically reduces the risk of disease transmission.
4. A few other contraceptives provide partial protection against STDs.

Supporting information

1. ***Unprotected sexual activity can put people at risk of serious or life-threatening diseases.***

   - STDs are a major public health problem in most countries of the world, with an estimated 333 million new infections every day (WHO, 1995c). STD transmission occurs when bacteria, viruses, or other disease-causing organisms pass from one person to another.
   - The human immunodeficiency virus (HIV), is a prevalent sexually transmitted disease and leads to AIDS which is fatal. In addition to HIV, there are more than 20 other diseases that can be sexually transmitted, including chancroid, chlamydia, gonorrhea, genital herpes, the human papilloma virus, syphilis, and trichomoniasis, among others.
   - STDs can have devastating health consequences, including pelvic inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and, in some cases, death. In addition, some STDs can be transmitted to infants during pregnancy or birth.
   - Women suffer disproportionately from STDs. Anatomical differences make detection more difficult in women, and infection has much more serious consequences for women than for men. The risk of transmission is also greater from

man to woman, and many women have little power to protect themselves in sexual situations.

- The presence of STDs and HIV infection are often linked. Genital ulcers and inflammation caused by some STDs make it easier for HIV to pass from one person to another. Furthermore, in people already infected with HIV, STDs may progress more quickly and be more resistant to treatment.
- Avoiding sexual relations with someone whose HIV infection status or sexual or intravenous drug-using history is unknown and restricting sexual activities to those that avoid contact with semen, vaginal secretions, or blood will eliminate the risk of acquiring HIV infection. In all other cases, the consistent and correct use of male or female condoms is strongly recommended.

2. ***Sexual abstinence or sexual intercourse between mutually faithful uninfected partners can eliminate STD risk.***

- For complete protection from STDs, the most effective preventive measures are (1) sexual abstinence and (2) sexual intercourse between mutually faithful uninfected partners. These two concepts need to be promoted as primary STD prevention strategies.
- It must also be acknowledged that abstinence and lifelong fidelity to one uninfected partner are not the experience of millions of people. Consequently, public health measures must include additional strategies for individuals who are more sexually active, including the provision of high-quality male and female condoms and education in their proper use. Promotion of condom use is not incompatible with the promotion of sexual abstinence and mutual monogamy. Each represents a responsible approach to disease prevention.
- Non-penetrative sexual practices (such as hugging, caressing, and mutual masturbation) also reduce STD risk and can be promoted as an alternative to abstinence.
- No disease prevention strategy is perfect, and all strategies, including sexual abstinence, depend to a high degree on consistent and correct use. Information, education, and

counselling on responsible sexual behaviour and effective prevention of sexually transmitted diseases should be integral components of all sexual and reproductive health services.

3. ***For individuals who are sexually active, consistent and correct use of high-quality male or female condoms dramatically reduces the risk of disease transmission.***

   - Male and female condoms have been shown in laboratory studies and actual use to provide an effective barrier that dramatically reduces a person's risk of acquiring or transmitting an STD. Condoms can be used alone or in combination with other methods to maximize dual protection.
   - Condoms protect men by preventing direct contact between the penis and cervical, vaginal, or rectal secretions or sores. Condoms protect women from exposure to infected semen, urethral discharge, or penile sores.
   - To be effective, condoms must be stored properly and used correctly and consistently with every act of intercourse. (For correct condom use, see box on page 36.)
   - Male condoms are most effective in preventing STDs that are transmitted through body fluids (e.g., HIV, gonorrhea, chlamydia). They are apt to be less effective against STDs that are transmitted through skin-to-skin contact (e.g., genital herpes and warts), because the condom may not cover the entire affected area.
   - Although male condom failures among experienced users have been shown to be as low as 0-1 percent, condoms can break, leak, or slip. Condom failure can be caused by incorrect use or failure to use, or can result from manufacturing defects or poor storage conditions. Even accounting for these failures, condoms provide the best protection against STDs aside from abstinence. Efforts to improve condom quality and availability and to educate consumers in proper condom storage and use represent a critical aspect of public health strategies to contain the spread of STDs.

- Natural membrane male condoms are designed for prevention of pregnancy. They offer much less protection against STDs than latex condoms and should not be used by those at risk of acquiring or transmitting an STD.
- Initial studies of the female condom suggest that it is protective against STDs/HIV. In situations where men will not use a latex condom, the female condom may be another option for barrier protection against STDs/HIV. Unlike other female barrier methods, however, the female condom is not designed to be used in combination with the male latex condom. As with male latex condoms, correct and consistent use is the key to effectiveness. (See box on the female condom.)

4. ***A few other contraceptives provide partial protection against STDs/HIV.***

- Laboratory and clinical studies suggest that spermicides may provide some protection against STDs. The most common spermicidal agent used today is nonoxynol-9, which in laboratory studies inactivates HIV and other STD pathogens. Clinical studies have indicated that nonoxynol-9 reduces risk of gonorrhea and chlamydia transmission. Because spermicides do not provide complete protection against STDs, however, use of spermicide alone without a male or female condom is not recommended for prevention of STD infection. It has also been reported that frequent and high-dose use of nonoxynol-9 can cause vaginal abrasions (WHO, 1996) which may increase risk of HIV transmission.
- Some studies indicate that diaphragms used with spermicide provide some degree of protection against STD transmission (few studies attempt to assess the relative protective value of the latex barrier vs. the spermicide). In some studies, women using diaphragms in conjunction with a spermicide experienced greater protection from STDs than those relying on male condoms, possibly because they were able to use the method more consistently. Because diaphragms provide incomplete protection against STDs (they do not prevent all penile/vaginal contact), use of the diaphragm alone without a latex condom is not recommended for prevention of STD/HIV infection.

- Two additional barrier methods, the contraceptive sponge and cervical cap, may provide minimal protection against STDs. Because these methods do not provide complete protection against STDs and HIV, however, male latex condoms should be used in addition to or instead of these methods by those at risk of disease.

Correct Condom Use

Providing men and women with the following information, combined with a demonstration of how to put a condom on a penis model, can help to ensure correct condom use.

- Check date on condom package to ensure that it is not out of date.
- Use a new latex condom every time you have sex.
- Carefully open the package so the condom does not tear. Do not use a damaged condom.
- Do not unroll the condom before putting it on the penis.
- Put the latex condom on when the penis is hard, before insertion into the vagina or anus.
- If not circumcised, pull the foreskin back. Pinch the tip of the condom. Place it on the end of the penis.
- Continue pinching the condom tip while unrolling the condom to base of the penis.
- If a condom tears when putting it on, or you feel it tear during use, stop and replace it immediately with a new one.
- Do not use grease, mineral or cooking oils, lotions, or petroleum jelly (Vaseline®) to make condoms slippery. These may cause condoms to break. Use a water-based lubricant such as K Y jelly.
- After ejaculating ("coming") and while the penis is still hard, hold the base of the condom and carefully withdraw the penis from your sexual partner.
- Pull the condom off the penis gently, being careful semen does not spill out.
- Tie the condom's open end like a balloon so that the semen will not spill out. Throw it away or bury it.
- Do not use old or damaged condoms. Do not use a condom if:
  - the package is broken or unsealed.
  - the condom is brittle, dried out, or sticky.
  - the color is uneven or changed.

The Female Condom

The female condom is a new technology for preventing pregnancy and STDs. It is an important option in any service delivery context because it is the only single method of protection against pregnancy and STDs/ HIV available to women themselves.

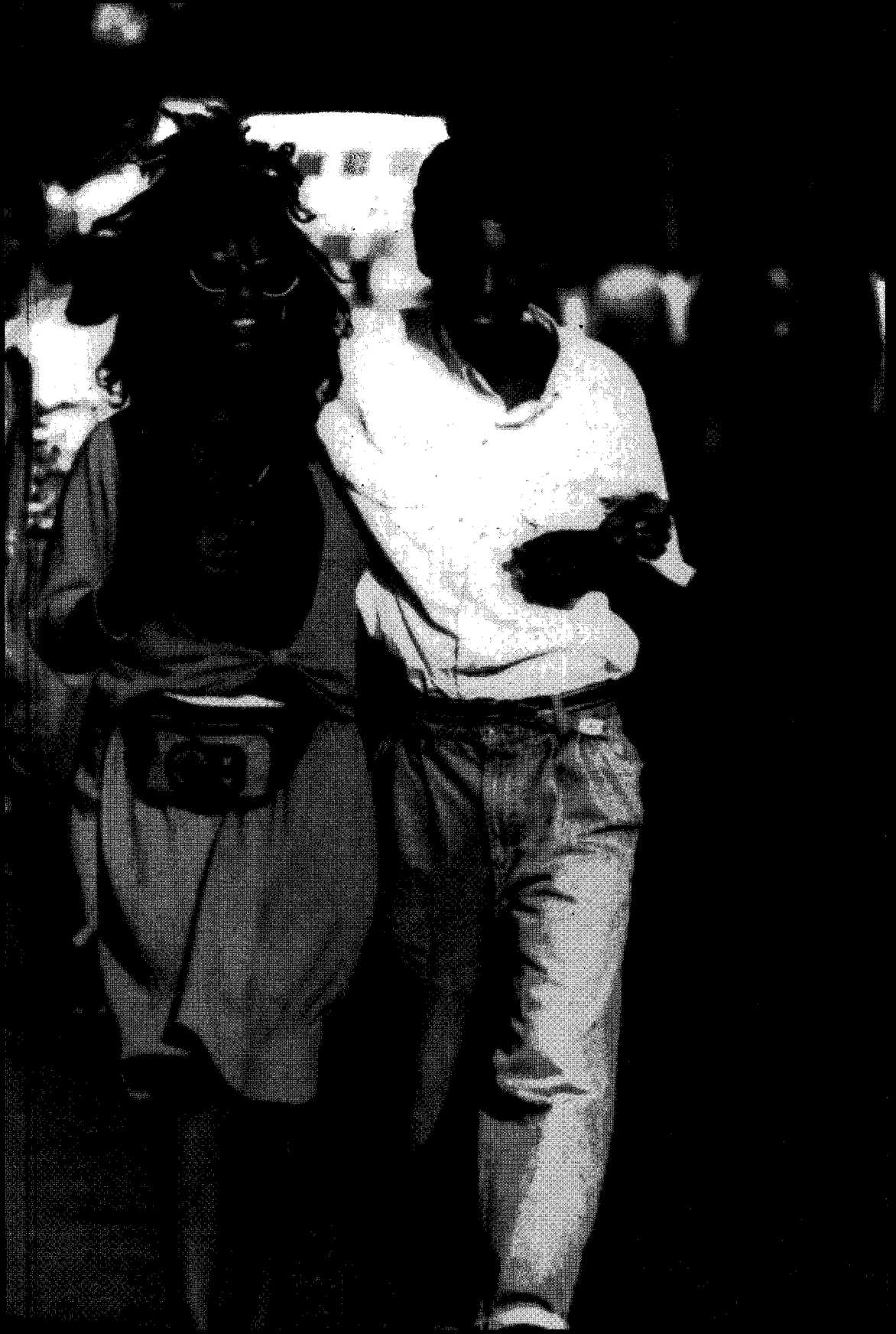
The female condom is a strong, soft, transparent sheath which lines the vagina to create a barrier against sperm and sexually transmitted infections. It is made of thin polyurethane. The device is inserted manually into the vagina at any time before intercourse and removed afterwards.

Laboratory studies show that the female condom provides an effective barrier to the passage of HIV and other sexually transmitted micro-organisms, including hepatitis B and herpes viruses. Passage of particles far smaller than sperm and one quarter the size of the HIV are blocked by the female condom.

Recent data show that when both the female condom and the male condom are made available, the transmission rate of STDs is reduced. This reduction is closely related to a decrease in the number of unprotected sex acts. This suggests that the introduction of the female condom as an additional option to the male condom will contribute to increasing protection against STDs and HIV infection.

The female condom is a reversible, barrier method of contraception. Over a one-year period, the accidental pregnancy rate for the female condom has been found to be in the range of 15-25%. This is similar to the use-effectiveness reported for other barrier methods since people may not always use them consistently and correctly. Women may therefore need to use another contraceptive method. However, when the female condom is used correctly at every act of intercourse, it is estimated that the accidental pregnancy rate could be as low as 5%.

Using the female condom is likely to require the cooperation of both partners, but it is a method a woman can control, can insert herself before intercourse, and can obtain without a prescription or the intervention of a health care provider. Women who continued to use the female condom felt that it increased their contraceptive choice, their sense of being protected and their sense of control over their sexual health.



7. Needs of Adolescents

KEY STATEMENT:

Adolescents can face serious physical, economic and social consequences from pregnancy and sexually transmitted diseases. Sexuality education helps adolescents make responsible choices.

Note to communicators

Millions of adolescents worldwide are sexually active and at risk of unwanted pregnancy and STDs. Early sexual relationships and reproduction can have a profound effect on the health and development of young women and their children (WHO/UNICEF, 1995). For instance, unprotected sexual relations among adolescents can result in unwanted and too early pregnancy and childbirth; unsafe abortions; and sexually transmitted diseases, including AIDS. It also can cut short educational and job opportunities.

Sexuality education, counselling, and services for young people can provide the knowledge and skills they need to promote responsible relationships and protect themselves and others from unsafe sexual practices. The objective of such youth-oriented services is to help young people avoid premature sexual relations, prepare for responsible parenthood, establish sexual relationships based on mutual respect and trust, and protect themselves from pregnancy and disease when they choose to become sexually active. Programmes should provide information, counselling, and services to adolescents in a confidential and non-judgmental manner. The most effective approaches involve young people to the greatest extent possible in planning, implementing, and evaluating the programmes designed for them.

Photo: WHO. Photo by L.Gubb

Prime messages

1. Early childbearing, unsafe abortion, and STDs threaten adolescents' health and future fertility.
2. Teenage parents face many social and economic barriers.
3. Sexuality education helps adolescents make responsible choices regarding sex and contraception.
4. Sexually active adolescents should choose a method that they can use successfully that protects them from both pregnancy and STDs.

Supporting information

1. Early childbearing, unsafe abortion, and STDs threaten adolescents' health and future fertility.

- Fifteen million adolescent women become pregnant each year (PRB/CPO, 1994). Adolescents who become pregnant face increased risks of death and illness. A key reason for this is that young women's bodies may not be mature enough to handle the stress of pregnancy and childbirth. At menarche, girls are approximately 4 percent below full height and 12-18 percent below full pelvic growth (WHO, 1994b). Women below age 20 are especially likely to suffer from pre-eclampsia and eclampsia, obstructed labour, and iron deficiency anaemia. Young women also have an increased risk of preterm delivery (Scholl et al., 1994).

- Young women with unplanned pregnancies often risk unsafe abortion (WHO/UNICEF, 1995). Research in 11 African countries revealed that self-aborting or seeking abortion from unqualified practitioners is a likely choice for a pregnant, unmarried adolescent (Paxman and Zuckerman, 1987).

- STD and reproductive tract infection rates are particularly high among young people. For example, a study in Nigeria found that 33 percent of sexually active adolescents under 17 years of age and 44 percent of 17-19 year olds had at least one reproductive tract infection, compared to 23 percent of women over 19 (Brabin et al, 1995). STDs not only cause

illness that can interfere with a young person's education or employment, but also can cause infertility.

2. ***Teenage parents face many social and economic barriers.***

   - Pregnant adolescents may be denied important opportunities. For example, in some countries policies may prohibit pregnant girls from attending school.
   - Compared to a woman who delays childbearing until her twenties, a woman who has her first child before age 17 is likely to receive less education, be out of work, have a lower paying job, and be separated from her partner (Liskin, 1985).
   - In some countries, young, unmarried women have been forced to turn to prostitution to support themselves and their children.
   - For young men, early fatherhood can disrupt educational plans and increase economic responsibilities. For instance, a U.S. study found that teenage fathers were less likely to graduate from high school than were young men who were not fathers (Marsiglio, 1987).

3. ***Sexuality education helps adolescents make responsible choices about sex and contraception.***

   - Millions of adolescents worldwide are sexually active. These adolescents are likely to have sex without using modern contraceptives or protection against STDs. For example, demographic and health survey data from sub-Saharan Africa reveal that, in a number of countries, between 50 and 85 percent of never-married women have had sexual intercourse before the age of 20. While many of these women know about one or more contraceptive methods, in most sub-Saharan African countries fewer than 30 percent of sexually active young women have ever used a contraceptive method (Gage-Brandon and Meekers, 1993). In Latin America, survey data show that a high percentage of young married women have had premarital sexual experience: reported rates range from 57 percent among 15-19 year olds in Mexico City to 92 percent among youth in Santiago de Chile (Yinger et al, 1992).

- Sexuality education programmes can be effective in teaching young people important decision-making and communication skills, which will help them resist peer pressure to have sex and make responsible decisions about initiating sex (WHO, 1994c).

- Studies have shown that sex education does not increase sexual activity. In fact, sex education can delay the start of sexual activity and lead to protective behaviour once sexual activity begins (Grunseit and Kippax, 1993). In five Latin American cities, researchers found that young women who took a sex education course were more likely to delay having sex (Blaney, 1993). Furthermore, research in the Gambia showed that attendance at family life education lectures in school had significant positive impact on knowledge and use of contraceptives when students became sexually active (Kane et al., 1993).

4. ***Sexually active adolescents should choose a method that they can use successfully and that protects them from both pregnancy and STDs.***

   - The safest way to prevent pregnancy and disease is to avoid sexual intercourse (practice abstinence). Not all adolescents will choose abstinence, however.

   - For those who are sexually active, male and female condoms, used correctly and consistently, provide the best protection against STDs while also preventing pregnancy (see Statement 6).

   - Adolescents may need special counselling about how to avoid pregnancy and STDs. Many adolescents lack the skills necessary for abstinence or successful method use (such as negotiating abstinence or condom use with a partner) or lack the discipline to use a method consistently. Counsellors should be aware of these special challenges and work with adolescents to help them gain the skills needed to avoid pregnancy and STDs.

   - To help ensure contraceptive use among sexually active adolescents, contraceptive information and services must be

readily and easily available. In many countries, laws restrict young people's access to such information and services. Changing restrictive laws is an important step in making services available to adolescents and, therefore, in protecting their physical and social well-being.

8. Men's Responsibility

KEY STATEMENT:

Men can support their sexual partners by sharing responsibility for reproductive health and child rearing.

Note to communicators

The involvement of men in sexual and reproductive health is crucial, both in their willingness to use "male methods" of contraception and their role in contraceptive decision making. Special efforts must be made to strengthen family planning services to include men and build positive male attitudes toward reproductive health, communication about sexuality and family planning, and reproductive rights. Programmes about reproductive health could reach men in their work places; at home; where they gather for recreation; through youth programmes, school education, and peer counselling; as well as through family planning and primary health clinics. Men also can play an important role in the family by sharing responsibility for child rearing.

Prime messages

1. Men can participate in family planning by sharing in decision making about family size and contraceptive use.
2. Men can take responsibility for using some methods of contraception and can support their partners in using other methods.
3. Men can play a particularly important role in preventing STDs by maintaining a monogamous relationship or using condoms to protect their partners and themselves.
4. By sharing responsibility for child rearing, men not only ease women's burden but also contribute to the emotional development and well-being of their children.

Photo: UNICEF. Photo by Begvall

Supporting information

1. ***Men can participate in family planning by sharing in decision making about family size and contraceptive use.***

   - In many societies, men are the primary decision makers regarding family planning. Yet decisions about family planning are sometimes made without sufficient communication between men and women. Efforts to improve couples' communication can help lead to decisions about family planning that reflect the needs of both women and men.

   - Men need information to participate responsibly in family planning decision making. Men can learn more about family planning by accompanying their partners on clinic visits and by taking advantage of special clinic hours for men, where available.

2. ***Men can take responsibility for using some methods of contraception and can support their partners in using other methods.***

   - Although the overwhelming majority of contraceptive methods are designed for use by women, a few require the active cooperation of men. Methods that require active participation by men include condoms, vasectomy, natural family planning, and withdrawal.

   - Men also can participate in women's use of other methods. For instance, men can help their partners remember to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic visits.

3. ***Men can play a particularly important role in preventing STDs by maintaining a monogamous relationship or using condoms to protect their partners and themselves.***

   - Maintaining a mutually monogamous relationship — one way of preventing STD infection — requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

- Because the male condom — the most effective method of protection against STDs next to abstinence — is a "male method," men's cooperation is essential to stop the spread of STDs, including HIV. (See Statement 6.)

4. ***By sharing responsibility for child rearing, men not only ease women's burden but also contribute to the emotional development and well-being of their children.***

   - Participation of fathers in child rearing enhances children's emotional and social well-being. Children raised with active participation of fathers also are more likely to succeed in school (UNICEF, 1995).
   - Participation of fathers in child rearing reduces the burden that women face in providing financial support for families and in performing household chores and child care (UNICEF, 1995).
   - Men also benefit when they care for their children. Many express emotional satisfaction and increased confidence in their care-giving skills (UNICEF, 1995).

Men's support for women during pregnancy, delivery and the postpartum period has not yet been promoted effectively in many parts of the world. Indeed, some health facilities are set up in a way that prevents men who wish to be involved from getting involved. Programmes need to be put in place that recognize the critical role of men in all aspects of sexual and reproductive health and in the support they can provide to women in this respect.

GLOSSARY

AIDS Acquired immunodeficiency syndrome (see HIV).

Anaemia Lower than normal numbers of red blood cells.

Barrier Method A contraceptive method that creates a physical or chemical barrier between the sperm and ovum (examples include condom, diaphragm, foam, sponge, and cervical cap).

Contraception The prevention of pregnancy by use of a contraceptive method. Methods can be divided into permanent methods (i.e., male and female sterilization) and temporary methods (i.e., barrier, hormonal, and behavioural).

Counselling A form of nonjudgmental interpersonal communication for education and advice. During family planning counselling, the health worker and the client discuss the client's needs and concerns related to specific contraceptives or to the client's individual health and life situation that may affect use of a contraceptive method.

Eclampsia Convulsions and coma, occurring in a pregnant or puerperal woman, associated with high blood pressure, eodema, and the presence of protein in the urine (see also preeclampsia).

Ectopic Pregnancy Pregnancy where the fertilized ovum develops outside the uterus, most commonly in the fallopian tube. Ectopic pregnancy is common in women who have experienced PID and can cause tubal rupture, haemorrhage, and death.

HIV Human immunodeficiency virus, the virus that causes AIDS. HIV weakens the body's immune system by invading and then multiplying within white blood cells.

Hypertension High blood pressure. In a pregnant woman, a diagnosis of hypertension is made when the blood pressure is 140/90 or greater or there has been a 30 mmHg systolic or 15 mmHg diastolic over baseline values. Hypertension increases the risk of stroke and other circulatory system disorders.

Infertility Inability to produce children after exposure to the possibility of pregnancy for at least 12 months. Infertility can result from many conditions. The most common cause in many developing countries is blockage in or damage to the fallopian tubes and can be related to STDs.

Interpersonal Communication The face-to-face, verbal and nonverbal exchange of information or feelings between individuals or in groups, including the processes of education, motivation, and counselling.

Menarche The beginning of menstruation; one of the signs of puberty.

Obstetric Fistula Damage to the soft tissues of the vagina and supporting structures during obstructed labour that results in an opening between one hollow organ and another, for example, between the urinary bladder and the vagina or the rectum and the vagina.

Pelvic Inflammatory Disease (PID) Infection of the female reproductive organs (uterus and fallopian tubes). PID can cause infertility, due to blockage of the fallopian tubes by scar tissue. Pain is the dominant characteristic of the infection; menstrual periods commonly become irregular and very heavy.

Postpartum Haemorrhage Excessive vaginal bleeding after the birth of the baby, which may require hysterectomy to control. All women with severe bleeding should at least receive iron therapy in the postpartum period.

Preeclampsia A condition occurring during late pregnancy characterized by high blood pressure, excess protein in the urine and edema, but without convulsions (see also eclampsia).

Puerperal Sepsis Infection of the genital tract following delivery. Puerperal sepsis can occur any time between the onset of the rupture of the membranes and the 42nd day postpartum. It is characterized by fever and one or more of the following conditions: (1) pelvic pain, (2) abnormal vaginal discharge, (3) discharge with abnormal odour, or (4) delay in the rate of reduction of size of uterus.

Sexually Transmitted Diseases (STDs) Any disease that is communicated primarily or exclusively through intimate sexual contact. Commonly transmitted STDs include chlamydia, gonorrhea, syphilis, genital herpes, and HIV infection. STDs are a common cause of infertility.

Unsafe Abortion A procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both.

Uterine Prolapse A condition in which the uterus extends downward through the vagina due to injury of the cervix or vagina during birth. Prolapse is a possible consequence of childbirth among women who have had many births, are overburdened with hard physical labour, and have had little professional care during pregnancy.

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APPENDIX A:

How to Use Print Materials

To be effective, print materials must be appropriately used and distributed. All staff who will use the materials should receive training informing them about how the materials were developed, how to use them, and why using them can make their jobs easier and more effective. The following tips can help family planning staff use print materials effectively.

Posters

- Display the posters in places of high visibility, such as churches, banks, kiosks, and gas stations. Put them in places protected from rain and wind. (Ask permission first so that your poster is not torn down and thrown out.)
- Use posters to stimulate group discussion.

Flip Charts

- Always stand facing the audience when using a flip chart.
- Hold the flip chart so that everyone in the group can see it, or move around the room with the flip chart if the whole group cannot see it at one time. Point to the picture when explaining it.
- Involve the group. Ask them questions about the illustrations.
- Use text (if any) as a guide; do not depend on it. Memorize the main points and explain them in your own words as you show the picture.

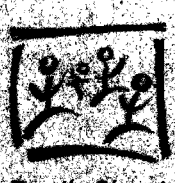
Booklets and Brochures

- Explain each page of the material to the client. This allows the client both to observe the pictures and listen to the messages.
- Point to the picture, not to the text. This will help the client to remember what the illustrations represent.
- Observe clients to see if they look puzzled or worried. If they do, encourage them to ask questions and discuss any concerns. Discussion helps establish a good relationship and builds trust between you and your clients. Clients who have confidence in their health workers will often transfer that confidence to the method or practice selected.
- Give materials to your clients and suggest that they share the materials with others, even if they decide not to use the method or health practice described.

(Source: Zimmerman et al., 1989)

KEY STATEMENTS

1. Family planning saves women's lives and improves their health.
2. Using contraception to space pregnancies saves children's lives and improves the health of children under five.
3. Family planning provides benefits for the couple, the family, and the community.
4. A variety of safe and effective contraceptives exist, to meet the varied needs of users.
5. Contraceptives are safe; they offer many health benefits.
6. Condoms provide significant protection against sexually transmitted diseases.
7. Sexuality education helps adolescents make responsible choices.
8. Men can share responsibility for reproductive health, and child rearing.



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