

# Counseling Clients in the Standard Days Method

*A Training for Service Providers*



PARTICIPANT NOTEBOOK

# **Counseling Clients in the Standard Days Method**

*A Training for Service Providers*

**The Institute for Reproductive Health, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.**

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4301 Connecticut Avenue, NW, Suite 310  
Washington, DC 20008 USA  
E-mail: [irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu)  
Web site: [www.irh.org](http://www.irh.org)

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# Introduction

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## Standard Days Method Counseling

Helping women and couples choose a family planning method that meets their needs is an important element of good quality reproductive health care. There is an unmet need and demand for safe, effective, simple natural family planning methods. These methods offer many benefits—awareness of one's own body and fertility, stimulating communication with one's partner, and managing one's reproductive health without side-effects or clinical interventions. The Standard Days Method (SDM), developed by the Institute for Reproductive Health at Georgetown University, is an effective, simple fertility awareness-based method that is easy to teach and learn and can be offered in a variety of settings.

Based on physiological evidence that a woman's fertile phase starts five days before ovulation and lasts through the day of ovulation, the SDM allows women with cycles 26 to 32 days long to prevent pregnancy by avoiding unprotected intercourse during their fertile window—days 8 through 19 of their menstrual cycle. The SDM was tested in a multi-site efficacy study demonstrated that the method is over 95% effective in preventing pregnancy when used correctly.

To make the SDM widely available for clients as a safe and effective family planning option, reproductive health providers need training on how to provide SDM counseling to clients. The counseling methodology for the SDM involves three components—Assess, Inform, and Support:

- **Assess.** Assessing if the SDM is appropriate for the woman and her partner.
- **Inform.** Informing clients how to use the SDM correctly and providing them with the tools they need to use the method successfully.
- **Support.** Supporting couples' use of the SDM by helping clients manage the fertile days with their partners.

# Agenda

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This training workshop is designed to offer a comprehensive orientation to the Standard Days Method (SDM) to health care professionals. At the end of the workshop participants will understand how the method was developed, how it is used, how to screen clients for method eligibility and teach it to clients.

## Learning Objectives

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During the workshop, participants will be able to:

1. Demonstrate thorough knowledge of the SDM.
2. Demonstrate how to assess, inform and support clients interested in using the SDM.
3. Demonstrate how to use CycleBeads and the various SDM job aids (CycleBeads, Cue Card, and Provider Job Aid for Initial Visits).
4. Increase comfort level and develop skills for helping couples communicate with each other about managing their fertile days.
5. Increase their awareness about couple communication and sexuality issues that may influence the successful use of the SDM.

## Workshop Content

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- Welcome and introduction to the workshop
- What is the scientific basis underlying the SDM?
- What is involved in SDM counseling?
- For whom is this method suitable? Method Eligibility Criteria
- How are the criteria for the method applied? Case Analysis
- How is the SDM used with CycleBeads?
- How can the SDM contribute to couple communication?
- What are key issues that may arise during a follow-up visit?
- What have we learned about SDM training and service delivery?
- Evaluation and Closing

# Activity 1

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## Welcome and Introduction to the Workshop

In this activity, participants will get to know each other, share their expectations for the course and be introduced to the general objectives of the workshop.

### **Learning Objectives/ Aims**

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- Getting to know each other.
- Getting to know the objectives and ground rules of the workshop.
- Getting to know the process to be followed and tools that will be used during this workshop.

# Activity 2

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## Standard Days Method

During this activity, participants will receive a complete orientation on the SDM, including the scientific basis of the method, how it was developed and tested, how it is used (CycleBeads), results from the international efficacy trial, and the implications of introducing the SDM into family planning programs.

### Learning Objectives

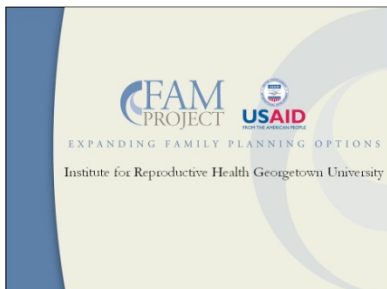
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- Recognize women's fertility and its basic relationship to the SDM.
- Identify the efficacy rate of the SDM.
- Recognize basic characteristics of the SDM and how it is integrated into existing reproductive health programs.

### Materials Used in this Activity

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- PowerPoint Presentation on the Standard Days Method





# Activity 3

## Counseling in the SDM

During this section of the workshop, participants will observe a complete SDM counseling session based on the three key counseling elements of assessing, informing, and supporting. Participants also will be introduced to several of the job aids that are available to help providers during SDM counseling. Participants will have the opportunity to review and comment on the counseling demonstration.

### Learning Objectives

- Identify the essential components of an SDM counseling session.
- Recognize the job aids that support each component.

### Materials Used in this Activity

- Demonstration Case Study
- Components of SDM Counseling

#### Screening Checklist

**Who Can Use the Standard Days Method® (SDM)**  
Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

**Determine Whether the SDM is Appropriate for the woman**

1 Are her periods about a month apart (cycles between 26 and 32 days)?

Ask:

- Do your periods usually come when you expect them?
- Do your periods usually come about once a month?
- Periods that usually come about once a month indicate her cycles are between 26 and 32 days long.
- When was the first day of your most recent period?
- If she cannot know the first day of her last period and confirms her periods come about once a month, she can start using the SDM immediately.

2 Can she and her partner avoid unprotected sex on the fertile days?

The Standard Days Method does not protect against HIV/AIDS or other sexually transmitted infections.

**Consider circumstances that can affect cycle length:**

If she is **POSTPARTUM** or **BREASTFEEDING**:

- Has she had four periods since her baby was born?
- When her last two periods about a month apart?

If she recently used the **3 MONTH INJECTION**:

- Has three months passed since her last shot? (Has her periods returned?)
- When her last three periods about a month apart?

If she recently used the **PILL, PATCH, 1 MONTH INJECTION, IMPLANT, HORMONAL IUD, or IENG**:

- When her periods about a month apart prior to using any of these methods?
- When her last three periods, since stopping the method, about a month apart?

If she had a **NON-HORMONAL IUD**:

- When her periods about a month apart while using the IUD?
- When her last two periods about a month apart?

If she recently had a **MISCARRIAGE or an ABORTION** OR used **EMERGENCY CONTRACEPTION**:

- When her last two periods about a month apart before getting pregnant or using EC?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

#### CycleBeads Cue Card

**How to Use CycleBeads®**  
Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 99% effective when used correctly.

A woman can use this method if her cycles last between 26 and 32 days. Women who have their periods about once a month have cycles in this range. CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

**CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.**

The **WHITE** beads represent days when a woman **CAN GET PREGNANT**.

The **DARK BROWN** bead marks the first day of the period.

The **BROWN** beads represent days when pregnancy is unlikely.

**When can a woman who meets the eligibility criteria start using the CycleBeads?**

- If she can remember the day her last period started, she can start using CycleBeads immediately.
- If she does not remember the date her last period started, she can begin using CycleBeads when her next period starts.
- If she recently was pregnant, is breastfeeding or if she recently used another method, she can start using CycleBeads when her next period starts provided she meets the conditions pertaining to her circumstance.

**How to Use CycleBeads**

On the first day of your period, move the ring to the **RED** bead. Also mark that day on your calendar.

Every morning move the ring to the next bead. Always move the ring in the direction of the arrow. Move the ring even on days when you have your period.

When the ring is on a **BROWN** bead you can have sexual intercourse. These are days when pregnancy is very unlikely.

When the ring is on any **WHITE** bead, use a condom or avoid sex to prevent pregnancy. These are days when you can get pregnant if you have unprotected sex.

On the day your next period starts, move the ring to the **RED** bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

**Be sure your cycles are in range:**

- If you start your period before you put the ring on the **DARK BROWN** bead, that cycle is less than 26 days.
- If you have not started your period by the day after you put the ring on the last **BROWN** bead, that cycle is longer than 32 days.
- If more than once in a year your cycle is shorter than 26, or longer than 32 days, this method will not work for you. See your provider.

**If you forget whether you moved the ring, check in your calendar when your period began. Count the days since your period began and move the ring the same number of beads starting with the **RED** bead.**

Use your family planning method continuously. For the health of the mother and the baby, wait at least 2 years before trying to become pregnant again.

**When to Contact Your Provider**

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year
- you had unprotected sex on a white bead day

## **Components of SDM Counseling**

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### **ASSESS if the SDM is appropriate for the woman and her partner**

- Determine if the clients' menstrual cycle length is 26 to 32 days. Women who get their periods about a month apart have cycles in this range.
- Determine if there is any circumstance or condition that may affect the woman's cycle length (recent pregnancy or use of other methods).
- Help the client decide whether this method will work for her and her partner.
- Determine when the woman can start using the SDM.

### **INFORM the client how the SDM works and check her understanding**

- Describe the SDM to the client and explain how to use Cycle Beads.
- Confirm that the client understood the key points for using the method, repeat, and clarify.

### **SUPPORT the couples' use of the SDM**

- Identify problems the couple may have using the SDM and encourage behaviors that will support correct use of the method.
- Help the couple identify possible solutions to the problems they have identified.
- Explore, with the client, ways of talking with her partner about the method and how to handle and negotiate avoiding unprotected sex on days when she can get pregnant.
- Remind the client to return to the clinic if she has questions or is not satisfied with the method. Schedule a follow-up visit if necessary.

# Activity 4

## Eligibility Criteria for the SDM

During this activity, providers will be introduced to the biological and behavioral eligibility criteria that must be used for assessing if the SDM is appropriate for a woman and her partner – and determining when a woman can start using the SDM.

### Learning Objectives

- Recognize the method eligibility criteria.
- Recognize criteria for starting the SDM.

### Materials Used in this Activity

#### Screening Checklist

**Who Can Use the Standard Days Method® (SDM)**  
Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

**Determine Whether the SDM is Appropriate for the woman**

**1** Are her periods about a month apart (cycles between 26 and 32 days)?

Ask:

- Do your periods usually come when you expect them?
- Do your periods usually come about once a month?
- Periods that usually come about once a month indicate her cycles are between 26 and 32 days long.
- When was the first day of your most recent period?
- If the client knows the first day of her last period and confirms her periods come about once a month, she can start using the SDM immediately.

**2** Can she and her partner avoid unprotected sex on the fertile days?

The Standard Days Method does not protect against HIV/AIDS or other sexually transmitted infections.

Consider circumstances that can affect cycle length:

If she is **POSTPARTUM** or **BREASTFEEDING**:

- Has she had four periods since her baby was born?
- Were her last two periods about a month apart?

If she recently used the **3-MONTH INJECTION**:

- Have three months passed since her last shot? Have her periods returned?
- Were her last three periods about a month apart?

If she recently used the **PILL, PATCH, 1-MONTH INJECTION, IMPLANT, INTRAMURAL RING, or RING**:

- Were her periods about a month apart prior to using any of these methods?
- Were her last three periods, since stopping the method, about a month apart?

If she had a **NON-HORMONAL IUD**:

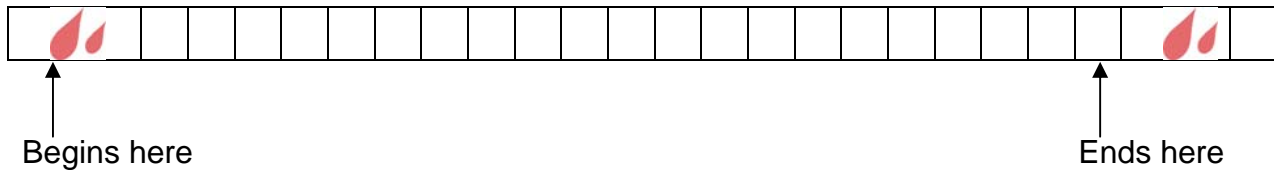
- Were her periods about a month apart while using the IUD?
- Were her last two periods about a month apart?

If she recently had a **MISCARRIAGE** or an **ABORTION** OR used **EMERGENCY CONTRACEPTION**:

- Were her last two periods about a month apart before getting pregnant or using EC?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

# Menstrual Cycle



The menstrual cycle begins on the first day of the period and ends the day before the next period starts.

Criteria for Starting the SDM	
Date of last period known	<b>Start immediately</b>
Date of last period unknown	<b>Start on first day of next period</b>
OC, patch, ring or 1-month injection, implant, hormonal IUD	<b>Cycles before using method were about a month apart (26-32 day cycles)</b> <b>Start after 3 consecutive periods (2 cycles) about a month apart after stopping the pill</b>
Postpartum/breastfeeding	<b>Start after 4 periods</b> <b>Two most recent are about a month apart</b>
3-month injection	<b>Wait 90 days after last injection</b> <b>Start after three most recent periods are about a month apart</b>

# Activity 5

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## Screening for Cycle Length and Regularity (Case Analysis)

Participants will begin to practice applying the eligibility criteria for potential SDM users as part of the “assess” stage of SDM counseling. In this activity, participants will determine if and when the woman can start using the SDM.

### Learning Objectives

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- Practice screening for method eligibility.
- Practice applying criteria for assessing when can women start using the SDM.

### Materials Used in this Activity

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- Screening Checklist
- Case Studies

## Case Studies – Calculating Cycle Length and Regularity

### Instructions:

1. Turn to the person next to you and work in pairs. In this activity, you will analyze two case studies and apply the SDM eligibility criteria. When solving these case studies, use the Screening Checklist for Initial Visit. Spend 10 minutes solving two case studies.
2. Complete the following:
  - First, estimate if the client's cycle is in range (use the questions on the Screening Checklist for Initial Visit)
  - Second, determine if the client can use the SDM and when can she start using it (use the Screening Checklist for Initial Visit)
3. After 10 minutes the facilitator will invite volunteers to read a case at a time, provide the answer and comment on any issues or questions that may have come up while solving the cases.

Read the case information and answer the questions for each case.

### Case 1 — Lori

Date of last menstrual period: April 8  
Date of visit to the clinic: April 14

Note: Lori says she is very regular. Her periods come each month, when she expects them. (She looks at a calendar and points to April 8, the first day of her last period.) Lori and her husband are both interested in this natural method. She is not breastfeeding and has never used a hormonal method of family planning.

- Can she use the Standard Days Method? Why or why not?
- If the method is suitable for her, when could she start using it?
- What recommendations would you make to her?

## Case 2 — Maggie

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Date of last menstrual period: Beginning of the month  
(does not remember exact date)

Date of visit to clinic: May 20

Note: Maggie and her husband are very interested in the SDM because it is natural and there are no side effects. She does not know the exact day of her last period. However, she says her periods always come when she expects them. Her periods come about a month apart, around the same time each month. She has not been using a family planning method and has been married only a few months.

- Can she use the Standard Days Method? Why or why not?
- If the method is suitable for her, when could she start using it?
- What recommendations would you make to her?

## Case 3 — Gaby

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Date of last menstrual period: Does not know

Date of visit to the clinic: February 14

Note: Gaby has heard of CycleBeads. Her older sister has a string of these beads and likes the method very much. Gaby does not remember the first day of her last period. She does not know when to expect her next period. She does not usually pay attention to when her period comes and doesn't really know if she is regular or not. She would like to start using CycleBeads right away.

- Can she use the Standard Days Method? Why or why not?
- If the method is suitable for her, when could she start using it?
- What recommendations would you make to her?

## Case 4 — Pat

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Date of last menstrual period: March 31

Date of visit to the clinic: April 15

Note: The first day of Pat's last period was March 31. There are times when her periods come about the same time each month. However, usually she does not know when to expect her period. Sometimes her periods come about every month and a half. Sometimes two months or more go by and she still has not had her period. Her periods have always been irregular. She and her husband communicate well and agree that they do not want to have children at this time.

- Can she use the Standard Days Method? Why or why not?
- If the method is suitable for her, when could she start using it?
- What recommendations would you make to her?

## Case 5 — Vicki

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Date of last menstrual period: October 25

Date of visit to the clinic: October 30

Note: Vicki stopped using oral contraceptives a couple of month ago. Her cycles prior to using the pill were regular every month and they are regular now.

- Can she use the Standard Days Method? Why or why not?
- If the method is suitable for her, when could she start using it?
- What recommendations would you make to her?



# Activity 6

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## Screening for Special Circumstances (Role Playing)

During this activity, participants will practice applying the SDM eligibility criteria to clients under special circumstances. In this opportunity participants will take turns playing the role of a family planning counselor and a client during a simulated counseling session. Participants will also take turns assessing each other's counseling skills using a feedback checklist – and share results and observations in a group discussion.

### Learning Objectives

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- How to apply method eligibility criteria to clients in special circumstances.
- How to apply criteria for assessing when women can start the method.

### Materials Used in this Activity

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- Screening Checklist

# Activity 7

## Using CycleBeads

During this activity, participants will observe a demonstration on how to use CycleBeads. Participants will also take turns in role playing sessions explaining use of CycleBeads as part of “informing” the client on how to use the method. Participants will also provide feedback to one another using a feedback checklist.

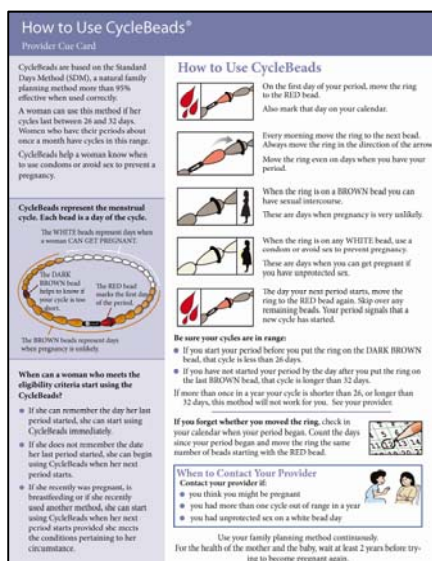
## Learning Objectives

- Explain how to use CycleBeads.
- Practice how to verify client understanding of how to use the method.

## Materials Used in this Activity

- CycleBeads and CycleBeads Cue Card
- Guidelines for providing clear information
- Feedback Checklist #2

### CycleBeads Cue Card



### CycleBeads Insert



## Guidelines for Providing Clear Information

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- Use simple sentences and short words
- Use language the client can understand
- Use pictures and printed material
- Show CycleBeads right from the beginning and let the client touch and hold them
- Stop from time to time to check that the client understands the illustrations
- Ask clear questions to make sure the information you have given the client is clear
- Repeat instructions and key messages, especially at the end of the session

# Feedback Checklist #1: Using CycleBeads

## Instructions to Participants

1. Briefly assess how your colleague completed this exercise.
2. Check “Yes”, “Partial”, or “No” for each question regarding your colleague’s explanation of how CycleBeads work. In instances where you wrote “Partially” or “No”, please write a comment in the “Comments” column regarding how he or she could have done better.
3. Provide this feedback to your partner once you have completed the checklist.

	Yes	Partially	No	Comments
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### Did my colleague:

• Provide general information on how the CycleBeads work?				
• Demonstrate how CycleBeads are used, using the CycleBeads and the Cue Card?				
• Explain to the client when to see the provider?				
• Explain what to do if the client forgets to move the ring?				
• Ask the client to repeat key information on how to use CycleBeads?				

# Activity 8

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## Counseling Clients on Sexuality and Couple Communication

During this activity, participants will explore their own attitudes about sexuality and consider how these may affect their ability to counsel on the SDM. In addition, they will discuss the importance of creating a supportive, non-judgmental environment – and the importance of explaining to the user why it is important to talk about these couple issues. As a group, participants will comment and reflect on the exercise.

### Learning Objectives

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- Explore the providers' attitudes toward discussing sexuality with clients.
- Determine strategies for talking about sexuality.

### Materials Used in this Activity

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- My Sexuality Handout
- Introduction to Sexuality and Couple Communication

## My Sexuality

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1. How often do you have sex with your partner?
2. How would you describe your sex life?
3. Who takes the initiative to have sex, you or your partner?
4. Do you have sex with other people, apart from your current partner?
5. How would you feel if you didn't have sex? Why?
6. If your partner wants to have sex and you don't, what do you do?
7. Have you ever had sex under pressure from your partner? Describe.

## Introduction to Sexuality and Couple Communication

Before asking a woman directly about sexuality, it is important to start with a brief introduction to the subject. Some ways of doing this are presented below:

- “Before talking about possible contraceptive methods, it is important to know a bit more about your relationship with your partner”
- “Lately, for some people, violence has become common in daily life, so we have begun to ask all our clients about any abuse they might be experiencing at home.”
- “I don't know if you have this problem, but tension at home is a problem for some women who come to see me. Some feel too uncomfortable bringing up the subject themselves, so let me ask you...”

### Exploring Sexuality Issues

Unlike what people generally assume, women often have a desire, but don't know how to share their doubts and concerns with a professional, including those related to sexuality. So don't be afraid to ask either indirect or direct questions, when appropriate.

#### Indirect Questions:

- “Your symptoms may be stress-related. Are there times when you and your partner fight a lot? Have you ever been hurt?”
- “Does your husband have an alcohol problem, a drug problem, etc? How does this affect his behavior with you and your children?”
- “When you choose a contraceptive method, it is important to know whether you can know in advance whether you're going to have intercourse or not. In general terms, do you consider that you can control when to have sex or not? Why?”
- “Does your partner ever want to have sex when you don't want to? What happens in this situation?”

#### Direct Questions:

- “As you may know, violence in the home is more and more common. Have you ever been a victim of violence at home? In what circumstances?”
- “Has your partner ever hit you or been violent with you sexually? Why?”
- “Has your partner ever forced you to have sex against your will?”

# Activity 9

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## Managing the Fertile Days

During this activity, participants will conduct a role playing exercise to practice supporting couple's use of the SDM and management of the fertile days. Participants will review and comment on each other's experience using a feedback checklist.

### Learning Objectives

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- Demonstrate ability in applying guidelines for supporting the couple.
- Identify couple situations that can affect correct use of the SDM.
- Identify approaches for handling difficult couple situations during counseling.

### Materials Used in this Activity

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- Role Play Case Studies
- Supporting the Couple Handout
- Feedback Checklist #3



# Role Play Case Studies – Managing the Fertile Days

## Instructions:

1. In this activity, you will take turns playing the role counselor and client. The participant in the role of the client will use the information in the case to respond to the counselor's questions. Spend 30 minutes role playing.
2. After completing the role plays (one per participant), the facilitator will invite volunteers to read a case at a time and comment on how the case was handled and any issues or questions that may have come up while solving the cases.

Read the handout “Supporting Couple’s Use of the Method for guidance and suggestions. Then read the case information and offer the appropriate counseling to the client.

### Case 1

Xochi lives in a rural village. Her husband travels to other villages to work on neighboring farms. Sometimes he is gone for a week or two. When he returns, they usually have sexual relations during the time that he is at home. Xochi just started using the white beads. He is coming home tomorrow.

### Case 2

Esther and Jose are in a monogamous relationship. They plan to use condoms during the white-bead days. However, Jose has never used a condom before.

### Case 3

Mindy is married to Raul. Sometimes Raul has a little too much to drink. When that happens, it is hard to refuse his request to have sex. Mindy also is having difficulty managing the white-bead days because he will not use a condom.

### Case 4

Paul and Louise have used the SDM for 2 months. They want to abstain on the white-bead days because they don't like using condoms. Louise comes in today, on the third day of her period. This is her second client visit. When the provider asks how they are handling the days with the white beads, Louise says, “Okay. On the days it is hard to abstain, my husband takes care of me.” (They use withdrawal.)

## Supporting the Couple's Use of the Method

Determining whether the SDM can work for the couple prior to initiating use may involve touching on issues that are highly personal in nature and exploring them requires sensitivity and skill. It is often easier to discuss contraceptive history and menstrual cycles with a client, than it is to discuss relationships and interactions between partners. In this section, you will find some guidelines for addressing these key issues for supporting the couple's use of the method.

- Identify potential problems the couple may have using the SDM and encourage behaviors that will support correct method use.
  - Help the woman identify possible solutions to the problems she has identified.
  - Schedule a follow-up visit if necessary.
- Explore aspects of the relationship and make suggestions if appropriate.
  - Ask her for ideas about how she could get her partner involved
  - Ask the client what ideas she has for resolving any problems she has identified in this counseling session.
  - Depending on the problem identified by the client, explore with her ways of improving communication about how to manage the white-bead days.
  - Explore ways of letting her partner know when she wants to have intercourse and when she doesn't.
  - Recommend keeping the beads where her partner can see them so that he knows which day she is on.
  - Recommend that the couple moves the ring together each day so that both of them know which day they are on.
  - Suggest that the couple comes to see the provider to talk about the method, alternatives to intercourse or to resolve any questions or worries they may have.

During this process, it is important to remember that good interviewing and counseling skills will help the client share information and actively participate in the counseling process. It is important for the provider to be non-judgmental—remember that judgment can be communicated with words, facial expression, tone of voice, and body language.

Use open-ended questions to get a sense of the client's context and situation. Close-ended questions (which can be answered with a “yes” or “no”) are useful when you need specific information, but you will get only the information that you ask for. By engaging the client in problem solving, the counselor can support her in finding solutions that will work in her situation.

Be alert to potential sources of problems such as rigid adherence to typical sex roles in sexual decision making (the man decides, the women submits), alcohol or other drug use, domestic violence, and long periods of separation due to travel/work schedules.

### **Identify potential problems the couple may have using the SDM and encourage behaviors that will support correct method use.**

Explain in a simple and sensitive way to the client the importance of discussing her sex life with her partner. Assure her that your conversation will be private and confidential. Identify any problems that could restrict the couple's correct use of the method.

**The following questions could help you support the client use the SDM with her partner:**

#### **Ask the client:**

- What are some ways that you can imagine your partner participating in using CycleBeads?
- How will you let your partner know which days you can or cannot have unprotected sex?
- What are some ways that you can think of to prevent pregnancy during the fertile (white-bead) days?
- What do you think that your partner will want to do to prevent pregnancy on the white-bead days?
- How will you and your partner decide on a plan for the white-bead days?
- Do you think there could be a problem with your partner if you tell him you can't have intercourse on some days?
- How do you think your partner will react to avoiding unprotected intercourse on the days you can get pregnant (white-bead days)? What about you?
- Do you think you and your partner may have any problems using the SDM? What problems might you have?
- Could you talk with your partner about this as soon as he gets home? What would you say to your partner? How do you think he would respond or react?

## **Help the woman identify possible solutions to the problems she has identified.**

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Depending on the problems she identified, discuss whether the SDM is a method that she and her partner can use successfully. Some of the issues that could come up, such as serious substance involvement and domestic violence, may require referrals for counseling or other follow-up. Make sure that women who are not good candidates for this method, due to relationship issues, have the opportunity to discuss other pregnancy prevention options. If the SDM appears to be a good option for the couple, explore ways to facilitate communication among partners about the fertile days. Ask how both partners might react to avoiding unprotected sex on the white-bead days and discuss ways to deal with difficulties that might arise.

**Help the client identify possible solutions to any problems you have identified together. The following suggestions could help you support the client use the SDM with her partner:**

### **Suggestions for involving partners:**

- Talk with your partner when you are both in relaxed and positive moods.
- Explore ways to let your partner know when you do and do not want to have sex, with and without words.
- Display CycleBeads in a prominent place and involve partner in moving the ring.
- Suggest that your partner talk with the provider, individually or as a couple.

### **Suggestions for Managing the Fertile (white-bead) Days**

- Have sex on more of the brown bead days when pregnancy is very unlikely.
- Talk ahead of time with your partner about what you should do if he wants to have sex on the white bead days when you can get pregnant.
- If alcohol or drug use may be a problem, talk with ahead of time about what to do if one of you have been drinking or using other drugs and wants to have sex.
- Sleep apart or with children.
- Plan work or travel around days when you can get pregnant (white-bead days).
- Find other ways partners can satisfy each other.
- Find other ways to spend time with your partner.

## **Plan a follow-up visit if necessary.**

Ask the client to return with her CycleBeads and Calendar around the date she expects her next period. Invite her to come back any time she has any questions or concerns.

## Feedback Checklist #2: Using CycleBeads

### Instructions

1. After the role play, assess how your colleague completed this exercise.
2. Check “Yes”, “Partial”, or “No” for each question regarding your colleague’s explanation of how CycleBeads work. In instances where you wrote “Partially” or “No”, please write a comment in the “Comments” column regarding how he or she could have done better.
3. Provide this feedback to your partner once you have completed the checklist.

	Yes	Partially	No	Comments
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### Did my colleague:

<ul style="list-style-type: none"><li>• Help identify potential problems the couple may have using the SDM</li></ul>				
<ul style="list-style-type: none"><li>• Encourage behaviors that would support correct method use?</li></ul>				
<ul style="list-style-type: none"><li>• Help identify possible solutions to the problems the client identified?</li></ul>				
<ul style="list-style-type: none"><li>• Schedule a follow-up visit if necessary?</li></ul>				

# Activity 10

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## Follow-up Visit

Participants will review in this activity the aspects to cover with an SDM client who returns for a follow-up visit – using the Provider Job Aids that are available for this purpose. Providers will also practice applying the follow-up visit criteria in a role playing exercise.

### Learning Objectives

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- Identify key issues to address during a follow-up visit.

### Materials Used in this Activity

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- Aspects to Cover in the Follow-up Visit,

## Special Cases Consider in a Follow-Up Visit

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- Client with long or short cycles
- Possible pregnancy
- Unusual bleeding

### Client with Long or Short Cycles

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#### What should the client do?

- If the woman starts menstruating before reaching the dark brown bead, she should see her provider. (This means she is having a short cycle of less than 26 days.)
- If the woman gets to the last brown bead and her period does not start by the next day, she should see her provider. (This means she is having a long cycle of more than 32 days.)

#### What should the provider do?

- For the woman with a cycle shorter than 26 or longer than 32 days, the provider should:
  1. Review the client's Calendar and check whether, during the year, the woman had any cycles lasting less than 26 days or more than 32 days.
  2. Review how many cycles she had that lasted less than 26 days or more than 32 days. If she had only one long or short cycle she can continue to use the method. If she had two or more long or short cycles, she should use a different method, because the SDM may not be significantly effective for her.
- If the woman had only one cycle lasting less than 26 days or more than 32 days, she can continue to use the SDM with caution. Tell her that, if she wishes, she can keep using the method but if she has another short or long cycle, the method will no longer be suitable for her. Explain to her that, if her period arrives before she puts the ring on the dark brown bead or doesn't arrive by the day after she finishes the last brown bead, this means that the method is no longer suitable. She should return and receive guidance about other methods.
- If she had two or more cycles lasting less than 26 days or more than 32 days, explain to her that this method no longer offers her the protection she needs and that she could get pregnant. The SDM will no longer work well for her because her menstrual cycle no longer fits the requirements for this method. Counsel her about other methods.

### Possible Pregnancy

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#### What should the client do?

- If the woman thinks she **could be pregnant**, she should see her provider.
- If the woman had unprotected sex on a white-bead day, she should see her provider right away.

## What should the provider do?

- Find out how many days have passed since the first day of her last menstruation.
  - If more than 42 days have passed, explain that she could be pregnant and offer her a pregnancy test (or refer her for a pregnancy test).
- **If the pregnancy test is negative and this is the first time she has had a cycle** less than 26 days or more than 32 days, she can still use the SDM with caution. Tell her that if she wishes, she can still use the method but, if she has another short or long cycle, the method is no longer suitable for her.
- **If the pregnancy test is negative but this is not the first time she has had a cycle** less than 26 days or more than 32 days, explain that the SDM will no longer work due to the length of her cycle. Counsel her about other methods.
- **If the pregnancy test is positive**, give her the appropriate guidance and refer her for prenatal and/or the appropriate care. Review how the woman has been using the SDM to find out whether she had unprotected intercourse during days 8 through 19 of her cycle. Document all pregnancies and note, when during the cycle, the unprotected intercourse seems to have occurred.

## Unusual Bleeding

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### What should the provider do?

- If the woman reports bleeding between periods, determine by her description whether it is just minor spotting signaling the approach of ovulation. Otherwise counsel her according to the service delivery guidelines or refer her for assessment.



# Activity 11

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## Workshop Evaluation and Conclusion

During the final activity of the workshop, participants review any final questions or comments regarding the SDM and their experience in the training workshop. Participants will complete the training post-test and the evaluation form.

### **Materials Used in this Activity**

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- Participant Post-Test
- Final Evaluation

# Participant Post-Test

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Read the question and circle the correct answer.

1. **A woman is more likely to get pregnant:**
  - a. At the beginning of her cycle
  - b. Midway through the cycle
  - c. 10 days before menstruating
2. **A woman who is breastfeeding could consider using the SDM:**
  - a. As soon as her baby is 6 months old
  - b. As soon as she starts menstruating again
  - c. Once she has had four consecutive periods
3. **To use the SDM correctly:**
  - a. The couple needs to be able to discuss when to avoid unprotected sex
  - b. The woman should move the ring every day so she knows on which days she is most likely to get pregnant
  - c. The woman and her partner should avoid unprotected sex on white-bead days when she can get pregnant
  - d. All the above conditions should be met
4. **Which of the following IS a characteristic of the SDM?**
  - a. It protects couples against STIs
  - b. It has no side effects
  - c. Several people can use the same CycleBeads
5. **If a woman has cycles between 26 and 32 days before she started the pill she can use the SDM:**
  - a. While taking the pill
  - b. 2 months after she stops taking the pill
  - c. After 3 consecutive periods about a month apart after stopping the pill
  - d. 3 months after she stops taking the pill
6. **To use the SDM the woman must have menstrual cycles lasting:**
  - a. 5 to 7 days
  - b. 20 to 30 days
  - c. 26 to 32 days
  - d. 28 days
7. **What should an SDM user do every time she gets her period?**
  - a. Move the ring to the first white bead
  - b. Move the ring to the red bead and mark her calendar
  - c. Move the ring to the red bead and see a provider
  - d. See a provider
8. **What do the brown beads represent?**
  - a. Days when a woman can get pregnant
  - b. Days when a woman is very unlikely to get pregnant
  - c. Days when a man and woman can have intercourse without worrying about pregnancy
  - d. b. and c.

**9. What do the white beads represent?**

- a. Days with menstrual bleeding
- b. Days when a woman can get pregnant
- c. Days when a woman cannot get pregnant
- d. Days when a couple can have intercourse without getting pregnant

**10. If a woman does not get her period the day after she places the ring on the last brown bead, what should she do?**

- a. Move the ring to the red bead
- b. Use the calendar to count the days
- c. Continue having unprotected sex without worrying about getting pregnant
- d. See her provider

**11. If a woman starts her period before placing the ring on the dark brown bead, what should she do?**

- a. Continue having unprotected sex without worrying about getting pregnant
- b. Move the ring to the red bead and see her provider
- c. Continue to move the ring until she gets to the last brown bead

**12. How effective is the SDM when it is used correctly?**

- a. 70%
- b. 95%
- c. 75%

**13. If a woman used the 3-month injection, when can she start using the SDM?**

- a. At any time while using the injection
- b. When she starts her period
- c. A month after she starts her period
- d. 90 days after her last injection, and her last 3 periods are about a month apart

## Participant Evaluation

### Workshop's General Aspects

	Agree		Disagree	
1. The objectives of the training were fulfilled.	4	3	2	1
2. The material presented was new to me.	4	3	2	1
3. Working in groups was useful.	4	3	2	1
4. The length of the training was just right.	4	3	2	1
5. The time for discussion and questions was sufficient.	4	3	2	1
6. The support materials provided were appropriate.	4	3	2	1
7. The counseling tools (CycleBeads, Cue Card, Screening Checklist and Calendar) are useful.	4	3	2	1

### Workshop Contents

8. I feel that:				
a. I understand the scientific background of the SDM	4	3	2	1
b. I can apply the SDM screening criteria	4	3	2	1
c. I am able to explain how to use the CycleBeads	4	3	2	1
d. I am able to help clients determine how to handle their fertile days	4	3	2	1

9. What is your general impression of the workshop?

10. What topic or aspect of the workshop was the most valuable for the work that you do?

11. What topic or aspect was the least valuable for the work you do?

12. What suggestions to you have for future training workshops?

13. Is there any additional information you need in order to be able to provide Standard Days Method counseling?

**Thank you for your comments.**

# Reference Materials

# Counseling Basics

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Counseling clients on the Standard Days Method (SDM) involves steps and principles common to all counseling of and communication with clients, regardless of the topic involved. The following materials are meant to reacquaint you with the basics of counseling and interpersonal communication, and include some key definitions, basic principles, and the GATHER model for counseling.<sup>1</sup>

## Counseling:

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Counseling is face-to-face communication in which one person helps another to make decisions and then to act on them. In the context of family planning services, counseling is a process that helps clients to decide if they want to practice family planning. If they do, counseling helps them to choose a contraceptive method that is personally and medically appropriate and that they want, understands how to use and are able to use correctly for safe and effective contraceptive protection.

### Good family planning counseling occurs when:

1. Mutual trust is established between the client and the provider. The provider shows respect for the client and identifies and addresses her or his concerns, doubts and fears regarding the use of contraceptive methods.
2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning.

<sup>1</sup> The following material has been adapted from: Rinehart, W., Rudy, S. and Drennan, M. 1998. "GATHER Guide to Counselling." Population Reports, Series J. No. 48. Baltimore. JHU School of Public Health.  
Solter, C. 1998. Module 3: Counseling for Family Planning Services. Comprehensive Reproductive and Family Planning Training Curriculum. Watertown, MA: Pathfinder International.

## **Types of Family Planning Counseling**

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### **General Counseling**

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

### **Method-Specific Counseling**

- Decision-making and method choice made
- More information on method choice given
- Screening process and procedures explained
- Instructions about how and when to use method given
- What to do if there are problems discussed
- When to return for follow-up discussed
- Client repeats back key instructions
- Client given handouts and information to take home when available

### **Return/Follow Up Counseling**

- Problems and side effects discussed and managed
- Continuing use encouraged unless major problems exist
- Instructions repeated
- Questions answered and client concerns addressed

### **Individual Counseling**

- Appropriate when privacy and confidentiality are necessary
- Greet in a friendly manner
- Listen to client's reason for coming
- Ask about client's reproductive health and medical history
- Ask client what they know about family planning and explain family planning methods, including advantages, disadvantages and possible side-effects
- Encourage questions and help client choose method
- Explain to client how to use their chosen method
- Ask client to repeat back key information
- Schedule a return visit



### **Group Education**

- Appropriate when clients are more comfortable in a group situation or when individual counseling is not feasible
- Greet clients in a friendly manner
- Introduce benefits of family planning
- Elicit and discuss rumors and concerns about family planning
- Discuss family planning methods and encourage questions and group discussion
- Discuss how to obtain appropriate methods

## **Interpersonal Communication**

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Interpersonal communication is the face-to-face process of transmitting information and understanding between two or more people.

Face-to-face communication takes place in two forms, verbal and nonverbal, and is both conscious and unconscious, intentional and unintentional.

## **Types of Interpersonal Communication**

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### **Verbal Communication**

- Refers to words and their meaning
- Begins and ends with what we say
- Is largely conscious and controlled by the individual speaking

### **Nonverbal Communication**

- Refers to actions, gestures, behaviors and facial expressions which express, without speaking, how we feel
- Is complex and largely unconscious
- Often reveals to the observant the real feelings or message being conveyed
- Body posture, eye contact, physical appearance, as well as the use of space (or desks and chairs), and can all communicate a message nonverbally.
- Nonverbal communication can involve all our senses, while verbal communication is restricted to hearing.
- Generally, verbal and nonverbal communication work together to convey and reinforce a message. If the verbal and nonverbal messages do not match, the message believed is the one conveyed nonverbally.

## **Motivation**

- Provision of information that encourages and eventually results in a behavioral change in an individual or group
- Process based on an individual or group's felt need
- If a person or group is persuaded that a change will benefit them, it will often lead to making that change
- In the context of family planning, motivation encourages a client to seek more
- Information regarding family planning methods, and based on the perceived benefits of the behavior (i.e., practicing family planning), will often lead a client to adopt family planning.
- Motivation should never be used to encourage a client to accept a specific method. The choice of an appropriate method must be the client's choice.

## **Informed Choice**

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Informed Choice is an integral part of the counseling process and means that a client has the right to choose any family planning method she or he wishes, based on a clear understanding of the benefits and risks of all the available methods, including the option not to choose or adopt any method.

In order to make a choice that is truly informed, the client needs to know:

- The range of all methods available (this assumes that a variety of methods actually are available, or that an effort is made to obtain or refer)
- Advantages and disadvantages of each
- Possible side effects or complications
- Precautions based on her individual medical history
- Information on risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use
- How to use the chosen method safely and effectively

## **Informed Consent**

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Implies that a client has been counseled thoroughly regarding all the components described in the section on informed choice, and that based on this information, she or he has freely and voluntarily agreed to use the chosen method.

Informed consent is particularly important when a client chooses voluntary surgical contraception or any method that may have serious complications for a particular client (e.g., a woman over 35 who smokes and wants to use the pill).

## Key Concepts

1. Counseling is a two-way communication process in which both client and service provider actively participate.
2. Counseling is an ongoing process and must be part of every client-provider interaction in health care delivery.
3. The decision to adopt a particular method must be a voluntary, informed decision made by the client.
4. It is the responsibility of the service provider to ensure that the client is fully informed and freely chooses and consents.
5. An informed client who has been given her or his method of choice is a satisfied client, who is more likely to continue with the method.
6. The sensitive nature of reproductive health/family planning requires that clients' right to privacy, confidentiality, respect, and dignity be always ensured.

## Basic Counseling Principles

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1. Counseling should take place in a private quiet place where client and provider can hear each other, and with sufficient time to ensure that all necessary information, client's concerns, and medical requirements are discussed and addressed.
2. Confidentiality must be ensured, both in the process of counseling and the handling of client records.
3. It is essential that counseling take place in a non-judgmental, accepting, and caring atmosphere.
4. The client should be able to understand the language the provider uses (e.g., local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology, etc.).
5. Clinic staff must use good interpersonal communication skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems, and adopt a non-judgmental, helpful manner.
6. The client should not be overwhelmed with information. The most important messages should be discussed first (e.g., what the client must do to use method correctly and safely) and be brief, simple and specific. Repeating critical information is the most effective way to reinforce the message. Repeat, repeat, repeat.
7. Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.
8. Always verify that the client has understood what has been discussed. Have the client repeat back the most important messages or instructions.

## The GATHER Approach

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GATHER is a useful memory aid to help us to remember the basic steps in the counseling process and to add structure to a complex activity. It can be adapted to meet each individual client's needs.

The following are elements of a successful counseling session:

G=Greet client in a friendly, helpful and respectful manner.

A=Ask client about family planning needs, concerns and previous use.

T=Tell client about different contraceptive options and methods.

H=Help client to make decision about choice of method she or he prefers.

E=Explain to client how to use the method.

R=Return: Schedule and carry out return visit and follow-up of client.

Examples of tasks conducted under each step

### Greet

- Welcome and register client.
- Prepare chart/record.
- Determine purpose of visit.
- Give clients full attention.
- Assure the client that all information discussed will be confidential.

### Ask

- Ask client about her or his needs.
- Write down the client's: age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history, and risk for STDs.
- Assess what the client knows about family planning methods.
- Ask the client if there is a particular method she or he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions).

### Tell

- Tell the client about the available methods.
- Describe how each method works, the advantages, benefits, possible side effects, and disadvantages.
- Answer client concerns and questions.

**Help**

- Help the client to choose a method.
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.
- Examine client.
- If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method.

**Explain**

- Explain how to use the method (how, when and where).
- Explain to the client how and when she or he can and should get resupplies of the method, if necessary.

**Return**

- At the follow-up or return visit ask the client if she or he is still using the method.
- If the answer is yes, ask if she or he is experiencing any problems or side effects and answer any questions.
- If the answer is no, ask why she or he stopped using the method and counsel the person to try another method or re-try the same method again.
- Make sure she or he is using the method correctly.

## Reproductive Health Resources

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The following resources provide helpful tools and information related to family planning, counseling, and sexuality.

### General Family Planning

Blumenthal, P., and McIntosh, N; 1996. Pocket Guide for Family Planning Service Providers. Baltimore: JHPIEGO Corporation. (Available online at [www.reproline.jhu.edu/english/6read/6multi/multi.htm](http://www.reproline.jhu.edu/english/6read/6multi/multi.htm).)

Johns Hopkins Population Information Program; Center for Communication Programs. October 1996. Family planning methods: new guidance. Population Reports. series, No. 77. J44. (Available online at [www.jhuccp.org/pr/j44edsum.stm](http://www.jhuccp.org/pr/j44edsum.stm).)

PATH (Program for Appropriate Technology in Health); 1995. Improving contraceptive access: WHO reviews eligibility criteria for contraceptive use. Outlook 13(4). (Available online at [www.path.org/outlook/html/13\\_4.htm](http://www.path.org/outlook/html/13_4.htm).)

PATH (Program for Appropriate Technology in Health); 1996. WHO Eligibility criteria for contraceptive use: combined injectables and sterilization. Outlook 14(1). (Available online at [www.path.org/outlook/html/14\\_1.htm](http://www.path.org/outlook/html/14_1.htm).)

World Health Organization (WHO); 2002. Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use. Geneva: Author. (Available online at [www.jhuccp.org/pr/j44/j44who.stm](http://www.jhuccp.org/pr/j44/j44who.stm).)

FHI Headquarters  
P.O. Box 13950  
Research Triangle Park, NC 27709, USA  
Phone: 919 544-7040; Fax: 919 544-7261  
Web: [www.fhi.org](http://www.fhi.org)

### United Nations Population Fund (UNFPA)

UNFPA, the United Nations Population Fund, helps developing countries find solutions to their population problems. It is the largest international source of population assistance. The Fund has a number of resources and programs in reproductive health including family planning and sexual health. They publish a number of advocacy and technical documents, as well as evaluation reports.

220 East, 42nd Street  
New York, NY 10017, USA  
Web: [www.unfpa.org](http://www.unfpa.org)

**The following websites are particularly useful for work in reproductive health and family planning.**

Reproductive Health Gateway

The USAID Population and Health Materials Working Group (PHMWG) has developed the Reproductive Health Gateway, a powerful one-stop search site that searches through more than 20,000 pages on over two dozen Web sites selected for information on reproductive health.

Web: <http://www.rhgateway.org>

Reproline

ReproLine(r), managed by the JHPIEGO Corporation, is a free source of up-to-date information on selected reproductive health topics. It also has a number of resources for training in reproductive health.

Web: <http://www.reproline.jhu.edu>

Reproductive Health Outlook

Published by Program for Appropriate Technology in Health (PATH), the RHO (Reproductive Health Outlook) Website provides summaries of up-to-date information, links to in-depth reproductive health information on the Web, and the chance to communicate with international experts and peers through message boards. RHO is especially designed for reproductive health program managers and decision makers working in low-resource settings.

Web: <http://www.rho.org/>

World Health Organization, Department of Reproductive Health

The Department of Reproductive Health and Research (RHR), World Health Organization houses a number of technical papers and research on reproductive health. They publish diverse technical and research reports and case studies.

Web: <http://www.who.int/reproductive-health/publications/index.htm>

## **Counseling**

Engender Health

EngenderHealth addresses family planning, maternal/child health, reproductive health care for men, and the prevention and treatment of sexually transmitted infections and cervical cancer.

They have a number of publications and training materials related to counseling and involving men in family planning.

440 Ninth Avenue

New York, NY 10001, USA

Phone: 212-561-8000; Fax: 212-561-8067

Web: <http://www.engenderhealth.org>.

John Hopkins University/Center for Communication Programs

The Johns Hopkins University/Center for Communication Programs (CCP) is a pioneer in the field of strategic, research-based communication for behavior change and health promotion. They have publications and other materials in counseling and couple communication, including the GATHER counseling guide.

111 Market Place, Suite 310  
Baltimore, MD 21202 USA  
Web: <http://www.jhuccp.org>

### **General Reproductive Health Information**

Family Health International

Family Health International (FHI) works to improve reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training and information programs. FHI has a number of training modules and newsletters related to all aspects of reproductive health, as well as job aids for counseling and a slide series on all methods of family planning.

Family Health International  
2101 Wilson Boulevard, Suite 700  
Arlington, VA 22201, USA  
Phone: 703 516-9779 Fax: 703 516-9781

### **Interpersonal Communication**

AVSC International; 1998 Informed Choice in International Family Planning Service Delivery: Strategies for the 21<sup>st</sup> Century. New York: AVSC.

Murphy, E., and Steele, C.; 2000 Client-provider interactions in family planning services: guidance from research and program experience. MAQ Paper 1(2). (Available online at [www.maqweb.org/maqdoc/vol2.pdf](http://www.maqweb.org/maqdoc/vol2.pdf).)

PATH (Program for Appropriate Technology in Health); 1999 Improving interactions with clients: a key to high-quality services. Outlook 17(2):1-8. (Available online at [www.path.org/outlook/html/17\\_2.htm#articleimproving](http://www.path.org/outlook/html/17_2.htm#articleimproving).)

### **Involving Men**

Drennan, M.; Reproductive Health: New Perspectives on Men's Participation. Population Reports, Series J, No. 46. Baltimore, Johns Hopkins School of Public Health, Population Information Program. (Available at <http://www.jhuccp.org/pr/j46edsum.shtml>.)

Ndong, I., and Finger, W.R.; 1998 Male responsibility for reproductive health. Network 18(3). (Available online at [www.fhi.org/en/fp/fppubs/network/v18-3/nt1831.html](http://www.fhi.org/en/fp/fppubs/network/v18-3/nt1831.html).)



Upadhyay, U.D., and Robey, B; 1999. Why Family Planning Matters. Population Reports, Series J, Number 49. (Available at <http://www.jhuccp.org/pr/j49/j49chap8.shtml>.)

### **Natural Methods of Family Planning**

The Institute for Reproductive Health

The Institute is dedicated to helping women and men make informed choices about family planning as well as providing them with simple and effective natural methods for family planning. As part of Georgetown University's School of Medicine, the Institute, which developed the Standard Days Method, conducts research to develop natural methods and test them in service delivery settings. The Institute has a number of tools and training curricula related to the use of natural family planning methods..

Institute for Reproductive Health, Georgetown University

4301 Connecticut Ave., NW, Suite 310

Washington, DC 20008, USA

Phone: 202/687-1392; Fax: 202/537-7450

Web: [www.irh.org](http://www.irh.org)

### **Screening for STIs**

International Planned Parenthood Federation; 2002. Counseling for STI/HIV Prevention in Sexual and Reproductive Health Settings. New York: Author. Available at <http://ippfnet.ippf.org/pub/Aids2002/CounsellingGuide.pdf>

### **Sexuality**

The Alan Guttmacher Institute (AGI)

This organization's mission is to protect the reproductive choices of women and men around the world. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies. The organization produces a number of research briefs related to sexuality.

120 Wall Street, 21st Floor

New York, NY 10005, USA

Phone: 212 248-1111; Fax: 212/248-1951

1120 Connecticut Avenue, NW, Suite 460

Washington, DC 20036, USA

Phone: 202 296-4012; Fax: 202 223-5756

Web: [www.agi-usa.org](http://www.agi-usa.org)

International Planned Parenthood Federation (IPPF)

IPPF is the largest voluntary organization in the field of sexual and reproductive health including family planning, with representation in over 150 countries. The organization has numerous resources on sexuality education.

810 Seventh Avenue

New York, NY 10019, USA

Phone: 212 541-7800 or 800 230-PLAN; Fax: 212/245-1845

Web: [www.plannedparenthood.org](http://www.plannedparenthood.org)

Sexuality Information and Education Council of the United States (SIECUS)

SIECUS' mission is to affirm that sexuality is a natural and healthy part of living, to develop, collect, and disseminate information, to promote comprehensive education about sexuality, and to advocate the right of individuals to make responsible sexual choices. They produce diverse fact sheets, guidelines, resource manuals, and curriculum guides related to sexuality.

130 West 42nd Street, Suite 350

New York, NY 10036-7802, USA

Phone: 212/819-9770; Fax: 212/819-9776

1706 R Street

Washington, DC 20009, USA

Phone: 202/265-2405; Fax: 202/462-2340

Web site: [www.siecus.org](http://www.siecus.org)



4301 Connecticut Avenue Suite 310  
Washington, D.C. 20008  
Email: [irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu)  
Website: [www.irh.org](http://www.irh.org)



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