Youth-Friendly Pharmacy Program Implementation Kit

Guidelines and tools for implementing a youth-friendly reproductive health pharmacy program.

path
Program for Appropriate Technology in Health

Foreword

Worldwide, recognition of the role that pharmacies can play in health service delivery is growing. In many countries, trained pharmacists and pharmacy counter staff—who often serve customers but do not have pharmacy training—serve as reliable sources of health information, services, and products. In the developing world, pharmacies can serve as particularly important additions to resource-limited public health systems. In these settings, pharmacy staff routinely prescribe and dispense medicines directly to clients and provide medical information and advice.

Pharmacies tend to be accessible and, because their revenue depends on satisfied customers, many have a client-centered service perspective. In addition, they offer greater potential for anonymity than more formal clinical service settings. For these reasons, pharmacies offer an excellent opportunity to provide reproductive health services. Pharmacies are particularly well-situated to respond to three critical needs arising from unprotected intercourse: emergency contraception (EC), prevention and management of sexually transmitted infections (STIs), and ongoing contraceptive care and counseling.

Over the past ten years, Program for Appropriate Technology in Health (PATH) has been working to increase access to health care services by strengthening the capacity of pharmacy staff. We have developed a program approach that has been used in a variety of settings. Our work in Cambodia, Kenya, Nicaragua, the Philippines, Thailand, and the United States has involved government health agencies, professional pharmacist associations, the informal drugstore sector, pharmacy schools, and partner nongovernmental organizations (NGOs). These efforts have demonstrated pharmacies' effectiveness as reproductive health care delivery sites.

Reaching adolescents and young adults with reproductive health care was a particular priority in many of these projects. Recognizing that pharmacies are an integral part of a comprehensive health care system, PATH has sought to strengthen and create linkages among pharmacy staff and other service providers who are important to the ongoing health care and well-being of adolescents.

In 2000, PATH initiated work to increase young adults' access to EC and other reproductive health services by building on the role that pharmacists and pharmacy counter staff can play in developing-country settings. The primary objective of this project was to develop a global model for effectively delivering these services in the pharmacy setting. The project focused on three reproductive health needs related to unprotected intercourse: EC, ongoing contraception, and management of STIs, including HIV/AIDS.

As a result of these efforts, we developed a sustainable model for effectively delivering youth-friendly reproductive health services through pharmacies. Many of the approaches and tools developed and refined through our work can be adapted and used in other settings by other organizations and groups. This Youth-Friendly Pharmacy Program Implementation Kit includes an overview of the PATH approach and prototype tools, such as a reproductive health curriculum, pharmacy staff job aids, and client materials. We hope that by sharing our experiences and tools we will help expand the effective use of pharmacies to meet critical reproductive health needs.

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Table of Contents

Introduction: What Is the Youth-Friendly Pharmacy Program Implementation Kit?

The Youth-Friendly Pharmacy Program Implementation Kit provides guidelines, ideas, and prototype materials for designing and implementing a pharmacy capacity-strengthening project. This kit is intended to guide program managers in the development of a pharmacy training initiative and can be adapted as needed to ensure suitability in a variety of environments.

The kit is based on PATH's work with pharmacies in three countries. This work focused on reaching youth with reproductive health information related to unprotected intercourse—namely, pregnancy prevention with emergency contraception, sexually transmitted infection risk assessment and referral, and ongoing contraceptive method counseling and provision. While the kit contents reflect PATH's project objectives, the objective of the kit is to institute a sustainable mechanism for formalizing the role of pharmacies as reproductive health care providers for adolescents. PATH recognizes that the specific focus may vary, based on local priorities.

The kit consists of four main components:

- Guidelines for implementation of a youth-friendly reproductive health training program for pharmacy staff.
- Implementation tools, including a training curriculum.
- Prototype evaluation instruments.
- Samples of printed materials.

Guidelines for Implementation

The guidelines present the overall strategy for building pharmacies' capacity to provide reproductive health services and serve as the foundation of the Youth-Friendly Pharmacy Program Implementation Kit. The guidelines are divided into six sections:

Step 1: Pre-Project Assessment
Step 2: Engaging and Partnering With Local Stakeholders
Step 3: Strengthening the Capacity of Pharmacy Staff
Step 4: Outreach and Materials Development
Step 5: Monitoring and Evaluation
Step 6: Maintaining and Sustaining the Project

Each step includes goals and objectives as well as key processes for implementation. Each step also incorporates the tools used and lessons learned through implementation. Throughout the guidelines, references to PATH projects are used to provide concrete examples of the model. The authors refer to you, the reader, as the project team. Staff who serve clients but are not trained pharmacists are referred to as counter staff.

Step 1 Pre-Project Assessment

Selecting a location for the project is a critical first step. Conducting a thorough pre-project assessment is essential in ensuring that the location (such as a city, country or region) is appropriate. This in turn will help ensure implementation success. The assessment will help to:

- Identify potential project hurdles.
- Identify environmental factors needed for this type of project—that is, the need for adolescent services, the existence of pharmacies, the willingness of pharmacy staff to participate.
- Create awareness among key stakeholders prior to project implementation.
- Aid in identifying critical partners.
- Highlight consistent issues across pharmacies and countries.
- Identify other ongoing efforts to increase youth access to reproductive health services.
- Identify target areas for project activities.

The assessment results, particularly data from in-depth interviews, focus group discussions, and surveys, should be well documented and recorded. This information will also help inform project focus areas and approaches, and, in the absence of a formal evaluation, can help document change over time.

Objective

Confirm need for and feasibility of project.

Primary Activity

- Identify settings in which there is local support for pharmacy-based initiatives.

Process

The assessment may be implemented through a variety of mechanisms, including desk research, in-depth interviews, focus group discussions, and mystery shopper (simulated client) surveys. The project team should take advantage of local partnerships and networking systems to access stakeholders and key informants. Following are some useful assessment elements.

1. Research local pharmacy regulation and practice.

Determine whether there is anything in the regulatory environment that would inhibit project objectives. Examine whether pharmacists and pharmacy counter staff currently provide reproductive health information and services, for example, contraception and sexually transmitted infection (STI) treatment. Is there a need for pharmacies to provide more accurate and appropriate information and services related to reproductive health?

2. Assess the reproductive health knowledge, attitudes, and practice of pharmacy staff.

Assess pharmacy staff knowledge, attitudes, and practices (KAP) with regard to:

- Emergency Contraception (EC)
- Contraception
- STIs
- Youth needs and services
- Communication and counseling skills

This information can be collected through use of focus group discussions, in-depth interviews, and mystery shopper (simulated client) visits. The prototype interview, focus group, and mystery shopper instruments referenced in Step 5: Monitoring and Evaluation may be adapted and used for the initial assessment. This information will also help determine key service delivery issues that need to be addressed in training.

3. Gather information from pharmacists and pharmacy counter staff about pharmacist training opportunities.

Are there organizations that could carry out pharmacist and pharmacy staff training on an ongoing basis? This information can be gathered through focus group discussions and interviews with pharmacists and counter staff. Discussions with local pharmacy associations may also provide further information on this topic.

4. Identify partners and collaborators.

Research the existence of pharmacy networks (such as regional or national professional associations) and speak with representatives of other key stakeholder and partner groups including ministries of health, pharmacy schools, and other nongovernmental organizations (NGOs). If religious issues influence reproductive health services in your country or region, contact key members of these groups.

5. Investigate community support for improving reproductive health information and services for young adults.

Is there interest in working to improve the reproductive health of young adults, particularly in the areas of raising awareness and promotion of pharmacy-based reproductive health services? Local youth-serving organizations are key informants. This research will also help ascertain opportunities to establish referral linkages between pharmacies and other youth-friendly health service providers and programs.

6. Determine the availability of emergency contraceptive pills (ECPs) locally.

Are ECPs accessible and is EC part of the national family planning norms and guidelines? If so, are they generally accepted, particularly among pharmacist organizations and public health institutions? What is the awareness of ECP use? Is there a dedicated ECP product available? This information can be collected in discussions with the groups mentioned above as well as through pharmacy visits.

7. Identify geographic areas and pharmacies.

Criteria for participation may include pharmacy registration with the Ministry of Health, the community's income level, areas with high youth concentration, number and concentration of pharmacies in the area, and demographic and health data about adolescent reproductive health.

8. Assess the reproductive health knowledge and health-seeking behavior of youth, specifically regarding awareness of contraceptive methods, EC, and STIs, in the project target areas.

Youth surveys and focus group discussions, along with key informant interviews, can be used in the design and development of the pharmacist and counter staff training program and in the development of reproductive health outreach messages for use in the youth outreach programs. The assessment should address young peoples' perception of and comfort with pharmacy-based reproductive health services. Results may be shared with pharmacy staff during the training component of the project.

Tools/Methods

- Focus group discussions
- In-depth interviews
- Mystery shopper (simulated client) interviews
- Meetings with local institutions and organizations

Step 2 Engaging and Partnering With Local Stakeholders

An important factor in determining success is the close collaboration with and support of key local stakeholders, in both the public and private sectors. Identifying and actively engaging these groups will enhance prospects for sustainability and expansion. During the assessment phase, the project team will have identified key potential partners. The following activities will help solidify roles and responsibilities for project implementation.

Objective

Ensure successful implementation and long-term success by engaging stakeholders and collaborating with local partners.

Primary Activities

- Identify effective local partners to guide project efforts and assist with institutionalization.
- Develop mechanisms for regular and ongoing involvement of local partners in all aspects of project design and implementation.

Process

1. Provide information to key audiences and stakeholders.

An information packet designed to provide an overview of the pharmacy-based service model and respond to key stakeholders' concerns and questions can serve to clarify and advance project objectives. This packet should address technical as well as programmatic issues and should be oriented to local conditions.

2. Establish country-level Technical Advisory Group.

A key way to ensure the pharmacy-based approach meets and is consistent with local needs and realities is to establish a Technical Advisory Group (TAG). The role of the TAG is to guide project development, ensure that legal and ethical issues are addressed, and advocate for project acceptance. The TAG also identifies potential project obstacles, ensures buy-in of key organizations, and develops strategies for expanding and sustaining the project.

Identify the leading organizations within the pharmacy and medical communities (especially the public sector), as well as the NGOs working with young adults. Invite the leaders of these organizations to participate in the advisory group to provide guidance on how to ensure broad acceptance and support for the project. Institutions represented on a TAG can include professional associations (e.g., pharmacists, obstetricians/gynecologists), ministries of health and ministries of social services, university-level schools of pharmacy and medicine, national AIDS groups, and youth-serving organizations. For a program oriented at youth, representation of youth on the TAG also provides critical perspectives.

3. Identify implementing partners.

Identifying implementing partners is key to the project's success. These groups can help conduct outreach in the community, as well as serve as referral points for adolescents.

The project team and the TAG can help identify local youth-serving NGOs to aid in outreach efforts. Linking with groups that already have a youth reproductive health focus allows for mutually reinforcing efforts. Local youth-serving organizations can act as a major conduit for providing information about EC, STIs, and contraception, as well as information about youth-friendly reproductive health services in local pharmacies.

The project team should also establish partnerships with public and private service delivery systems that offer clinical services in order to initiate a two-way referral system between pharmacies and clinical services. The project team should facilitate the development and documentation of referral networks to encourage referrals from pharmacies to clinical and support services and from clinics and youth outreach programs to pharmacies.

Developing referral linkages

PATH's projects encouraged linkages between pharmacies and other youth-friendly reproductive health service providers through a referral system. Project staff at each site developed referral networks for pharmacies to facilitate referrals from pharmacies to clinical settings and from clinics and youth outreach programs to pharmacies. While each country devised a different approach, all included distribution of referral slips or coupons to young adults referring them from the pharmacy to other reproductive health services. Tracking of coupons submitted at the time of request for services enabled the project to determine the uptake of services.

Tools/Methods

- List of roles and responsibilities for TAG members
- Information packet for key stakeholders (Decision Maker's Packet)—example included in the Prototype Materials section of Kit

Step 3 Strengthening the Capacity of Pharmacy Staff

Pharmacy personnel routinely provide medical information to their clients and dispense medicines without prescriptions from physicians. However, pharmacy workers often do not have accurate or up-to-date information about appropriate treatment regimens, drugs, or dosages. (KAP survey results from Step 1 will help determine if this is the case in a specific setting.) The pharmacy staff who most frequently deal with customers often have not had formal training or orientation on reproductive or adolescent health, values clarification, and communication skills. Consequently, staff training is critical to establishing the pharmacy as a key reproductive health service site. The reproductive health training that focuses on pharmacists and staff should complement the professional continuing education efforts in many countries.

Objective

Strengthen the reproductive health skills of pharmacy staff through participatory training.

Primary Activities

- Develop the skills of pharmacy personnel to communicate with and counsel youth.
- Provide pharmacy staff with current technical information on EC, contraceptive methods, and STIs.
- Sensitize pharmacy staff to the reproductive health needs of young adults.

Process

The major component of a skill-strengthening strategy is the development of an appropriate training approach and provision of training. Key elements include:

- A participatory training curriculum, reviewed by a TAG, reflective of the local situation, which includes activities such as role-play and group work.
- A training strategy designed specifically for pharmacists and staff with training venue and times built around pharmacy schedules.
- Local trainers selected and supported through training.

1. Adapt curriculum.

A prototype curriculum is included in the appendices of this kit and is designed so that youth-friendly country programs can adapt it to suit local situations. The core curriculum included in the Youth-Friendly Pharmacy Program Implementation Kit is composed of five modules: adolescent reproductive health, customer relations skills, EC, ongoing contraceptive management, and STIs.[1]

[1] The STI approach focuses on STI risk assessment and referrals for treatment and not on syndromic management of STIs. This decision was based on the regulatory environment in the three pilot countries.

The curriculum is flexible enough to allow for different components to be expanded or contracted as needed, according to the knowledge level of the participants and time allotted. The content can also be adapted (such as level of technical detail), depending on the background of staff persons being trained. The training emphasis for academically trained pharmacists is technical, focusing on EC, STIs, and contraceptive management. The training content provides a technical update and helps pharmacists understand their important role as reproductive health care providers and the importance of creating a youth-friendly pharmacy environment. The training of counter staff emphasizes technical knowledge, as well as the development of effective counseling and interpersonal skills, especially when working with adolescents.

The included pharmacy personnel training curriculum is intended for a 15- to 20-hour training. The format and actual length of the training will be determined by the local situation. Training of pharmacists should precede the training of other pharmacy staff in order to ensure their support and understanding of the training content and objectives. All training participants should receive formal certificates of participation to document their professional development.

To ensure that the curriculum fits local needs, the project team should:

- Augment the core curriculum with local information.
- Use assessment findings to address country-specific situations or problems.
- Ensure review by relevant local stakeholders/technical resources such as the TAG.
- Revise the training approach and content based on training participant feedback.

2. Establish a core team of trainers.

Training sessions conducted by at least two trained facilitators allow for both effective training and technical legitimacy. Trainer selection is critical to success and includes an understanding of the kind of persons to whom pharmacists and counter staff will most favorably respond. Identify individuals with experience in leading training workshops and with ample facilitation skills, such as verbal and nonverbal communication techniques, rapport development, and participatory training approaches. TAG members also can help identify credible and respectable technical authorities. Trainers may be members of key stakeholder groups.[2]

3. Ensure involvement from pharmacy owners.

Involvement of and support from pharmacy owners is critical to ensuring attendance at training sessions. If there is one, the local pharmacy professional association is important in introducing the idea of training and getting owners' buy-in and commitment to allow staff members to attend training.

[2] Inclusion of physicians on the training team, either as trainers or resources, is useful in authoritatively addressing clinical issues. The project team may determine in their assessment that pharmacists feel more comfortable receiving training from other pharmacists or from physicians. If the training team does not have a member who is a physician—and who can address specific clinical questions that may arise—the team may decide to invite a physician to attend as a resource. Conversely, the counter staff may feel less comfortable receiving training from pharmacists because of potential power dynamics.

4. Arrange training logistics.

Planning and conducting the training of pharmacy personnel should include the following steps:

■ Prepare a training schedule.

The training schedule must accommodate the schedules and commitments of pharmacy staff. Representative pharmacists, counter staff, and TAG members can all contribute to the development of the training format.

■ Arrange venue.

The venue must be easily accessible to pharmacy staff.

■ Invite pharmacy staff to the training.

The ideal size of participatory training groups is 15 to 20 participants. If a lecture format is more appropriate, a larger number of participants may attend.

Endorsement of pharmacy training

In Cambodia, the Ministry of Health was responsible for issuing invitations to pharmacists, which helped facilitate attendance. Similarly, in Kenya, the Pharmaceutical Society (PSK) issued the invitations, signed by the PSK chairperson, so that officially it became a PSK training. In Nicaragua, project staff visited pharmacies in areas with a high volume of youth traffic to promote the project and then made follow-up visits to deliver the training invitation.

■ Conduct training and sign a Memorandum of Understanding (MOU).

An MOU can be a helpful tool to establish commitment on the part of the pharmacist/owner to provide quality services to youth. The MOU:

- Formalizes the role of the pharmacy.
- Articulates expectations for trained pharmacy personnel.
- Underscores partnership commitment of both parties.
- Provides a basis for monitoring service quality.

(See the Prototype Materials section for a sample MOU.)

5. Plan for post-training activities.

While initial training provides the foundation for quality pharmacy-based reproductive health services, reinforcement of technical aspects of the training (particularly in the area of EC, which is still unfamiliar to many people worldwide) is critical.

A variety of mechanisms can be used to establish effective, ongoing post-training monitoring and reinforcement of pharmacy provision of reproductive health information and services. The following are two examples of mechanisms for doing this.

- **Refresher training for previously trained staff.**

Refresher training reinforces quality service and information provision to staff according to the needs identified during the project monitoring and evaluation. Refresher training should address information needs and encourage active participation, sharing of experiences, and joint problem-solving.

- **On-site (on-the-job) training visits to participating pharmacies.**

On-site training can be conducted during regular monitoring visits and represents a significant savings in time and resources needed to organize large-scale centralized training and pay for transport, per diem, and refreshments. It also can be more focused and tailored to the specific needs of the participants ensuring that each participant receives the information that they need.

Tailoring the training to local conditions

The duration and format of the training sessions for both the pharmacists and counter staff may vary, depending on the needs and availability of the trainees and the trainers. In general, the more time that is made available, the better the outcome. Additionally, participatory approaches serve to reinforce and contextualize major points, as well as engage participants.

In Nicaragua, for example, the TAG advised that training of pharmacists or counter staff should not exceed a one-day, eight-hour session because it would be difficult for staff to be allowed more time away from the pharmacy. Similarly, they advised that pharmacists expected a more formal, didactic, and less participatory format. However, during the final project evaluation, participants confirmed that more time—at least two full days—was needed for all staff. In addition, we found that both pharmacists and counter staff enjoyed role-play and other participatory exercises.

In Cambodia, pharmacists preferred a more formal, lecture-training format that lasted four to eight hours. The 20-hour training of counter staff in both Cambodia and Kenya made extensive use of role-plays, group work, and other participatory exercises. In Cambodia and Kenya, staff training was spread out over five, four-hour sessions.

Tools/Methods

- Training curriculum—included in the Pharmacy Personnel Training Curriculum section of Kit
- Training handouts—included in the Pharmacy Personnel Training Curriculum section of Kit
- Memorandum of Understanding—example included in the Prototype Materials section of Kit

Step 4 Outreach and Materials Development

Increasing adolescent access to reproductive health services through pharmacies can only be accomplished if pharmacists are well equipped to provide high-quality services and accurate information and youth are aware that these services exist. Similarly, to serve as effective resources for reproductive health information and services, pharmacies must be identifiable for pharmacists and counter staff, as well as for clients. High-quality service provision also necessitates on-site informational resources.

Objective

Increase youth awareness of reproductive health service options, focusing on pharmacies.

Primary Activities

- Inform youth of the pharmacy-based reproductive health service options available to them and reach youth with reproductive health messages by integrating them into existing organizations' youth outreach programs.
- Create youth-friendly pharmacy identity through the use of a logo.
- Support and supplement information given by pharmacy staff.
- Establish linkages among pharmacies and youth-serving organizations.

Process

1. Youth outreach.

Identify effective mechanisms for reaching youth with reproductive health messages and raising awareness of youth-friendly pharmacy services. Linking with existing youth outreach and education programs maximizes effective use of resources. To ensure effective outreach, youth educators should have a clear understanding of key messages about EC, STIs, and contraceptive methods—the same three subjects targeted in the pharmacist and pharmacy staff training—and should be prepared to respond to questions. Depending upon current level of knowledge, it may be necessary to upgrade youth outreach workers' technical skills in EC, STIs, and contraceptive methods through training and support materials. Youth outreach workers, especially peer educators, can act as a link between young adults who have reproductive health questions and needs and the services being provided by pharmacies with trained personnel.

Facilitating communication between the pharmacy staff and youth

In Nicaragua, PATH linked with the United States Agency for International Development (USAID)-funded PRIME II project to establish mechanisms for ongoing dialogue on youth-friendly service between youth and pharmacies. The project also worked to provide outreach to youth about contraceptive methods, including EC, and STIs, and provide them with information about pharmacy-based services. Because adolescents need to be aware of their ability to seek these services from pharmacies and serve as partners in determining how they would like services to be delivered, this project also developed a viable, on-going mechanism for communication between the pharmacists and youth. Pharmacists, pharmacy counter staff, and peer promoters have been invited to participate in joint meetings to facilitate the synchronization of project messages, as well as to develop rapport between the groups.

Similarly, in Cambodia, the partner groups organized a forum in which youth and counter staff discussed the reproductive health concerns and needs of young people, their expectations, and their feelings about how services can be improved to better serve youth. Counter staff were able to explain the difficulties they felt trying to meet adolescent clients' needs. The exchange resulted in more realistic expectations and a better understanding of challenges faced by youth and pharmacy staff.

2. Develop youth-oriented materials for pharmacy sites.

Youth-oriented materials available at pharmacies help strengthen service quality. All materials used should be acceptable to pharmacy staff and youth clients and should be pretested with target groups in the design phase. Materials for youth should be accessible in such a way that they attract attention and encourage youth to pick them up.

Referral cards

The referral card used by IXCHEN in Nicaragua served a dual purpose. On one side it offered the holder a 50-percent discount at IXCHEN (PATH's on-the-ground NGO partner) clinics that provide reproductive health services for youth. On the other side it provided a list of questions to enable the holder to assess his or her risk of STIs.

As appropriate, existing client materials on EC, STIs, and contraception should be used or adapted and new materials developed only when needed. Use of existing materials helps ensure consistent information and messages and further serves to link pharmacies with youth-serving organizations.

3. Advertise participating pharmacies as being youth friendly.

A project logo that is hung in participating pharmacies will designate the pharmacy as a youth-friendly site. The logo can take different forms. For example, pharmacies can display a poster with the logo and an informational message. Similarly, a sticker with the logo on it can be placed on the pharmacy window or door. Another option is to have trained staff wear a pin displaying the logo, identifying them as youth-friendly service providers. The logo should be culturally appropriate and appealing, and it should project a positive message.
To develop a youth-friendly logo, work with collaborating partners to design a few sample logos and hold a minimum of three focus group discussions with the target audience (in this case, young adults). One or two focus group discussions also should be held with pharmacists and pharmacy staff to ensure their acceptance of the logo, as they will be responsible for displaying it in their pharmacies.

The embracing couple logo was used in pharmacies in Nicaragua and in Cambodia.

Kenya "Y" Logo.

4. Develop in-store reference materials and job aids.

Reference materials or "job aids" on STIs, EC, and contraceptives should be distributed to trained pharmacy personnel. A job aid needs to be designed so that it can be easily accessed in "real time" (e.g., in the middle of a client consultation) on the job. Pharmacy job aids are designed to reduce guesswork and should make it easier for pharmacy staff to provide correct reproductive health information. A job aid can be developed by modeling how a star performer performs a task. They are intended to be kept in the pharmacy so they will be available when needed. Examples of EC and customer service job aids are included in this Youth-Friendly Pharmacy Program Implementation Kit in the Samples of Printed Materials Section.

5. Develop in-store informational and display materials.

Client information materials about reproductive health targeting youth should be made available at the pharmacies and through NGO outreach.

In addition to in-store materials, the project team may want to develop other tools to increase awareness about the availability of reproductive health services for youth in pharmacies. Examples of client information materials are included in this Youth-Friendly Pharmacy Program Implementation Kit in the Samples of Printed Materials Section.

Developing innovative materials

In Cambodia, client materials were stocked in a locally produced fabric wall hanging display bearing the project logo (see photo below).

Pharmacy display in Phnom Penh, Cambodia. Project logo poster on left hand side of photo; fabric wall hanging in center with informational brochures for youth.

Raising awareness

Look for ways to develop innovative awareness-raising tools or special events to highlight the pharmacies services for youth. The PATH project in Nicaragua created an effective awareness-raising tool: in the districts with participating pharmacies, hand-painted banners with the project logo were strategically placed across streets, encouraging young people to visit their local pharmacies (see photos below). In Kenya, small brochures and posters were also developed. These materials were distributed during outreach efforts by collaborating youth organizations.

Banner reads: Young women and men! Do you want more information about emergency contraception? Ask at your nearest pharmacy.

Step 5 Monitoring and Evaluation

The evaluation should be aimed toward measuring the effect of the project efforts on enhancing the capacity of pharmacies to provide quality reproductive health services to youth. The monitoring and evaluation system must be established before the project begins and continually assessed for appropriateness. The development of a strategy to assess accomplishments and areas for improvement as well as provide feedback on the project activities and tools is critical to ensuring the ongoing success of pharmacy-based reproductive health services for youth.

Objective

Gather information to improve, enhance, and sustain the systems created for youth-friendly pharmacy services.

Primary Activities

- Assess the availability of youth-friendly services at pharmacies.
- Evaluate accuracy of information about EC, STIs, and contraceptive methods given in participating pharmacies.
- Assess the use of referrals.
- Assess ongoing support to participating pharmacies.
- Integrate findings into future activities and use information to improve ongoing activities.

Process

There are a variety of quantitative measures that reflect outputs of the effort including the number of:

- Pharmacies with staff trained.
- Pharmacists and counter staff trained.
- Pharmacies displaying logo.
- Client and reference materials distributed at each pharmacy.

The other key areas of evaluation focus are listed below with suggestions for a range of tools for assessing each.

1. Immediate training effect.

Administer pre- and post-training questionnaires to all training participants to assess the effect of the training on their level of knowledge concerning EC, STIs, and contraceptive methods. Pre- and post-training questionnairs are included with the Pharmacy Personnel Training Curriculum.

2. Quality of pharmacy services.

The quality of pharmacy services can be assessed by:

- In-depth interviews with a representative sample of counter staff. See the Prototype Materials section for a sample interview instrument.

- Focus group discussions with a representative sample of pharmacists to qualitatively evaluate pharmacists' experience with and impressions of youth-friendly reproductive health services. See Prototype Materials section for a sample focus group discussion guide.
- Mystery shopper (simulated client) visits in a random selection of representative pharmacies.[1] Pharmacies may be evaluated at more than one point in time to measure any degradation in quality of information or services. See Prototype Materials section for a sample mystery shopper interview instrument.
- A feedback mechanism to inform pharmacy personnel of the results of the evaluation and discuss areas of strength and areas needing improvement is an important way to continually improve services. Monitoring and evaluation findings may be communicated through a range of mechanisms including refresher training workshops, focus group discussions with pharmacy staff, on-site visits to pharmacies, or newsletters for participating pharmacies.

3. Tracking of pharmacy sales.

To evaluate the extent to which pharmacies are providing more (and more effective) information, counseling, and products related to reproductive health, the project team may decide to track sales of a particular product (for instance ECPs). To do this, the project team may:

- Contact local distributors and ask them to provide EC (or other product) sales data for the periods before and after the training and outreach activities. In the case of EC, this is more difficult where a dedicated product does not exist.
- Establish a pharmacy service registry that will enable tracking of product sales at the pharmacy level in a number of sentinel sites. Consistently keeping these records will involve agreement and effort on the part of pharmacy staff and will require regular visits on the part of project staff to collect the data.

A secondary effect of the project is increased knowledge and awareness of pharmacy-based services among young adults. Youth outreach may be evaluated through a follow-up assessment. The survey of young adults described in Step 1 should then be conducted again at the close of the project with the same sampling methods and target areas to evaluate changes in knowledge and behavior.

Tools/Methods

- Focus group discussions—example guide included in the Prototype Materials section of Kit
- Pharmacy staff interviews—example interview questionnaire included in the Prototype Materials section of Kit
- Mystery shopper (simulated client) interviews—example guidelines included in the Prototype Materials section of Kit
- Surveys
- Pre- and post-training questionnaires for participants—included in Pharmacy Personnel Training Curriculum section of Kit

[1] The use of mystery shoppers (simulated clients) is useful, but can be challenging and must be used carefully and ethically.

Step 6 Maintaining and Sustaining the Project

Information sharing and capacity development are critical to the success and ultimate sustainability of high-quality pharmacy-based services.

Objective

Ensure ongoing project success and sustainability.

Primary Activities

- Keep TAG members involved and informed of project activities.
- Inform project participants of lessons learned from project evaluation activities.
- Institutionalize reproductive health training for pharmacists and staff.

Process:

1. Ongoing communication with the TAG.

As mentioned in Step 2, the TAG is critical in ensuring broad acceptance and support for the project. The TAG can be particularly helpful in identifying potential obstacles to the project and ensuring continued support of key organizations. Additionally, TAG membership will be instrumental in developing strategies for expanding and sustaining the gains made in the project efforts. As such, continued contact with the members of the TAG is important in order to keep them apprised of project activities and development, as well as to seek their advice about any potential project obstacles. While the level of involvement may differ depending on the local situation, regularly scheduled meetings (e.g., quarterly) may be appropriate.

2. Incorporate monitoring and evaluation data into program.

Ongoing monitoring of the pharmacy-based services is critical to the project's success. Establishing mechanisms to communicate monitoring and evaluation results is desirable. This could be done via newsletters, regular meetings, or refresher training workshops with trained pharmacy staff. Regular updates and refresher training workshops help lessen the impact of staff turnover.

3. Maintain, update, and expand referral systems.

To serve youth reproductive health needs comprehensively, pharmacies must be linked with other health service facilities. Two-way referrals between pharmacies and clinic-based health care providers help to develop and strengthen this network.

Strengthening organizational partnerships

In addition to the assistance provided by TAG members in strategic planning and project implementation, another benefit may be the development and/or strengthening of institutional relationships among member organizations. Development of strong, longstanding partnerships between organizations on the TAG will not only facilitate the implementation of the current efforts but also can help ensure long-term sustainability of high-quality pharmacy reproductive health services. In Cambodia, where PATH has worked with pharmacists for almost a decade, the TAG members have solidified strong working relationships developed through earlier collaborations, which have facilitated the institutionalization of pharmacy training initiatives (see **Institutionalizing the curriculum** below for more information).

In Nicaragua, the TAG took a very active role in problem solving as well as project implementation. In addition to having frequent meetings, the majority of the TAG members participated in the training of trainers, and many became project trainers themselves. The TAG members also contributed to the project evaluation activities. To further enhance a sense of partnership and professionalism, the Nicaraguan team also developed project business cards for each of the TAG members to help promote the project locally. The strength of the relationships established by participating on the TAG was demonstrated when the National Autonomous University of Nicaragua (a TAG member) offered a 50 percent tuition waiver for a master's degree in sexual and reproductive health to a staff member of another TAG member organization (IXCHEN).

4. Institutionalize the role of pharmacy staff

In the long term, local academic and training institutions and professional associations must equip pharmacy staff with the skills necessary to ensure high-quality reproductive heath services are available at the pharmacy. To achieve this, reproductive health components should be included in the curricula of the pharmacy schools and continuing education programs. Begin the process of institutionalization early in the project.

Institutionalizing the curriculum

As a result of PATH's successful advocacy and the dedication of the local partners, institutionalization of the EC curriculum in the training of pharmacists in Cambodia is complete. Both the Pharmacist Association of Cambodia (PAC) and the University of Health and Science formally agreed to include the EC curriculum in their ongoing pharmacist training and undergraduate pharmacy courses, respectively.

The first EC training for final-year pharmacy students took place in November 2002 and the PAC is planning to introduce the EC curriculum into their ongoing training for members. The PAC will fund the training themselves from membership fees. Organizing and funding this training for members represents a significant milestone in capacity building for the PAC and is a tribute to the ongoing, successful collaboration between PATH, the PAC, and other key groups in Cambodia.

Pharmacy Personnel Training Curriculum

The Youth-Friendly Pharmacy Program Curriculum is to be used for training pharmacists and other pharmacy staff. The curriculum consists of an introduction and the following five sessions:

- Session 1: Adolescent Reproductive Health
- Session 3: Customer Relations Skills
- Session 3: Emergency Contraception
- Session 4: Contraceptive Methods for Ongoing Use
- Session 5: Management of Sexually Transmitted Infections

In addition, training aids, handouts, and a participant final evaluation are included.

Pharmacy Personnel Training Curriculum

Introduction and Notes to the Trainer

Pregnancy and sexually transmitted infections (STIs) represent significant health risks to youth, and unprotected sexual intercourse can result in either or both. Pharmacists and pharmacy staff can be an invaluable reproductive health resource for adolescents because they are easily accessible and are well positioned to respond to the three critical health needs arising from unprotected intercourse:

1. Pregnancy prevention through emergency contraception (EC).
2. Prevention and management of STIs.
3. Ongoing contraceptive care and counseling.

This curriculum is intended to be used to train pharmacists and other pharmacy staff. The curriculum will guide the trainer through the issues related to EC, STIs, and contraceptive management. Although the curriculum is not intended to be used as a lecture script, the trainer should be familiar with all of the material in this curriculum.

Questions and activities have been included to promote discussion and an interactive learning environment. They are intended to help pharmacists and pharmacy counter staff improve and/or implement reproductive health services in their pharmacies or shops.

Training techniques used throughout the curriculum include:

- Small and large group discussion
- Presentation of material by the trainer
- Role-play
- Brainstorm
- Games
- Small group work or work in pairs

The training was designed to be conducted in five sessions in the following order:

1. Adolescent Reproductive Health

2. Customer Relations Skills

3. Emergency Contraception

4. Contraceptive Methods for Ongoing Use

5. Management of Sexually Transmitted Infections

Although these issues represent a package of key reproductive health services and are linked, each topical curriculum is designed to stand alone. However, because the issues discussed are so intricately related, it is recommended that any discussion of EC be linked to discussions of contraceptive management and STI risk and management.

At the beginning of each session, the trainer is provided with a list of training aids (TAs) and handouts (HOs) used for that session. These TAs and HOs are referenced throughout the session. Also included in each session is a pre/post-session questionnaire. Answer keys to these questionnaires are provided. Copies of the questionnaires should be made prior to conducting the training workshop. A participant final evaluation form is also provided and should be copied and given to participants at the close of the entire training workshop.

The trainer is also provided with a list of country-specific information needed for each session. The trainer should collect this information and insert it into the curriculum prior to conducting the training workshop. Technical references are listed at the end of each session.

Trainers should provide each training participant with a packet of materials to reinforce key points covered in the training. The packet of materials should include photocopies of HOs and reference materials included in the curriculum notebook as well as any other materials deemed appropriate by the trainer or presenter.

Each of the five sessions consists of a varying number of sections. Each section begins on a new page. Key points are included at the end of each section. The trainer should ensure that these messages are covered during the training.

Instructions to the trainer and suggested activities are provided in outlined boxes. Detailed content is found below these boxes. For example:

---

1. Introduce yourself to the participants.

My name is _____. I will be your trainer for today's session.

The trainer/presenter is encouraged to adapt and modify the training curriculum to best meet the needs of the audience and country situation. Suggestions for the amount of time needed to conduct each session are also provided, but the trainer should be able to adjust time as appropriate for the audience. The type of technique (e.g., role-play or group discussion) used for each section is also included after the section title. The trainer may also change the methodology used for each section, for instance changing a group discussion to a presentation, according to the audience. In addition, there are certain activities or sections which, depending on local realities and needs, may only be used when training pharmacy counter staff.

Adolescent Reproductive Health Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants should be able to:

- Explore and understand the meaning of adolescence.
- Describe the physical and emotional changes that occur during adolescence.
- Discuss the importance of adolescent reproductive health and pharmacy personnel's role in it.

Time

2 hours, 30 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (30 min.)
2. Adolescence (20 min.)
3. Adolescent Reproductive Health Risks (20 min.)
4. Adolescent Reproductive Health in [*insert country*] (30 min.)
5. Importance of Youth-Friendly Health Services (30 min.)
6. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre- and Post-Session Questionnaire
HO 1: Find Someone Who…
HO 2: Adolescent Reproductive Health in [*insert country*] and Around the World
TA 1: Fact or Fiction?

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape

Local data on the following issues can be used in this session:

- Number of adolescents
- Reproductive health status of adolescents

Introduction

(30 Minutes)

Presentation, game

1. **Introduce trainer and participants.**
2. **Review learning objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for learning objectives. Emphasize practical approach of training.

This training is designed to build participants' knowledge of adolescent reproductive health and develop skills in providing reproductive health services to adolescents.

This session is scheduled to last approximately 2 hours and 30 minutes. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Introduce icebreaker activity. Distribute a copy of HO 1: *Find Someone Who...* to each participant.**
5. **Tell participants to stand up and circulate around the room, asking questions of people until they find someone who fulfills each of the points listed on the page.**
6. **When they have found someone who fulfills a point, they will write their name on the corresponding line. Each blank should have a different name, so as to permit participants to get to know more of the trainees.**
7. **After completing the icebreaker activity, distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Adolescence

(20 Minutes)

Brainstorm, group exercise, discussion

1. Begin by introducing the subject of adolescence and the growing need for adolescent reproductive health services. Use the information below as a guide.

Approximately one billion people—nearly one out of every six persons on the planet—are adolescents, and 85 percent of them live in developing countries.[1] [*Insert relevant country statistics on adolescents*]. As a result, adolescent reproductive health is an increasingly important component of [*insert country*] health programs.

2. Ask participants "What is adolescence?"

3. List participant responses on flip chart, adding any of the points below that have not been mentioned.

Possible responses include:

- Transition from childhood to adulthood.
- Period of physical change and development of adult genital organs.
- Time of change and experimentation.
- Period of sexual awareness.
- Period of rebellion and establishing independence.
- Time of emotional change and search for identity.

4. At each corner of the room, post flip chart paper labeled with one of the following four phrases: physical changes, emotional changes, psychological changes, social changes.

5. Ask participants to circulate around the room and write under each phrase one response to the question "What changes occur during adolescence?"

6. When all participants have finished, invite the group to look around and read the responses at all four corners.

7. Ask each participant to choose one response and give an example of it. Encourage participants to share examples from their own adolescence. For example, if someone has written "increased responsibilities" as an example under "social changes," a participant might share the experience of looking for work to pay for their own or their siblings' education.

Possible responses include:

Physical changes:
- First menses, first erection.
- Growth of pubic and facial hair.
- Development of breasts, widening of hips.

Emotional changes:
- Feeling insecure about self.
- Increased concern about peer approval.
- Sexual attraction.

Psychological changes:
- Thinking about and articulating abstract ideas.
- Thinking about the future.
- Awareness of global issues and news.

Social changes:
- Increased responsibilities.
- Testing independence from parents.
- Finding new peer groups.

Key Point

- Adolescence is marked by physical, emotional, psychological and social changes.

Adolescent Reproductive Health Risks

(20 Minutes)

Presentation, work in pairs, discussion

1. **Introduce the importance of considering adolescent health risks by sharing the information below.**

With adolescence comes growth, change, opportunity, and, all too frequently, risks to reproductive health. The need for improved health and social services aimed at adolescents, including reproductive health services, is being increasingly recognized in [*insert country*] and throughout the world.

2. **Ask participants "Do you feel that many adolescents in [*insert country*] are sexually active?" Discuss this point in the large group. Ask participants to share what their experiences are in terms of the clients they encounter as well as their personal lives (their children, friends, and what they observe in society). Do you feel that many adolescents have multiple sexual partners?**

3. **Ask participants to work in pairs for three to five minutes to provide responses to the question "What risks and reproductive health problems do adolescents encounter when they become sexually active?"**

4. **When the pairs have finished, have them read their responses out loud to the large group, and take notes on a flip chart.**

5. **Encourage discussion of participant answers. Distribute HO 2: *Adolescent Reproductive Health in [insert country] and Around the World.***

Possible responses include:

- Unintended pregnancy.
- STIs (including HIV/AIDS).
- Abortion.
- Caring for a child at a young age.
- Discontinued schooling.
- Forced marriage.
- Increased risk of maternal morbidity and/or mortality.
- Financial burden of childcare or STI treatment.

Key Point

- Adolescents often experience risks to their reproductive health and need to have access to information and support to address these risks.

Adolescent Reproductive Health in [*insert country*]

(30 Minutes)

Game, discussion, presentation

1. **Using TA 1, prepare and distribute one slip of paper from the game *Fact or Fiction?* to each participant or group of participants.**

2. **Ask each participant or group leader to read the phrase on their paper out loud to the group, and state whether they believe it to be fact or fiction (true or false). Ask them to give the reasons why they believe so.**

3. **Discuss each statistic with the group, sharing additional information from HO 2. Sources for the statistical information are also provided in HO 2. Corrected statistics from the game are listed below.**

[*Insert various country specifics related to adolescent reproductive health. These should be the same statistics inserted in TA 1 and HO 2*]

Importance of Youth-Friendly Health Services

(30 Minutes)

Brainstorm, role-play, discussion

1. **Ask participants "Do you get adolescent clients in your pharmacy? If so, what services and products do they come for?"**
2. **Invite several volunteers to role-play (act out) an adolescent client coming to the pharmacy for services. What do they say; how do they act? What happens to an adolescent when a pharmacy staff worker refuses to provide them services?**
3. **Ask participants "What are youth-friendly services? Why are they important?"**
4. **List participant responses on flip chart. Discuss answers and complement the group's ideas with the information below.**

Youth-friendly reproductive health services are services that are developed and provided in a way that recognizes that the challenges, difficulties, and obstacles facing adolescents are very different than those confronted by adults.

Adolescents generally are less informed, less experienced, and less confident about sexual matters and their own abilities than are adults. Adolescents also tend to wait longer to get help because they cannot access a provider or pay for services or because they may not realize that they are pregnant or have an STI.

Specialized approaches are needed to attract, serve, and retain adolescents as reproductive health clients.[2,3] These include:

- Appropriately trained providers who can address adolescents' specific biological, psychological, and health needs.
- Respect for adolescents' privacy and confidentiality.
- Accessible facilities and convenient location.
- Reasonably priced services.
- Flexible hours (evenings and weekends).
- Environment that feels appropriate and comfortable for adolescents, including young men or married adolescents. [2,4,5,6]

5. **Ask participants "Why and how are pharmacists important in adolescent reproductive health? What is their role?"**

6. **List participant responses on flip chart. Discuss answers and complement the group's ideas with the information below. Discuss the fact that adolescents do depend on pharmacies for services.**

Pharmacists can be an invaluable reproductive health resource for adolescents because they are easily accessible and are well positioned to respond to the three critical health needs arising from unprotected intercourse:

- The need for pregnancy prevention through EC.
- Prevention and management of STIs.
- Ongoing contraceptive care and counseling.

This training is designed to reinforce pharmacist's knowledge of these three issues with an emphasis on providing quality reproductive health services to young people.

Key Point

- The challenges, difficulties, and obstacles faced by adolescents are different than those faced by adults; therefore, youth need to have access to friendly, high-quality health services that acknowledge these differences.

Review and Conclusion

(20 Minutes)

1. **Review objectives of the session. Ask participants "To what extent do you feel the session objectives have been achieved?"**
2. **Discuss any questions regarding the content of the session.**
3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

References

1. United Nations Population Fund (UNFPA). *UNFPA and Adolescent*s. New York: UNFPA (1997).
2. Senderowitz, J. Making reproductive health services youth friendly. *FOCUS on Young Adults*. Research, Program, and Policy Series (February 1999).
3. Finger, W. Key factors help programs succeed. *Network*. 17(3) (Spring 1997).
4. Senderowitz, J. Health facility programs on reproductive health for young adults. *FOCUS on Young Adults*. Research, Program, and Policy Series (May 22, 1997).
5. Armstrong, B. et al. Involving men in reproductive health: the Young Men's Clinic. *American Journal of Public Health* 89(6):902-905 (June 1999).
6. Webb, S. ed. Insights from adolescent project experience, 1992-1997. Watertown, Massachusetts: Pathfinder International (1998).

Handouts and Training Aids
Adolescent Reproductive Health

Pre- and Post-Session Questionnaire

Adolescent Reproductive Health

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. Adolescence is marked by physical, emotional, psychological and social changes.		
2. Adolescents have fewer reproductive health risks than adults.		
3. Adolescents are not sexually active.		
4. Youth-friendly reproductive health services are services that are provided in a way that recognizes the challenges facing adolescents.		
5. It is easy for adolescents to get information about sexual and reproductive health.		
6. Pharmacies can be an important reproductive health resource for adolescents.		
7. Pregnancy and childbirth among adolescents carry very little risk of maternal mortality and morbidity.		
8. Sexually active adolescents are at high risk of becoming infected with STIs.		
9. Adolescents tend to wait longer to get help with health care.		
10. Adolescents are more informed about reproductive health than adults.		

Pre- and Post-Session Questionnaire

Adolescent Reproductive Health

Answer Key

Mark the following statements as true or false.	True	False
1. Adolescence is marked by physical, emotional, psychological and social changes.	X	
2. Adolescents have fewer reproductive health risks than adults.		X
3. Adolescents are not sexually active.		X
4. Youth-friendly reproductive health services are services that are provided in a way that recognizes the challenges facing adolescents.	X	
5. It is easy for adolescents to get information about sexual and reproductive health.		X
6. Pharmacies can be an important reproductive health resource for adolescents.	X	
7. Pregnancy and childbirth among adolescents carry very little risk of maternal mortality and morbidity.		X
8. Sexually active adolescents are at high risk of becoming infected with STIs.	X	
9. Adolescents tend to wait longer to get help with health care.	X	
10. Adolescents are more informed about reproductive health than adults.		X

Handout 1: Find Someone Who...

Directions:

Stand and circulate around the room, asking questions of the participants until you have found someone who can answer yes to one of the points. Write their name on the corresponding line. Continue until you have a different person's name on each line.

1. Has two children… ("Do you have two children?" If yes, write name on line and move on) _____
2. Exercises two times per week… _____
3. Likes to talk with young people… _____
4. Has counseled a client for sexually transmitted infection treatment… _____
5. Has never driven a car… _____
6. Speaks four languages… _____
7. Knows what emergency contraception is… _____
8. Enjoys dancing… _____
9. Plays a musical instrument… _____
10. Can name three methods of contraception… _____
11. Wants to have fun during this training… _____
12. Would like to travel to another country… _____

Handout 2: Adolescent Reproductive Health in [*insert country*] and Around the World

Age of sexual debut

Many adolescents are sexually active (although not always by choice).[1] [*insert country specific information if appropriate*]

Lack of information and maturity

Adolescents often lack basic reproductive health information; skills in negotiating sexual relationships; and access to affordable, confidential reproductive health services. Many adolescents lack strong stable relationships with parents or other adults with whom they can talk to about their reproductive health concerns.

The risks of adolescent childbearing

In many parts of the world, women marry and begin childbearing during their adolescent years. Each year about 15 million adolescents aged 15 to 19 years give birth. Pregnancy and childbirth carry greater risks of morbidity and mortality for adolescents than for women in their 20s, especially where medical care is scarce. Girls younger than 18 years of age face two to five times the risk of maternal mortality as women 18 to 25 years of age due to prolonged and obstructed labor, hemorrhage, and other factors.[2] Potentially life-threatening, pregnancy-related illnesses such as hypertension and anemia also are more common among adolescent mothers, especially where malnutrition is endemic.

Abortion

Adolescent unwanted pregnancies often end in abortion. Each year, as many as 4 million youth aged 15 to 19 obtain an abortion. Surveys in developing countries show that up to 60 percent of pregnancies in young women below age 20 are mistimed or unwanted.[3] Pregnant students in many developing countries often seek abortions to avoid being expelled from school.[4] Induced abortion often represents a greater risk for adolescents than for older women. This risk is compounded in countries where abortion is only available under unsafe conditions.

STIs

Every year, up to 100 million youth between 15 and 19 years old become infected with a curable sexually transmitted infection (STI). STIs can lead to life-long health problems, including infertility and chronic pain, and increase the risk of HIV transmission. One-third of all STIs occur in developing countries each year among youth between 13 and 20 years old.[5]

HIV/AIDS

Adolescents also are at a higher risk of contracting HIV/AIDS than other age groups. Globally, nearly half of all HIV infections occur in men and women younger than 25 years old. Recent estimates are that 7,000 young people are infected each day.[5] New infections among females outnumber new infection among males by a ratio of 2 to 1.[5]

[*insert country specific information as appropriate*]

References:

1. Blanc, A. and Way, A. Sexual behavior, contraceptive knowledge and use. *Studies in Family Planning* 29(2):106–116 (June 1998).
2. World Health Organization (WHO). *Programming for Adolescent Health and Development*. Report of the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. Geneva: WHO (1999).
3. International Council on Management of Population Programmes (ICOMP). Adolescents/youth reproductive health hazards. *Feedback* 23(3):5 (1997).
4. Zabin, L. and Kiragu, K. Health consequences of adolescent sexuality and fertility behavior in sub-Saharan Africa. *Studies in Family Planning* 29(2):210–232 (June 1998).
5. UNAIDS and WHO. *Report on the Global HIV/AIDS Epidemic: December 1998.* Available online at www.unaids.org/publications/documents/epidemiology/ surveillance/wad1 998/wadrp98e.doc (accessed February 2000).

Training Aid 1: Fact or Fiction?

Directions:

Cut on the dotted lines below and distribute one slip of paper to each participant. After the participants have had a moment to reflect on the statistics, ask each person to read their phrase and state whether they believe it to be a fact or fiction. Correct the information using the answer key on the next page.

[Insert various country specifics related to adolescent reproductive health.]

✂- -

1. **Example:** In XX country, nearly 40% of women are mothers by age 19.

✂- -

2. **Example:** Contraceptive use is higher among married adolescents than unmarried ones.

✂- -

3. **Example:** In XX country, 1 in 10 maternal deaths is due to complications of unsafe abortion.

✂- -

4.

✂- -

5.

✂- -

6.

✂- -

7.

✂- -

8.

✂- -

9.

✂- -

10.

✂- -

Answer key:

[Insert the correct answers to the "Fact or Fiction" statements used on the previous page.]

1. 2. 3. 4. 5.	6. 7. 8. 9. 10.

Customer Relations Skills Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants should be able to:

- Improve their customer relations skills through the use of effective interpersonal communication techniques such as reflecting, paraphrasing, and summarizing client concerns.
- Explain why there are no correct or incorrect ways of perceiving; there are only different ways of perceiving.
- Identify their own attitudes, feelings, and values, and assess their significance and impact on the counseling process.
- Identify the customer's values and the importance of respect in the counseling process.
- Identify and demonstrate the use of closed-ended, open-ended, probing, and leading questions.
- Demonstrate active listening skills.

Time

5 hours

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Perception and Values (15 min.)
3. Adolescent Reproductive Health Attitudes (20 min.)
4. Values Clarification (15 min.)
5. Interpersonal Communication and Counseling (30 min.)
6. Effective Communication (15 min.)
7. Steps for Effective Counseling (20 min.)
8. Types of Questions (30 min.)
9. Active Listening (30 min.)
10. Appropriate Responses (30 min.)
11. Reflection and Empathy (60 min.)
12. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre- and Post-Session Questionnaire
HO 1: Values and Priorities
HO 2: Types of Questions
HO 3: Identifying Open-Ended and Closed-Ended Questions
HO 4: Active Listening Guidelines for Pharmacy Personnel
HO 5: Reflection Exercise
TA 1: Adolescent Reproductive Health Attitudes

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape

Content and format for this section were adapted from:

- PATH. *Interpersonal Communication and Counseling for Family Planning Workers,* a four-day training curriculum developed for the State Family Planning Commission, China, revised version 1996.

Introduction
(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for learning objectives. Emphasize practical approach of training.

This module is designed to introduce the principles of interpersonal communication and counseling to pharmacy personnel and to provide practical experience in counseling skills. Basic theoretical information on communication and the use of materials is incorporated with practical steps and exercises.

As this module will demonstrate, good interpersonal communication and counseling skills are essential to developing effective customer relations skills. In many cases, customer relations skills are as important as clinical excellence. Customers judge clinical and pharmacy staff based on their customer relations skills such as attentiveness, courtesy, empathy, and confidentiality. These skills, or the lack thereof, help influence whether a client will continue patronizing a particular clinic or pharmacy.

The session is scheduled to last approximately 5 hours. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Perception and Values

(15 Minutes)

Presentation, brainstorm, discussion

1. Introduce the general content for this session using the narrative summary below as a guide.

Our values are often so ingrained that we are unaware of them until we are confronted with a situation that challenges them. Understanding our own perceptions and values is essential to sensitive counseling. By understanding their own perceptions and values, pharmacy staff are better able to appreciate and respect the various experiences that shape the perceptions and values of their clients.

2. Ask participants to briefly brainstorm answers to the question, "What is perception?" Incorporate their responses into the definition provided below.

Possible responses include:

- Viewpoint.
- Opinion based on experience.
- Way of seeing or understanding.

Definition: *Perception* is how we understand what others show or say to us.

Explain that understanding perception is the foundation for understanding communication and relationships. How we perceive others affects the way we communicate and relate with them. Different people have different opinions, experiences, knowledge, and attitudes. We need to respect our differences.

Probe a bit to explore how the concept of perception applies to reproductive health service provision. For example, how clients perceive educational materials depends on their perception of the pictures of people of different ethnic or class groups. Or counseling—some people want information, while others require reassurance and support from the pharmacy worker.

Key Point

- It is important to clarify our own values and understand how our perceptions and personal belief systems influence our behavior, which in turn can influence our interactions with our clients. Understanding our own values will help us avoid personal bias when advising and counseling clients.

Adolescent Reproductive Health Attitudes

(20 Minutes)

Forced choice exercise

1. **Tape flip chart paper with the words "Agree" and "Disagree" to opposite walls of the room.**

2. **Ask participants to stand in the center of the room. Explain that you will read a series of statements one at a time. After each statement, participants should go to the sign that best represents their feeling or opinion.**

3. **One by one, read the statements from the survey of *Adolescent Reproductive Health Attitudes* (TA 1) and ask participants to go to the sign that best represents their feeling.**

4. **Once they have chosen a side, tell them to find a partner and discuss their feeling and beliefs about that statement for 1-2 minutes.**

5. **After 1-2 minutes, stop discussion, ask participants to return to the center of the room, and then read the next statement. Again ask participants to go and stand under the sign that best represents their feeling.**

6. **Continue in this manner, having participants discuss their attitudes each time they have made a choice.**

7. **It is not necessary to read all statements. Stop the exercise before the energy of the group diminishes.**

8. **Process the exercise in the large group by asking:**
   a) **Did any of your responses surprise you? Which ones?**
   b) **Which statements were the hardest to choose sides for?**
   c) **How did you feel about other people's responses? Why did you feel this way?**

Possible responses for 8c. include:

- Defensive.
- Judgmental.
- Ambivalent.
- Afraid to express opinion.
- Decisive.

Perceptions influence our attitudes and values. This exercise demonstrates that individuals' values may differ greatly, even within a community, and that people have reasons for holding the values they do.

You are from similar backgrounds, but have had different responses. People's different experiences lead them to different conclusions. We must first be aware of our own value systems to ensure that we do not impose our beliefs on our clients. We must learn to respect others' values and beliefs, especially when they come to us for services.

Key Point

- People's experiences and perceptions influence their attitude and values. It is important to respect others' values and beliefs, even when they are different from our own.

Values Clarification

(15 minutes)

Exercise, discussion

1. **Give participants a brief definition of values.**

Definition: *Values* are "the principal standards that guide what we do." We use values to guide and improve our behavior and to make appropriate decisions. Values are those things we consider important, such as family, happiness, and health.

2. **Ask participants to look at the values clarification sheet (HO 1: *Values and Priorities*) and take 3-5 minutes to list their top five priorities. Ask the participants not to discuss their answers while filling out the sheets because this might bias their responses. Tell them there will be plenty of time to discuss their answers later.**

3. **Go through the values, asking who chose the first as their number one priority and so on. Ask a few participants why they chose their first priority.**

4. **If a large number of people have similar first priorities, discuss possible reasons. If no one shares priorities, discuss why.**

Remind participants to read the instructions on the handout and rank values from the most important in their opinion (1) to least important (5).

Alternatively: Have a few participants read their lists and say why they chose their first priority.

People may have different priorities depending on their upbringing, education, or other factors.

5. **Discuss how much variety in peoples' values there is. Use the information below to complement the discussion.**

Everyone has different values. When counseling, it is important to keep these differences in mind so that we can help our clients make up their own minds based on their own values and situations.

People tend to want those they respect and trust to agree with their views and values. It is the same for your clients. It is not, however, necessary to agree with all the views or values of your clients. By acknowledging your clients' values and presenting information to them in a way that does not contradict these values, your clients will be encouraged to respect and trust your opinions and counseling.

Key Points

- People's perceptions vary and are shaped by their backgrounds and experiences.
- How we perceive others affects the way we communicate and relate to them.
- We must all be aware of our own values and try not to impose our values on our clients.
- We must learn to respect others' values and beliefs.

Interpersonal Communication and Counseling

(30 Minutes)

Presentation, brainstorm, discussion

1. **Introduce the concept of interpersonal communication and counseling to participants using the information below.**

Pharmacy staff communicate with the public, clients, and clients' families for a number of different purposes: to promote, educate, counsel, and sell products. The most intimate of these interactions, counseling, is a process of defining feelings, providing unbiased information, and empowering clients to make their own decisions. The interpersonal skills pharmacy staff exhibit in communicating with and counseling their clients are an important measure of the quality of service the staff give clients.

2. **Explain to participants that there are two main categories of communication in health work: *media* and *interpersonal channels*. Ask participants "What is interpersonal communication?"**

3. **Write participant responses on the flip chart, and then complement the ideas with the suggested definition below.**

Definition: *Interpersonal communication* (IPC) is the face-to-face, verbal and nonverbal exchange of information or feelings between two or more people. It includes the processes of education, advocacy, and counseling.

4. **Ask participants "What is counseling?" Note participant responses on the flip chart and then complement the ideas with the suggested definition below.**

Definition: *Counseling* is a person-to-person interaction in which the health provider gives adequate information to the customers to help them make an informed choice about the course of action that is best for them.

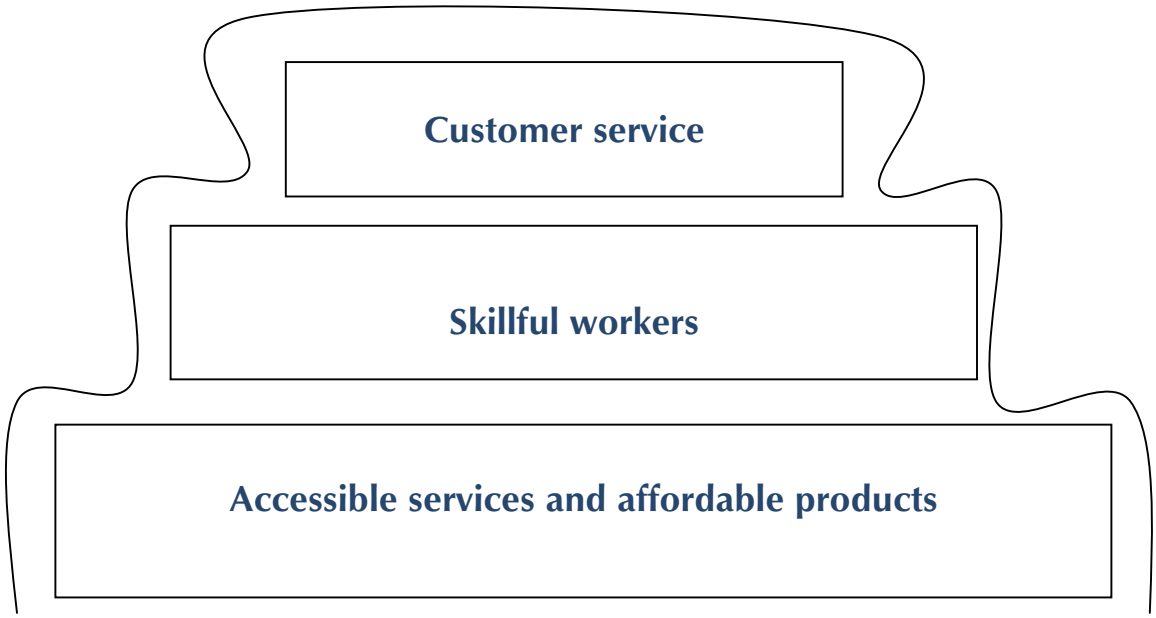
Counseling is a process of helping the customers define their feelings. Counseling enables the clients to make their own decisions. Emphasize the point that in counseling situations, clients make all the decisions that affect their own lives; pharmacy staff do

not. The health provider only helps the client by providing information and by helping the customer in the process of decision making.

5. **Ask participants "In what ways is IPC and counseling important for pharmacists?" Discuss the importance of IPC and counseling.**

6. **Draw the *Quality of Care Model* shown below on a chalkboard or flip chart and take a moment to review the model with participants.**

"Interpersonal Communications is like frosting on the cake"



Effective Communication

(15 Minutes)

Brainstorm, discussion

1. Ask participants to brainstorm the qualities necessary for pharmacists to communicate effectively with clients, and youth in particular. Ask participants to complete the sentence, "An effective communicator..."

Possible responses include:

An effective communicator…

- Listens attentively.
- Uses verbal and nonverbal communication.
- Gives praise and encouragement when appropriate.
- Is not judgmental.
- Paraphrases.
- Helps clients make decisions.
- Screens clients competently.
- Copes with special client needs.
- Uses support materials.
- Observes well.
- Explains information in a language that the client understands.
- Respects the client's opinion.
- Maintains confidentiality.

2. Ask participants if they feel that one of these qualities or skills is more important than the others. Discuss why it is important for pharmacists to develop these skills and how use of these skills can improve their client base. Note that many of these skills will be discussed in this training.

Steps for Effective Counseling

(20 Minutes)

Presentation, small group work, discussion

1. Write out the steps of the GATHER model of counseling listed below. Explain that this is a way of remembering the essential steps in counseling and that each of these steps requires the interpersonal skills the participants will be learning.

Greet.
Ask questions.
Tell client about specific reproductive health topics.
Help clients make decisions that are best for them.
Explain what to do.
Refer or schedule return visit, if appropriate.

2. Ask participants to work in groups of three. In the small groups, each participant should share at least one example from their pharmacy experience in which they have used IPC and counseling skills. Allow 10 minutes for discussion in the small groups.

Possible examples:

- Helping a woman to manage the side effects of oral contraceptives.
- Helping to reassure a mother who came in seeking medicine for her feverish baby.
- Assisting a young woman who is concerned about being pregnant after having unprotected sex two nights before.
- Offering treatment or referral information to a young man who is concerned that he may have a sexually transmitted infection (STI).

3. Return to the large group and ask for a few volunteers to share an example. Conclude the discussion by reviewing the key points.

Counseling can be used in adolescent health services. A young woman may have fears about being pregnant or contracting an STI. She may need encouragement and empathetic treatment in addition to information. The way in which the pharmacy personnel interacts with her can have a major effect on whether she seeks appropriate services.

Key Points

- IPC is used in all areas of health services. All pharmacy staff rely on person-to-person communication. For this reason, good IPC skills can make the difference between success and failure in any pharmacy.
- Person-to-person communication is used to motivate, educate, and counsel clients in every area of health services.
- Adolescent reproductive health is a sensitive issue. It requires a keen awareness of personal values and preferences, the importance of maintaining client confidence and trust, and the difference between professional guidance and personal persuasion.

Types of Questions

(30 Minutes.)

Presentation, brainstorm, discussion

1. Introduce the topic using the information below.

The relationship between a health provider and a client is often very fragile. This is true particularly in the beginning of the relationship when the client is not feeling safe in sharing information about themselves and their family. And yet to be able to help, the health provider must question the client to get the information needed.

In general, there are four ways questions are framed to facilitate the flow of information: *closed-ended, open-ended, probing, and leading*. The way in which questions are asked is often determined by the situation at hand (e.g., the type of information the pharmacy staff is seeking and the ease in which the client is responding).

2. Review the types of questions with participants and list them on flip chart paper or a chalkboard. Go over HO 2: *Types of Questions* and make sure participants understand the different types of questions.

3. Ask participants to complete HO 3: *Identifying Open-Ended and Closed-Ended Questions* and review together. Make sure all participants understand the correct answers to each question.

4. Ask for several examples of each type. Ask them to explain in what circumstances, if any, the type of question would be appropriate in counseling.

5. Point out that tone of voice is important in asking probing questions in a nonthreatening, nonjudgmental way.

6. Emphasize that leading questions are never appropriate because they act as a "door closer" and discourage the clients from saying what they really feel.

Types of Questions (See HO 2: *Types of Questions*)

- Closed-ended
- Open-ended
- Probing
- Leading

Possible uses for each type of question:

Closed-ended:	Reproductive history and information that can be given in short, exacting answers. Example: “When did you have your last period?”
Open-ended:	To learn about clients’ feelings, beliefs, knowledge. Example: “What have you heard about family planning?”
Probing:	To follow up in response to statement by client. Example: “Why do you find it difficult to use condoms?”
Leading:	**Not appropriate.** Example: “Don't you think you are too young to have sex?”

Key Point

- The way in which questions are asked is often determined by the situation at hand.

Active Listening

(30 Minutes)

Presentation, small group exercise, discussion, brainstorm

1. **Explain that when asking questions, it is important to listen to the answers.**

Often we hear, but we are not *really* listening to the clients. Studies done on client/provider interaction show that providers often interrupt the client many times during the exchange. This prevents the provider from receiving critical information needed to assist with decision making. It does not show respect for the client and does not allow the client to feel at ease. The following exercise will help sharpen listening skills:

2. **Divide the participants into groups of three. Instruct them to choose a commonly heard reproductive health concern raised by young clients.**
3. **Explain that in each group, one participant will begin a conversation with a statement relating to the concern.**
4. **The second participant must summarize what the other said in a nonjudgmental fashion.**
5. **The third participant will serve as observer and make sure the rules are followed. Participants may ask for clarification or repetition.**
6. **Show the group how to do the exercise with another trainer or a volunteer from the group, using the example below.**
7. **Give each group five minutes for discussion, then ask them to take turns so that each participant acts out all three roles.**
8. **Process the exercise by asking the group what they thought of it. *What happened? Was it difficult to follow the rules?***

Example:

Person A: I think pills are bad because they disrupt the woman's period.

Person B: You said that you think pills are disruptive to the woman's period. I find that they help normalize the period.

Person A: You think pills help normalize periods, but I think they just make the woman gain weight.

9. Ask participants to think about the question, "What can we do to be good and active listeners?" Brainstorm the elements of active listening by having participants fill in the blank in the following sentence: "To listen attentively, you should _____."

Possible responses include:

- Be patient.
- Be tolerant.
- Look at the person who is talking.
- Summarize, reflect.
- Give nonverbal feedback (e.g., nod, smile, lean forward).
- Ask for clarification.
- Be discreet.
- Be available.

10. Ask participants to think about the question, "What should we *not* do when we listen to a client?" To brainstorm, have participants fill in the blank in the following sentence: "I don't like it when someone _____ when they're listening to me."

Possible responses include:

- Interrupts.
- Is distracted.
- Turns their back.
- Tries to influence me.
- Underestimates me.
- Anticipates (guesses what I'm going to say next).
- Is judgmental or condescending.

11. Distribute HO 4: *Active Listening Guidelines for Pharmacy Personnel*. Briefly review the guidelines and tell participants to keep them for future reference.

Key Point

- Listening is a skill that requires constant practice. Summarizing the main point is a good discipline for listening as it helps confirm to clients that they are heard and understood. Often one is able to point out issues or emotions of which a client may not be aware, particularly when a feeling is communicated nonverbally. This may provide additional information, which in turn can aid the decision-making process.

Appropriate Responses

(30 Minutes)

Presentation, brainstorm, discussion

1. **Introduce this session using the information below.**

Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process. Clients must feel that the pharmacy staff person understands what they are saying. Clients must believe that the pharmacy staff person hears and understands their feelings, needs, and concerns. Only then will they be ready and willing to deal with their situation, listen to options, and make informed and appropriate decisions.

An important skill in laying the groundwork for selecting appropriate responses that will help you communicate with clients is *empathizing*. The ability to put ourselves in another person's shoes, to view an experience from another's perspective is called empathy. Empathizing is being focused on the other person instead of being focused on oneself. Empathy requires a greater degree of understanding than sympathy does. When you empathize, another person's experience becomes your own, at least temporarily.

2. **Tell participants that there are specific ways that we can show empathy for clients, particularly when they have problems or health concerns they share with us. Ask participants "How can we show empathy for our clients?"**

3. **Discuss participant responses briefly. Present the steps below as a suggested model for demonstrating empathy.**

4. **Note that the skills and attitudes that we need to develop to be able to empathize are: open-mindedness, imagination, and the sincere desire to understand the person.**

Showing empathy:

- **Listen** to what the other person is saying. Concentrate on both words and nonverbal behavior. Actively care about what has happened to the person.

- Try to recall or **imagine what you would feel** under similar circumstances.

- Take what you know about the person and try to **imagine what the other person is feeling**. It may be different from what you would feel in similar circumstances.

- Say something to **indicate your sensitivity** to the person's feelings.

5. Ask for a volunteer to read the story below.

Story:
Margaret is eighteen years old and has come to the pharmacy. She does not appear very happy. She says to the pharmacy worker, “My boyfriend refused to wear a condom the last time we had sexual relations. Now I am worried. There are so many diseases, and I also fear getting pregnant. I want to carry on my studies.”

6. Ask participants to brainstorm possible ways (negative or positive) that a pharmacist or pharmacy staff person could react to this situation. Note that when showing empathy, some responses are helpful and others are not. The response to a client should be appropriate to the nature of their situation. For example, a young person who is experiencing painful STI symptoms is in need of sympathy and support, not moralizing or judgment.

Some possible responses include:
- Give advice.
- Sympathize (I understand how you feel).
- Order, direct, command.
- Warn, scold, threaten.
- Moralize, preach.
- Persuade, implore.
- Judge, criticize.
- Butter up, pamper.
- Insult, shame.
- Analyze.
- Reassure, sympathize.
- Question, console.
- Distract, joke around.

7. **Using the case example above, ask participants "Which of the responses are helpful to the client? Which responses come from a pharmacy worker who is empathizing with the client?" Discuss.**

8. **Explain that often people are ready and able to deal with the situation or problem only after their feelings are acknowledged.**

9. **Emphasize to participants that they should respond to their clients by reflecting the feelings that are being expressed, identifying those feelings with the client, and pointing out the options that are available to the client to change the situation.**

- Listen to the client's situation or problem.
- Acknowledge the client's situation or problem.
- Accurately reflect, summarize their feelings (e.g., "If I understand correctly, you feel...")
- Show empathy and offer services, referrals, or appropriate advice.

10. **Explain that a health provider's role is to help clients understand what they are feeling so that clients are better able to deal with their problems.**

11. **Introduce to participants the CLEAR model and explain that it will help them remember appropriate responses to deal with a client's concerns.**

On the flip chart or overhead, write:
Clarify
Listen
Encourage
Acknowledge
Reflect and repeat

Key Points

- Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process.
- Clients' family life situations and emotional stresses may create underlying concerns that affect their ability to make decisions about reproductive health issues. By helping the clients identify, interpret, and confront these feelings, you can enable them to make the decisions that are best for them.

Reflection and Empathy

(60 Minutes)

Presentation, pair work, brainstorm, role-play, discussion

1. Introduce the topic using the information below.

Another important skill that pharmacy personnel can develop is the ability to identify the feelings the client seems to be experiencing and to verbally *reflect* those feelings back to the client. By reflecting clients' feelings back to them, we demonstrate that we understand what they are feeling and that their feelings are valid.

No matter how skilled we are at counseling, we are not always correct in identifying clients' feelings. That is another reason why reflection is important. By reflecting back to the clients the feelings we believe they are experiencing, we give them an opportunity to correct us and/or consider whether or not that is the way they feel.

2. Demonstrate how we can reflect back to the client what is being heard by using the model below. Point out that to accurately reflect what is being said, we must empathize with the client's situation.

Reflecting back client feelings is another way to **initiate a dialogue** to assist the client in dealing with the situation and making a decision. This can be achieved by:
(1) identifying the feelings the client is expressing, (2) interpreting the feelings verbally to the client, (3) getting confirmation from the client that your interpretation is correct; and (4) reviewing with the client some options for future action.

A model for reflecting:

"You feel…"	[Identifies and reflect feeling.]
"Because you…"	[Interprets feeling.]
"And you want to…"	[Identifies an option that can confront the situation and help the client with options for future action.]
"Have I understood you correctly?"	[Checks out interpretations with the client before continuing the dialogue.]

3. **Ask participants to work in pairs, using HO 5: *Reflection Exercise*. Reading the examples, participants should identify ways to reflect or summarize what the client is feeling. They can take turns role-playing responses to the client or brainstorm possible responses and discuss which of the possibilities is most appropriate.**

4. **After identifying the client's feelings, we can then begin to ask questions that will provide more information to allow action to be taken.**

5. **Ask participants to identify some other "door openers." In what ways can we establish rapport with the client and encourage them to talk?**

Possible "door openers:"

- Summarize.
- Clarify feelings.
- "Tell me more."
- "That sounds interesting."
- Touch, smile, nod, lean toward client.
- Silence.

6. **Ask the group to take a few minutes to think about some real or imaginary problems they might be having or they might have faced in their work with clients.**

7. **Have them divide into groups of four and share examples. Each group will select one and prepare a short role-play to demonstrate the problem they encountered and how it could be effectively dealt with.**

8. **Ask the group to comment on use of communication techniques in each role-play. Process by asking the following questions:**
   a) **What happened in the role-play, and what did the pharmacist do to communicate effectively?**
   b) **Why is it important to summarize your client's feelings?**
   c) **How did it feel?**

Key Point

- Reflecting a client's feelings back to them is a way to initiate a dialogue with the client.

Review and Conclusion

(20 Minutes)

1. **Review objectives of the session. Ask participants "To what extent do you feel the session objectives have been achieved?"**
2. **Discuss any questions regarding the content of the session.**
3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

Handouts and Training Aids
Customer Relations Skills

Pre- and Post-Session Questionnaire

Customer Relations Skills

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. People's experiences and perceptions influence their attitude and values.		
2. Pharmacy staff should try to impose their values on their clients.		
3. Listening is a skill that requires constant practice.		
4. The question: "Have you been tested for HIV?" is an example of an open-ended question.		
5. Person-to-person communication can be used to motivate and educate clients in every area of health services.		
6. A pharmacy staff person should tell a client what kind of contraceptive method to use.		
7. Counseling is a process of helping the customers define their feelings.		
8. Accurate reflection and acknowledgment of feelings are not important to the counseling process.		
9. When you empathize, another person's experience becomes your own, at least temporarily.		
10. Adolescent reproductive health can be a sensitive issue.		

Pre- and Post-Session Questionnaire

Customer Relations Skills

Answer Key

Mark the following statements as true or false.	True	False
1. People's experiences and perceptions influence their attitude and values.	X	
2. Pharmacy staff should try to impose their values on their clients.		X
3. Listening is a skill that requires constant practice.	X	
4. The question: "Have you been tested for HIV?" is an example of an open-ended question.		X
5. Person-to-person communication can be used to motivate and educate clients in every area of health services.	X	
6. A pharmacy staff person should tell a client what kind of contraceptive method to use.		X
7. Counseling is a process of helping the customers define their feelings.	X	
8. Accurate reflection and acknowledgment of feelings are not important to the counseling process.		X
9. When you empathize, another person's experience becomes your own, at least temporarily.	X	
10. Adolescent reproductive health can be a sensitive issue.	X	

Handout 1: Values and Priorities

Directions:

Read each statement. When you are finished, select the value which is most important to you and write 1 next to it. Write 2 next to the value that is second in importance to you and 3 next to the value that is third in importance to you. Continue in this manner until you have ranked the five items that are of most importance to you.

1. Good physical health _____
2. Economic security _____
3. Intelligence _____
4. Education _____
5. Cleanliness _____
6. Marriage _____
7. Children _____
8. Successful career _____
9. Happiness _____
10. Religion _____
11. Friends _____
12. Family harmony _____
13. Taking care of my family's needs _____
14. Make more profit from providing services _____
15. More training _____

Handout 2: Types of Questions[1]

Closed-Ended Questions	Open-Ended Questions	Probing Questions	Leading Questions
When to use:			
When a specific response is required, for example, when taking a reproductive history.	When detailed information, such as a respondent's opinion, is needed.	In response to a reply or as a request for further information. NOTE: Out of context, probing questions may sound leading.	Avoid using leading questions because you will rarely learn anything from them.
Requires:			
Brief and exact reply; often elicits yes or no response.	Longer reply; demands thought, allows for explanation of feelings and concerns.	Explanation of an earlier statement.	Leads respondents to answer the question in a particular way or tells them about something that they might not have thought of otherwise.
Examples:			
How may children do you have?	What have you heard about family planning?	Why do you think it is difficult for someone to take pills?	Isn't having fewer and healthier children better than having so many children that you can't care for them?
How old is your daughter?	What do you think about taking pills?	What are the pros and cons of practicing family planning?	Don't you think the IUD is a convenient family planning method?
Other examples:			

[1] Adapted from: Debus, M. *Handbook for Excellence in Focus Group Research: A Special Report of the HEALTHCOM Report*. Porter/Novelli, 1988.

Handout 3: Identifying Open-Ended and Closed-Ended Questions

Directions:

Decide if each question is open-ended or closed-ended. Questions that are open-ended may also be probing. Write "O" or "C" on the line preceding each question. For each closed-ended question, propose a new formulation to translate it into an open-ended question.

1. _____ "Do you think you have a health problem?"
2. _____ "When your husband said that to you, how did you feel?"
3. _____ "You said you would like information about contraceptives. Could you tell me a bit more?"
4. _____ "Have you been tested for HIV?"
5. _____ "What else can you tell me about STIs?"
6. _____ "Do you like oral contraceptive pills?"
7. _____ "Are you taking any medications?"
8. _____ "How can I help you to better understand?"
9. _____ "Tell me, what type of peer pressure are you experiencing at school?"
10. _____ "Do you feel comfortable here?"
11. _____ "What can you share with me about the social norms of young people in your school?"
12. _____ "What do you know about emergency contraception?"

Answer Key

1. closed-ended	**5. open-ended**	**9. probing (open-ended)**
2. open-ended	**6. closed-ended**	**10. closed-ended**
3. probing (open-ended)	**7. closed-ended**	**11. probing (open-ended)**
4. closed-ended	**8. open-ended**	**12. open-ended**

Handout 4: Active Listening Guidelines for Pharmacy Personnel

When first meeting with a client, an effective pharmacy staff person listens as much as possible. If the staff person knows what the client's concerns are, it is easier to address them.

The following are some easy guidelines on active listening and learning for pharmacy personnel:

1. Try to find out what the client does and does not know about his or her reproductive health status and need for services.

2. Ask questions that allow clients to inform you about their needs and wants.

3. Ask questions that make the clients say what they need in their own words (these are called "open-ended questions"). Try not to ask questions that can be answered with "yes" or "no." Questions that start with "Why?" or "How?" are often good open-ended questions.

4. Do not always accept the first answers that people give you. If clients say things that indicate that they are thinking of something else, you should ask the same question in different ways. You should always be polite and friendly so that clients feel relaxed and trusting.

5. If clients seem to feel shy and uneasy when talking about their reproductive health, try talking about something else for a while, then gently return to the subject.

Handout 5: Reflection Exercise

Directions:

Work in pairs to read the clients' statements on the left. Write a sample appropriate response in the right hand column. The response should reflect your understanding of the client's problem.

Client	Possible Response
1. "While Mrs. [*insert appropriate name*] is on leave, I've been working day and night doing the work she should be doing to prepare for inventory. And I bet she won't even thank me when she returns."	
2. "My baby is always sick. She has diarrhea so much. My neighbor gives her baby some herbs and her baby is healthy. But I hear that these herbs can be very dangerous. I don't want my baby to be sick, but I don't know what I am doing wrong. And I don't want to give her something dangerous."	
3. "My baby was feeling well when you convinced me that she should get that shot. Now she's sick and cranky."	
4. "My husband beats me whenever I do something wrong. I don't like it but he is right to do it."	
5. "My life is going very well. We just had our first child and I want to protect him against getting ill."	
6. "My mother-in-law is always nagging me. Nothing I do is right."	
7. "Just give me tablets to stop my feeling sleepy all the time. I don't want to answer any of your questions."	
8. "I found some condoms in my son's jeans pocket. I am shocked to think he may be sexually active, but with so many diseases, I hope those condoms mean he's protecting himself."	
9. "My doctor told me that I should have an HIV test, but I'm really too scared to do that. What if I were positive? What would I do then? No, I don't think I will be able to get a test."	
10. "When I had sex with one of my girlfriends night-before last, the condom slipped off. If she gets pregnant, I'll be very angry."	

Handout 5 (continued): Possible Responses to Reflection Exercise

The trainer can distribute this list of possible responses after participants have completed the blank version above. Participant answers will vary but this can serve as a guide.

Client	Possible Response
1. "While Mrs. [*insert appropriate name*] is on leave, I've been working day and night doing the work she should be doing to prepare for inventory. And I bet she won't even thank me when she returns."	"It sounds like you feel angry because you have been doing Mrs. [insert appropriate name] work and you want be sure that she thanks you for your effort. Have I understood you correctly?"
2. "My baby is always sick. She has diarrhea so much. My neighbor gives her baby some herbs and her baby is healthy. But I hear that these herbs can be very dangerous. I don't want my baby to be sick, but I don't know what I am doing wrong. And I don't want to give her something dangerous."	"It sounds like you feel embarrassed because your baby is sick a lot and you want to keep your child healthy but you are concerned about these herbs. Is that what you are saying?"
3. "My baby was feeling well when you convinced me that she should get that shot. Now she's sick and cranky."	"You sound angry with me because your baby is uncomfortable."
4. "My husband beats me whenever I do something wrong. I don't like it but he is right to do it."	"It sounds like you don't want to be beaten."
5. "My life is going very well. We just had our first child and I want to protect him against getting ill."	"You sound content with your situation."
6. "My mother-in-law is always nagging me. Nothing I do is right."	"Are you feeling frustrated and angry with your mother-in-law?"
7. "Just give me tablets to stop my feeling sleepy all the time. I don't want to answer any of your questions."	"You sound worried about feeling so run down."
8. "I found some condoms in my son's jeans pocket. I am shocked to think he may be sexually active, but with so many diseases, I hope those condoms mean he's protecting himself."	"It sounds as if you are thankful that your son may be using condoms."
9. "My doctor told me that I should have an HIV test, but I'm really too scared to do that. What if I were positive? What would I do then? No, I don't think I will be able to get a test."	"I'm hearing that you feel scared to take the HIV test."
10. "When I had sex with my girlfriend the night-before last, the condom slipped off. If she gets pregnant, I'll be very angry."	"Are you worried about your girlfriend getting pregnant?"

Training Aid 1: Adolescent Reproductive Health Attitudes

Directions:

1. Tape flip chart paper with the words “Agree” and “Disagree” to opposite walls of the room.

2. Ask participants to stand in the center of the room. Explain that you will read a series of statements one at a time. After each statement, participants should go to the sign that best represents their feeling or opinion.

3. One by one, read the statements from the survey of Adolescent Reproductive Health Attitudes (TA 1) and ask participants to go to the sign that best represents their feeling.

4. Once they have chosen a side, tell them to find a partner and discuss their feeling and beliefs about that statement for 1-2 minutes.

5. After 1-2 minutes, stop discussion, ask participants to return to the center of the room, and then read the next statement. Again ask participants to go and stand under the sign that best represents their feeling.

6. Continue in this manner, having participants discuss their attitudes each time they have made a choice.

7. It is not necessary to read all statements. Stop the exercise before the energy of the group diminishes.

Question List

1. Good [*insert appropriate adjective*] youth do not have sex before marriage.

2. Encouraging condom use among young adults is like encouraging promiscuity.

3. If young people receive information about sexuality and reproductive health, they are more likely to want to experiment.

4. It’s OK for adolescent boys to gain sexual experience, but girls should be virgins until they are married.

5. Adolescents should not be provided with reproductive health services unless they have permission from their parents.

6. Girls should not be given condoms because it is boys who use them.

7. If a girl is raped, it is often because she has dressed or behaved provocatively.
8. Teenage boys can't help themselves, they must have sex or they grow crazy with desire.
9. Sexually active teenage girls should have access to contraceptives.
10. A man really loves his wife if he uses a condom with his girlfriend.
11. A man should be older than his wife.
12. If I get an HIV test in my community, I know the results will be kept confidential.
13. Emergency contraception is a safe way to prevent pregnancy after sex.

Emergency Contraception Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants will be able to:

- Describe the history and expanding role of emergency contraception in pregnancy prevention.
- Describe key facts about emergency contraception including different regimens, effectiveness, mechanism of action, safety, and side effects.
- Exhibit good emergency contraceptive counseling skills.
- Identify mechanisms for raising awareness of emergency contraception within the adolescent client population.
- Increase their awareness of emergency contraception resources in [*insert country*].

Time

4 hours, 45 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Unintended Pregnancy (30 min.)
3. Background on Emergency Contraception (25 min.)
4. Effectiveness of Two Emergency Contraceptive Pill Regimens (20 min.)
5. Description of Emergency Contraceptive Pill Regimens (15 min.)
6. Emergency Contraceptive Pill Mechanism of Action (20 min)
7. Emergency Contraceptive Pill Safety and Use (15 min.)
8. Common Side Effects (15 min.)
9. Emergency Contraception Screening and Communication (20 min.)
10. Counseling for Emergency Contraceptive Pill Clients (45 min.)
11. Follow-Up and Referral for Clients (15 min.)
12. Increasing Awareness of Emergency Contraception (30 min.)
13. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre-and Post-Session Questionnaire
HO 1: Key Messages for Emergency Contraceptive Pill Clients
HO 2: Sample Emergency Contraceptive Pill Screening Checklist
HO 3: Counseling for Emergency Contraceptive Pill Clients
HO 4: Counseling Skills Observer Checklist

TA 1: Grab Bag—Key Messages for Emergency Contraceptive Pill Clients
TA 2: Demonstration Role-Play
TA 3: Emergency Contraceptive Pill Client Situation Role-Plays

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape
- Scissors

Local data on the following issues can be used in this session:

- Number of unintended pregnancies by year for the past several years
- Number of pregnancies among girls under 15 years of age for the past several years
- Number of abortions by year
- Number of abortions among girls under 15 years of age by year
- Emergency contraception availability
- Status of dedicated emergency contraceptive pill product
- Emergency contraception awareness or use
- Local brands of antiemitics (i.e., anti-nausea drugs)

Content and format for this section were adapted from:

- *Diverse Audiences Emergency Contraception Clinical Provider Training Curriculum*. Seattle, WA: PATH (2000).
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).
- *Special Report on Emergency Contraception: The Pharmacist's Role*. The American Pharmaceutical Association (2000).
- *Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs*. Seattle, WA: The Consortium for Emergency Contraception (2000).

Introduction
(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart paper, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for objectives. Emphasize practical approach of training.

This training is designed to build knowledge of emergency contraception (EC) by providing accurate, up-to-date information. While this information may be used to help better serve the entire client population, we would like to emphasize how EC can be an important contraceptive method for adolescents to avoid unintended pregnancy.

The session is scheduled to last approximately 4 hours and 45 minutes. During the session participants will participate by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Unintended Pregnancy

(30 Minutes)

Discussion, presentation, pair work, brainstorming

1. **Ask participants "What is unintended pregnancy? How common is it?" List participants' responses on a flip chart, overhead, or chalkboard.**

2. **Using the participant responses, define unintended pregnancy and its consequences. Present information below if necessary.**

3. **Link this information to the need for EC, citing data on need and adolescents from [*insert country*]**

Definition: *Unintended pregnancy* is "a pregnancy that is unwanted or mistimed at conception." Unintended pregnancy **does not** mean unwanted births or unloved children. However, it **does** mean less opportunity to prepare and less time for:

- Pre-pregnancy risk identification.
- Management of preexisting conditions.
- Changes in diet and vitamins.
- Avoidance of alcohol, toxic exposure, and smoking.
- Ensuring the financial resources needed to deliver and support a new child.

Each year in the world:

- Seventy-five million women experience an unintended pregnancy.[1]
- Thirty million women experience contraceptive failure.[2]
- Twenty million unsafe abortions occur.[3]

In developing countries, approximately 60 percent of pregnancies and births to married and unmarried adolescents are unintended.[4] [I*nsert country-specific data on adolescent pregnancy.*]

4. **Ask participants to work in pairs for five minutes. Each pair should make a list of their responses to the question: "What are the consequences of unintended pregnancy among adolescents?"**

5. **Ask several volunteers to offer items from their list. Present information below as summary.**

Consequences of unintended pregnancies can be significant, particularly for adolescents.

Possible responses include:
- Health risks to mother.
- Reliance on unsafe abortion to end pregnancy.
- Discontinuation of schooling.
- Emotional distress.
- Economic hardship.
- Disapproval from the community, especially for young, unmarried women.
- Possible health risks to infants, including birth injuries, lower birth weight, and a lower chance of survival.[5]

Where abortion is illegal or restricted by age, young women may seek an illegal provider who may be unskilled or may practice under unsanitary conditions. Unsafe abortion represents a high proportion of the maternal deaths among adolescents.[6] [I*nsert country-specific data on unsafe abortion among adolescents.*]

Giving birth always carries potential health risks, but the risks of childbearing are greater for young women under age 17. [*Insert country-specific data on adolescent risks of childbearing.*] Young women's knowledge of or confidence in accessing the health care system is frequently limited. This can result in limited prenatal care, which also contributes significantly to complications.[7]

6. Briefly introduce EC using the information below.

Emergency contraception is the only currently available contraceptive method that **prevents** pregnancy **after** sexual intercourse and **before** implantation. Because there is no perfect form of contraception and there are very few perfect contraceptive users, it is important to remember that even those couples using contraception faithfully and correctly can experience contraceptive failure.

7. Ask participants "Why or when would someone need EC?"

8. Discuss and complement participant responses with the information below.

There are different reasons a client might need EC. Those reasons are:
- If a couple recently had sex without using contraception.
- If a condom breaks or slips.
- If a woman is using oral contraceptive pills and missed two or more pills.
- If a woman is using contraceptive injections and was late for her shot.
- If sex was forced.

Key Points

- [*Insert country-specific data to demonstrate the magnitude of the problem of unintended pregnancy.*]
- EC has a very strong potential role in reducing unintended pregnancy.
- The health and social consequences of pregnancy among adolescents are significant.
- Use of EC after contraceptive failure or when no contraception was used represents a responsible choice to prevent pregnancy.

Background on Emergency Contraception

(25 Minutes)

Brainstorming, presentation

1. **Ask participants "What do you know or what have you heard about EC?"**
2. **List participants' responses on flip chart, overhead, or chalkboard. Tell participants that while some of the things they have heard or believe about EC may not be completely correct, the training session today will clarify points of confusion and correct any misinformation.**
3. **Highlight the history of EC introduction with specific information about EC introduction and availability in [*insert country*].**

Emergency contraception is not new.

- High-dose estrogens were used for EC in the 1960s.
- In the mid-1970s, Dr. Albert Yuzpe's research on high-dose estrogen regimens led to the current EC regimen utilizing available combined oral contraceptive products. Also in the 1970s, research began on the use of progestin-only pills for EC.
- Regulatory authorities throughout the world (including France, United Kingdom, and United States) have approved EC products. Emergency Contraceptive Pills are on the *World Health Organization Model Essential Drugs List*.
- [*Insert relevant country-specific data on EC introduction and availability.*]
- With these developments, the use of EC is increasing and likely will continue to expand. It is important that pharmacists be prepared to help women use it effectively.

4. **Explain the two types of EC.**

There are **two types of EC:** emergency contraceptive pills (ECPs) and intrauterine device (IUD) insertion.

ECPs

- ECPs are higher doses of the same hormones found in ordinary birth control pills. ECPs are sometimes referred to as the "morning after pill," despite the longer window of opportunity for their use. **ECPs are not the same as misoprostol; mifepristone; or RU486, the French abortion pill; and cannot cause an abortion.**
- ECPs should be initiated within **3 days** (72 hours) after unprotected sex and they are more effective the sooner they are taken. *Although effectiveness diminishes with time, World Health Organization research has shown that progestin-only ECPs also provide some pregnancy prevention protection for up to 5 days after unprotected intercourse. Women*

should be encouraged to take the ECPs as soon as possible within 72 hours, but not be denied ECPs if they come within 5 days as long as they understand that effectiveness is lessened.[8]

- ECPs can be provided to women **before** they need them. We know that contraceptives fail and sometimes women are unable to use a contraceptive method. Therefore, it may be important for women to have ECPs available at home in the event that they have unprotected intercourse and do not want to get pregnant. Having ECPs at home will help ensure that they are easily available and can be used soon after intercourse when they are most effective.

IUD insertion

- IUD insertion within **5 days** (120 hours) of unprotected sex (or 5 days after the expected date of ovulation, whichever is longer) also is an effective form of EC and has the added benefit of providing the woman with a long-term contraceptive method. Pharmacists can refer women who arrive at the pharmacy to health care providers for this procedure. However, this must occur within the time frame above.
- A copper-T IUD used for EC reduces the risk of pregnancy after unprotected intercourse by 99 percent.[9]
- If inserted for EC, IUDs can be retained for up to 10 years or removed during the client's next menstruation.
- Screening for an IUD as an EC method should follow regular IUD screening criteria. In addition, the provider should ascertain that the unprotected intercourse occurred within 5 days of seeking treatment.

NOTE: If asked about the mechanism of action, the trainer may explain that the copper on the IUD can prevent fertilization or inhibit implantation.

5. Note to participants that the training will focus on ECPs because they are accessible through pharmacies, whereas clients should be referred to a physician for the IUD method.

Key Points

- EC has been in use for over 30 years and many international regulatory bodies approve it.
- There are two types of EC: ECPs and IUD insertion. ECPs are the focus of the training since they are available in a pharmacy setting.
- EC is increasingly being recognized as a standard of care for prevention of pregnancy after unprotected intercourse.

Effectiveness of Two Emergency Contraceptive Pill Regimens

(20 Minutes)

Presentation

1. Introduce the two types of ECP regimens, review their effectiveness, and discuss the dosage requirements. Use the information below.

There are two types of ECPs currently in use that will be discussed in this training. Each type or regimen is defined by the type of hormone or active ingredients used.

The **progestin-only regimen** consists of 0.75 mg levonorgestrel (or 1.5 mg norgestrel) per dose. It has been found to reduce the risk of pregnancy by **85 percent**, with the side effects of **nausea** in 23 percent of women using the regimen, and **vomiting** in 6 percent.[10]

Estrogen and progestin (known as the **combined regimen**, or the Yuzpe regimen) is ethinyl estradiol plus levonorgestrel (or norgestrel). This method is considered to reduce the risk of pregnancy by **74 percent**, with side effects of **nausea** present in 43 percent of women using this regimen, and **vomiting** in 16 percent.[10]

The differences in both effectiveness and side effects between the two methods are significant and substantial. **The progestin-only method is both more effective and produces fewer side effects.**

The combined regimen (estrogen and progestin) requires that the first dose be taken within **72 hours** after intercourse and the second dose **12 hours** later.

The progestin-only regimen is taken in the same two doses as the combined regimen. **However, recent World Health Organization research has demonstrated that both doses of the progestin-only regimen may be taken at the same time—that is, both doses may be taken together within 72 hours after intercourse.[11] It may be easier for clients to take both doses at one time. Pharmacists and staff should advise clients of this option as appropriate.**

Note: The two doses of the combined ECP regimen should NOT be taken at one time because of the increased risk of nausea and vomiting.

Neither method will work if a woman is already pregnant.

Research has demonstrated that the efficacy of ECPs decreases as the time increases between intercourse and use of ECPs. This means that women must have ready access to ECPs in order to maximize their effectiveness.[12]

Almost all other contraceptive methods are more effective than ECPs for *regular ongoing use*. ECPs are not 100 percent effective. Women who use them on a regular basis repeatedly expose themselves to the risk of method failure. ECPs reduce the risk of pregnancy by 74 to 85 percent. The more times a woman uses the method, the more times she exposes herself to the likelihood of the 16 to 25 percent risk of method failure. Additionally, regular ECP use (four or more times a month) causes bleeding irregularity. While not necessarily a health risk, irregular bleeding is unacceptable to most women.

Key Points

- There are two ECP regimens: progestin-only and combined estrogen and progestin.
- The progestin-only regimen is more effective and has fewer side effects.
- Both ECP regimens are more effective the sooner they are taken.
- New (2002) research demonstrates that the **progestin-only** regimen can be safely and effectively taken at one time, rather than 12 hours apart.
- ECPs are not intended for regular use; almost all other contraceptive methods are more effective.

Description of Emergency Contraceptive Pill Regimens

(15 Minutes)

Presentation, discussion

1. Explain that ECPs are available in many countries as a dedicated (specifically packaged) product. Discuss the availability of a dedicated product in [*insert country*].

Both the progestin-only and combined regimens are available in some countries as dedicated ECP products—those packaged and labeled specifically for use as ECPs. If it is available and affordable, the progestin-only regimen is recommended over the combined regimen. The progestin-only regimen is more effective and has fewer side effects. The combined regimen, however, is better than no ECPs at all.

[*Insert country-specific data on status of dedicated product. Include information on the brand name, the cost and whether the cost is affordable to adolescents, and the availability of the product in pharmacies.*]

2. Ask participants if they have heard of regular oral contraceptive pill packets being used for EC. Ask, "How can regular oral contraceptive pills be used as EC?"

3. Explain the different ways EC may be provided with regular oral contraceptive pills using the information provided below. Have participants follow the discussion using the table in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*.

Regular oral contraceptive pills can be used for EC. The doses of oral contraceptive combinations approximate the amount of the estrogen and the progestin used in the regimen. Most of the brands listed in the table on page 3 of HO 1: *Key Messages for Emergency Contraceptive Pill Clients* (and below) require taking 2 or 4 pills for the first dose and 2 or 4 pills for the second dose. Because these are combined (estrogen and progestin) pills, they **cannot** be taken in a single dose.

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	1	1
	LNG 0.03mg	Microlut, Microval, Norgeston	25	25
	LNG 0.0375mg	Ovrette	20	20
Combined Regimen	EE 50 mcg + LNG 0.25mg or EE 50 mcg + LNG 0.50mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15mg or EE 30 mcg + LNG 0.30mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon	4	4

Abbreviations: EE-ethinyl estradiol LNG=levonorgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 72 hours, and the second dose should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Source: *Expanding Global Access to Emergency Contraception*. Consortium for Emergency Contraception. October 2000. p. 47.

To help the client avoid mistakes in taking the regimen, the pharmacist or pharmacy counter staff should cut up oral contraceptive pill packets and give only the specific number of tablets needed. Using sharp scissors helps ensure that the package is cleanly cut. If it is not possible or acceptable to cut the packet, it is preferable to prescribe and dispense a 21-day pack (rather than a 28-day pack with inert/placebo tablets) so that the client will not take the inert tablets in error.

When low-dose progestin-only pills are used as ECPs, it is important to emphasize that *it is correct and safe* to take the 20 (or 25, depending on the brand used) tablets for each dose.

It is critical to ensure the client understands the dosage. When oral contraceptive pills are prescribed and dispensed for use as ECPs, it is important that the product is identified clearly, and that the client is instructed carefully about the number and color of the tablets required for each dose. To help ensure compliance with the regimen when using regular oral contraceptives, provide written information. Manufacturers of oral contraceptives do not provide patient information about EC.

High-dose oral contraceptive combinations and triphasic formulations **should not be used** as ECPs.

Key Points

- There are dedicated ECP products in many countries. [*Remind participants of any available dedicated product.*]
- Regular oral contraceptive pills can be used for EC. [*Remind participants about cutting up pill packets to dispense as ECPs.*]
- Provide clear product identification and client instructions for ECPs.

Emergency Contraceptive Pill Mechanism of Action

(20 Minutes)

Brainstorming, discussion, presentation

***Note to Trainer*: You may wish to have a physician or other clinician present during the discussion on ECP mechanism of action to help explain the process of pregnancy and how hormonal contraceptives work.**

1. **Ask participants "How do ECPs prevent pregnancy?" Confirm or correct participants' responses.**
2. **Note the content of participants' responses related to ECPs' mechanism of action on a flip chart, overhead, or chalkboard.**
3. **Provide the information below if it is not covered through the question and answers.**

ECPs work in the same way regular oral contraceptive pills work. These pills may work in more than one way. We clearly understand some of these ways, while others are possible but not yet proven.

- Statistical evidence suggests that ECPs must work through more than one mechanism of action or they could not be as effective as they are.[13]
- Research has shown that ECPs can inhibit or delay ovulation.[14,15,16]
- ECPs may prevent implantation (i.e., the implanting of the fertilized egg in the lining of the uterus) by altering the endometrium (the lining of the uterus). However, the evidence for endometrial effects of ECP treatment is mixed, and it is not clear that the endometrial changes would inhibit implantation.[13,14,17,18,19]
- It is possible that ECPs inhibit fertilization—through thickening of the cervical mucous resulting in trapping of sperm or alterations in the tubal transport of sperm or egg—but no data exist regarding confirmation of this possible mechanism of action.

Timing plays a key role in how ECPs work. Of particular importance is:

- Cycle day on which intercourse occurred.
- Cycle day on which treatment is used.[20]

ECPs' role in preventing pregnancy:

- It takes about **6 days** after ovulation for a fertilized egg to begin to implant. According to the American College of Obstetricians and Gynecologists, pregnancy is established **after** implantation has been achieved. **Therefore, intervention within 72 hours or up to 5 days cannot result in abortion.**
- As mentioned earlier, ECPs will not work if implantation has occurred and a woman is already pregnant.

ECPs do not interfere with an established pregnancy. Studies of oral contraceptives taken inadvertently in early pregnancy show no increased risk of miscarriage or congenital anomalies.[21,22]

Women may want to know how ECPs work in order to make an informed choice about ECP use. Therefore, it is important that the pharmacist and pharmacy counter staff understand and be able to describe how ECPs work.

Important points to communicate to clients about the mechanism of action are that ECPs:

- Work through various mechanisms.
- Will not interrupt or harm an established pregnancy (i.e., it is NOT a medical abortion).
- Are not the same as mifepristone (RU486, the "Abortion Pill"), which is used to terminate an established pregnancy.

Key Points

- ECPs are thought to work in several ways. We have more clinical evidence on some of these ways than on others. ECPs work in the same way as regular oral contraceptive pills do.
- Use of ECPs will not cause an abortion.
- Timing plays a key role in how ECPs work.
- If a woman takes ECPs and still becomes pregnant, the pregnancy will not be harmed by the ECP use.
- ECPs will not affect a woman's ability to becomes pregnant in the future.

Emergency Contraceptive Pill Safety and Use

(15 Minutes)

Presentation

1. **Ask participants "Do you think ECPs are safe?" and "Are there health conditions that would prevent you from providing ECPs to a woman?" Confirm or correct participants' responses.**

2. **Highlight the points on safety provided below.**

According to the World Health Organization and the International Planned Parenthood Federation, there are no contraindications for ECPs because the amount of hormone is too small to have a clinically significant impact and the duration of use is very short.[23,24]

Many of the contraindications for daily oral contraceptives are based on the presumption of long-term use. The World Health Organization states that ECPs have no **clinically significant impact** on conditions such as cardiovascular disease, angina, acute focal migraine, or severe liver disease.[25]

Repeated use of ECPs is not harmful for most women. For some women who have sexual intercourse infrequently and who are not at risk of sexually transmitted infections (STIs) or HIV, they may be an appropriate method. For a woman who has regular intercourse (multiple times within a cycle), frequent use of ECPs is not recommended because other methods are more effective at preventing pregnancy on a regular basis. Additionally, regular ECP use may be more expensive than using regular contraceptive methods. Repeated use of ECPs within the same cycle may cause bleeding disturbances, which while not harmful, are likely to be unacceptable to a woman. However, a woman should **not** be denied ECP services because she is a repeat user, unless she is someone for whom oral contraceptives are contraindicated. In this situation, nonjudgmental counseling about other methods is an important part of good service. If a woman regularly uses ECPs, it is important to try to determine why the woman is not using regular contraception and to counsel her about ongoing contraception.

There are no known drug interactions with ECPs. Given the short duration of treatment, it is unlikely that drug interactions that affect oral contraceptive use also affect ECP use. However, women taking drugs that may reduce the efficacy of oral contraceptives (including Rifampin and certain anticonvulsant drugs) should be advised that the efficacy of ECPs may be reduced.

Key Points

- ECPs can be safely used by women.
- Frequent ECP use (multiple times within one cycle) does not present a health risk, but is not recommended.

Common Side Effects

(15 Minutes)

Presentation

1. **Ask participants "What are the common side effects of ECPs and how can they be managed?"**

2. **Confirm or correct responses using the information below.**

ECPs sometimes cause side effects such as nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within 1 to 2 days after taking the ECPs. ECPs also may cause irregular bleeding until the woman's next period, and her period may come early or late. However, in more than 90 percent of cases, menses will be of normal duration for the woman.[26] As mentioned earlier, the progestin-only regimen causes fewer of these side effects.

If a woman's period has not resumed within 4 weeks after taking the ECPs, she may be pregnant. It is important that women understand this and either return to the pharmacy for referral information or go to a clinic. This is especially important for women who take ECPs more than 72 hours after unprotected intercourse.

Combined Estrogen/Progestin Emergency Contraceptive Pills
Nausea and vomiting are common side effects of the combined regimen. Nausea occurs in about 43 percent of women using this method, and vomiting occurs in about 16 percent of users.[10] Prophylactic use of an antiemetic such as dimenhydrinate (dramamine or [*insert local brand name*]) is routinely recommended to reduce the risk of nausea and vomiting with the combined regimen. If vomiting occurs within one hour of taking a dose, the woman should repeat the dose. This means she may need to return to the pharmacy for another dose. If vomiting occurs more than one hour after taking a dose, the pills already have been absorbed and the woman does not need to repeat the dose.

Progestin-Only Emergency Contraceptive Pills
The progestin-only regimen has fewer side effects. Nausea occurs in about 23 percent of women using the progestin-only method and vomiting occurs in only about 6 percent of women.[10] The routine use of an antiemetic is not recommended before women take a dose of the progestin-only regimen.

Insert side effect information for locally available dedicated product, if applicable.

Key Points

- Nausea and sometimes vomiting are potential side effects of ECP use. They are not dangerous and are far more common among women who use the combined ECP regimen.
- The progestin-only regimen is better tolerated.
- If a woman vomits within one hour of taking ECPs, she should repeat the dose.
- Antiemetics can reduce the frequency of nausea and vomiting with the combined regimen.
- If a woman's menstrual period is more than 4 weeks late, she may be pregnant and may need further counseling or referral services. This is especially important for women who take ECPs more than 72 hours after intercourse.

Emergency Contraception Screening and Communication

(20 Minutes)

Brainstorming, pair work, presentation, discussion

1. **Ask participants "What key screening questions should a pharmacy staff member ask a woman when providing her with ECPs for recent unprotected intercourse?"**

2. **List responses on a flip chart, overhead, or chalkboard. Correct or complement participants responses with the questions listed below. This information is also provided in HO 2: *Sample Emergency Contraceptive Pill Screening Checklist*. Make sure participants understand that ECPs also can be provided before a woman needs them. For example, condom users may wish to keep a packet of ECPs at home in case of condom breakage.**

The important screening questions for ECP use following recent unprotected intercourse are:

- Do you want to prevent pregnancy?
- Have you had unprotected sex during the last 5 days (120 hours)?
  - If "yes" then the client may be eligible for ECPs. Effectiveness will be lower if ECPs are given after 72 hours, but a woman may take ECPs up to 5 days after unprotected intercourse.
- Was the last menstrual period less than 4 weeks ago?
- Was this period normal in both its length and timing?
  - If "yes" to the previous two questions, ECPs may be provided.
- Is there reason to believe you may be pregnant?
  - If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant and will not harm the fetus.

3. **Tell participants we will now do an exercise to help them answer common questions clients who seek ECPs may have.**

4. **Cut up a copy of TA 1: *Grab Bag—Key Messages for Emergency Contraceptive Pill Clients* so that each question is on a separate strip of paper.**

5. **Place folded questions in a bag and shake to distribute them within the bag.**

6. **Invite one participant at a time to pick a question from the bag, read it aloud, and answer it. If the participant is unable to answer the question, it can be passed to another participant.**

7. **If the question cannot be answered by the second participant, answer the question and assist participants to understand it. Confirm or correct answers using the information below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients.***

Regardless of the reasons a woman requests ECPs, it is important to provide a number of **key messages**. These messages are provided below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients.*

What are emergency contraceptive pills?
ECPs are pills that you can take after sex to prevent pregnancy. ECPs are useful if you have had sex without using contraception or if you had a contraceptive failure (such as a broken condom).

ECPs contain the same ingredients as pills used for regular contraception, but in higher amounts. They are effective and safe.

How do emergency contraceptive pills work?
Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started (a fertilized egg has implanted).

How effective are emergency contraceptive pills?
ECPs prevent most pregnancies, but they are not 100 percent effective.

What if I had unprotected sex more than 3 days ago?
If more than 3 days have passed since you had unprotected sex, the ECPs may still have some effect up to 5 days.

Do emergency contraceptive pills cause side effects?
ECPs sometimes cause nausea, vomiting, and less frequently, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?
You will not see any immediate signs showing whether or not the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to consider what your options are. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?
Based on available evidence, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?
If you have unprotected sex *after* using ECPs, they will not protect you. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?
No. ECPs should not be used routinely to prevent pregnancy because they are less effective, and frequently more expensive than other family planning methods, and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?
No. ECPs do not protect against HIV/AIDS or other STIs like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns, and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?
ECPs are more effective the sooner after sex they are taken. Protection is greatest if sex occurred within 72 hours. ECPs will provide some protection within a 5-day period after sex. Use the first episode of unprotected sex to determine whether ECP use is appropriate.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?
Yes. ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use emergency contraceptive pills?
[*This section depends on country context and product availability. Insert information as appropriate.]*

Key Points

- Key screening questions determine whether ECPs are an appropriate method for a client.
- Pharmacy staff should be prepared to answer clients' questions about ECPs.
- ECPs can be provided to women and couples **before** they are needed, as a back up to condom use for example.

Counseling for Emergency Contraceptive Pill Clients

(45 Minutes)

Presentation, demonstration, role-play, discussion

1. **Remind participants that counseling is an important part of ECP service delivery. Refer participants to HO 3: *Counseling for Emergency Contraceptive Pill Clients* and review the key points described there (also provided below).**

As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling. This is especially true for young women. As noted in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*, this means maintaining a supportive, reassuring, participatory, and confidential environment.

Reassure all clients, regardless of age or marital status, that all information will be kept confidential.

Be supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve clients in the counseling process. This may be more effective in ensuring compliance than simply providing them with information. This active involvement may include:

- Asking them what they have heard about ECPs.
- Discussing their experience with other contraceptive methods.
- Validating or correcting their ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the greatest extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods. Reassure the client that all information will be kept confidential, including the fact that she has received ECPs.

2. Review the counseling steps of GATHER described in the Customer Relations Skills curriculum. Explain that this is a way of remembering the essential steps in counseling.

Greet.
Ask questions.
Tell clients about specific reproductive health topics.
Help clients make decision that is best for him/her.
Explain what to do.
Refer or schedule return visit, if appropriate.

3. Ask for a volunteer to play the part of client in a role-play to demonstrate effective counseling. The trainer plays the role of the pharmacy worker. Give the participant TA 2: *Demonstration Role-Play* to read quickly.

4. The other participants will observe, filling out a checklist to take note of what effective behaviors have been demonstrated by the trainer. Distribute HO 4: *Counseling Skills Observer Checklist.* Participants should also refer back to HO 2: *Sample Emergency Contraceptive Pill Screening Checklist* for additional questions to ask when screening customers for ECPs.

5. Discussion: Ask several participants to summarize what counseling steps they observed in the role-play. Process the activity with the following questions: "What did you like about the way the pharmacy worker with this customer?" "What could he/she have done to make the interaction more effective?" "What have you learned from this exercise?"

6. Go over the summary of the basic steps of the client-provider interaction as provided below.

In the role-play, the trainer should be sure to show a respectful attitude. Ask open-ended questions to invite the clients to communicate their needs openly. Screen briefly and confirm the confidential nature of these services. Ask if clients have questions, and listen to their concerns.

Summary of the basic steps of the client-provider interaction:

- Greet client, introduce yourself, and ask what he/she needs.
- Screen client.
- Tell client about ECPs; give clear information about use, side effects, and follow-up.
- Provide written or pictoral instructions, if available.
- Discuss options for on-going contraception with client.

- Refer to other health care provider if necessary.

7. Ask participants to work in pairs. Each pair will work for ten minutes to prepare a short role-play to demonstrate client counseling.

8. Give each pair one of the case studies on TA 3: *Emergency Contraceptive Pill Client Situation Role-Plays*. Request that participants do their best to demonstrate effective client service skills in the role-play.

9. Ask each pair to present their role-play. The other participants will observe.

10. When all the groups have presented, process the activity with the following questions:
   a) "What did you like about the way the he/she dealt with this customer?"
   b) "Did he/she provide correct information about ECPs and their use?"
   c) "What could he/she have done to make the interaction more effective?"
   d) "What have you learned from this exercise?"

11. Ask participants what challenges they might encounter in providing good quality services. Ask the group to brainstorm ways to meet these challenges.

Key Points

- Treatment of clients, regardless of age, should always be courteous, respectful, nonjudgmental, and helpful.
- When possible, the regular use of contraceptive methods should be emphasized.
- When appropriate, assessment of STI risk should be made.
- When necessary, pharmacists should refer clients to health care clinics for further treatment (e.g., for STIs or possible pregnancy).
- Women should never be denied access to ECPs to prevent pregnancy.
- Pharmacy staff should be as supportive as possible and avoid making judgmental comments when counseling women who seek EC.

Follow-Up and Referral for Clients

(15 Minutes)

Presentation

1. **Ask participants "In what instances would it be good for a pharmacy worker to follow up with a client after ECP provision?" "In what instances would it be good for a pharmacy worker to refer a client?"**

2. **Complement participants' responses with the information provided below.**

In some cases, it is important to provide follow-up care/evaluation after providing ECPs. The following situations represent possibilities for follow-up and referral:

- If the client reports no menses within 4 weeks of ECP use, she may be pregnant. It is normal for a woman's menses to begin a few days earlier or later than usual after taking ECPs. If a woman does not have a period within 4 weeks, she should be referred to a health care provider to discuss her next options.

- A client should be encouraged to return to the pharmacy or referred to a health care provider if he/she has concerns or problems.

- Pharmacy staff can address use of a routine contraceptive method or the client may be referred to a youth-friendly health care provider.

- Assessing STI risk and referring the client for diagnosis and/or treatment is a critical part of EC services.

- Women who have been forced to have sex or have been sexually assaulted and/or raped may seek advice or services from a pharmacy. As providers of EC, pharmacy staff should be attentive to the possibility that these women may be unaware that there is any method available that can prevent pregnancy after sexual assault. Seeking health services may be a stressful experience after the trauma of a sexual assault. Pharmacy staff should be supportive and sensitive to the emotional turmoil that women in this situation may be experiencing. Women who have been sexually assaulted are also in need of diagnosis and possible treatment for STIs and should be offered referral to a sexual assault center or emergency treatment facility for a comprehensive evaluation and possible prophylactic STI treatment.

3. **Highlight need for ongoing contraceptive management and explain when this is appropriate according to the list below.**

Whenever possible, an ECP discussion should be closely followed by a long-term contraceptive plan. The following table clarifies the timeline for initiating regular contraceptive use, depending on the method of choice of the client:

Contraceptive Method	**Initiate use**
Condom	immediately
Diaphragm	immediately
Oral Contraceptives	immediately or after next menses*
Injectable/implant	within 7 days after next menses*

(*use back-up method until menses occurs)

ECPs do not protect against STIs or HIV. People requesting EC may have been exposed to an STI. Pharmacy staff play a pivotal role helping clients determine whether they are at risk of an STI, and if so, referring the client to a clinic for a check-up and/or providing services as necessary. Key questions that help clients assess their risk include:

- Do I have a new sexual partner?
- Do I have more than one sexual partner?
- Does my partner have more than one partner?
- Has my partner been diagnosed with a STI?
- Do I use intravenous drugs?
- Do I have any symptoms of STIs?

Given the sensitive nature of these questions, it may be more appropriate to provide clients with a list of these questions. Please refer to the section for more on STI risk assessment in the STI curriculum.

Key Points

- Follow-up and referral are critical to good service.
- Women may have been exposed to STIs and need to assess their risk and be referred, as appropriate, for diagnosis and treatment.
- Women who have been sexually assaulted and abused should be referred to violence or rape relief resources.
- ECP discussions can lead to a long-term contraceptive plan.
- ECPs DO NOT protect against STIs. Pharmacists should assess STI risk and make referrals as part of ECP provision.

Increasing Awareness of Emergency Contraception

(30 Minutes)

Small group work, discussion

1. **Ask participants to work in groups of five and answer two questions:**
   a) **"What are the greatest barriers to EC use?"**
   b) **"What can you do specifically to increase awareness of EC?"**

2. **Let participants discuss in small groups for ten minutes. Ask each group to prepare their list of answers on a flip chart, overhead, or chalkboard and present to the group.**

3. **Encourage participants to include ideas about raising awareness both in their stores and within their communities or among other pharmacists.**

4. **After all the groups have presented, allow time for large group discussion.**

5. **Highlight lack of awareness of EC in [*insert country*] based on information below and gathered in baseline assessment.**

In [*insert country*], one of the greatest barriers to the use of EC is lack of awareness. Because the public is largely uninformed about the method, there are obstacles to the widespread provision of EC.

[*Insert country-specific data on EC awareness from pre-project assessment (if there is one)*.]

Women's (especially young women's) awareness of EC remains low; therefore, the method remains underused. Some of the reasons clients find it difficult to discuss EC are:

- Shame about improper use of, or lack of use of, contraception.
- Discomfort discussing topics related to sexuality.
- Cultural issues related to provider/client relationship.
- Fears about confidentiality (particularly with adolescents).

Without knowledge about EC, clients are unable to make informed contraceptive choices. It is important that clients have access to this information from a highly valued source. As pharmacists and pharmacy staff, you play a pivotal role in expanding women's awareness of, and access to, this critical contraceptive option. Education about EC is important both for couples who do not use a contraceptive method at all and for those who use a method that fails, because EC can act as a backup. The knowledge that a backup exists may encourage couples to adopt the use of condoms as a method of preventing HIV infection and STIs.

Pharmacists and pharmacy staff are in a unique position to fill the EC educational void because they routinely interact with patients obtaining condoms, oral contraceptives, and other forms of contraception.

Pharmacists and pharmacy staff can play a number of important roles in the provision of EC. These include:

- Counseling clients to explain or reinforce key points about EC use.
- Educating customers about EC.
- Creating an environment within the pharmacy that encourages people to seek ECP services.

All pharmacy employees should be aware of key issues involving EC, such as the need to begin therapy as soon as possible, preferably within 72 hours after unprotected intercourse. Pharmacy staff often are a patient's first point of contact in a pharmacy, and it is important that they be well informed and able to assist women seeking information.

Thus far, training has focused on providing ECPs after unprotected sexual intercourse. **However, advance distribution and prescribing of ECPs can greatly improve the convenience of the method and help ensure that women have access to treatment as soon as they need it.** This is particularly important in view of research that demonstrates improved efficacy with earlier ECP use.[8] Transportation can be a significant barrier for access to ECPs; advance prescribing or distribution, when appropriate, helps to control for this barrier. Pharmacists and staff should provide ECPs to women who may wish to keep them at home to use in the event of unprotected intercourse.

Some providers raise concerns about whether providing ECPs to women ahead of time will make them more likely to use them irresponsibly. Research has not found this to be true.[27]

Key Points

- Many women are not informed about EC.
- Pharmacists can help expand knowledge and use of this important contraceptive method.
- All pharmacy staff should be aware of the key issues involving EC.
- Advance distribution can improve client access to and effective use of ECPs.

Review and Conclusion

(20 Minutes)

Presentation, discussion

1. **Review the session's objectives and ask for final questions and comments.**
2. **Make recommendations on how pharmacists can help increase awareness of EC using the information below.**

The most important thing pharmacy personnel can do to improve the consistent and appropriate use of contraception is to talk about it with clients. Pharmacy staff have a crucial role to play in reducing unintended pregnancy by educating clients about EC and providing it when appropriate.

Reaching young people with EC information and services poses special challenges. Young people may find it difficult to access reliable information and services because they:

- Are unaware of the availability of ECPs.
- Lack confidence or are embarrassed to ask for ECPs.
- Are unaware that pharmacies carry ECPs.
- Are anxious about judgmental attitudes of the pharmacists.

The following recommendations can help increase adolescent clients' awareness of EC:

- Routinely advise clients about the availability of ECPs as a backup to contraceptive accidents.
- Make EC informational materials available in pharmacy and actively refer clients to them.
- Encourage clients to obtain advance-of-need ECPs, if appropriate.
- Display youth-friendly services logo in pharmacy. [*Only appropriate if project is using one.*]

3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

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Handouts and Training Aids
Emergency Contraception

Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPS) reduce the risk of pregnancy by 85 percent.		
2. ECPs may be used up to 72 hours (3 days) after unprotected intercourse		
3. There are no contraindications to ECP use.		
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.		
6. ECPs are an effective, regular contraceptive method.		
7. Condoms and other barrier methods may be started immediately following ECP use.		
8. ECPs cannot cause an abortion.		
9. The most common side effects of ECPs are nausea and vomiting.		
10. All clients should undergo a full pelvic exam before receiving ECPs.		
11. ECPs can be used safely by adolescent girls.		
12. ECPs are more effective the sooner they are taken after intercourse.		
13. ECPs should not be provided to clients before they need them.		
14. Regular oral contraceptive pills cannot be used for EC.		

Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Answer Key

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPS) reduce the risk of pregnancy by 85 percent.	X	
2. ECPs may be used up to 72 hours (3 days) after unprotected intercourse	X	
3. There are no contraindications to ECP use.	X	
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		X
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.	X	
6. ECPs are an effective, regular contraceptive method.		X
7. Condoms and other barrier methods may be started immediately following ECP use.	X	
8. ECPs cannot cause an abortion.	X	
9. The most common side effects of ECPs are nausea and vomiting.	X	
10. All clients should undergo a full pelvic exam before receiving ECPs.		X
11. ECPs can be used safely by adolescent girls.	X	
12. ECPs are more effective the sooner they are taken after intercourse.	X	
13. ECPs should not be provided to clients before they need them.		X
14. Regular oral contraceptive pills cannot be used for EC.		X

Handout 1: Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

- Emergency contraceptive pills (ECPs) are pills that you can take after sex to prevent pregnancy. ECPs are useful if you had sex without using contraception or if you had a contraceptive failure (such as a broken condom).
- ECPs contain the same ingredients as some pills used for regular contraception, but in higher amounts. They are effective and safe for almost all women.

How do emergency contraceptive pills work?

Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started.

How effective are emergency contraceptive pills?

- ECPs prevent most pregnancies, but they are not 100 percent effective.

What if I had unprotected sex more than 3 days ago?

- If more than 3 days have passed since you had unprotected sex, the ECPs may still have some effect up to 5 days.

Do emergency contraceptive pills cause side effects?

- ECPs sometimes cause nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?

- You will not see any immediate signs showing whether or not the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to consider what your options are. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?

- Based on available information, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?

- If you have unprotected sex *after* using ECPs, they will not protect you. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?

- **No.** ECPs should not be used routinely to prevent pregnancy because are they less effective than other family planning methods and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?

- **No.** ECPs do not protect against HIV/AIDS or other sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?

- ECPs are more effective the sooner after sex they are taken. If sex occurred within 72 hours, protection is greatest. ECPs will provide some protection within a 5-day period after sex.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?

- **Yes.** ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use emergency contraceptive pills?

[This section depends on country context and product availability.]

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	1	1
	LNG 0.03mg	Microlut, Microval, Norgeston	25	25
	LNG 0.0375mg	Ovrette	20	20
Combined Regimen	EE 50 mcg + LNG 0.25mg or EE 50 mcg + LNG 0.50mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15mg or EE 30 mcg + LNG 0.30mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon	4	4

Abbreviations: EE-ethinyl estradiol LNG=levonorgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 72 hours, and the second dose should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Source: *Expanding Global Access to Emergency Contraception*. Consortium for Emergency Contraception. October 2000. p. 47.

Handout 2: Sample Emergency Contraceptive Pill Screening Checklist

1. Do you want to prevent pregnancy? **Yes** **No**

2. Have you had unprotected sex during the last 5 days (120 hours)? **Yes** **No**

If "**Yes**" then she may be eligible for ECPs. Effectiveness will be lower if ECPs are given after 72 hours, but a woman may take ECPs up to 5 days after unprotected intercourse.

3. Was the last menstrual period less than 4 weeks ago? **Yes** **No**

4. Was this period normal in both its length and timing? **Yes** **No**

If "**Yes**" to the previous two questions, ECPs may be provided.

5. Is there reason to believe you may be pregnant? **Yes** **No**

If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant and will not harm the fetus.

Handout 3: Counseling for Emergency Contraceptive Pill Clients

As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling.

During counseling, pharmacists and pharmacy staff should:

Reassure all clients, regardless of age or marital status, that all information will be kept confidential.

Be supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve the client in the counseling process. This may be more effective in ensuring compliance rather than simply providing her with information. This active involvement may include:

- Asking her what she has heard about ECPs.
- Discussing her experience with other contraceptive methods.
- Validating or correcting her ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods. Reassure the woman that all information will be kept confidential, including the fact that she has received ECPs.

Handout 4: Counseling Skills Observer Checklist

Counseling skill observed	Yes	No	Comments
1. Greets client in friendly and helpful way.			
2. Introduces self			
3. Asks client why he/she has come to pharmacy or what makes him/her think he/she needs ECPs.			
4. Ensures confidentiality.			
5. Screens client for date of unprotected sex and last menstruation.			
6. Tells client about ECPs (how they work, effectiveness, possible side effects).			
7. Allows client to ask questions and asks client if he/she has any questions.			
8. Explains correct use of ECPs and asks client to summarize instructions.			
9. Shows EC pills to client and gives client correct number of pills.			
10. Explains how to manage possible side effects and tells client to return or go to a clinic or hospital if there are any problems or concerns.			
11. Tells client the menstrual period is likely to be within one week before or after the normal expected date.			
12. Asks client about ongoing contraceptive method, and asks if he/she would like to discuss other contraception options.			
13. Explains to the client that he/she and his/her partner may be at risk of an STI.			
14. Provides referral information for community health services.			
15. Demonstrates a nonjudgmental attitude and respect for client.			

Training Aid 1: Grab Bag–Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

✂----------

How do ECPs work?

✂----------

How effective are ECPs?

✂----------

What if I had unprotected sex more than 3 days ago?

✂----------

Do ECPs cause side effects?

✂----------

What should I do after using ECPs?

✂----------

If the ECPs do not work and I become pregnant, will the pregnancy be normal?

✂----------

What if I have unprotected sex again after taking the ECPs?

✂----------

Can I use ECPs every time I have sex?

✂----------

Do ECPs prevent sexually transmitted infections?

✂----------

What if I had sex multiple times before taking ECPs?

✂----------

Can I have a packet of ECPs to keep at home in case I need them?

✂----------

How do I use ECPs?

✂----------

Training Aid 2: Demonstration Role-Play

You have volunteered to play the part of a client seeking ECPs in a role-play to demonstrate effective counseling techniques.

You are a 21-year old woman who is seeking ECPs today from the pharmacy. You had unprotected sex with your new boyfriend the night before last, and your best friend told you to go to the pharmacy and ask about pills that can prevent you getting pregnant. The first day of your last menstrual period was two weeks ago. You are healthy and do not smoke. You usually use condoms, but this time you didn't have any around and hadn't expected to have sex. You'd like to know if the pharmacist can give you some of these pills to keep at home in case this ever happens to you again.

Training Aid 3: Emergency Contraceptive Pill Client Situation Role-Plays

GROUP 1 Role-play:

You are a young woman. Several days ago you were assaulted and raped, and you think you may need EC to prevent you from getting pregnant. You go to the pharmacist to find out more information. The pharmacist asks screening questions. You begin to feel nervous, but finally share with the pharmacist that you were raped.

✂- -

GROUP 2 Role-play:

You have heard about EC from friends and think you might need it, but you are scared to try it because you think it might make you infertile and that it might not be safe because you smoke. You had unprotected sex last night (you were not expecting to have sex with your new boyfriend and did not have any contraceptive protection nearby). Your last menstrual period ended 5 days ago and was normal. You are a smoker and have herpes but no other health problems. You have been pregnant once before and had an abortion and are scared of having another one. You have not been sexually active for a while but are starting a new relationship. You are interested in learning more about the pill for ongoing contraception.

✂- -

GROUP 3 Role-play:

You are seeking ECPs at your local pharmacy. You had unprotected sex yesterday and knew you could get pills that would be likely to prevent you from getting pregnant. The pharmacist has asked you some questions and shown you how to take birth control pills for EC. You want to pay for the pills, but you don't have any money right now. You are interested in finding out about on-going contraceptive options, but you are not sure where to go for this information. You would also like to know if you can get condoms.

✂- -

GROUP 4 Role-play:

A man comes to the pharmacy counter and tells you that when he was having sex with his girlfriend last night, the condom broke.

✂- -

GROUP 5 Role-play:

A young woman comes to the pharmacy and tells you she has missed at least 2 of her birth-control pills. She is wondering what she should do.

✂- -

GROUP 6 Role-play:

You have a patient in your pharmacy requesting EC. You have no private counseling area and the pharmacy is crowded with other patients waiting for their prescriptions. You look closely at her, and she appears to have a black eye.

✂- -

GROUP 7 Role-play:

A young woman comes in requesting EC. You recognize her because this is the third time she has come in asking for EC.

✂- -

GROUP 8 Role-play:

A young woman for whom you prescribed EC comes back to the pharmacy and tells you that the method didn't work and now she is pregnant.

Contraceptive Methods For Ongoing Use Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants will be able to:

- Identify contraceptive methods available at pharmacies, as well as the characteristics and common side effects of these methods.
- Identify the contraceptive methods most appropriate for use by adolescents.
- Identify which contraceptive methods provide protection against sexually transmitted infections.
- Identify contraceptive methods that should be provided in a clinical setting.

Time

3 hours, 20 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Providing Contraception to Adolescents (25 min.)
3. Review of Contraceptive Methods Available in Pharmacies (60 min.)
4. Other Contraceptive Methods (20 min.)
5. Counseling for Ongoing Contraception (30 min.)
6. Condom Use Demonstration (30 min.)
7. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Contraceptive Method Options, A Resource for Pharmacists and Pharmacy Staff (booklet)
HO 1: Presentation Outline
TA 1: Contraceptive Methods Grab Bag

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers or chalk
- Scissors
- Tape

Local data on the following issues can be used in this session:

- Adolescents and sexual activity
- Available contraceptive methods
- Contraceptive methods available in pharmacies

Content and format for this section were adapted from:

- *Expanding the Range of Contraceptive Options: A Manual for Community Health Outreach Workers.* Philippines: PATH (2000).
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 3: Counseling for Family Planning Services). Watertown, MA: Pathfinder International (1998). Also available at: http://www.pathfind.org/pf/pubs/mod3.pdf.
- Hatcher, Robert A. et al. *Contraceptive Technology 17th Revised Edition.* New York: Ardent Media (1998).
- Planned Parenthood: www.plannedparenthood.org/bc/. Last accessed 2001.
- Reproductive Health Outlook: www.rho.org. Last accessed 2003.
- World Health Organization. *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Geneva: WHO (2nd edition 2000). Also available at: http://www.who.int/reproductivehealth/publications/RHR_00_2_ medical _eligibility_criteria_second_edition/. Last accessed 2003.
- *Sexual and Reproductive Health Briefing Cards—Adolescent Sexual and Reproductive Health*. New York, NY: Family Care International (2000).
- Hatcher, Robert A. et al. *The Essentials of Contraceptive Technology.* Baltimore: Johns Hopkins University School of Public Health, Population Information Program (2002).

Introduction
(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for learning objectives. Emphasize practical approach of training.

This training is designed to update knowledge of currently available contraceptive methods by providing accurate information in a time-efficient format. While this information should be used to help better serve the entire client population, we would like to emphasize contraceptive methods that are particularly important and effective for adolescents.

The session is scheduled to last approximately 3 hours and 20 minutes. During the session, participants will participate by sharing their thoughts, ideas and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Providing Contraception to Adolescents

(25 Minutes)

Brainstorm, presentation

1. **Present the importance of consistent and correct use of contraception among adolescents, citing country-specific data when available.**
2. **Ask participants "What are possible barriers to adolescents' access to contraception?"**
3. **Note participants' responses on flip chart.**

Throughout the world, many men and women, married and unmarried, become sexually active during adolescence. [*Insert country-specific data on adolescence and sexual activity*.]

However, most adolescents lack accurate knowledge about reproduction, sexuality, and contraception and do not have access to reproductive health information and services, including contraception.

Sexual relationships present physical and emotional risks and the only guarantee against pregnancy is not having vaginal intercourse. Similarly, there are certain health and social advantages, particularly for young women, to postponing sexual intercourse until they reach their 20s. However, since postponing sex is not always possible, there are contraceptive methods that, if used consistently and correctly, can greatly reduce the risk of pregnancy and sexually transmitted infections (STIs) during vaginal intercourse. In addition, studies have shown that access both to contraceptive information and services does *not* hasten the onset of sex, increase the frequency of sex, nor increase the number of sexual partners.[1]

4. **Emphasize the role of pharmacy staff in providing contraceptive services to adolescents.**
5. **Cite data on adolescent use of pharmacies from pre-project assessment (if available) as noted below.**
6. **Discuss the advantages of providing youth-friendly services.**

Adolescents who feel comfortable seeking reproductive health services at your pharmacy will recommend your store to their friends and family and will frequent your store for their health-related and other needs.

It is important to treat all customers with respect regardless of their age or the services they are seeking. This will help you maintain a large client base.

[*Insert country-specific information on adolescent use of pharmacies from pre-project assessment*.]

There are several contraceptive options that sexually active adolescents may choose to prevent unwanted pregnancy. This training session will emphasize the different methods that adolescents may use to protect themselves against pregnancy and STIs and that are available in [*insert country*] pharmacies. We will also briefly discuss methods which require a clinic visit or are non-product related. Some of these methods may not be widely available here, and we will only mention these briefly. It is important to know that the contraceptive methods to be discussed in this session are on the *World Health Organization's Model Essential Drug List*.

An informational handout – *Contraceptive Method Options, A Resource for Pharmacists and Pharmacy Staff* – on all methods will be given to you as a resource guide. This handout contains a brief description of each method, including information on contraindications.

7. Ask participants "What factors does a person take into consideration when seeking a method of contraception?"

8. Note participant responses on the flip chart, overhead, or chalkboard making sure the points below are covered.

Whether or not a method is acceptable to a particular person is dependent not only on whether it is medically appropriate, but also on whether it is practically and personally appropriate.

Contraceptive needs may change throughout a person's life. An individual should think about the following questions when deciding which method to use:

- Does it fit into my lifestyle?
- Is it convenient?
- Is it effective?
- Is it safe?
- Is it affordable?
- Is it reversible?
- Does it protect against STIs?
- Is the service private and confidential?
- Can I manage the side effects?
- Do I have contraindications?

9. Ask participants "What do you think is important method-related information to provide to adolescent clients?"

10. Make sure the points below are covered.

Participants should keep in mind the following principles when counseling adolescents about which contraceptive methods to use:

- Effectiveness of the method.
- Advantages and disadvantages.
- Side effects and complications.
- Proper instructions.
- Ability to prevent STI and HIV infection.
- Contraindications.
- When to return to pharmacy.
- Referral information if a health care provider is needed.

Key Points

- Most adolescents lack accurate knowledge about reproduction and contraception and do not have access to reproductive health information and services.
- Many adolescents are sexually active. Data have shown that access to contraception does not increase sexual activity.
- The health impact of unintended pregnancy and STIs for adolescents is significant.

Review of Contraceptive Methods Available in Pharmacies

(60 Minutes)

Pair and small group work, presentation

1. **Divide participants into six groups. Assign one contraceptive method to each group. The methods covered include:**

   - Male condom
   - Female condom
   - Spermicides
   - Oral contraceptive pills
   - Injectable contraceptives
   - Emergency contraceptive (EC) pills

[If one or more of these methods is NOT available in country, present information about it in the following section on Other Contraceptive Methods]

2. **Ask participants to work in their groups for 20 minutes to prepare information about the contraceptive method on flip chart paper. They should address the five topics listed below. They should use one another as resources and base their information on what they already know about the method. Each group will present their information to the larger group. Any misinformation should be corrected after the presentation.**

   - Name and brief description of method (maximum three sentences).
   - Advantages and disadvantages of method.
   - Approximate cost in [*insert country*].
   - Appropriateness for adolescents.
   - Potential side effects.

3. **Distribute HO 1: *Presentation Outline* to show the approximate format participants can use for presenting their method (they should transfer the information to flip chart paper).**

4. **Distribute copies of the resource *Contraceptive Method Options* to participants. Use this resource and the information provided below to correct and complement each group's presentation.**

Many young people have intercourse infrequently and thus prefer to use over-the-counter methods such as condoms, which are usually widely available in pharmacies. Condoms are the best protection against pregnancy and infection for women and men of all ages who have sexual intercourse.

Male condoms are one of the most highly recommended methods for adolescents because they are easily available and protect against both STIs and pregnancy. Pharmacy staff are also in an excellent position to promote this method.

Male condoms are a method of contraception that has been around for years; however, they have become particularly important recently because of the protection that they provide against STIs, including HIV.

Female condoms provide a physical barrier that lines the vagina entirely and partially shields the perineum. The female condom is a soft, loose-fitting polyurethane pouch with flexible rings at each end. It is inserted deep into the vagina like a diaphragm.

The duel or Condom Plus Method is the recommended method for adolescents who are vulnerable to STI/HIV and pregnancy due to risky sexual practices. This method uses condoms in *combination with* another contraceptive method to cover risk from STI/HIV infection *and* pregnancy.

Spermicides are a barrier method of birth control. They are available in a variety of contraceptive preparations, including: **foams, creams, jellies, film,** and **suppositories**. These products are inserted deep into the vagina shortly before intercourse. They form a chemical barrier to the uterus and kill or inactivate sperm. **When used alone, spermicides provide some contraceptive protection, but are best when used with another barrier method, such as condoms, to prevent pregnancy.** In addition, spermicides should not be used as a method for preventing transmission of HIV or other STIs. Male or female condoms should be used in conjunction with spermicides to protect against STI transmission.

It should be noted that most spermicides contain Nonoxynol-9 (N-9). N-9 has been shown to *increase* the risk of HIV with *frequent* use in women at *high-risk* of HIV. However, women at *low-risk* of HIV infection may use N-9 spermicides as a moderately effective, female-controlled form of birth control.

Oral contraceptive pills (OCs) are a monthly series in which one pill is taken daily. The active ingredients are synthetic hormones like those produced by the body to regulate the menstrual cycle. Combined oral contraceptive pills (COCs) contain both estrogen and progestin. Progestin-only pills contain no estrogen.

COCs work by suppressing ovulation. COCs may also thicken the cervical mucus and alter tubal secretions to prevent sperm penetration. Progestin-only pills can also prevent ovulation, but they work mainly by thickening the cervical mucus. Both types of pills can also change the lining of the uterus, thereby interfering with implantation.

OCs do not protect against STIs, but are a popular choice among adolescent women in many regions. Correct and consistent use can be difficult for some adolescents, however. While there

have been some theoretical concerns about the use of COCs among young adolescents, these have not been substantiated by scientific evidence. However, for clients under age 18, there are concerns about effects of **progestin-only** contraceptives on bone development, nevertheless the World Health Organization still considers these acceptable to use.

Continuation rates among OC users are low: 25 to50 percent of women will stop taking them within one year. Most will stop for nonmedical reasons. Breakthrough bleeding can be a major reason why some women stop taking OCs. If clients do not have or use another (back-up) method after they discontinue taking OCs, unintended pregnancy can result. It is important to counsel and reassure clients regarding potential side effects and let them know that breakthrough bleeding will decrease after the first three to four months, or can be managed. Caution the client not to stop taking oral contraceptives unless she has another method to use. Remember that clients often complain that they were not given instructions on what to do if they miss a pill, which results in their simply discontinuing taking any more pills.

Hormonal injections are reversible contraceptive methods containing synthetic hormones similar to OCs; they provide women with safe and highly effective contraceptive protection. Two types of injectable contraceptives are available:

1. **Progestin-only** formulations that contain a progesterone hormone and are effective for two or three months.
2. **Combined** formulations that contain both a progestin and an estrogen and are effective for one month.

Progestin-only formulations consist of DMPA (depot medroxyprogesterone acetate) and NET-EN (norethisterone enantate). DMPA is the injectable formulation most widely used worldwide. DMPA is injected every three months. NET-EN is injected every two months.

There are a number of **combined** formulations. The most extensively studied formulations are known by their brand names, Cyclofem™ and Mesigyna®; both are monthly injectables. Cyclofem™ contains the same progestin hormone as DMPA, and Mesigyna® contains the same progestin as NET-EN. Both Cyclofem™ and Mesigyna® contain an added estrogen.

The injectable suppresses ovulation and also thickens the cervical mucus, which prevents sperm from joining with an egg.

Detailed information on these methods is provided in the contraceptive methods resource manual.

Emergency contraceptive pills (ECPs) are a form of contraception that women can use to prevent pregnancy *after* unprotected intercourse (such as when a contraceptive fails or when sex occurs without contraception). ECPs are an increased dose of oral contraceptive pills taken as soon as possible, optimally within 72 hours (3 days), after unprotected sex. They can be taken up to five days after unprotected sex, but they are more effective the sooner they are taken. A second dose is taken 12 hours later. In many countries, dedicated products are available for use as EC, although standard oral contraceptives can also be used in the absence of a specifically labeled EC product.

There are two ECP regimens: the progestin-only method, which is associated with fewer side effects and has higher efficacy (85%), and the combined method (74% effective). Recent WHO research has demonstrated that both doses of the progestin-only method may be taken at the same time. (For more information, see the EC session of this curriculum).

Key Points: Condoms

- Duel method use (condom plus another method of contraception) is the recommended method for adolescents because it protects against STIs and pregnancy. This method consists of condoms in combination with another contraceptive method to reduce risk of HIV/STI infection and pregnancy.
- If used correctly, latex condoms are effective against many STIs, including HIV, the virus that causes AIDS.
- Female and male condoms are appropriate for couples at risk for HIV/STIs and for women needing a back-up method.
- Female condoms allow women to take responsibility for preventing infection.
- Inexpensive and accessible, condoms are a clear first choice for sexually active adolescents.

Key Point: Spermicides

- When used alone, spermicides provide some contraceptive protection, but are best when used with a barrier method to prevent pregnancy.

Key Points: Oral Contraceptives

- There are two types of OCs: combined estrogen-progestin and progestin-only pills.
- OCs are a popular choice among adolescent women in many regions.
- OCs are one of the most effective reversible methods of birth control available to women.
- OCs DO NOT protect against STIs. Condoms should be used in conjunction with OCs to prevent infection transmission for couples at risk.
- It is difficult for many women to remember to take OCs every day, particularly for adolescents who may not have the privacy to do so.

Key Points: Hormonal Injectables

- Hormonal injections consist of a shot in the arm or buttock every 4 to12 weeks, depending on which injectable the woman is getting.
- Injectables protect against pregnancy for 4 to 12 weeks.
- Injectables offer no protection against STIs.

Key Points: Emergency Contraceptive Pills

- EC is the only method of contraception that **prevents** pregnancy **after** intercourse.
- ECPs should be taken within 5 days of unprotected intercourse.
- ECPs should not be used as a regular contraceptive method, but only in cases of emergency.
- ECPs work by the same mechanism of action as regular contraceptive pills.
- ECPs offers no protection against STIs.

Other Contraceptive Methods

(20 Minutes)

Brainstorm, presentation

1. **Ask participants "What other contraceptive methods have you heard of?" List responses on flip chart.**

2. **Briefly discuss each method available in [*insert country*] based on the information below. Also discuss if it is appropriate for adolescents. Supplement discussion as needed using the information in the following pages. Refer participants to the *Contraceptive Method Options* booklet for further details.**

Several other available contraceptive methods may or may not be appropriate for adolescents. Some of these methods require a doctor or clinic visit. However, as reproductive health care providers, you should be aware of these methods and be able to provide referrals when appropriate.

Norplant® implants provide five years of effective contraception. The method consists of putting six small capsules under the skin of a woman's upper arm. Norplant® implants work by preventing the release of the egg and thickening the cervical mucus to keep sperm from joining the egg.

Many young women have active and unpredictable lifestyles. They sometimes forget to take OCs or make an appointment for an injection. With Norplant® implants, women can have long-term, reliable protection against pregnancy for five years—without having to remember anything—except to use a condom for protection against STIs.

Use of Norplant® implants requires clinicians who are trained in its insertion and removal. In addition, Norplant® implants do not protect against STIs. If a woman is using Norplant®, she should be encouraged to use condoms if she is at risk of infection.

As with progestin-only pills and injections for clients under age 18, there are theoretical concerns about the effects of Norplant® implants on bone development. However, the World Health Organization still considers these acceptable to use.

Intrauterine devices (IUDs) are small flexible devices made of metal and/or plastic that prevent pregnancy. They are inserted into a woman's uterus through her vagina. The most widely used IUDs are copper-bearing IUDs.

IUDs are generally not recommended for young women and women who have not yet had children. These groups have a higher risk of IUD expulsion and pelvic inflammatory disease.

Age by itself is not a contraindication for IUD use, but demographic studies have shown that women under the age of 25 have a higher incidence of STIs. IUD users who get certain STIs can develop pelvic inflammatory disease and become unable to have children. Adolescents are at very high risk for these infections. The lifestyles and sexual behavior of younger women may put them at greater risk.

The **diaphragm** is a shallow latex cup and the **cervical cap** is a thimble-shaped latex cap. Both are manually inserted into the vagina prior to intercourse. Both methods serve as barriers to prevent sperm from joining with the egg. While these methods might be appropriate, they are not widely used by adolescent women.

Sterilization by a vasectomy (for men) or a tubal ligation (for women) is a permanent method for individuals who do not want any more children.

In men, the vas deferens, which carry sperm from the testes to the urethra of the penis, are cut. In women, the fallopian tubes, which carry the eggs from the ovary to the uterus, are cut. Both procedures are highly effective (99.5-99.9 percent) safe and convenient.

These methods are **not appropriate for anyone who may want to have a child in the future**. Because people so often change their minds about having families, sterilization is usually discouraged for people under 30 who have not had children.

3. Briefly discuss other *nonmedical methods* of contraception and their relative appropriateness for adolescents. These include fertility awareness methods, lactational amenorrhea method, withdrawal, and abstinence.

The fertility awareness methods, lactational amenorrhea method, and withdrawal are generally not recommended for adolescents because their effectiveness rates are low and adolescents may have a difficult time using them correctly.

Adolescents may be counseled in ways to have intimate relationships that do not include sexual intercourse, thereby averting risk of unintended pregnancy and exposure to STIs. Sexual relationships present physical and emotional risks. Abstinence is a very good way to postpone taking those risks until women and men are mature enough to handle them.

Key Points: Norplant® Implants

- Norplant® implants may be an appropriate method for adolescents because it provides long-term reliable protection against pregnancy with little responsibility on the part of the woman.
- Implants require clinicians who are trained in insertion and removal. In addition, implants do not protect against STIs.

Key Points: Intrauterine Devices

- IUDs are generally not recommended for adolescents.
- IUDs do not protect against STIs.
- IUDs must be inserted by a trained clinician.

Key Point: Diaphragms and Cervical Caps

- Cervical barrier methods are best suited for women who find using a method near or at the time of intercourse acceptable. Adolescents may prefer this type of method if they have sexual intercourse infrequently and do not want to use a hormonal method.
- Diaphragms and cervical caps do not protect against STIs.

Key Point: Sterilization

- These methods are not recommended for adolescents.

Key Points: Nonmedical Methods

- Fertility awareness methods, lactational amenorrhea method, and withdrawal are generally not recommended for adolescents because of low efficacy rates.
- Adolescents may be counseled on how to have intimate relationships that do not involve sexual intercourse, thereby averting the potential risk of pregnancy or STI transmission.

Counseling for Ongoing Contraception

(30 Minutes)

Role-play, discussion

1. **Ask participants to work in pairs to prepare a short role-play to demonstrate how to effectively counsel clients for their ongoing contraception needs.**
2. **The pharmacy worker in each role-play should show how they would: counsel the client about the method, give instructions to the client about the use of the method, and refer a client if that is necessary.**
3. **Cut apart the list of methods provided in TA 1: *Contraceptive Methods Grab Bag* and place them in a bag or a hat. Have each pair select one method from the bag.**
4. **Allow ten minutes for each pair to discuss and prepare before all the pairs present the role-plays to the large group.**

Condom Demonstration

(30 Minutes)

Demonstration role-play, discussion

1. **Ask three participants to volunteer and demonstrate the correct use of the male condom.**
2. **Provide a wooden penis model and condoms, or if these are not available, ask the participants to verbally describe correct condom use.**
3. **The participant in each role-play should show how they would: counsel the client about condom use, demonstrate correct condom use, and describe the correct use of condoms if there is no privacy or possibility to demonstrate in the pharmacy.**
4. **Discuss what worked well and what could be improved in each demonstration.**

Review and Conclusion

(20 min.)

Presentation, discussion

1. **Review contents of resource materials that were distributed.**
2. **Review the objectives for this session. Ask participants "To what degree do you feel that the objectives for this session have been met?"**
3. **Make recommendations on how pharmacy staff can help increase the use of contraceptive methods.**

In closing this session, we would like to emphasize that the most important thing pharmacy staff can do to improve the consistent and appropriate use of contraception is to talk about it with their clients. Pharmacy staff have a crucial role to play in reducing unintended pregnancy by educating clients about appropriate contraceptive methods and providing the methods when appropriate. Pharmacy staff are also encouraged to initiate discussions with clients about contraceptive use when appropriate.

The following **recommendations** can help increase adolescent clients' use of pharmacies for their reproductive health needs.

- Provide services in a friendly, helpful, and nonjudgmental fashion.
- Make contraceptive method informational materials available in your pharmacy and distribute client materials during client visits.
- Encourage all (not just high-risk) clients to obtain information regarding contraceptive methods and STI risks from a pharmacy.
- Know where to refer adolescents for health treatments and check-ups, and make sure the locations are adolescent friendly.
- Display youth-friendly services logo in pharmacy. [*Only appropriate if project is using one.*]

4. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
5. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
6. **Thank trainees for their participation in this training**

References

1. Kirby, Douglas. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* The National Campaign to Prevent Teen Pregnancy. Washington DC (2001).

Handouts and Training Aids
Contraceptive Methods for Ongoing Use

Pre- and Post-Session Questionnaire

Contraceptive Methods

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. It is appropriate to counsel couples using other methods successfully to use condoms also.		
2. The goal of "dual method" use is to prevent pregnancy and prevent STIs.		
3. Condoms protect against pregnancy, STIs, and HIV.		
4. Norplant® implants can only be inserted by trained medical professionals.		
5. Oral contraceptives provide some protection against STIs.		
6. Fertility awareness methods are recommended methods of contraception for adolescents.		
7. The key to increased effectiveness in using female condoms is correct and consistent use.		
8. Sterilization is an appropriate method of contraception for adolescents.		
9. Oral contraceptives work by suppressing ovulation.		
10. Access to contraception increases sexual activity.		
11. It is easy for adolescents to get information about contraception.		
12. Spermicides are less effective if you use them with a condom.		
13. Oral contraceptives cause infertility.		
14. IUDs do not provide protection against STIs.		

Pre- and Post-Session Questionnaire

Contraceptive Methods

Answer Key

Mark the following statements as true or false.	True	False
1. It is appropriate to counsel couples using other methods successfully to use condoms also.	X	
2. The goal of "dual method" use is to prevent pregnancy and prevent STIs.	X	
3. Condoms protect against pregnancy, STIs, and HIV.	X	
4. Norplant® implants can only be inserted by trained medical professionals.	X	
5. Oral contraceptives provide some protection against STIs.		X
6. Fertility awareness methods are recommended methods of contraception for adolescents.		X
7. The key to increased effectiveness in using female condoms is correct and consistent use.	X	
8. Sterilization is an appropriate method of contraception for adolescents.		X
9. Oral contraceptives work by suppressing ovulation.	X	
10. Access to contraception increases sexual activity.		X
11. It is easy for adolescents to get information about contraception.		X
12. Spermicides are less effective if you use them with a condom.		X
13. Oral contraceptives cause infertility.		X
14. IUDs do not provide protection against STIs.	X	

Handout 1: Presentation Outline

GROUP NO. ____

Method name and description	Advantages and disadvantages of the method	Cost	Appropriateness for adolescents	Possible side effects

Training Aid 1: Contraceptive Methods Grab Bag

Intrauterine device (IUD)

✂ ----------

Oral contraceptive pills (OCPs)

✂ ----------

Male condom

✂ ----------

Female condom

✂ ----------

Norplant® implants

✂ ----------

Emergency contraception

✂ ----------

Injectible contraceptive

✂ ----------

Withdrawal

✂ ----------

Lactational amenorrhea method (LAM)

✂ ----------

Diaphragm or cervical cap

✂ ----------

Abstinence

✂ ----------

Fertility awareness method (FAM)

✂ ----------

Vasectomy

✂ ----------

Tubal ligation

Contraceptive Method Options

A Resource Booklet for Pharmacists and Pharmacy Staff

Introduction

With an estimated one billion adolescents alive today, the world is experiencing the largest adolescent population in history. As a result, adolescent reproductive health is an increasingly important component of global health. Throughout the world, the majority of men and women, married and unmarried, become sexually active during adolescence. However, most young people lack accurate knowledge about reproduction, sexuality, and contraception and do not have access to reproductive health information and services, including contraception.[1] The only guarantee against pregnancy is not having vaginal intercourse. However, other contraceptive methods can greatly reduce the risk of pregnancy during vaginal intercourse.

Individuals deciding which contraceptive method to use should think about the following questions:

- Does it fit into my lifestyle?
- Is it convenient?
- Is it effective?
- Is it safe?
- Is it affordable?
- Is it reversible?
- Does it protect against sexually transmitted infections (STIs)?
- Is the service private and confidential?[2]

Adolescents have the right to clear and accurate information about contraceptive methods, including correct use, side effects, and how to reach a health care provider with concerns.[3] In general, adolescents are healthy and not yet affected by adult health issues such as high blood pressure or chronic diseases. As a result, they can choose from a wide range of contraceptive options, **although condoms often are a clear first choice for adolescents**. Appropriate counseling is essential to helping adolescents manage potential side effects. Counseling should address both pregnancy prevention and protection against STIs.

Keep in mind the following principles when counseling clients about which contraceptive methods to use. Explain to the client:

- Benefits of the method.
- Risks of the method (both major risk and all common side effects), including the consequences of method failure.
- Alternatives to the method.
- Explanation of the method.

This booklet will provide information about currently available contraceptive methods. Some of these methods may not be available in certain countries, and some of them are not dispensed through pharmacies. However, the purpose of this informational handout is to provide pharmacists with an accurate reference tool on contraception. On page three is a summary of methods that are particularly appropriate for adolescents and why. The remainder of the document goes into some detail about those methods and other contraceptive method options.

Contraception for Adolescents: A Summary

Below is a summary of methods appropriate for adolescent use. This booklet contains more detail about each of these methods, as well as other contraceptive methods that may or may not be appropriate for adolescent use.

Method	Summary
Abstinence	• Should be discussed as an option, both for those who have not yet initiated sexual activity and for those who have.
Male condoms	• Male condoms are a clear first choice for sexually active adolescents who are not in a monogamous relationship. • Condoms help protect against STIs in addition to pregnancy.
Female barrier methods	• Female barrier methods, including female condoms and diaphragms, can be appropriate choices for some adolescents. • Female condoms help protect against STIs in addition to pregnancy. • Consistent and correct use can present problems for adolescents. Barrier methods require planning and negotiating with a partner about use. Partner acceptance may be difficult for some young women to achieve.
Spermicides	• When used alone, spermicides are only moderately effective for pregnancy prevention but better than no method at all. • Abstinence or use of a male latex condom or female condom along with a spermicide is the safest choice to protect against STIs and pregnancy. • Nonoxynol-9 (N-9) spermicides have been shown to increase the risk of HIV infection when used frequently by women at high risk.
Oral contraceptives	• Oral contraceptives do not protect against STIs, but are a popular choice among adolescent women in many regions. • Correct and consistent use can be difficult for some women, especially when they experience hormonal side effects.
Injections and implants	• Injectables and implants do not protect against STIs but have some advantages for young women including convenience (as compared to daily pill regimens) and confidentiality. • Young women should be counseled about potential side effects such as menstrual disturbances and weight gain. • For clients under age 18, there are theoretical concerns about the effects of progestin-only contraceptives on bone development, although WHO considers these generally acceptable to use.[4,5,6] • Adolescents who choose hormonal contraceptives should be advised to use a condom in addition to their primary method to protect against STIs. [7]
Withdrawal	• Withdrawal does not protect against STIs. • Withdrawal may be the only method available in some circumstances, and both male and female adolescents should understand how it works.

Postcoital Method

Emergency contraceptive pills (ECPs)	• ECPs do not protect against STIs, but are an important method to have available for adolescents, as they can be taken within 120 hours of unprotected intercourse. • ECPs are an important method for adolescents to know about. Because adolescents often do not plan ahead for sex, and may have difficulty using condoms or other contraceptive methods.

Abstinence

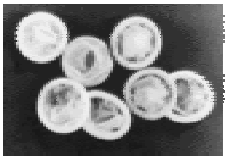
What is it?

Abstinence means not engaging in sexual intercourse.

Youth use

Sexual relationships present physical and emotional risks. Abstinence is a very good way to postpone taking those risks until women and men are mature enough to handle them. Women who postpone vaginal intercourse until their 20s have certain health advantages. They are less likely to suffer from STIs, infertility, and cancer of the cervix than women who have vaginal intercourse at younger ages.[2] However, it is often difficult for many people to abstain from sex for long periods. Additionally, both partners must mutually accept abstinence. Often one partner may feel pressured by the other to have intercourse even if he/she wants to abstain. Should a couple stop abstaining, it is important to protect themselves against pregnancy or STIs.

Male Condoms



Source: [2]

What are they?

The **condom** is a thin sheath worn over the erect penis when a couple is having sex. Contraceptive jelly or foam may be used with the condom for added protection against pregnancy. This is an inexpensive contraceptive method that is known to protect against STIs and pregnancy. **Male condoms are a recommended first choice for sexually active adolescents and offer the best combined protection against STIs (gonorrhea, syphilis, chlamydia, trichomoniasis, HIV) and pregnancy.**

Youth Use

Condoms help protect against STIs and pregnancy, which is important for both married and unmarried youth. Sometimes people think they are in a monogamous relationship when in reality they may not be. Using condoms helps prevent the consequences of unprotected intercourse. Latex or polyurethane condoms should be used. Oil-based lubricants should not be used with condoms because they can weaken the condom and cause breakage.

Summary Characteristics of Condoms

Effectiveness	The failure rate during the first year of typical use is 3% to 14%. If used consistently and correctly, the failure rate during the first year is 3%.[8]
Age limitations	None.
Mode of action	Prevents sperm from reaching the female reproductive tract.
Effect on STI risk	**Protects against STIs, including HIV.**
Contraindications	None.
Duration of use	Most couples can use condoms safely throughout their reproductive years (if they are satisfied with the method and have no problems with it).
Side effects	Most men and women experience no side effects. Some men or women may have an allergic reaction to latex. If itching, burning, or swelling develop, the client(s) should return to the pharmacy to discuss another method.
Return to fertility	Immediate upon discontinuation.

Note

- Occasionally a condom may break or slip off during intercourse. If this occurs, both partners should assess their risk of acquiring an STI and seek counseling or treatment as necessary. Women may also want to consider using emergency contraception to prevent pregnancy, if it is available. Pharmacy staff should be prepared to address clients' concerns regarding unprotected intercourse.

Female Condoms

Source: [2]

What is it?

The **female condom** is a soft, loose-fitting polyurethane pouch with flexible rings at each end. It is inserted deep into the vagina like a diaphragm. One ring lies inside at the closed end of the sheath, and serves as an insertion mechanism and internal anchor. The other ring forms the external, open edge of the device and remains outside the vagina after insertion. The pouch is coated on the inside with a silicone-based lubricant; additional lubricant for the outside is usually provided with the device.

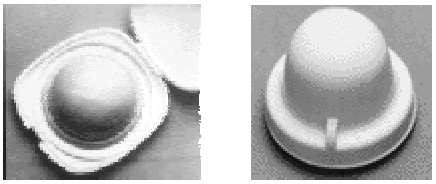
Youth Use

Female condoms help protect against STIs and pregnancy and also give the woman more control over protecting herself. However, consistent and correct use can present problems for adolescents. Barrier methods require planning and negotiating with a partner about use, and partner acceptance may be difficult for some young women to achieve.

Summary Characteristics of Female Condoms

Effectiveness	The failure rate during the first year of typical use is 21%. If used consistently and correctly, the failure rate during the first year is 3%.[8]
Age limitations	None.
Mode of action	The female condom provides a physical barrier that lines the vagina entirely and partially shields the perineum. It prevents the contact of the penis with the vaginal mucosa and cervix. The female condom collects semen before, during, and after ejaculation.
Effect on STI risk	**Protects against STIs, including HIV.**
Contraindications	None.
Duration of use	Most couples can use condoms safely throughout their reproductive years (if they are satisfied with the method and have no problems with it).
Side effects	Side effects are rare with the use of the female condom. The most common problems may be skin irritation or possible vaginal or penal discomfort; the outer ring may irritate the vulva, while the inner ring may irritate the penis. Allergy to polyurethane is another possible side effect.
Return to fertility	Immediate upon discontinuation.

Diaphragms and Cervical Caps



Source: [2]

What are they?

The **diaphragm** is a shallow rubber cup with a flexible rim and the **cervical cap** is a thimble-shaped rubber cap with a firm round rim. The diaphragm and cervical cap both need to be fitted by a clinician.

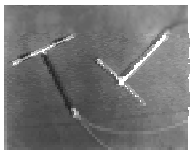
Youth Use

Female barrier methods can be appropriate choices for some adolescents. However, consistent and correct use can present problems. Barrier methods require planning and negotiating with a partner about use. Partner acceptance may be difficult for some young women to achieve.

Summary Characteristics of Diaphragms and Cervical Caps

Effectiveness	The failure rate during the first year of typical use for the diaphragm (when used with spermicide) is 20%. If used consistently and correctly, the failure rate during the first year is 5%.[8] For the cervical cap, the failure rates during the first year of typical use are 20% for women who have not had children and 40% for women who have had children. If used consistently and correctly, the failure rate during the first year is 9% for women who have not had children and 26% for women who have.[8]
Age limitations	None
Parity limitations	No restrictions on use. However, women who have had children may experience higher rates of pregnancy with the cervical cap.
Mode of action	Creates a physical barrier to block passage of sperm into the uterus and fallopian tubes; diaphragm and cervical cap effectiveness is increased by use of spermicide.
Effect on STI risk	**Not protective.**
Indications and contraindications	Most women can wear diaphragms and cervical caps. Women who are not comfortable touching their genitals may not like the diaphragm or cervical cap. Neither method is recommended for women who have a history of toxic shock syndrome or recurrent urinary tract infections.
Duration of use	Used near or at the time of intercourse. The diaphragm or cap must be left in place for at least six hours after intercourse. Appropriate for both short- and long-term use; women can use barrier contraceptives throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Side effects	Most women have no side effects. However, some women are prone to develop frequent bladder infections with the diaphragm. Mild irritation or allergic reactions to rubber, cream, or jelly occur occasionally.
Return to fertility	Immediate upon discontinuation.

Intrauterine Devices



Source:[2]

What are they?

Intrauterine devices (IUDs) are small flexible devices made of metal and/or plastic that prevent pregnancy when inserted into a woman's uterus through her vagina. The most widely used IUDs are copper-bearing IUDs. Inert (unmedicated) and progestin-releasing IUDs (levonorgestrel or progesterone) are less widely available. IUDs are a safe and effective method of reversible, long-term contraception for most women. They do not affect breastfeeding, interfere with intercourse, or have hormonal side effects; only some gynecologic and obstetric conditions and infections preclude use of the method.

Youth Use

IUDs are not recommended for most young women. Intrauterine devices are generally not recommended for young women and women who have not yet had children. Unless she has had a child, a young woman's uterus may be too small to hold an IUD. These groups have a higher risk of IUD expulsion and pelvic inflammatory disease (PID). Age by itself is not a contraindication for IUD use, but demographic studies have shown that women under the age of 25 have a higher incidence of these complications. IUD users who get certain sexually transmitted infections can develop pelvic inflammatory disease and become unable to have children. Adolescents are at very high risk for these infections. The lifestyles and sexual behavior of younger women may put them at greater risk for STIs than older women.

Summary Characteristics of IUDs

Effectiveness	The failure rate for copper IUDs is 0.6% to 0.8% during the first year of typical use.[8] For the levonorgestrel-IUD, the failure rate is 0.1% during the first year of typical use.
Age limitations	No restrictions on use for women age 20 and over.
Parity limitations	No limitations. Women can generally use IUDs if they do not have a history of PID, a previous ectopic pregnancy, or multiple sex partners (or partner who has other partners).
Mode of action	Inhibits sperm migration in the upper female genital tract, inhibits ovum transport, and stimulates endometrial changes.
Effect on STI risk	**Not protective.**
Duration of use	The Copper-T 380A device remains effective for up to 10 years, the multi-load copper IUD remains effective for up to 5 years, and the levonorgestrel-releasing IUD is effective for at least 5 years. Most women can use IUDs safely throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Return to fertility	Immediate upon removal.

Spermicides

Source: [2]

What are they?

Spermicides are a reversible barrier method of birth control. They are available in a variety of contraceptive preparations including: **creams, film, foams, jellies, and suppositories.** These products are inserted deep into the vagina shortly before intercourse. Some condoms also come lubricated with spermicide.

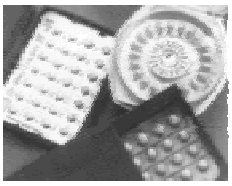
Youth Use

Spermicides often are used as a temporary method while waiting for a long-term method or by couples who have intercourse infrequently. However, if not used exactly as directed, these products may not form a good barrier over the cervix. **When used alone, spermicides provide some contraceptive protection, but are best when used with a barrier method to prevent pregnancy.** In addition, spermicides should not be used as a method for preventing transmission of HIV or other STIs. Male or female condoms should be used in conjunction with spermicides to protect against STI transmission.

Summary Characteristics of Spermicides

Effectiveness	The failure rate during the first year of typical use is 6% to 26%.[8] Efficacy is improved if spermicides are used in conjunction with mechanical barrier methods, such as a condom, diaphragm, or cervical cap.
Age limitations	No restrictions on age.
Mode of action	Spermicides destroy or immobilize sperm.
Effect on STI risk	**Spermicides do not protect against STIs, including HIV. Condoms should be used for STI protection.**
Safety	Most spermicides are made with Nonoxynol-9 (N-9). N-9 has been shown to increase the risk of HIV infection when used frequently by women at high risk. However, for women at low risk of HIV, N-9 spermicides are a moderately effective, female-controlled form of birth control. WHO no longer recommends N-9 coated condoms; however if a N-9 coated condom is the only condom available, it is better than no condom.
Duration of use	Used at or near the time of intercourse; appropriate for both short- and long-term use; women can use spermicides throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Return to fertility	Immediate upon discontinuation.

Oral Contraceptives: Combined Oral Contraceptive Pills



Source: [2]

What are they?

Combined oral contraceptive pills (COCs) are a monthly series of pills in which one pill is taken daily. The active ingredients are synthetic hormones like those produced by the body to regulate the menstrual cycle. Present-day COCs contain low-doses of both estrogen and progestin.

Youth Use

Oral contraceptives are a popular choice among youth in many regions. Correct and consistent use can be difficult for some girls, especially when they experience common hormonal side effects. According to the World Health Organization, theoretical concerns about the use of COCs among young adolescents have not been substantiated by scientific evidence.[6]

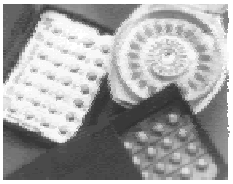
Summary Characteristics of COCs

Effectiveness	The failure rate during the first year of use of typical use is 6% to 8%. If used correctly and consistently, the failure rate is 0.1% during the first year.[8] **IMPORTANT:** Birth control pills work best if taken at about the same time every day. Pregnancy can happen if an error is made in using the pills (i.e. pills are started too late in the cycle or two or more pills are missed in a row.
Age limitations	No restrictions on use from menarche to age 40.[6]
Mode of action	Primary mechanism inhibits ovulation; secondary mechanisms thicken the cervical mucus and change sperm transport. Does not disrupt existing pregnancy.
Safety	Most women can take COCs safely. Serious problems are very rare.
Effect on STI risk	**Not protective.**
Contraindications	**Absolute contraindications** • Breastfeeding (< 6 weeks postpartum) • Jaundice (symptomatic viral hepatitis or cirrhosis) • Current or history of ischemic heart disease or stroke • Current or history of deep venous thrombosis/pulmonary embolism • Vascular disease • Smoker and age 35 years or older (≥ 15 cigarettes/day) • Diabetes mellitus > 20 years duration • Migraine headaches and age ≥ 35 • High blood pressure (≥ 160/100) • Breast cancer • Benign or malignant liver tumors **Relative contraindications** • From 6 weeks to 6 months postpartum if breastfeeding • < 3 weeks postpartum even if not breastfeeding • High blood pressure • Multiple risk factors for cardiovascular disease • History of breast cancer • Symptomatic gall bladder disease

Summary Characteristics Continued

Side effects	Common side effects (Not harmful, but may be unpleasant; usually lessen or stop in a few months) • Menstrual changes – irregular bleeding or spotting (generally related to missed pills); amenorrhea. • Estrogen related effects – high blood pressure, nausea, dizziness, vomiting, breast fullness or tenderness. • Depression – mood change or loss of libido. IMPORTANT: Good counseling regarding possible side effects, and encouraging clients to continue for the first three months are most helpful. If side effects persist, and the client does not want to continue, help her choose another contraceptive method.
Drug interactions	Certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may reduce the contraceptive effect of COCs.
When to start	• The first day of menstrual bleeding is best. • Any of the first 7 days after menstrual bleeding starts, if she is cycling normally. • Clients can begin COCs up to 7 days after menstrual bleeding starts, but should avoid sex or use additional protection for the next 7 days. Needs to be sure she is not pregnant. • Postabortion immediately or within 7 days. • Postpartum after 3 weeks if not breastfeeding; after 6 months if using LAM.
Duration of use	Most women can use COCs safely throughout their reproductive years; there is no need for periodic discontinuation.
Return to fertility	Immediate or after slight delay (average 2-3 months).

Progestin-Only Oral Contraceptive Pills



Source: [2]

What are they?

Progestin-only pills (POPs) are a monthly series of pills in which one pill is taken daily. POPs contain very small amounts of progestin. They do not contain estrogen. POPs are the best oral contraceptive for breastfeeding women.

Youth Use

Correct and consistent use can be difficult for some girls, especially when they experience common hormonal side effects. For clients under age 18, there are theoretical concerns about effects of progestin-only contraceptives on bone development, although WHO considers POPs generally acceptable to use.[6]

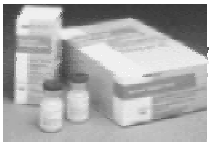
Summary Characteristics of POPs

Effectiveness	*For breastfeeding women:* The failure rate during the first year of use is 1%. *For all women:* If used correctly and consistently the failure rate is 0.5% during the first year of use.[8] **IMPORTANT:** Birth control pills work best if taken at about the same time every day. Pregnancy can happen if an error is made in using the pills (i.e. pills are started too late in the cycle or two or more pills are missed in a row).
Age limitations	No restrictions on use. For women under 18 years of age, there are theoretical concerns regarding effect of progestin-only contraceptives on bone development, but WHO considers POPs generally acceptable to use.
Mode of action	Primary action thickens cervical mucus, thereby preventing sperm penetration and inhibiting ovulation. Does not disrupt existing pregnancy.
Safety	Most women can use POPs safely and effectively.
Effect on STI risk	**Not protective.**
Contraindications	**Absolute contraindications** • Current breast cancer **Relative contraindications** • Breastfeeding (< 6 weeks postpartum) • Severe cirrhosis • Benign or malignant liver tumors • Active viral hepatitis • History of stroke or breast cancer • Current and history of ischemic heart disease • Current deep venous thrombosis/pulmonary embolism
Side effects	(Not harmful, but may be unpleasant; usually lessen or stop in a few months) • Menstrual changes (irregular bleeding or spotting; prolonged or heavy bleeding; amenorrhea • Headaches and breast tenderness
Drug interaction	Certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may reduce the contraceptive effect of POPs.

Summary Characteristics Continued

When to start	• Day 1 of the menstrual cycle is best. • Anytime client is reasonably certain she is not pregnant. • Postpartum (if breastfeeding): -After 6 months if using LAM. -After 6 weeks if not using LAM. • Postpartum (if not breastfeeding) – immediately. • Postabortion – immediately.
Duration of use	Most women can use POPs safely throughout their reproductive years; there is no need for periodic discontinuation.
Return to fertility	Immediate or after slight delay.

Injectable Contraceptives & Implants: Combined Hormonal Injections



Source: [2]

What are they?

Injectable contraceptives contain hormonal drugs that provide women with safe and highly effective contraceptive protection. Combined injectable contraceptives (CICs) contain both progestin and estrogen and are effective for one month. There are a number of combined formulations. The most extensively studied formulations are known by their brand names, Cyclofem™ and Mesigyna®; both are monthly injectables.

Youth Use

Injectables do not protect against STIs but have some advantages for young women, including convenience and confidentiality. Young women should be counseled about potential side effects. According to the World Health Organization, theoretical concerns about the use of CICs among young adolescents have not been substantiated by scientific evidence.[6]

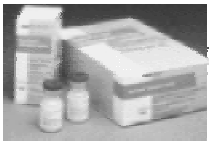
Summary Characteristics of CICs

Effectiveness	The failure rate during the first year of use is 0.3%.[8] Hormonal injections are one of the most effective reversible methods of birth control. Pregnancy rates may be higher for women who are late for an injection or who miss an injection.
Age limitations	No restrictions on use from menarche to age 40.[6]
Mode of action	Primarily inhibits ovulation; secondary mechanisms thicken the cervical mucus and change sperm transport. There is no known harm to the woman, the course of her pregnancy, or the fetus if CICs are accidentally used during pregnancy.
Safety	Most women can use injectables safely.
Effect on STI risk	**Not protective.**

Summary Characteristics Continued

Contraindications	**Absolute contraindications** • Breastfeeding (< 6 weeks postpartum) • Current or history of deep venous thrombosis/pulmonary embolism • Multiple risk factors for cardiovascular disease • Vascular disease • Active viral hepatitis • Current or history of ischemic heart disease or stroke • Blood clotting disorders • Diabetes mellitus > 20 years duration • Migraine headaches and age ≥ 35 • High blood pressure (≥ 160/100) • Current breast cancer • Malignant liver tumors **Relative contraindications** • From 6 weeks to 6 months postpartum if breastfeeding • < 3 weeks postpartum even if not breastfeeding • Smoker and age 35 years or older (>15 cigarettes daily) • High blood pressure (140-159/90-99) • Severe cirrhosis • History of breast cancer • Benign liver tumors
Side effects	Most women adjust to injectables with few or no problems. However, as with all medicines, there may be some side effects for some women (not harmful, but may be unpleasant). • Menstrual changes – Irregular bleeding or spotting (generally related to missed pills) – Amenorrhea • Estrogen related effects – High blood pressure – Nausea/dizziness/vomiting – Breast fullness or tenderness (mastalgia) • Depression (mood change)
When to start	• Anytime a woman can be reasonably sure she is not pregnant. • Days 1-7 of the menstrual cycle. • Postpartum: – After 6 months if using LAM. – After 3 weeks if not breastfeeding. • Postabortion – immediately or within 7 days.
Drug interaction	Use of certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may reduce the contraceptive effect of injectables.
Duration of use	Most women can use injectables safely throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Return to fertility	Within 3 months.

Progestin-Only Hormonal Injections



Source: [2]

What are they?

Injectable contraceptives contain hormonal drugs that provide women with safe and highly effective contraceptive protection. Progestin-only formulations contain a progestin hormone and are effective for 2 or 3 months.

Progestin-only injectables (POIs) include DMPA (depot medroxyprogesterone acetate) and NET-EN (norethisterone enantate). DMPA is the injectable formulation most widely used worldwide. DMPA is injected every 3 months. NET-EN is injected every 2 months.

Youth Use

Injectables do not protect against STIs but have some advantages for young women, including convenience and confidentiality. Young women should be counseled about potential side effects. For clients under age 18, there are theoretical concerns about effects of progestin-only contraceptives on bone development, although the World Health Organization considers POIs generally acceptable to use.[6]

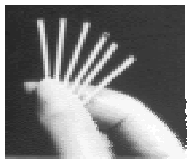
Summary Characteristics of POIs

Effectiveness	The failure rate during the first year of use is0.3%.[8] Hormonal injections are one of the most effective reversible methods of birth control. Pregnancy rates may be higher for women who are late for an injection or who miss an injection.
Age limitations	No age restrictions. For women under age 18 and greater than age 45, there are theoretical concerns regarding hypo-estrogenic effects particularly due to DMPA use.
Mode of action	Injectables work primarily by thickening the cervical mucus, thereby hampering sperm transport and suppressing ovulation. They will not disrupt an existing pregnancy.
Safety	Most women can use injectables safely.
Effect on STI risk	**Not protective.**
Contraindications	**Absolute contraindications** • Current breast cancer **Relative contraindications** • Breastfeeding (< 6 weeks postpartum) • High blood pressure ≥ 160/100 • Multiple risk factors for cardiovascular disease • Current deep venous thrombosis/pulmonary embolism • Vascular disease • Unexplained vaginal bleeding • Severe cirrhosis • Benign or malignant liver tumors • Active viral hepatitis • History of stroke or breast cancer • History of diabetes of > 20 years' duration • Current and history of ischemic heart disease

Summary Characteristics Continued

Side effects	Most women adjust to injectables with few or no problems. However, as with all medicines, there may be some side effects for some women. It is important to consider that there is no way to stop the effects of the injection. The most common side effects (not harmful, but may be unpleasant) may include: • Menstrual changes – Irregular bleeding or spotting (more common during first 6 to 12 months). – Prolonged or heavy bleeding (very rare). – Amenorrhea (many women consider this a benefit). • Weight gain • Headaches, dizziness, and mood changes • About one-third of users discontinue in first year because of side effects: counseling and reassurance is crucial! Over 90% of women using DMPA experience irregular and unpredictable menstrual bleeding or amenorrhea in their first year of use.[9] With continued use of DMPA, bleeding becomes less and less frequent and eventually over 60% of DMPA users experience prolonged amenorrhea.[10] NET-EN disrupts bleeding patterns somewhat less than DMPA.[6]
When to start	• Days 1 to 7 of the menstrual cycle. • Anytime during the menstrual cycle when a woman can be reasonably sure that she is not pregnant. • Postpartum: – Immediately if not breastfeeding. – After 6 weeks if only partially breastfeeding. – After 6 months if fully breastfeeding. • Postabortion – immediately or within first 7 days.
Drug interaction	Use of certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may reduce the contraceptive effect of injectables.
Duration of use	Most women can use injectables safely throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Return to fertility	After a delay of about 3 to 6 months.

Hormonal Implants



Source: [2]

What are they?

Hormonal implants are reversible prescription methods of birth control. Contraceptive implants consist of hormone-filled capsules that are inserted under the skin in the woman's upper arm. The first contraceptive implant system developed was the Norplant® system, which consists of 6 thin, flexible capsules made of silicone.

The clinician will numb a small area of a woman's arm and, usually, make one small cut. The capsules will be inserted under the skin of the arm she uses least. Insertion takes about 10 minutes. The clinician will advise her to have a follow-up visit within the first 3 months after insertion. It is best to have follow-up visits once a year after that. She should be sure to tell any health care provider that she is using implants. Norplant® should be removed after 5 years because it stops working.

Youth Use

Implants do not protect against STIs but have some advantages for young women, including convenience and confidentiality. They may be appropriate for young married women who desire birth spacing. Young women should be counseled about potential side effects. Three studies of Norplant use, one in adolescents and two in adult women, showed no decrease in bone density with long-term use compared with nonusers.[6]

Summary Characteristics of Hormonal Implants

Effectiveness	The failure rate during the first year of use for soft-capsule implants is 0.1%.[8]
Age limitations	No age restrictions on use.
Mode of action	Primarily thickens cervical mucus and inhibits ovulation.
Safety	In general, most women can use implants safely.
Effect on STI risk	**Not protective.**
Contraindications	**Absolute contraindications** • Current breast cancer **Relative contraindications** • Breastfeeding <6 weeks postpartum • Current deep venous thrombosis/pulmonary embolism • Unexplained vaginal bleeding • Severe cirrhosis • Benign or malignant liver tumors • Active viral hepatitis • History of stroke or breast cancer • Current and history of ischemic heart disease

Summary Characteristics Continued

Side effects	• Changes in menstrual bleeding (normal; usually becomes more regular after 9 to 12 months): – Light spotting or bleeding between monthly periods. – Prolonged bleeding (uncommon, and often decreases after first few months). – Amenorrhea (some women see it as an advantage). • There are other side effects for some women. They may include: – Headaches/nausea/dizziness/nervousness. – Enlargement of ovaries or ovarian cysts. – Change in appetite – weight gain or loss. – Breast tenderness and/or discharge. – Acne or skin rash. – Increase or loss of facial hair.
When to start	• Days 1 to 7 of the menstrual cycle. • Anytime during the menstrual cycle when a woman can be reasonably sure that she is not pregnant. • Postpartum: – Immediately if not breastfeeding. – After 6 weeks if partially breastfeeding or after 6 months if fully breastfeeding. • Postabortion – immediately or within first 7 days.
Drug interaction	Certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may reduce the contraceptive effect of implants.
Duration of use	Norplant implants are effective for 5 years. Most women can use implants safely throughout their reproductive years (if the woman is satisfied with the method and has no problems with it).
Return to fertility	Immediate upon removal.

Withdrawal

What is it?

Male withdrawal, also called coitus interruptus, requires a man to withdraw his penis from his partner's vagina prior to ejaculation. Withdrawal has been used as a contraceptive for centuries and can be effective in preventing pregnancy when clients are motivated and able to practice it correctly and consistently with every act of intercourse—that is, with perfect use. No medical condition restricts a client's eligibility for use of withdrawal. It does not affect breastfeeding, has no hormonal side effects, and can be used as a backup to other methods.

Youth Use

Withdrawal does not protect against STIs but for some adolescents may be the only method available in certain circumstances. Both male and female adolescents should understand how it works.

Summary Characteristics of Withdrawal

Effectiveness	The failure rate during the first year of typical is 4% to 19%.[8]
Age limitations	No restrictions
Mode of action	Prevents sperm from entering the vagina.
Effect on STI risk	**Not protective.**
Duration of use	Most clients can use withdrawal safely throughout their reproductive years (if they are satisfied with the method and have no problems with it).
Return to fertility	Immediate upon discontinuation.

Emergency Contraceptive Pills

What are they?

Emergency contraceptive pills (ECPs) are a form of contraception that women can use to prevent pregnancy **after** unprotected intercourse (such as when a contraceptive fails or when sex occurs without contraception). ECPs are most effective if used within 72 hours (3 days) of unprotected intercourse, but they may be used up to 5 days. There are two types of ECPs—a progestin-only regimen and a combined estrogen/progestin regimen. The progestin-only regimen is more effective and has fewer side effects than the combined regimen. In some countries, ECPs are available as dedicated products, however, regular oral contraceptive pills can also be used for emergency contraception.

Youth Use

ECPs do not protect against STIs, but are an important method to have available for adolescents, as they can be taken after unprotected intercourse. Adolescents are especially unlikely to plan ahead for sex and may have difficulty using condoms or other methods.

Characteristics of ECPs

Effectiveness	The failure rate of ECPs ranges from approximately 26% to 15%, depending on the regimen used and when treatment is initiated. (Note: this failure rate cannot be compared directly to annual failure rates of other methods because it is for a single use.)
Age limitations	No restrictions on use.
Mode of action	Primarily inhibits ovulation; treatment also may cause changes in the endometrium.
Effect on STI risk	**Not protective.**
Drug interaction	None known; given the short duration of treatment it is unlikely that drug interactions that affect COC use also affect ECP use.
Duration of use	Intended for occasional "emergency" use; other methods used correctly and consistently provide more effective ongoing contraceptive protection.
Return to fertility	Immediate; therefore, it is critical that women begin using another form of contraception immediately after use.

Fertility Awareness Methods

What are they?

Fertility Awareness Methods (FAMs) require a woman to chart her menstrual cycle to detect certain physical signs that help her predict "unsafe" days (days in which she is most likely to become pregnant). She must abstain from intercourse (periodic abstinence) or use condoms during 9 or more "unsafe" days. FAMs include:

- Checking temperature daily.
- Checking cervical mucus daily.
- Recording menstrual cycles on calendar.

Youth Use

FAMs are not recommended for youth because:

- These methods work best for women with very regular periods. Young women often have irregular periods.
- Young women are at higher risk of STIs and pelvic inflammatory disease. Using FAM does not protect against infections.
- Their partners may not wish to cooperate in using this method.
- A young woman's relationship may not be as stable or as committed as is necessary for developing the trust and cooperation necessary for effective use of this method.

Summary Characteristics of FAMs

Effectiveness	The failure rate during the first year of use is 1% to 20%.[8] The failure rate depends on a woman's ability to identify the fertile period of each menstrual cycle and the couples' motivation and discipline to practice abstinence when required.
Age limitations	No restrictions, but generally not recommended for adolescents.
Mode of action	Helps a client prevent pregnancy by avoiding unprotected sexual intercourse during the fertile period of a woman's menstrual cycle.
Effect on STI risk	**Not protective.**
Duration of use	Most women can use FAM safely throughout their reproductive years (if they are satisfied with the method and have no problems with it).
Return to fertility	Immediate upon discontinuation.

Lactational Amenorrhea Method

What is it?

The **Lactational Amenorrhea Method (LAM)** is a family planning method for breastfeeding women, with natural protection against pregnancy for up to 6 months.

Youth Use

This method may only be used by a woman who is breastfeeding her baby often, both day and night; if her menstruation has not returned; and her baby is less than 6 months old. This method does not protect against STIs.

Summary Characteristics of LAM

Effectiveness	The failure rate during the first 6 months after childbirth in **exclusively** breastfeeding women is 1-2%.
Age limitations	No restrictions.
Mode of action	Suppresses ovulation (release of eggs from ovaries).
Effect on STI risk	**Not protective.**
Duration of use	Commonly used for the first 6 months after childbirth; some women continue for up to 1 year or longer, although effectiveness varies.
Return to fertility	Immediate; once any of the LAM criteria are not met, a woman should use an additional method of contraception as she may be at risk of pregnancy.

Sterilization

What is it?

Sterilization for men and women is a permanent method for individuals who do not want any more children. With a vasectomy, the vas deferens, which carry sperm from the testes to the urethra of the penis, are cut. In a tubal ligation, the fallopian tubes, which carry the eggs from the ovary to the uterus, are cut. Both methods are highly effective (99.5% to 99.9%), safe, convenient, and performed in a single procedure.

Youth Use

These methods are not appropriate for anyone who may want to have a child in the future. Because people so often change their minds about having families, sterilization is usually discouraged for people under 30 who have not had children.

Summary Characteristics of Sterilization

Effectiveness	**Women**: The failure rate in the first year after the procedure is 0.5%. **Men:** The failure rate in the first year after the procedure is 0.1% to 0.2%.[8]
Age limitations	No restrictions, but not recommended for young people
Mode of action	**Women:** Blocks the fallopian tubes to prevent the ovum and sperm from uniting. **Men:** Blocks the vas deferens (ejaculatory duct) to prevent sperm from being released into the ejaculate.
Effect on STI risk	**Not protective.**
Drug interaction	Certain antiseizure medications (barbiturates, carbamezapine, phenytoin, primidone) and antibiotics (rifampicin and griseofulvin) may affect the effectiveness of anesthetics used during the procedure.
Duration of use	Sterilization is a permanent contraceptive method.
Return to fertility	**Women:** A woman is sterile from the time the procedure is completed. **Men:** The method is not effective immediately; a man is sterile and his ejaculate is sperm-free about 3 months or 20 ejaculations after the procedure is completed.

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Content and format for this resource tool were adapted from:

- *Expanding the Range of Contraceptive Options: A Manual for Community Health Outreach Workers.* Philippines: PATH (2000).
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 3: Counseling for Family Planning Services). Watertown, MA: Pathfinder International (1998). Also available at: http://www.pathfind.org/pf/pubs/mod3.pdf. Last accessed May 2003.
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- *Sexual and Reproductive Health Briefing Cards-Adolescent Sexual and Reproductive Health*. New York, NY: Family Care International (2000).

Management of Sexually Transmitted Infections Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants will be able to:

- Effectively respond to the sexually transmitted infection (STI) related reproductive health needs of people in their communities.
- Serve as responsible referral points to other health care services for clients at risk of STIs, including HIV.
- Identify the importance of STI risk assessment and referral/treatment.

Time

4 hours, 50 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. What Are Sexually Transmitted Infections? (45 min.)
3. Sexually Transmitted Infection Transmission (30 min.)
4. Sexually Transmitted Infection Risk Assessment (30 min.)
5. Adolescents and Sexually Transmitted Infection Risk (40 min.)
6. Consequences of Sexually Transmitted Infections (20 min.)
7. Relationship Between Sexually Transmitted Infection and HIV/AIDS (20 min.)
8. HIV/AIDS in [*insert country*] (20 min.)
9. Sexually Transmitted Infection Case Management (30 min.)
10. Role of Pharmacies (20 min.)
11. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre-and Post-Session Questionnaire
HO 1: Sexually Transmitted Infections
HO 2: HIV/AIDS
HO 3: The Four Cs
HO 4: Role of Pharmacies

TA 1: STI Matching Game
TA 2: Fact or Fiction? Game About STI and HIV Transmission
TA 3: The Bead Game, Confidential Risk Assessment
TA 4: Brush Fire, HIV Transmission Game
TA 5: Sexually Transmitted Infection Counseling Role-Plays

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape
- Scissors
- Small index cards or scraps of paper
- Thirteen cloth bags or long envelopes
- Red and green beads (or similar object)

Local data on the following issues can be used in this session:

- STI and HIV/AIDS rates
- STI and HIV/AIDS rates among adolescents

Content and format for this section were adapted from:

- *Community-based Management of Sexually Transmitted Disease Pharmacy Training and Community Outreach Education.* Phnom Penh, Cambodia: PATH.
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 12: Reproductive Tract Infections). Watertown, MA: Pathfinder International (2000).
- *Syndromic Approach to the Management of Sexually Transmitted Infections*. Kenya: PATH (1996).
- The World Health Organization. *STD Case Management Workbook 4: Diagnosis and Treatment*. Geneva: WHO (1995).
- The Population Council. *Reproductive Tract Infections: An Introductory Overview*. http://www.popcouncil.org/rhfp/rti_fact_sheets/index.html. Last accessed 2003.

Introduction

(15 Minutes)

Presentation

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See Session Overview above for objectives. Emphasize practical approach of training.

According to the World Health Organization, 333 million new cases of STIs occur worldwide each year, and at least 111 million of these cases occur in people under age 25.[1] UNAIDS estimated that by the end of 2001, approximately 42 million people were living with HIV and more than 20 million people worldwide had lost their lives to AIDS.[2] Nearly half of all HIV infections occur in men and women younger than 25 years, and in many developing countries, data indicate that up to 60 percent of all new HIV infections occur among 15- to 24-year-olds.[3] Infection among females outnumbers infection among males by a ratio of 2 to 1.[4,5]

This training is designed to build pharmacy staff knowledge of the risks, prevention, and management of STIs, including HIV, by providing accurate information in a time-efficient format. In this training session we will discuss STIs and their symptoms, risk factors, and consequences, with a special emphasis on how they affect adolescents. The session is scheduled to last approximately 4 hours and 50 minutes. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

What Are Sexually Transmitted Infections?

(45 Minutes)

Presentation, brainstorm, discussion

1. **Ask participants "What are STIs?" "What are some names of STIs?" After writing down and discussing participants' responses, offer the definition of STIs below. Make sure to emphasize that any discussion of STIs must include discussion of HIV and AIDS. Remind participants that this information is also provided in HO 1: *Sexually Transmitted Infections.***

Sexually transmitted infections, also referred to as STIs, are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, and protozoa cause STIs. There are more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS.

STIs affect both women and men. Some STIs, such as HIV, can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications. The social and economic impact of STIs is also enormous. Untreated, STIs place a heavy financial burden on families, communities, and health services. Some STIs have chronic health implications, often leaving people unable to work to support their families.

Besides STIs, there are two other types of reproductive tract infections: endogenous infections, and iatrogenic infections.

Endogenous infections result from an overgrowth of organisms normally present in the vagina. These infections are also often sexually transmitted and include bacterial vaginosis and candidiasis. These generally only affect women. Sometimes these symptoms are the same as those for STIs which is why it is important to have a health provider help diagnose the problem.

Iatrogenic infections are introduced into the reproductive tract by a medical procedure such as menstrual regulation, induced abortion, IUD insertion, or childbirth. This can happen if surgical instruments used in the procedure are not properly sterilized or if an infection already present in the lower reproductive tract is pushed through the cervix into the upper reproductive tract.

HIV, which stands for human immunodeficiency virus, is an STI. HIV is transmitted from an infected person through unprotected sexual intercourse or by exchange of body fluids such as blood or from an infected mother to her infant. Acquired immunodeficiency syndrome (AIDS) is the stage of HIV infection that develops after a person is infected with HIV. The majority of HIV infections are sexually transmitted through the same behaviors that transmit other STIs. **Therefore, whenever there is risk of an STI, there is risk of HIV infection as well.**

Certain ulcerative STIs, such as herpes and genital warts, increase the risk of HIV infection making early prevention and control of curable STIs an urgent priority for local governments and health providers. Any discussion of STIs must include information about HIV and AIDS.

Each new STI infection can cause serious complications for the infected person, increasing the risk of HIV transmission. Each untreated infection also increases the chances of further transmission in the community. Control of STIs requires more than just treatment. While people in the community must be made aware of STIs and the importance of prompt management, high-quality services for prevention and referral must be available to people at high risk of infection.

2. **To review the most common STIs and their symptoms, tell participants that the group will play a matching game. Using TA 1: *Sexually Transmitted Infection Matching Game*, cut up the list of STIs and the list of symptoms. Mix up all the slips of paper and put them in a bag or hat.**

3. **Ask each participant to draw a slip of paper. Half of the participants will have slips of paper with the name of a common STI, and the other half will have slips of paper with a description of a specific infection's symptoms.**

4. **Ask participants to circulate around the room until they find the person who has the matching infection/symptom.**

5. **When all participants have paired off, have each pair read out the infection and its matching symptoms. Rectify any incorrect match, providing additional information about each STI if necessary.**

6. **Review the symptoms of STIs presented during the game by briefly explaining how all common STIs present themselves. Use the information given below and the information provided on TA 1. TA 1 can also be distributed to participants as a handout. Emphasize to participants that in some cases, a person may not show any STI symptoms, but may still have an STI and pass it on to someone else.**

We will now review the symptoms of common STIs. I will present the most common presentation or signs and which STIs exhibit these symptoms. Keep in mind that some STIs, such as trichomoniasis, are more symptomatic in women, while others, such as gonorrhea, are more symptomatic in men.

Additionally, STIs may be asymptomatic, particularly in women. Asymptomatic means a person may have an STI without showing any symptoms. Therefore, he or she can transmit the infection without knowing it. For example, gonorrhea often is asymptomatic in women, but not in men. For this reason, it is important to know the behaviors that put a person at risk of STIs. If an individual knows they are at risk of an STI, they will know they should seek diagnosis and treatment even if they are not experiencing any STI symptoms.

The physical effects of STIs range from acute (intense, short-term) symptoms to chronic (long-term or periodic) symptoms, from loss of some bodily functions to interfering with reproduction and eventual death. The following symptoms are most common.

Infections that present with abnormal discharge include:
- Gonorrhea
- Trichomoniasis
- Candidiasis
- Chlamydia

Infections that present with sores and/or ulcers include:
- Chancroid
- Syphilis
- Genital herpes
- Genital warts

Infections that present with bubo (swollen node) include:
- Chancroid

Women who present with acute or chronic lower abdominal pain and fever may have:
- Pelvic inflammatory disease (PID)

Infections that have systemic manifestations include:
- HIV infection
- Syphilis (in secondary stage)

Infections that have few or no symptoms (asymptomatic) include:
- HIV infection (in early stages)
- Cervicitis (in women)—this includes gonorrhea and chlamydia
- Trichomoniasis (in men)

Key Points

- STIs are very common and have the potential for causing serious health complications.
- Whenever there is risk of an STI, there is a risk of HIV infection.
- Because many STIs do not present with symptoms, it is important that people know what behavioral actions influence their risk of STIs.

Sexually Transmitted Infection Transmission

(30 Minutes)

Activity/game, brainstorm, discussion, presentation

1. **To introduce the subject of STI transmission, tell participants that you are now going to play a short game about STI and HIV transmission.**
2. **Cut apart the statements on the TA 2: *Fact or Fiction? Game About Sexually Transmitted Infection and HIV Transmission.* Distribute one slip of paper to each participant.**
3. **Ask each participant to read their statement out loud, say whether they think it is true or false, and give the reasons for their opinion. The rest of the group should agree or disagree.**
4. **Ask the participants "How are STIs transmitted?" Write down and briefly discuss participants' responses, complementing participants' answers with the information below.**
5. **Explain how most STIs are transmitted and clarify any misconceptions previously reported by the participants about transmission.**

The four most common modes of transmission of STIs are through:

1. Sexual contact with an infected partner without using a condom.
2. Blood transfusion and/or contact with infected blood products.
3. Sharing of nonsterilized needles and sharps, like razors.
4. Mother to unborn child and/or infant during pregnancy, delivery, and breastfeeding.

Remember that any discussion of STI transmission includes HIV.

Transmission of STIs depends on human behavior. A person with many sexual partners is much more likely to acquire an STI than a person with only one partner. A person with many partners also has more opportunity to infect others.

Most STI transmission occurs within a small part of the population that has multiple sexual partners. This does not mean, however, that the rest of the community is not at risk for STIs. A young woman who has sex with only her boyfriend can still get an STI if her boyfriend has other partners.

For these reasons, control of STIs requires effective strategies that reach those with multiple sex partners. Because adolescence is often an experimental time and young people are likely to have multiple partners, services that reach young people are very important in the control of STIs.

Key Points

- People who have only one sexual partner can be at risk of STIs if their partner has had sex with other people.
- Because adolescence is often an experimental time and young people are likely to have multiple partners throughout their adolescent years, services that reach this segment of the population are very important in the control of STIs.

Sexually Transmitted Infection Risk Assessment

(30 Minutes)

Brainstorm, discussion

1. **Divide participants into three groups. Each group will work for 15 minutes to discuss and list responses to one question. Give each group a flip chart and two colored markers. Each group should assign one reporter who will present their work to the large group.**

2. **Ask participants in Group 1 to discuss the question "What practices or behaviors put people at risk of contracting STIs?"**

3. **Participants in Group 2 will discuss the question "What are common myths or misconceptions about how STIs are transmitted? "**

4. **Participants in Group 3 will discuss the question "What other factors may increase a person's risk of acquiring an STI?"**

5. **Allow time for each group to present their work on a flip chart. Discuss the groups' responses. Complement the discussion with the data and information below, if appropriate.**

Group 1: Practices or behaviors that put people at risk of contracting STIs
The most common practices that enhance the risk of STIs are:

- Having sex (vaginal, anal, or oral) with an infected partner without using a condom.
- Delay in seeking medical care.
- Inadequate treatment and treatment doses.
- Poor treatment compliance.
- Multiple sex partners.
- Changing sex partners often.
- Alcohol and/or drug use before or during sexual intercourse (impairs judgment).

Group 2: Common myths or misperceptions about how STIs are transmitted
Ways that STIs are **not** transmitted include:

- Using the same toilet as an infected person.
- Sharing clothes with an infected person.
- Eating or sitting with an infected person.
- Swimming in the same pool with an infected person.
- Mosquito bites.

Group 3: Other factors that may increase a person's risk of acquiring an STI
STIs affect sexually active persons. Whether or not a person becomes infected with an STI after a sexual act is influenced by a number of factors, behavioral as well as biological. STIs are most predominant among:

- Young women and men between the ages of 15 and 29 who are sexually active.
- Men and women who have multiple sexual partners.
- Sex workers, their clients, and their clients' partners.
- Infants during pregnancy, at delivery, and after birth through breastfeeding women.
- Exploited or sexually abused children.

6. **After the group presentations, explain to participants that people have many misconceptions about STIs. This often results from lack of knowledge or the embarrassment or stigma associated with these infections. Even though STIs are common and can result in chronic complications, and even death, they are transmitted in certain ways and are enhanced by certain practices.**

7. **Complete the lists with any of the points below that were not mentioned.**

Misconceptions and lack of knowledge contribute to chronic health complications. Inappropriate treatments can also lead to economic distress, as families need to spend a large part of their earnings on treatments that often do not work.

Aside from sexual behavior, there are environmental and social factors that place people at higher risk of STIs and that make the spread of STIs more likely to occur in society. These include:

- **Poverty:** Women are often forced to exchange sex for economic support, either indirectly or by entering the sex industry.

- **Migration:** Movement to the big cities for economic opportunities alters traditional life styles as men and women work and may stay away from their families and communities for long periods of time. Newly independent and with money to spend, these individuals may be exposed to peer pressure, and in some cases, exploitation. They also have limited or no access to the reproductive health information and resources necessary to make healthy choices, including protecting themselves against STIs/HIV/AIDS.

- **Age:** The rates of risky sexual activity is higher in those who are between the ages of 15 and 29 because of their willingness to experiment and take risks, lack of knowledge, and poor negotiation skills.

- **Gender inequity:** Boys or men may coerce girls into sex at a young age. Women may lack the power to persuade their partners to use condoms even though they are aware that their partners' risky behavior places them at risk for STIs and HIV. STIs place a heavy burden on childbearing women.

- **Limited access to services:** Inadequate diagnostic and treatment services for STIs, especially for young people, also contribute to higher risk of STIs and their spread.

8. Discuss data on STIs rates in [*insert country*].

[*Insert country-specific data on adolescent STI rates.*]

Information about HIV rates in [*insert country*] is included in the section "HIV/AIDS in [*insert country*]" later in the session.

Key Points

- STI risk is influenced by a number of behavioral and biological factors.
- There are many misconceptions about how STIs are transmitted.

Adolescents and Sexually Transmitted Infection Risk

(40 Minutes)

Brainstorm, discussion, activity/game

1. **Ask participants to work in groups of three or four to answer the question "Why are adolescents at high risk for STIs?" Ask them to provide reasons for their opinions.**
2. **Allow ten minutes for the groups to work together and make a list of their responses on a flip chart, overhead, or chalkboard. Each group will present their list to the larger group.**
3. **When all the groups have presented, comment on what common answers were cited and make sure that all issues below are covered.**

Young people are at high risk of STIs and HIV for a variety of reasons. Possible responses include:

- Lack of knowledge about STIs, including HIV.
- Not perceiving themselves to be at risk.
- Intercourse often is unplanned or unwanted.[5,6]
- Lack of access to or inconsistent use of condoms, no planning ahead for condom or other contraceptive use.
- Increased number of sexual partners leading to increased risk of exposure.
- Biological factors (adolescent girls are at greater risk of infection than older women because of the immaturity of their reproductive systems).
- Economic factors (adolescents may live or work on the street and participate in "survival sex" or "transactional sex").
- Social factors (such as being forced into a sexual relationship; lacking the skills or power to negotiate condom use; and encountering gender norms, double standards, or cultural/religious norms regarding sexuality and fertility).[1,4,7,8,9]
- Inexperienced contraceptive users are more likely to use methods incorrectly.

Adolescents may be reluctant or unable to seek treatment for STIs or HIV because they:

- May not know they are infected (HIV and STI infections can be asymptomatic).
- May fear disapproval of family or their community.
- Are afraid to get tested.
- Do not know how to recognize the symptoms.
- Cannot afford testing and treatment services.
- Do not know where to go for STI services.

4. **Explain that the group is now going to play a game that will enable participants to reflect on their own risk for STIs and HIV.**

5. **The game will also reveal some common trends in the group, without identifying any individual's responses.**

6. **Ask participants to sit in a large circle, and hand out a bag or envelope with two colors of beads to each participant. Follow instructions on TA 3: *The Bead Game, Confidential Risk Assessment*.**

7. **When the game has concluded, take five minutes to analyze the results. A participant volunteer or co-trainer can do this during the game , or during the next break. It can also be done as a group.**

8. **Review the participants' responses to each question, and note what kinds of risks may be common. Process the activity by asking participants, *"What was hard about the game?" "What did you enjoy about it?" "In what way did it force you to reflect on risks you may have in your personal life?"***

To honestly assess our own personal risk for STIs is not an easy task. It may be less intimidating to assist others than to analyze and admit our own risky behaviors. To assess personal risk, an individual could ask the following questions:

- Do I have a new sexual partner?
- Do I have more than one sexual partner?
- Does my partner have more than one partner?
- Has my partner been diagnosed with a STI?
- Do I use intravenous drugs?
- Do I have any symptoms of STIs?

Key Points

- [*Insert country-specific data on adolescent STI rates*.]
- Adolescents are at high risk of STIs and HIV and may be reluctant or unable to seek treatment.
- It is important to assess one's risk of STIs.

Consequences of Sexually Transmitted Infections

(20 Minutes)

Brainstorm, discussion

1. **Ask participants "What are the major health consequences of STIs for women, men, and children?" "What are other possible socioeconomic consequences?"**

2. **Write participant responses on a flip chart, overhead, or chalkboard. Complete the list with any of the consequences listed below that have not been mentioned.**

Possible responses include:

In women:

- Pelvic inflammatory disease, or inflammation of the fallopian tubes, resulting in:
  - Chronic abdominal pain
  - Infertility
  - Ectopic pregnancy or a pregnancy growing in the fallopian tubes, which can cause maternal death
  - Spontaneous abortion, stillbirth, and perinatal death
- Lost work time due to illness
- Social stigmatization, shame, or blame

In men:

- Infertility
- Narrowing of the urethra in men, resulting in inability to urinate
- Lost work time due to illness
- Social stigmatization, shame, or blame

In children:

- Eye infection or blindness in children or newborns
- Pneumonia and other chronic diseases, often leading to death
- Retardation

3. **Ask participants: "Why are women more vulnerable than men to STI transmission?"**

4. **Write participant responses on a flip chart, overheard, or chalkboard. Complete the list with any of the reasons listed below that have not been mentioned.**

Although STIs affect both men and women, women are generally *more vulnerable* to STIs. Biological differences make male-to-female transmission easier than female-to-male transmission because:

- Women are receptive partners during intercourse.
- Semen carrying bacteria or virus stays in contact with the vagina for a longer time than vaginal fluids stay in contact with male genitals.
- Younger women may be more susceptible due to immature genital tracts.
- Women with STIs are also less likely than men with STIs to have symptoms. Therefore symptoms are less reliable indicators of disease in women.
- When women do have symptoms, such as abnormal vaginal discharge, they are not always due to an STI.

Anatomical differences also contribute to women's increased vulnerability to long-term damage. Male genital organs are external, thereby making it easier to inspect for lesions or sores. Because female genital organs are internal, sometimes the only way to view lesions or sores is through a pelvic exam. If a woman is asymptomatic, she may not seek help and obtain a pelvic exam.

Additionally, women may be blamed for an STI or resulting infertility. This may lead to:

- Violence in the family (domestic violence)
- Abandonment
- Divorce

Key Points

- STIs can have severe health complications, including death, as well as social and economic consequences.
- Women are generally more vulnerable to STIs than men.

Relationship between Sexually Transmitted Infections and HIV/AIDS

(20 Minutes)

Brainstorm, discussion, presentation

1. **Ask participants the following questions:**
   "What is HIV?"
   "What have you heard about it?"
   "How does HIV enter the body and what happens when it does?"
   "How is HIV transmission facilitated by other STIs?"

2. **Discuss based on participants' responses. Give a brief overview of the immune system and review definitions of HIV and AIDS based on the information provided below and in HO 2: *HIV/AIDS*.**

Function of the immune system

The immune system recognizes and inactivates foreign organisms that enter the body. White blood cells play several crucial roles in the immune system. The most important type of white blood cell is the lymphocyte. There are two types of lymphocytes:

- B-lymphocytes or B-cells, and
- T-lymphocytes or T-cells.

T-cells include:

- T-helper cells.
- T-suppressor cells.

When a foreign organism enters or infects the body, the immune system recognizes the foreign proteins and the T-helper cells act like a switch to turn on the immune system. When they come in contact with a foreign body, they send a message to the B-cells to begin antibody production. After the foreign organisms have been inactivated, the T-suppressor cells send a message to the B-cells to stop antibody production.

HIV infection

HIV enters the body through body fluids, such as blood, vaginal secretions, or semen, and broken skin or mucus membranes. HIV targets the T-helper cells, reproduces within these cells, and then destroys them. As a result, antibody production and other immune defense mechanisms are impaired.

The T-helper cells gradually decrease in number and slowly die off. The immune system becomes very weak and unable to fight off infections.

As with some other STIs, a person with HIV may carry the virus without knowing it and without developing symptoms for a long time. HIV antibodies usually develop 6 to 12 weeks after exposure, and HIV antibodies can only be detected by a blood test. Therefore, clients who suspect they may be at risk for HIV should be referred to a clinic for HIV screening.

Once the body's immunity has been weakened, the body is susceptible to a wide range of infections. Many of these infections do not cause disease in persons with normal immune systems because the normally functioning immune system is able to fight back. These infections are called opportunistic infections or opportunistic diseases because they take advantage of the body's inability to fight off disease.

Development of AIDS
When HIV-infected people become ill with opportunistic infections, they are generally said to have AIDS. Some opportunistic infections may result in:

- Intestinal disorders and chronic diarrhea
- Weight loss
- Tuberculosis
- Pneumonia
- Skin rashes and skin lesions
- Reproductive tract infections

Many symptoms of different infections or diseases appear together, which makes recovery even harder. Eventually, the body loses its ability to recover and death follows. Disease progression from HIV infection to AIDS differs from person to person depending on biological, environmental, and behavioral factors.

The relationship between STIs and HIV

- The presence of STIs makes it easier for HIV to pass from one person to another. Ulcerative diseases increase the risk of HIV acquisition per sexual act most dramatically because genital ulcers and lesions allow easier entry of infectious particles. Ulcerative STIs like genital herpes increase the risk of HIV transmission 10 to 300 times per exposure.
- Inflammation caused by other STIs may also increase the viral load in genital secretions of those living with HIV infection, making transmission more likely.
- STIs enhance HIV transmission because they increase the number of white blood cells, which are both targets and sources for reproduction of HIV in the genital tract.
- Genital inflammation may cause microscopic cuts that can allow HIV to enter the body more easily.
- Nonulcerative STIs like gonorrhea, chlamydia, and trichomoniasis increase the risk of HIV transmission 3 to 10 times per exposure.

Key Point

- The transmission of HIV is facilitated by the presence of other STIs. Any client who suspects he or she may be at risk for HIV should be referred to a clinic for HIV screening.

HIV/AIDS in [*insert country*]

(20 Minutes)

Presentation, brainstorming

1. **Introduce and discuss the global problem of HIV/AIDS.**
2. **Ask participants "Do you feel that HIV/AIDS is a problem in [*insert country*]?" "Is it a problem in your city or your community?" "Why?" "Who is this problem affecting most?"**
3. **Record participants' answers on a flip chart, overheard, or chalkboard. Discuss local HIV/AIDS statistics and problems.**
4. **Tell participants that the group will now play a short game called "Brush Fire." Tell them that the game is designed to help them gain awareness of the speed of HIV transmission and to experience what it may feel like to be exposed to HIV in the context of a simulated game.**
5. **Read and follow the directions provided in TA 4: *Brush Fire, HIV Transmission Game*.**

Key Points

- The speed of the transmission of STIs and HIV can be very rapid.
- Sexual partners need to be able to talk openly and honestly with each other.
- Every individual needs to take responsibility for protecting themselves against HIV/AIDS.

Sexually Transmitted Infection Case Management

(45 Minutes)

Brainstorming, presentation, role-play

1. Ask participants what the Four Cs are. State that the Four Cs are practices that many of the training participants promote on a daily basis when interacting with their clients. Explain using the information below and on HO 3: *The Four Cs*.

1. Counseling and education

Counseling and education must address prevention by emphasizing the serious complications of STIs and suggesting ways to change risky sexual behaviors. Pharmacists must let their clients know how to recognize common STI symptoms and that:

- Many STI infections cause serious or life-threatening complications.
- Some infections are asymptomatic, making the risk of spreading the infection greater.
- Some STIs have different onsets.
- Clients can become reinfected.
- STI prophylactic drugs and self-medication are ineffective.
- If their symptoms do not go away, clients must go to see the doctor.
- They must take the complete treatment cycle.
- They must tell their partners.
- They must avoid sex until treatment is finished, and if they cannot abstain from sex, they should use condoms until treatment is finished and the infection is cured.

2. Compliance to treatment

Different kinds of medications are sold in different parts of the world. Prices and antibiotic effectiveness vary from one region to another. Bacterial resistance to antibiotics has become a major barrier to the effective control of some STIs. Bacterial resistance may be caused by natural resistance or the misuse of medications, particularly not taking the full recommended dose or buying wrong, insufficient, or expired medications on the street.

Good counseling on the proper use of medications is very important. Using ineffective medication, taking a dose that is too low, or stopping treatment early because of side effects can contribute to the spread of STIs and may cause antibiotic resistance.

Compliance with treatment is essential to cure and prevent further spread of infection and client reinfection. The pharmacist must discuss and explain to the client:

- The need for completing the course of medication, even after all symptoms are gone.
- The specific medication schedule, how and when to take the medication.
- The side effects of medication.
- What to do if they feel that the medication is not working or is causing side effects.

Pharmacists should also always give the correct treatment for infections and always give the entire treatment regimen.

3. Condom use

Condom use should be promoted to all clients for the prevention of STIs and HIV infection, with emphasis on the importance of correct and consistent use. It is even more important that clients know that it is crucial to use condoms when they have symptoms of an STI and until the medication is finished and the infection is cured. Clients need to understand that they **must** use condoms at **all times** during infections and when the infection is cured or under control in order to protect themselves and their partners from further infection. Pharmacists must be prepared to discuss and demonstrate correct condom use to clients.

4. Contacting sexual partners

Clients need to understand the importance of informing their partners about the risk of infection and encouraging them to get treatment. Treating sexual partners with or without symptoms benefits them and it is essential for the prevention of:

- Spreading the infection.
- Reinfection.
- Chronic complications of both client and partner(s).

2. Ask for examples of how participants can apply the Four Cs in their work with clients. Record all responses.

Key Points

- Counseling and education should emphasize the complications of STIs, as well as ways to change risky sexual practices.
- Compliance with medication is essential to curing and preventing further spread of infection and client re-infection.
- Condom use should be promoted to all clients for the prevention of STIs and HIV infection. Pharmacists should be prepared to discuss and demonstrate correct condom use to clients.
- Pharmacists should be prepared to make appropriate referrals.
- Clients need to understand the importance of informing their partners about the risk of infection and should encourage them to get treatment.

Role of Pharmacies

(20 Minutes)

Brainstorming, presentation, discussion, role-play

1. **Ask participants to work in pairs to discuss the question "How can pharmacy staff be resources for adolescent clients?" Alternate questions: "What is the role of the pharmacist in the management of STIs?" "What is legal?"**

2. **Give participants five to ten minutes to discuss in pairs, and then ask several volunteers to share their responses.**

3. **Encourage discussion about the ways that pharmacy staff can be resources for adolescent clients. Ask participants to think about what skills they need. Of these skills, which do they already have and which do they lack? Which of the skills do they need to improve? How will these new skills benefit their clients?**

We will also explore how pharmacists and pharmacy staff can play a significant role in the control of STI transmission by providing clients with information about the risks of unprotected intercourse and by referring them for diagnosis and treatment of STIs.

Possible responses include:

Pharmacy workers can be an invaluable resource for adolescents who are at risk for or have STIs because they can:

- Inform clients about risks of unprotected intercourse.
- Help youth assess their risk.
- Give referrals to health clinics where youth may be diagnosed and treated.
- Promote and sell condoms as an effective means of protection against STIs and HIV.

Pharmacies that provide an environment that feels comfortable to adolescents will increase their adolescent clientele. Adolescents who feel welcome in the pharmacy and who use services of the pharmacy will be more likely to feel at ease when seeking advice about reproductive health issues such as STIs.

Good client relationships can take place only when the client feels good about the product, the price, and especially about the dispensing pharmacist or pharmacy counter staff who is providing services. Thus, improving client relationships means improving both your clients' lives and your business.

4. **To help participants think about how they will emphasize STI risk assessment and referral in their pharmacy or drug shop, ask them to participate in a role-play activity.**

5. **Ask for volunteers to work in pairs to act out short role-play scenarios for the group.**

6. **Give each pair one of the role-play scenarios written in TA 5: *Sexually Transmitted Infection Counseling Role-Plays*.**

7. **Solicit comments from participants on the role-plays that have been presented. Discuss with processing questions such as, "What did you like about the way the pharmacy worker dealt with the client?" "What could have been improved?"**

8. **Remind participants to cover the following two crucial points:**
   - Refer clients to clinics for diagnosis when possible.
   - Suggest the use of condoms to prevent infection.

Key Points

- Pharmacy staff can be resources for youth and adults in STI prevention.
- Pharmacists can help control STIs by:
  - Providing advice/information and education on STIs and HIV/AIDS.
  - Referring clients to health clinics for diagnosis and treatment.
  - Selling clients complete and appropriate treatment regimens.
  - Emphasizing the importance of treatment compliance.
  - Encouraging condom use.
  - Encouraging partner communication.

Review and Conclusion

(20 Minutes)

Presentation, discussion

1. **Review the objectives for this session. Ask participants "To what degree do you feel that the objectives for this session have been met?"**

2. **Make recommendations on how pharmacy staff can play a role in STI control, particularly through the use of the Four Cs, effective counseling, and syndromic management.**

In closing, we would like to emphasize that because adolescents rarely visit primary health care or family planning clinics, they may be excluded when STI and other reproductive health services are integrated into existing clinics.[10] Pharmacies seeking to reach adolescents, who are at particular risk of STIs, must not only make services available but must also make them acceptable to young people. Pharmacies may designate youth-friendly services at their facilities to encourage young people to seek treatment and services there. Because of their unique position, pharmacists and pharmacy staff play an important role in the prevention and control of STIs, particularly among adolescents.

Pharmacy personnel must also be prepared to refer youth to clinics or other health care facilities when they need care that pharmacy personnel cannot provide. The most important thing pharmacists and pharmacy staff can do to improve the health of their clients is to talk with them.

3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**

5. **Thank trainees for their participation in the training and ask participants to fill out the participant final evaluation form. Collect the forms as participants leave.**

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Handouts and Training Aids
Management of Sexually Transmitted Infections

Pre- and Post-Session Questionnaire

Sexually Transmitted Infections (STIs)

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. In women, the signs and symptoms of STIs are often more easily recognized than in men.		
2. A woman can get an STI if she is raped.		
3. The presence of STIs makes it easier for HIV to pass from one person to another		
4. HIV can be spread by drinking from the same cup as someone with HIV.		
5. Pharmacists can help control the spread of STIs and HIV/AIDS by referring clients to health clinics to get diagnosed for treatment.		
6. Spermicides are the most effective method of preventing the spread of STIs		
7. A husband cannot give an STI to his wife.		
8. Young people are at high risk of STIs and HIV because they do not perceive themselves to be at risk.		
9. STIs can be transmitted by infected blood from mother to child during pregnancy, delivery, and breastfeeding.		
10. If a person has unprotected intercourse, he/she may have an STI.		
11. Correct and consistent use of condoms can prevent the spread of STIs and HIV.		
12. STIs have severe health consequences.		
13. STIs can lead to infertility in both men and women.		
14. STIs are often asymptomatic.		

Pre-and Post-Session Questionnaire

Sexually Transmitted Infections (STIs)

Answer Key

Mark the following statements as true or false.	True	False
1. In women, the signs and symptoms of STIs are often more easily recognized than in men.		X
2. A woman can get an STI if she is raped.	X	
3. The presence of STIs makes it easier for HIV to pass from one person to another	X	
4. HIV can be spread by drinking from the same cup as someone with HIV.		X
5. Pharmacists can help control the spread of STIs and HIV/AIDS by referring clients to health clinics to get diagnosed for treatment.	X	
6. Spermicides are the most effective method of preventing the spread of STIs		X
7. A husband cannot give an STI to his wife.		X
8. Young people are at high risk of STIs and HIV because they do not perceive themselves to be at risk.	X	
9. STIs can be transmitted by infected blood from mother to child during pregnancy, delivery, and breastfeeding.	X	
10. If a person has unprotected intercourse, he/she may have an STI.	X	
11. Correct and consistent use of condoms can prevent the spread of STIs and HIV.	X	
12. STIs have severe health consequences.	X	
13. STIs can lead to infertility in both men and women.	X	
14. STIs are often asymptomatic.	X	

Handout 1: Sexually Transmitted Infections

Sexually transmitted infections, also referred to as STIs, are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, and protozoa cause STIs. There are more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS.

STIs affect both women and men. Some STIs, such as HIV, can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications. The social and economic impact of STIs is also enormous. Untreated, STIs place a heavy financial burden on families, communities, and health services. Some STIs have chronic health implications, often leaving people unable to work to support their families.

Besides STIs, there are two other types of reproductive tract infections: endogenous infections, and iatrogenic infections.

Endogenous infections result from an overgrowth of organisms normally present in the vagina. These infections are also often sexually transmitted and include bacterial vaginosis and candidiasis. These generally only affect women. Sometimes these symptoms are the same as those for STIs which is why it is important to have a health provider help diagnose the problem.

Iatrogenic infections are introduced into the reproductive tract by a medical procedure such as menstrual regulation, induced abortion, IUD insertion, or childbirth. This can happen if surgical instruments used in the procedure are not properly sterilized or if an infection already present in the lower reproductive tract is pushed through the cervix into the upper reproductive tract.

HIV, which stands for human immunodeficiency virus, is an STI. HIV is transmitted from an infected person through unprotected sexual intercourse or by exchange of body fluids such as blood or from an infected mother to her infant. Acquired immunodeficiency syndrome (AIDS) is the stage of HIV infection that develops after a person is infected with HIV. The majority of HIV infections are sexually transmitted through the same behaviors that transmit other STIs. **Therefore, whenever there is risk of an STI, there is risk of HIV infection as well.**

Certain ulcerative STIs, such as herpes and genital warts, increase the risk of HIV infection making early prevention and control of curable STIs an urgent priority for local governments and health providers. Any discussion of STIs must include information about HIV and AIDS.

Each new STI infection can cause serious complications for the infected person, increasing the risk of HIV transmission. Each untreated infection also increases the chances of further transmission in the community. Control of STIs requires more than just treatment. While people in the community must be made aware of STIs and the importance of prompt management, high-quality services for prevention and referral must be available to people at high risk of infection.

Handout 2: HIV/AIDS

Function of the immune system

The immune system recognizes and inactivates foreign organisms that enter the body. White blood cells play several crucial roles in the immune system. The most important type of white blood cell is the lymphocyte. There are two types of lymphocytes:

- B-lymphocytes or B-cells
- T-lymphocytes or T-cells

T-cells include:

- T-helper cells
- T-suppressor cells

When a foreign organism enters or infects the body, the immune system recognizes the foreign proteins and the T-helper cells act like a switch to turn on the immune system. When T-helper cells come in contact with a foreign body, they send a message to the B-cells to begin antibody production. After the foreign organisms have been inactivated, the T-suppressor cells send a message to the B-cells to stop antibody production.

HIV infection

HIV enters the body through body fluids, such as blood, vaginal secretions, or semen, and broken skin or mucus membranes. HIV targets the T-helper cells, reproduces within these cells, and then destroys them. As a result, antibody production and other immune defense mechanisms are impaired.

The T-helper cells gradually decrease in number and slowly die off. The immune system becomes very weak and unable to fight off infections.

As with some other STIs, a person with HIV may carry the virus without knowing it and without developing symptoms for a long time. HIV antibodies usually develop 6 to 12 weeks after exposure, and HIV antibodies can only be detected by a blood test. Therefore, clients who suspect they may be at risk for HIV should be referred to a clinic for HIV screening.

Once the body's immunity has weakened, the body is susceptible to a wide range of infections. Many of these infections do not cause disease in persons with normal immune systems because the normally functioning immune system is able to fight back. These infections are called opportunistic infections or opportunistic diseases because they take advantage of the body’s inability to fight off disease.

Development of AIDS

When HIV-infected people become ill with opportunistic infections, they are generally said to have AIDS, which stands for acquired immunodeficiency syndrome. Some opportunistic infections include:

- Intestinal disorders and chronic diarrhea
- Tuberculosis
- Pneumonia
- Skin rashes and skin lesions
- Reproductive tract infections

Many symptoms of different infections or diseases appear together, which makes recovery even harder. Eventually, the body loses its ability to recover and death follows. Disease progression from HIV infection to AIDS differs from person to person depending on biological, environmental, and behavioral factors.

The relationship between STIs and HIV

- The presence of STIs makes it easier for HIV to pass from one person to another. Ulcerative diseases increase the risk of HIV acquisition per sexual act most dramatically because genital ulcers and lesions allow easier entry of infectious particles. Ulcerative STIs like genital herpes increase the risk of HIV transmission 10 to 300 times per exposure.

- Inflammation caused by other STIs may also increase the viral load in the genital secretions of those living with HIV infection, making transmission more likely.

- STIs enhance HIV transmission because they increase the number of white blood cells, which are both targets and sources for reproduction of HIV in the genital tract.

- Genital inflammation may cause microscopic cuts that can allow HIV to enter the body more easily.

- Nonulcerative STIs like gonorrhea, chlamydia, and trichomoniasis increase the risk of HIV transmission 3 to 10 times per exposure.

Handout 3: The Four Cs

1. Counseling and education

Counseling and education must cover prevention messages by emphasizing the serious complications of STIs and suggesting ways to change risky sexual behaviors. Pharmacists must let their clients know how to recognize common STI symptoms and that:

- Many STI infections cause serious or life-threatening complications.
- Some infections are asymptomatic, making the risk of spreading the infection greater.
- Some STIs have different onsets.
- Clients can become reinfected.
- STI prophylactic drugs and self-medication are ineffective.
- If their symptoms do not go away, clients must go to see the doctor.
- They must take the complete treatment cycle.
- They must tell their partners.
- They must try to avoid sex until treatment is finished, and if they cannot abstain from sex, they should use condoms until treatment is finished and the infection is cured.

2. Compliance to treatment

Different kinds of medications are sold in different parts of the world. Prices and antibiotic effectiveness and resistance vary from one region to another. Bacterial resistance to antibiotics has become a major barrier to the effective control of some STIs. Bacterial resistance may be caused by natural resistance and to the misuse of medication, particularly not taking the full recommended dose or buying wrong, insufficient, or expired medications on the street.

Good counseling on the proper use of medications is very important. Using ineffective medication, taking a dose that is too low, or stopping treatment early because of side effects can contribute to the spread of STIs and may cause antibiotic resistance.

Compliance with medication is essential to cure and prevent further spread of infection and client reinfection. The pharmacist must discuss and explain to the client:

- The need for completing the medication course, even after all symptoms have cleared.
- The specific medication schedule, how and when to take the medication.
- The side effects of medication.
- What to do if they feel that the medication is not working or is causing side effects.

Pharmacists should always give the correct treatment for the infections and always give the entire treatment regimen.

3. Condom use

Condom use should be promoted to all clients for the prevention of STIs and HIV infection, with emphasis on the importance of correct and consistent use. It is even more important that clients know that it is crucial to use condoms when he or she has symptoms of an STI and until the

medication is finished and the infection is cured. Clients need to understand that they **must** use condoms at **all times** during infections and when the infection is cured or under control in order to protect themselves and their partners from further infection. Pharmacists **must** be prepared to discuss and demonstrate correct condom use to clients.

4. Contacting sexual partners

Clients need to understand the importance of informing their partners about the risk of infection and encouraging them to get treatment. Treating sexual partners with or without symptoms benefits them and it is essential for the prevention of:

- Spreading the infection.
- Reinfection.
- Chronic complications of both client and partner(s).

Handout 4: Role of Pharmacies

Importance of pharmacy staff

Pharmacy staff (dispensing pharmacists and counter staff) play a crucial role in improving and sustaining the health status of the [*insert country*] women, children, and men. For many people, their "community drug shop" is their first choice when seeking health advice, services, and products. Sometimes it is the only choice. Thus, over the years the role of the dispensing pharmacist and the counter staff has grown from "just selling drugs and medicines" to that of community health advisor and counselor.

Most importantly, pharmacy staff have become the linkage for their clients to other health services. With the expansion of this role, the dispensing pharmacists' and counter staff's responsibility towards their clients has also grown. This means providing effective services with quality products and affordable prices.

What is the role of the dispensing pharmacist?

The role of the dispensing pharmacist is to:

- Manage the pharmacy.
- Supervise and manage counter staff.
- Provide training to counter staff as needed.
- Ensure quality of drugs.
- Interact with clients.
- Dispense drugs with doctor prescription.
- Communicate with medical provider when prescription is incomplete or unclear.
- Refer clients to doctors and health clinics.
- Keep records of all prescriptions as required by drug department.

Knowledge needed

- How to treat simple illness.
- Government policies and procedures on drugs.
- Product information, availability, and cost.
- Rational use of drugs and rational prescribing.
- Staff management.
- Alternative health services to refer when needed.

Skills needed

Ability to:

- Respect and obey ethical and professional guidelines.
- Encourage and motivate counter staff.
- Teach.
- Supervise and manage.
- Communicate.
- Lead.

Counter Staff

The counter staff in your stores also must have certain skills and knowledge. Counter staff must respect and obey their designated role and should be willing to learn from the dispensing pharmacist.

What is the role of the counter staff?

The primary role of the counter staff is to:

- Interact with clients.
- Dispense over-the-counter drugs.
- Dispense certain drugs with a doctor's prescription and under the supervision of the pharmacist.
- Provide feedback to the dispensing pharmacist or pharmacy owner regarding client needs, concerns, and attitudes with the objective of improving drugstore services.

Knowledge needed

- Basic knowledge on common illnesses.
- Drugs and their contradictions.
- Product information and correct price.

Skills needed

Ability to:

- Read prescriptions.
- Communicate well.
- Understand clients' needs and provide quality health services.
- Provide clients with simple advice and referrals.
- Encourage and motivate clients.
- Communicate clients' needs or their own needs to dispensing pharmacist.
- Follow orders and recommendations.

Training Aid 1: STI Matching Game

Chlamydia	**Seventy-five percent of women and twenty-five percent of men have no symptoms. Women may have abnormal vaginal discharge, abdominal or pelvic pain, or painful urination. Men may have a burning sensation when urinating or a watery/milky discharge from the urethra.**
Syphillis	**Symptoms include painless chancre sore on genitals that develops into a skin rash on the hands and soles of feet. If left untreated, this disease can persevere for many years and eventually be fatal.**
HIV/AIDS	**Some people experience symptoms similar to a cold or the flu shortly after becoming infected. Symptoms such as weight loss, diarrhea, fatigue, night sweats, yeast infections, or swollen lymph glands may occur as late as 5-10 years after initial infection. This STI attacks the immune system and can be fatal.**
Genital herpes	**Caused by a virus and transmitted through skin-to-skin contact during sex. If symptoms appear, they usually include an itching or tingling sensation that may develop into one or more painful blister-like lesions on the genitals.**
Gonorrhea	**Men may have a thick, grayish-yellow, pus-like discharge from the penis and a burning sensation during urination. Women usually show no signs. Some may have a pus-like discharge or painful urination. Symptoms often occur 2-10 days after infection.**
Trichomoniasis	**An infection most often contracted through sex, but can also be transmitted by moist objects such as wet towels. Men may present with slight discharge or itching; women may have a foamy discharge along with reddening or swelling of the vaginal opening. Can cause burning during urination.**
Pelvic inflammatory disease (PID)	**An infection that affects the fallopian tubes, uterus, and/or ovaries. Usually caused by another STI, such as chlamydia or gonorrhea, and can cause acute or chronic abdominal pain.**
Human papillomavirus (HPV)	**Symptoms usually include painless warts, sometimes growing together in little clusters on the genitals. They may be pink, brown, or gray and soft or yellowish-gray, hard and small. Cervical lesions caused by HPV can progress to cervical cancer if left untreated.**
Chancroid	**Presents with soft painful sores that bleed easily on or around the entrance to vagina, penis, or anus. May also cause a slight fever or enlarged painful lymph nodes in the groin.**

Training Aid 2: Fact or Fiction? Game About STI and HIV Transmission

1. _____ A woman living with AIDS can infect her baby with HIV through her breast milk.

2. _____ You can get STIs or HIV from sitting on a toilet seat after an infected person has used the toilet.

3. _____ You can become infected with HIV from donating your blood.

4. _____ You can become infected with HIV by living in the same house with a person living with AIDS.

5. _____ You can avoid becoming infected with STIs and HIV by using a condom when having sex.

6. _____ You can become infected with HIV by using a needle which was previously used by someone who is HIV positive, but not showing any symptoms.

7. _____ You can get AIDS by shaking hands with someone who is HIV positive.

8. _____ You can become infected with HIV by sharing a drinking glass with someone who is infected or by using the same eating utensils.

9. _____ You can become infected with HIV if a person living with AIDS sneezes or coughs in your face.

10. _____ A person who is living with HIV may live up to ten years or more before developing any symptoms of AIDS.

11. _____ The presence of other STIs often facilitates the transmission of HIV.

12. _____ Many sexually active youth, as well as adults, are at risk for STIs and HIV.

Answer key

1. T	**5. T**	**9. F**
2. F	**6. T**	**10. T**
3. F	**7. F**	**11. T**
4. F	**8. F**	**12. T**

Training Aid 3: The Bead Game, Confidential Risk Self-Assessment

Materials Needed

Thirteen cloth bags (or long mailing envelopes), numbered from 1 to 13

Beads or other objects of two colors—red and green

Bags or envelopes (enough for each participant to have one)

List of sample STI risk-assessment questions (on next page)

Directions:

1. Assemble the group of participants and tell them that the objective of this activity is to do a confidential STI risk assessment.

2. Explain that you will ask a series of questions. For each question asked, the participants should choose one **green bead for 'yes'** or one **red bead for 'no'** (just like traffic lights). The respondents should hide the beads in their hand while responding, so their answers will be completely anonymous.

3. Distribute a bag or envelope with 13 beads in it to each participant (the same number of beads as questions)

4. Read the first question clearly (use a loud voice and repeat the question two times).

5. Pass around the circle in front of each participant so that he or she can place their bead in the bag marked number 1. Ask participants to place one red bead or one green bead in the bag to indicate their answer to the question.

6. Proceed in the same manner for all the questions.

7. Analyze the results for each question, with the number of "yes" answers and the number of "no" answers, as well as the percentage of yes/no depending on the total number of participants/responses.

8. If possible, give the group feedback on the results so that they can learn about the profile of the group as a whole (no individual's answers can be determined).

Bead Game Sample Questions

1. Are you married?
2. Are you comfortable talking about sexual health with young people?
3. Do you have a new sexual partner?
4. Do you have more than one sexual partner?
5. Does your partner have more than one partner?
6. Did you and your partner use a condom the last time you had sexual intercourse?
7. Has your partner been diagnosed with an STI?
8. Do you have any symptoms of an STI?
9. Do you believe that AIDS exists?
10. Do you feel at risk for being exposed to HIV?
11. Have you been tested for HIV?
12. Do you use intravenous drugs?
13. Would you feel comfortable going to a pharmacy and asking the pharmacist or pharmacy worker for advice if you were experiencing any symptoms of an STI?

Bead Game Analysis of Results

Question	"Yes" answers	"No"answers	Percent "Yes"	Percent "No"
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Training Aid 4: Brush Fire, HIV Transmission Game

Materials Needed

Small index card (or scraps of paper). There should be as many cards as participants.

Eighty percent of the cards should have "follow my instructions" written on them. Four of these cards should be marked with a "C." Two of these cards should be marked with an "X."

Mark the remaining twenty percent of the cards with "Do not follow my instructions."

Directions:

1. Mix the cards and give each participant one. Ask them to read the cards silently, but not to share their cards with anyone at the moment.

2. Tell the participants that you will now give them the instructions. Ask everyone to move around the room and get the signatures of three different people on the back of their card. They should move around the room shaking hands and meeting their colleagues. When they have three names they may return to their seat.

3. Tell participants that you have now given "your instructions," but they should now look again at the messages on their cards before they continue with the exercise.

4. Tell participants that in this game a handshake and a signature was the equivalent to having sexual intercourse. Ask the two people with an "X" marked on their card to stand up. Explain to this group that the people with an "X" marked on their card are assumed to be HIV positive. Explain that for the purposes of the game anyone who greeted these people have now been exposed to HIV.

5. Ask everyone who has either of these two HIV-infected people's names on their card to also stand up. Since, everyone who has the names of these additional people on their cards are also exposed, ask them to stand up, as well. Continue to ask exposed people to stand up until everyone who has been exposed is standing. Write the number of the people on the board. These people have all been exposed to, and potentially have, HIV.

6. Explain that some of the group members were protecting themselves with condoms (those with cards marked "C"), and therefore, even if they greeted an HIV-positive person, the likelihood of their being exposed is very low, a less than ten percent chance if they used their condom correctly! These people may sit back down (give a round of applause to add some fun).

7. Ask the people who had cards that said "do not follow my instructions" to stand up. Of this group ask the ones who have no signatures on their cards to sit down. Explain that the group that just sat down are the ones who abstained from sex (give a round of applause to add some

fun). Ask *"Why did you participate in the game despite your having been told not to follow the instructions!"*

8. Ask participants to take their seats and ask the following questions to start a discussion:
   Do you think telling people something once is effective in communicating a message?
   How do you really make people understand some important information?

9. Ask the group to work out the percentage of people who were exposed to HIV before the game started (i.e., 2 out of 30 or 6.66 percent). Then see what percentage had contact with HIV-exposed people by using the number of people who were standing in Step 6 of this exercise divided by the total group number. Write this number on the board (this percentage includes the people who protected themselves using condoms). Now subtract the number of people who protected themselves using condoms from the number who had contact with HIV-exposed people. This represents the number of people actually exposed. You can now work out the percentage of people in the group who are carriers of HIV. Point out how fast the percentage rose after only three different sexual contacts, (this number could be as high as 50 percent or more!). Write these percentages on the board.

10. Process the game with the questions:
    How did you feel during the game?
    Why do you think this game is called Brush Fire?
    What can we learn from this game?

Training Aid 5: Sexually Transmitted Infection Counseling Role-Plays

1. A young man comes into your pharmacy and asks to buy a dose of erythromycin. Eventually he reveals that he has herpes. What would you say when counseling him?

2. A young woman comes to your pharmacy. She tells you she has had very bad lower abdominal pain and back pain. She also tells you she has had high fever. She wants you to tell her what is wrong with her and what medicines to buy. What would you say to her when counseling her?

3. Your client is a 31-year-old married woman with a vaginal discharge. She says she has had the discharge for 3 days. She also tells you that her husband has painful urination. What would you say to her when counseling her?

4. Your client is a married 24-year-old man who tells you that he has a thick, pus-like, yellow discharge from his penis. He says that he only goes with his wife and one regular girlfriend.

5. Your client is a 14-year-old girl with a thick discharge. Her mother brought her to the pharmacy for some medication. The girl denies having sex. The mother thinks the girl's 22-year-old uncle had sex with her. The family has not reported the abuse to the police.

Participant Final Evaluation

Rate each of the following statements by the degree to which you agree with them. Use the following key and circle the corresponding number next to each statement.

1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

I feel that the objectives of the training were clearly defined.	1	2	3	4
The trainer's presentations were clear and organized.	1	2	3	4
The training was interesting and engaging.	1	2	3	4
I learned practical skills in the role-plays and case studies.	1	2	3	4
Discussion during the training session contributed to my learning.	1	2	3	4
I will now be able to counsel clients seeking ECPs.	1	2	3	4
I feel prepared to effectively manage clients with STI symptoms .	1	2	3	4
I am comfortable discussing on-going contraception with clients.	1	2	3	4
What I learned in the training will help me better assist adolescent clients.	1	2	3	4
My communication skills were reinforced in this training.	1	2	3	4
The objectives of the training were achieved.	1	2	3	4

Additional comments:

Prototype Materials

The Youth-Friendly Pharmacy Program Prototype Materials, developed for PATH's RxGen: Reaching Youth Through Pharmacies project, may be used or adapted in the development of a pharmacy training program. The materials include:

- Information Packet for Key Stakeholders

  This informational packet provides an overview of the pharmacy-based service model.

- Memorandum of Understanding (MOU)

  An MOU is intended to reinforce commitment of the project staff and the pharmacist/ pharmacy owner to provide quality services to youth.

- Evaluation Tools

  The evaluation tools may be used for a baseline assessment, as well as for monitoring and evaluation. The tools assume basic monitoring and evaluation knowledge. Included are:

  - Pharmacy Counter Staff Interview Questionnaire

    In-depth interviews with a representative sample of pharmacy counter staff provide information on the quality of information and services offered at pharmacies. Data collected can help to identify needs and shape project strategies.

  - Focus Group Discussion Guide for Pharmacists/Pharmacy Owners

    Focus group discussions with pharmacists and pharmacy owners provide qualitative information on pharmacists' experience with and impressions of youth-friendly reproductive health services, as well as their knowledge about specific health issues. The focus group discussion guide provided here was used as a project evaluation tool, but may be adapted for baseline assessment as well. Questions should be tailored to specific project objectives.

  - Mystery Shopper Survey Guidelines and Recording Sheet.

    Mystery shopper (simulated client) visits in a random selection of representative pharmacies allows evaluation of the quality of information and services provided at the pharmacy. The use of mystery shoppers is valuable, but can be challenging and must be used carefully and ethically. Mystery shoppers must be appropriately trained and practiced prior to carrying out visits. Questions should be tailored to the specific objectives of your project and information gathered should be used productively to strengthen pharmacy services. Additionally, you may wish to inform participating pharmacies that mystery shoppers will be visiting pharmacies to evaluate service.

The RxGEN Project: Reaching Youth Through Pharmacies

The Problem and the Need

Worldwide, adolescents suffer a disproportionate share of reproductive health problems such as unintended pregnancies and sexually transmitted infections (STIs), including HIV. The period of adolescence—generally considered to be ages 14 to 20, between childhood and adulthood—is a time of transition when there is a strong tendency toward risk taking. Unfortunately, the risks often have life-long consequences. Communities are experiencing rising rates of teen pregnancy and the unfortunate results, including high-risk births that endanger both mothers and babies, unsafe abortions, school drop-outs, and social and financial burdens of a population that does not achieve its potential in education or employment. Worldwide, statistics show that one out of every three STIs occurs in young adults and about one half of all new HIV infections occur in persons under the age of 25. Because adolescence is a formative period, during which many life patterns are learned and established, this age group represents an important opportunity. The RxGen Project seeks to help communities meet the challenge of reaching adolescents with the reproductive health information and services so critical to their well-being and their future.

The RxGEN Project

Throughout the world, pharmacies and drug stores are a primary source of reproductive health information and supplies, particularly among young adults—many of whom feel far more comfortable in a drug store than in a traditional family planning or STI clinic.

Well-informed pharmacists and pharmacy staff can greatly enhance patient access to, understanding of, and compliance with different contraceptive or STI treatment regimens. Few other health professionals are as well situated as pharmacists and drug sellers to address the three critical health needs that arise out of unprotected intercourse—namely, emergency contraception for pregnancy prevention, potential exposure to STIs, and the need for ongoing contraceptive care or counseling.

The goal of the RxGen Project is to increase the accessibility and effective use of key reproductive health services by building on the role pharmacists and drug sellers can play in their delivery. Pharmacists and their staff are easily accessible and frequently advise clients about reproductive health-related matters when they provide contraceptives and drugs for treatment of STIs. Building on this fact, the project seeks to strengthen the capacity of pharmacy and drug store personnel to deliver emergency and ongoing contraceptive information and services, provide information on risk identification and management of STIs, and practice effective counseling and interpersonal skills when dealing with adolescents. Knowledgeable staff and youth-friendly services will result in better use of pharmacies as a source of effective reproductive health information and services for youth.

A Collaborative Solution: Pharmacies, Youth-Serving Organizations, and Health Providers

Guided by a local technical advisory group and undertaken in collaboration with local partners, the project is a collaborative effort:

- supporting the training of pharmacists and pharmacy counter staff to expand their technical knowledge and enhance their counseling skills;
- encouraging youth to seek pharmacy-based services by raising awareness about selected reproductive health issues and by providing youth-friendly services that make them feel welcome;
- focusing on outreach to adolescents through nongovernmental, youth-serving organizations and health providers, as well as governmental agencies; and
- establishing referral linkages between pharmacies and youth-friendly health service providers so that adolescents are directed toward the services and healthcare they need to prevent unintended pregnancy and to limit the spread of STIs.

Emergency Contraceptive Pills: Frequently Asked Questions

The term emergency contraception covers a number of methods used by women to prevent pregnancy within a few hours or a few days following unprotected intercourse. The most common method of emergency contraception involves taking an elevated dose of oral contraceptive pills. Insertion of an intrauterine device (IUD) is another, less frequently used method of emergency contraception. Two regimens for emergency contraceptive pills (ECPs) are discussed below. For both regimens, treatment should begin as soon as possible, as efficacy appears to decline significantly with time.

Levonorgestrel-Only Regimen

0.75 mg levonorgestrel (or 1.5 mg norgestrel) as soon as possible, but optimally within 72 hours after unprotected intercourse; repeat in 12 hours. Doses may also be taken at 1 time.

This regimen is preferred because it reduces the risk of pregnancy by 85 percent and is associated with a lower risk of nausea and vomiting.

Combined Estrogen-Progestin (Yuzpe) Regimen

100 mcg ethinyl estradiol plus 0.5 mg of levonorgestrel (or 1.0 mg norgestrel) as soon as possible, but optimally within 72 hours after unprotected intercourse; repeat in 12 hours. This regimen reduces the risk of pregnancy by 74 percent.

How do emergency contraceptive pills work?
ECPs work by interrupting a woman's reproductive cycle. Depending on when in the cycle the pills are taken, they can stop or delay an egg from being released from the ovary or stop a fertilized egg from attaching to the uterus. The pills will not have any effect if a pregnancy has started.

Does emergency contraception cause an early abortion?
Medical science considers that a pregnancy has begun once implantation of a fertilized egg in the lining of a woman's uterus is complete. This is the definition of pregnancy accepted by international health organizations such as the World Health Organization (WHO) and the International Planned Parenthood Federation (IPPF), as well as national health authorities such as the U.S. Food and Drug Administration (USFDA). These organizations and other medical organizations and authorities worldwide agree that, clinically, emergency contraceptive pills are defined as a contraceptive, not an abortifacient, because they work before implantation. The process of implantation begins about six to eight days after fertilization and is completed about one week later, around the time of the expected menses. ECPs are ineffective once implantation has begun; they cannot cause an abortion if the woman is already pregnant.

Are emergency contraceptive pills safe, and how effective are they?
The WHO, IPPF, and USFDA all have reviewed the scientific data on ECPs and found them safe and effective.

ECPs carry few medical risks for most women. Although some women (those at risk of stroke, heart disease, blood clots, or other cardiovascular problems) should not use combined oral contraceptives on a regular basis, medical experts believe one-time emergency use of birth control pills does not carry the same risks as daily oral contraceptives. However, for some of these women, levonorgestrel-only pills may be a better option. There have been no reported deaths or serious complications involving ECPs in over three decades of use.[1]

The effectiveness rate of ECPs ranges from about 74 percent (combined oral contraceptive pills) to 85 percent (levonorgestrel-only pills).

Why is emergency contraception needed?

All current methods of contraception sometimes fail. Emergency contraception is an important backup when routine contraception fails to work properly. 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.

(continued on reverse)

Worldwide, one of the most critical uses for emergency contraception has been in cases of sexual assault. Rape crisis centers routinely provide emergency contraception, even in countries where the method is not generally in use.

Emergency contraception can be a bridge to contraceptive information and services for those who need them and an opportunity to educate sexually active young adults about sexually transmitted infections (STIs), and HIV/AIDS.

In what countries are emergency contraceptive pills available and in use?
Dedicated products for emergency contraception (products that are specially packaged and labeled for this indication), both levonorgestrel-only formulation and the combined regimen, are available in more than 60 developed and developing countries. A list of countries where ECP products are registered and contact information for the manufacturers can be accessed directly through this website: http://cecinfo.org/html/resources.htm

If the ECPs do not work, will the pregnancy be normal?

Based on available information, there is no reason to believe that the pregnancy would be abnormal or the baby hurt in any way.

Do ECPs prevent STIs?
ECPs do not protect against HIV or other STIs like syphilis, gonorrhea, chlamydia, and herpes.

Reference

[1] Consortium for Emergency Contraception. Questions and Answers for Decision Makers. http://cecinfo.org/files/QA-for-Decision-Makers.rtf

Sexually Transmitted Infections: A Threat to Adolescent Health

According to the World Health Organization, 333 million new cases of sexually transmitted infections (STIs), including HIV, occur worldwide each year—and at least 111 million of these cases occur in people under age 25.[1]

What are STIs?
STIs are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, or protozoa cause more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS. STIs affect both women and men. Women are generally more vulnerable to STIs than men. Some STIs can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications, including death. STIs can cause infertility. When untreated, STIs place a heavy financial burden on families, communities, and health services.

Certain STIs increase the risk of HIV infection, making early prevention and control of curable STIs an urgent priority for local governments and health providers.

Why are adolescents at high risk of STIs?
Young people are at high risk of STIs and HIV for a variety of reasons, including:

- lack of knowledge about STIs, including HIV;
- not perceiving themselves to be at risk;
- lack of access to or inconsistent use of condoms;
- increased number of sexual partners leading to increased risk of exposure;
- biological factors (a young woman's cervical epithelium is more susceptible to infections);
- economic factors (adolescents may live or work on the street and participate in "survival sex" or "transactional sex"); and,
- social factors (such as being forced into a sexual relationship, lacking the skills or power to negotiate condom use, and encountering gender norms, double standards, or cultural/religious norms regarding sexuality and fertility).

Adolescents may be reluctant or unable to seek treatment for STIs or HIV because they may not know they are infected (HIV and most STI infections may be asymptomatic), they fear the disapproval of family or the community, are afraid to get tested, or they do not know how to recognize the symptoms.

What is the prevalence of STIs in _____(country name)?
insert country-specific information here

How will the RxGEN Project help address the problem of STIs?
The project will develop the knowledge and skills of pharmacists and drugstore staff regarding STIs and HIV so that they will be able to act as key informants in their communities. The training provided by the project will focus on *prevention* by educating adolescents about behaviors that put them at risk of STIs and HIV and *management*, including referral and linkages to the formal health care services.

Reference

[1] WHO/UNFPA/UNICEF. Programming for Adolescent Health and Development. Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health Technical Report Series, No. 886. Geneva:WHO (1999).

Memorandum Of Understanding

between

Project Name

Address
Telephone Number
("Program Manager")

and

Name of Pharmacist

Address
Telephone Number
("Community Pharmacy")

I. STATEMENT OF PRINCIPLES

(Name of Pharmacist) is a registered, licensed pharmacist who wishes to actively support the (Name of Project). The pharmacist works at (Name of Pharmacy), which is a Ministry of Health-registered community pharmacy retail business engaged in drug dispensing and which wishes to participate as a youth-friendly reproductive health service provider.

Because of the mutuality of shared goals, the community pharmacy and the program manager, both identified above, agree to jointly support attainment of those goals laid out below. Through this collaboration, for the duration of the project, the community pharmacy agrees to:

1. Enhance the capacity of pharmacies to deliver quality, nonclinical reproductive health services to youth.
2. Increase the accessibility and effective use of reproductive health services by building on the role pharmacists and pharmacy counter staff can play in their delivery.

II. PROGRAMMATIC TERMS OF REFERENCE

The following programmatic areas are the initial focus for joint work:

A. Community Pharmacy

The community pharmacist agrees to:

1. Provide quality, comprehensive, youth-friendly reproductive health care services in a confidential and nonjudgmental environment. Community pharmacy commits not to discriminate against any client seeking contraceptive or sexually transmitted infection (STI) services regardless of age, sex, or marital status.

2. Provide correct and accurate information on emergency contraception as well as products that may be used for emergency contraception.

3. Provide information and guidance in the selection of effective and appropriate products for regular, ongoing contraceptive use.

4. Refer young clients to youth-oriented health clinics or other service providers for STI screening, diagnosis, and treatment or other non-pharmacy-based services as appropriate.

5. Display youth-friendly services logo in pharmacy.

6. Be open to supervisory visits by project personnel and participate in mid-project discussions with other participating pharmacists, as arranged by the Program Manager.

B. Program Manager

In line with the objectives of the project, the program manager, agrees to:

1. Provide training of community pharmacy staff.

2. Initiate and support a two-way referral system.

3. Provide support supervision.

4. Provide community-level promotion of pharmacies as important service providers.

5. Serve as a technical resource to retail personnel for information about contraceptive methods, emergency contraception, and STIs for the period of the project.

6. Replenish pharmacy requirements for in-store resource and promotional materials (posters, brochures, job aids) as required by pharmacies.

III. TERMS OF REFERENCE

1. This memorandum shall become effective on the date of signing and shall be valid for a period of 12 months.

2. This memorandum contains the complete understanding of the project by both parties signing below, but shall not constitute a legally binding agreement.

PROGRAM MANAGER

By: _____

COMMUNITY PHARMACY

By: _____

Questionnaire #_____

Interview Questionnaire: Baseline Evaluation

Pharmacy Counter Staff

Interviewer Name ..... Date .....

Note to interviewer: Explain to the pharmacy counter staff person that you would like to ask about their thoughts on various reproductive health issues. The comments will provide us with information on how we can develop a project to better suit the reproductive health training needs of pharmacy staff. Assure the staff person that the information will be kept confidential and you will not ask for his/her name. The interview will take approximately [*Insert number*] minutes. Let them know that you will be writing down their responses to the questions on this form**.**

Questions 1-4 for interviewer to fill out BEFORE asking questions to the counter staff person.	
1. Name of pharmacy	
2 Address of pharmacy	
3. Sex of respondent	Male Female
4. Approximate age of person spoken to in pharmacy	_____
Interviewer begins asking questions now.	
5. Do you have customers who have had unprotected sex [and want to prevent pregnancy] ask you for advice on how to prevent pregnancy?	Yes No **SKIP TO Q8**
6. How many customers like this do you encounter in a typical month?	_____
7. Who is most likely to ask you for this advice? **INTERVIEWER: Read all categories. Interviewee must choose one response.**	Young women ≤ 20 years Young men ≤ 20 years Adult women > 20 years Adult men > 20 years

8. If a young woman (≤ 20 years) came into your pharmacy and said she had unprotected sex last night and wanted to avoid getting pregnant, would you offer her any products? **INTERVIEWER: Clarify that you are talking about a method to PREVENT pregnancy to avoid any confusion about abortifacients.**	Yes No **SKIP TO Q15**
9. What, if any, information would you ask her? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	When was last unprotected intercourse? What was date of last menstrual period? Other _____ **SPECIFY** No response
10. What product(s) would you offer her? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	EC dedicated product *[insert site specific name]* Oral contraceptives for use as EC Other _____ **SPECIFY BRAND NAME**
11. How would you instruct her to take it? **INTERVIEWER: Do not prompt. Record response given in the spaces provided to the right.**	Take: _____ Number of pills _____ Number of doses _____ Time between doses _____Time frame for use (example: Within 72 hours) Other _____ **SPECIFY**
12. Is there anything else you would tell her or want her to know about the product?	Yes No **SKIP TO Q14**
13. What else would you tell her or want her to know about the product? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Side effects Effectiveness Caution against regular use Provides no STI protection Other _____ **SPECIFY**
14. How much would it cost?	_____
15. Have you heard of "emergency contraception" (EC)?	Yes No **SKIP TO Q22**

16. In what circumstances would a client use emergency contraception? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	When no contraceptive method was used When a condom breaks When a woman was raped Other _____ **SPECIFY**
17. Does emergency contraception have any side effects?	Yes No **SKIP TO Q19**
18. What are the side effects of emergency contraception? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Nausea Vomiting Irregular bleeding Other _____ **SPECIFY**
19. Is emergency contraception effective at preventing pregnancy?	Yes No
20. Is emergency contraception a good contraception method for long-term use?	Yes No
21. Does emergency contraception provide protection against sexually transmitted infections?	Yes No
22. Do you have customers who ask for treatment or advice in dealing with sexually transmitted infections (STIs)?	Yes No **SKIP TO Q24**
23. Who is most likely to ask you for this advice? **INTERVIEWER: Read all categories. Interviewee must choose one response.**	Young women ≤ 20 years Young men ≤ 20 years Adult women > 20 years Adult men > 20 years
24. What are the risk factors for sexual transmission of an STI? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Sex without a condom Sex with more than one partner Sex with someone who has more than one partner Sex with someone who has an STI Rape Other _____ **SPECIFY**

25. What would you tell a customer you think is at risk of having been exposed to an STI? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Use condoms Go to doctor's office or hospital or clinic to get tested for STI Purchase treatment drugs Other _____ **SPECIFY**
26. Do you provide your customers with information on how they can protect themselves from STIs?	Yes No **SKIP TO Q28**
27. What do you tell them? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Use condoms Have only one partner Abstain from sex Other _____ **SPECIFY**
28. Do you have customers who ask for help in choosing a contraceptive method?	Yes No **SKIP TO Q30**
29. Who is most likely to ask you for this advice? **INTERVIEWER: Read all categories. Interviewee must choose one response**	Young women ≤ 20 years Young men ≤ 20 years Adult women > 20 years Adult men > 20 years
30. Do you provide information and sell contraceptive methods to young people (≤ 20 years)?	Yes No **SKIP TO Q32**
31. When you sell contraceptive methods to young people, do you ask them about their marital status?	Yes No
32. Do you ever refer clients to another health care provider?	Yes No **SKIP TO Q35**
33. In what situation(s) do you refer a client to another health care provider for issues related to pregnancy or STIs? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Don't have the product/or information Client needs pregnancy test Client requests prenatal care Client needs STI exam Client has not responded to treatment and has come back Other _____ **SPECIFY**

34. Where would you refer a client? **INTERVIEWER: Do not prompt. Circle all responses mentioned.**	Another pharmacy Specific doctor's office or clinic Hospital Doctor affiliated with pharmacy Counseling center Other _____ **SPECIFY**
35. In your opinion, what does it mean to provide "youth-friendly services"?	_____ _____ _____ _____ _____
36. In general, what is the attitude of young people (≤ 20 years) who seek sensitive reproductive health services (STI, contraception, EC) from your pharmacy? **INTERVIEWER: Read all categories. Circle all responses mentioned.**	Nervous Frightened Hurried Concerned about privacy Eager to discuss their concerns Casual/comfortable Other _____ **SPECIFY**
37. Do you have pamphlets or leaflets on reproductive health that you can give to your customers?	Yes No **INTERVIEWER: If YES, ask to see and write down what they are.** _____ _____ _____ _____
38. Do you have support materials (e.g., job aids) that help you serve customers?	Yes No **INTERVIEWER: If YES, ask to see and write down what they are.** _____ _____ _____ _____

Questions to be asked at final evaluation:

How have you felt about providing contraceptive and STI counseling, services, and referrals to youth?	Easy Difficult Valuable Other _____ **SPECIFY**
If project used a youth-friendly services logo:	
Did you notice the logo poster or sticker anywhere?	Yes No
Do you think the poster/sticker has had an impact on your business?	Yes No

Focus Group Discussion Guide

Planning for a Focus Group

1. Recruit participants.
   Recruit enough individuals to ensure that there are between 6 and 10 participants in each focus group.

2. Arrange for a meeting place and time.
   The meeting place chosen should be convenient, easy to find, relaxed, and comfortable. The room and seating should be arranged so that all participants can see each other and the moderator, which usually means sitting in a circle or semicircle.

3. Arrange for tape recording equipment and an assistant facilitator.
   Arrange for tape recording of the focus group, as it will facilitate data checking and analysis. An assistant facilitator will take notes and may ask occasional questions for the purpose of further clarification or elaboration.

4. Refreshments should be made available.

5. Prepare a list of questions (see below).

Discussion Guide

Step 1: Introduction

1. Assemble the group.

2. Welcome participants and thank them for attending.

3. Present the topic or issue to the group. You may use the following paragraph as a guide.

   Today's meeting will help evaluate the project implemented by [Insert project partners]. *All of you present, as well as members of your pharmacy staff, participated in a training initiative as part of the* [Insert project name]. *Today we would like to talk with you about some of your thoughts about that project and on various reproductive health issues. We would like to talk about your overall experience with the project, such as what you liked and disliked about it, and what suggestions you might have to make the project better. Your comments will be extremely helpful in our evaluation of this project and will provide us with information on how we could improve the project efforts to better suit the needs of pharmacy staff.*

4. Explain how the focus group will work, how the results will be used, and establish time limits for the group to complete discussions. Assure the participants that all information given will remain confidential.

5. Introduce the assistant facilitator and explain that his/her role is to take written notes during the session.

6. Ask for the group's agreement before tape recording or videotaping the event.

7. Carry out an appropriate icebreaker exercise.

Step 2: Group Discussion

1. Open the discussion.

2. Keep the members' attention on the topic.

3. Ask appropriate follow-up questions; the best information often comes from responses to follow-up questions.

4. Provide opportunities for everyone to have the chance to express their opinions.

5. Remain neutral. The idea is to explore the group members' feelings, thoughts, and opinions about the subject, not to impose your own ideas on the group.

Discussion Questions

Part I: Pharmacist Practices Related to Reproductive Health

1. In your opinion, what does providing youth-friendly services mean?

   Probe:
   - In your opinion, what age group is included in the term "youth"?
   - How do you make a pharmacy "youth-friendly"?
   - How have you and your pharmacy staff felt about providing contraceptive and STI counseling, services, and referrals to youth? Has it been easy? Difficult? Valuable?
   - What do you feel you and your staff are most well trained/prepared to do?
   - Are there aspects of counseling and services you or your staff don't feel well prepared to do? What are they?
   - How might you and your staff be better prepared to address issues that arise when serving youth?

2. What do you or your pharmacy counter staff say to a customer who has had recent unprotected sex and doesn't want to get pregnant?

   Probe:
   - What recommendation should your employees give a customer with this concern?

- Would your employees offer any treatment or medication to prevent pregnancy to someone who has had recent unprotected sex?
- If *yes*, what product should they recommend?
- What questions should he/she ask to make sure this method was right for this client?
- Please describe the product and how the client should take it.

3. What does the term "emergency contraception" (EC) mean to you?

   Probe:
   - When would you or your staff recommend a client use EC?
   - Are there any cases in which EC should not be recommended? If *yes*, please describe these cases.
   - What would you and your pharmacy staff need to provide more effective EC information and services?
   - Have you or your staff encountered any problems in providing EC to youth?
   - Has it been easy or difficult for you and your staff to discuss issues around sex and pregnancy with youth? Explain.
   - Are you confident your staff members understand EC and how to provide it? What has been most helpful? What have been the most difficult issues for them to understand?

4. What contraceptive information or services does your pharmacy provide?

   Probe:
   - Which of these services/contraceptive methods/information are available for youth?
   - Do youth purchase contraceptives in your pharmacy?
   - What would you and your pharmacy staff need to provide more effective contraceptive information and services?
   - Where are you or your staff most likely to refer youth who need contraceptive services that are not available at the pharmacy?

5. How do you and your pharmacy staff find out if a customer is at risk of having or contracting an STI or HIV?

   Probe:
   - What questions would you ask the customer to help determine their risk?
   - What recommendations would you or your pharmacy staff give a customer you think is at risk of having contracted an STI?
   - Would the customer be referred? If *yes*, where and for what?
   - Does your staff discuss with customers how they can protect themselves from STIs? If yes, what do they tell them?
   - What would you and your pharmacy staff need to provide more effective STI information and services?

Part II: Discussion of Project Impact

Note to facilitator: After you have finished Part I of the discussion, you should tell the participants something like:

Now we would like to ask your opinion about the training you received through the [Insert project name]. *Please feel free to express your opinions openly. There are no right answers and the thoughts you have are extremely important for guiding this and future work with pharmacy staff.*

1. What did you think about the quality of the training workshop?

   Probe:
   - How well informed did you feel the trainers were?
   - How effective was/were the presentation method(s) that the trainers used?
   - What is your opinion of the length of the training? Was it sufficiently long or not?
   - How many of your employees did you send to be trained in the training of counter staff?
   - What was useful for your employees who attended the training? What was not useful?

2. How helpful were the materials you received in the training?

   Note to facilitator: List types of materials they should have received so they can comment on each. (e.g., job aids, reference materials, client brochures) Facilitator should have copies to show them.

   Probe:
   - Which materials were most useful to you and your staff?
   - What materials do you feel you need to be more effective providers of reproductive health information and services?

3. What new things did you learn from the training?

   Probe:
   - What was the most important thing you learned?
   - Would you be interested in participating in more training workshops like this?
   - If so, which topics would be most important to you?
   - What suggestions would you have to make the training better?
   - What benefits have you seen as a result of the training?
   - What challenges do you face trying to improve/change reproductive health services?
   - What topics do you feel you still need more information about in order to provide accurate information to your staff and customers?

4. What impact has the training had on your pharmacy and/or your staff?

   Probe:
   - Has the training strengthened the capacity of your pharmacy staff? If so, in what ways?
   - Has there been any change in the number of young people who come to your pharmacy? If yes, to what do you attribute that increase? Do you think the project logo had an impact on this increase?
   - How have you changed the way you handle young clients?

5. In what situations do you refer pharmacy customers to medical providers?

Probe:

- Has this changed since the project began?
- How has the referral system impacted your relationship with health care providers?
- In what types of cases would you or your staff refer a client to a clinic or other health facility?
- What would be the best way of building relationships between pharmacies and other health care providers?

6. I'd like to ask you about the pharmacy counter staff turnover rate. What's the typical counter staff turnover rate in [*insert country*]?

   Probe:

   - Do staff who leave usually stay in the pharmacy business or are they likely to move on to another type of job?
   - Are there ways in which pharmacists can reinforce the training pharmacy counter staff receive? What are the most feasible and effective ways to do that? Would you recommend the program you have participated in to your fellow pharmacists? Why or why not?

7. Would you recommend the program you have participated in to your fellow pharmacists? Why or why not?

Summary and Closure

Note to facilitator: After an appropriate amount of time (not longer than two hours) indicate you are moving toward a summary and closure. Before this final summary, you may want to ask the participants: *Have we missed anything?*

You may also want to ask each participant to summarize his or her own point of view on the critical topics of interest. For example, you may ask: "If you were invited to offer one minute of advice to the project organizers, what would you say?" Or "After considering all the topics expressed tonight, which one is of greatest concern?"

Provide a brief summary of the main conclusions of the discussion. Following the summary, you may ask the participants if the summary, as given, was complete and give them an opportunity to add or correct something. Thank the members for their time and say goodbye.

Mystery Shopper Survey Guidelines and Recording Sheet

Survey Guidelines

NOTE: This page should be used to prepare for the pharmacy visit. It should not be used while in the pharmacy.

The following are two scenarios (one for a female shopper, one for a male shopper) for use in the pharmacy. The attached page is to be used by the interviewer who will interview the mystery shopper after he/she has finished the visit.

FEMALE MYSTERY SHOPPER: *Yesterday I had sex and didn't use any method of contraception. I am worried about getting pregnant and I would like to know if there is something I can do to prevent pregnancy.*

MALE MYSTERY SHOPPER: *I had sex two days ago. We always use condoms, but this time the condom broke. I am worried that my girlfriend will get pregnant. Is there anything we can do to prevent this?*

If the counter staff person or pharmacist says YES:

After the employee has told you about what you can do to prevent pregnancy, ask the following two questions to help initiate a discussion about STIs and ongoing contraception. If the pharmacy staff member provides this information without being asked, there is no need to ask the prompting questions:

- Female: *What else can happen to me?*
  Male: *What else can happen to my girlfriend and me?*
- *Is there anything else I need to know?*

If the counter staff person or pharmacist says NO, continue by saying:

I had a friend who said there were pills I (my girlfriend) could take; do you know anything about that?

If the frontline staff member or pharmacist STILL says NO, ask:

Do you know from whom or where I may get information/help?

Note: Mystery shopper should be sure to emphasize he/she is interested in PREVENTING pregnancy, to avoid any potential confusion with abortifacients.

Questionnaire #:_____

Name of mystery shopper ..... Date .....

Name of interviewer …….

1. Name of pharmacy	
2 Address of pharmacy	
3. Sex of person spoken to in pharmacy	Male Female
4. What was the general attitude of the staff person who attended you at the BEGINNING of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
5. What was the general attitude of the staff person who attended you at the END of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
6. If the staff person had a poor attitude, are there reasons or things you observed that might have affected his/her attitude? **Circle all that are mentioned.**	Other customers Many customers Embarrassed Too many questions Didn't know how to answer questions Bored Other _____ **SPECIFY** Don't know Not applicable
7. How long was the interaction with the staff person?	_____ minutes
8. Were you offered any treatments or medications?	Yes No **SKIP TO Q17**
9. What were you offered? **Circle all that are mentioned.**	EC dedicated product *[insert site specific name]* Oral contraceptives for use as EC Other _____ **SPECIFY BRAND NAME**

10. How much did it cost?	_____
11. Did the staff person explain what the product was for?	Yes No
12. Did the staff person explain how effective the product was?	Yes No
13. Did the staff person give you instructions on how to take it?	Yes No
14. What were the instructions?	**Please describe below.** _____ _____ _____ _____
15. Did the staff person discuss side effects?	Yes No **SKIP TO Q17**
16. What side effects were discussed?	Nausea Vomiting Irregular bleeding Other _____ **SPECIFY**
17. Did you observe any printed materials about emergency contraception, STIs, contraception, or other reproductive health issues?	Yes No **If yes, write down what you saw.** _____ _____ _____ _____
18. Did the staff person talk to you about STIs?	Yes No **If yes, what did he/she tell you?** _____ _____ _____ _____
19. Did the staff person recommend a contraceptive method for future use?	Yes No

20. Did the staff person offer you a referral?	Yes No **SKIP TO Q23**
21. Why were you referred?	Didn't have the product or information Pregnancy test STI exam Other _____ **SPECIFY**
22. Where were you referred?	Another pharmacy Specific doctor's office or clinic Hospital Doctor affiliated with pharmacy Counseling center Other _____ **SPECIFY**
23. Did the pharmacy staff person give you any other information or advice?	Yes No **If yes, please describe below.** _____ _____ _____ _____

Question to be asked at monitoring and/or final evaluation if project used a youth-friendly services logo:

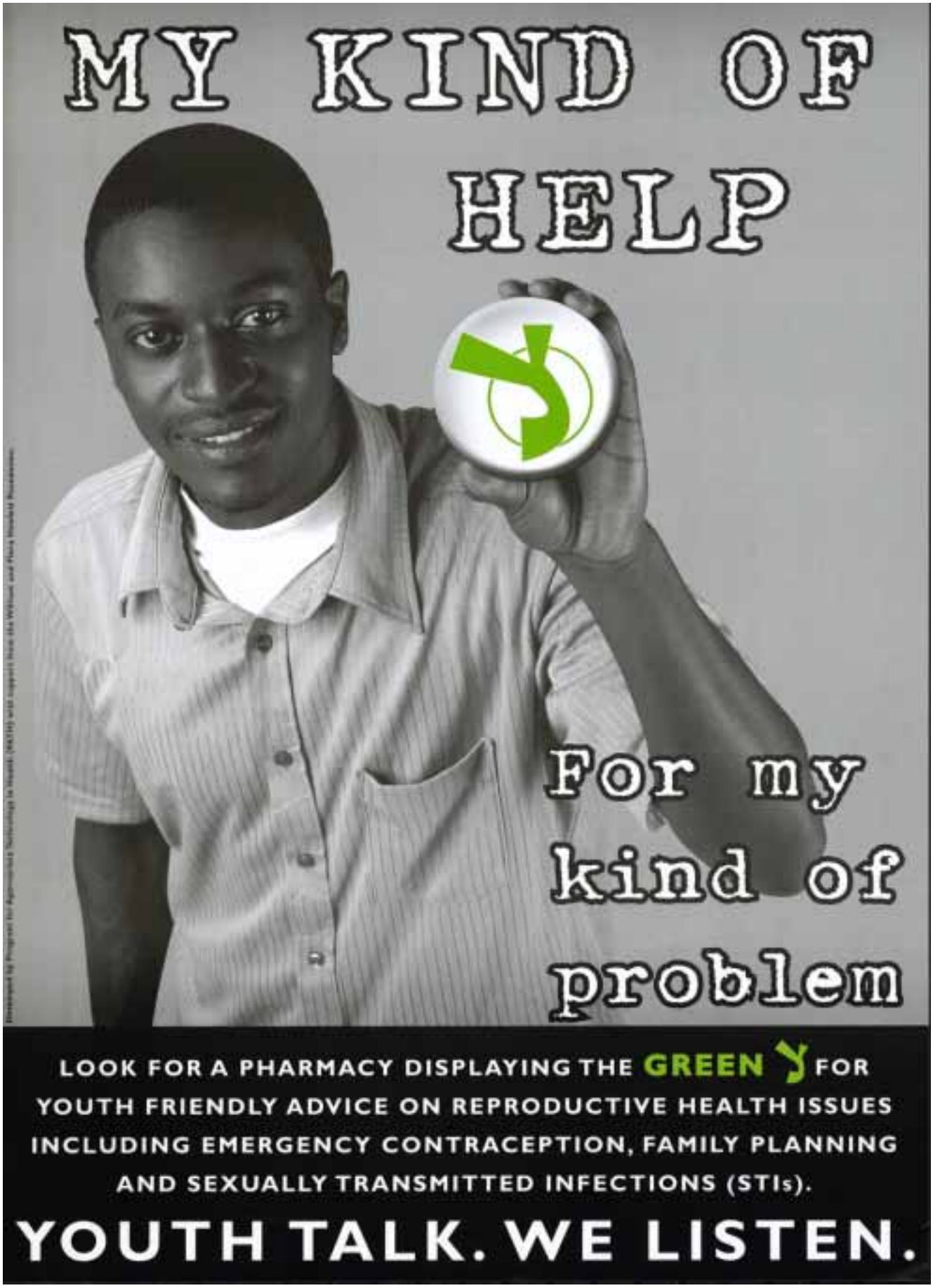
Did you notice the logo poster or sticker anywhere?	Yes No

Samples of Printed Materials

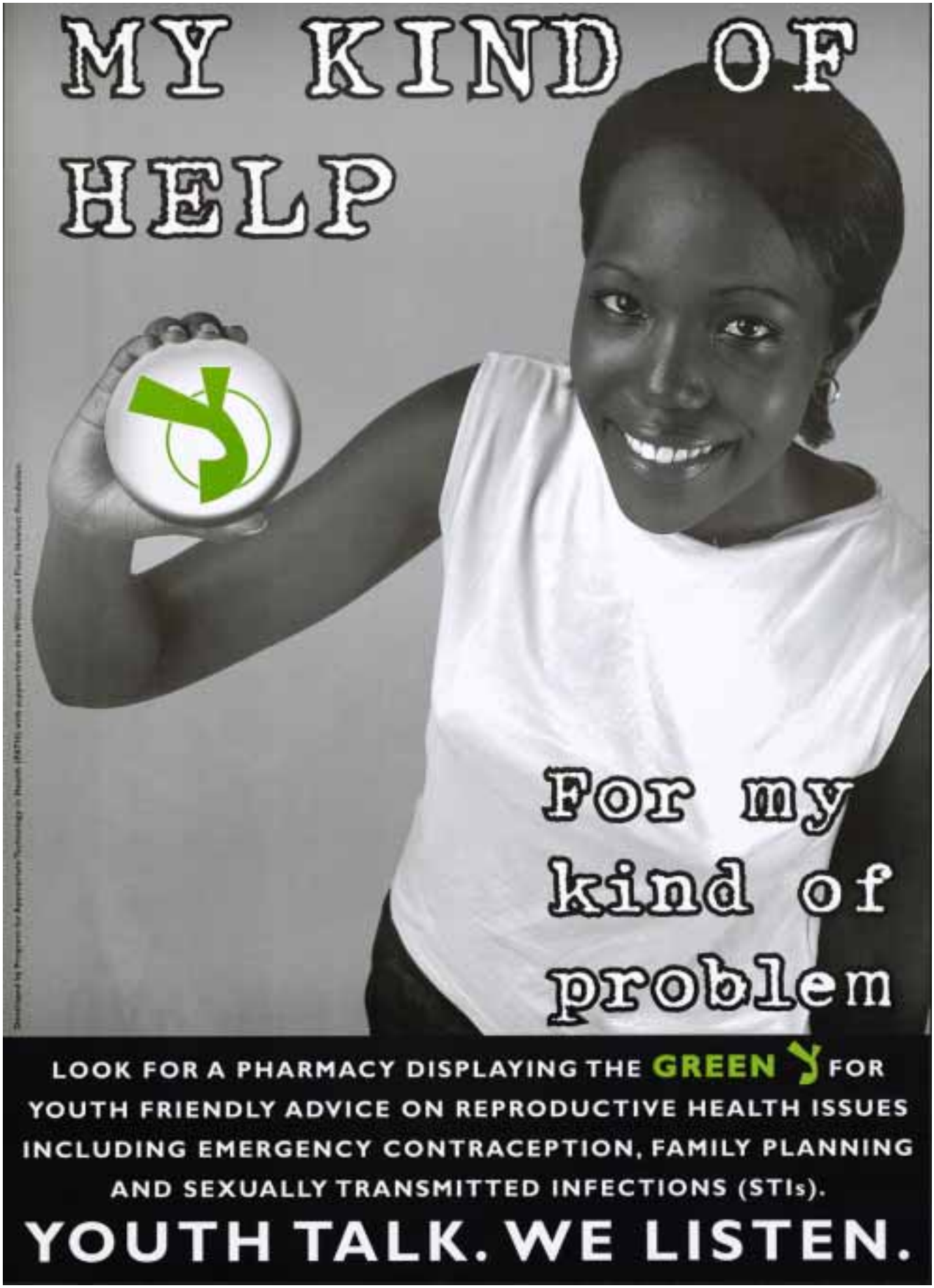
The Youth-Friendly Pharmacy Program Sample Materials are examples of reference materials, job aids and display materials for the pharmacy. The materials shown here were used in various sites of PATH's RxGen Reaching Youth Through Pharmacies project.

Nicaragua pharmacy poster

Kenya pharmacy poster—male



Kenya pharmacy poster—female

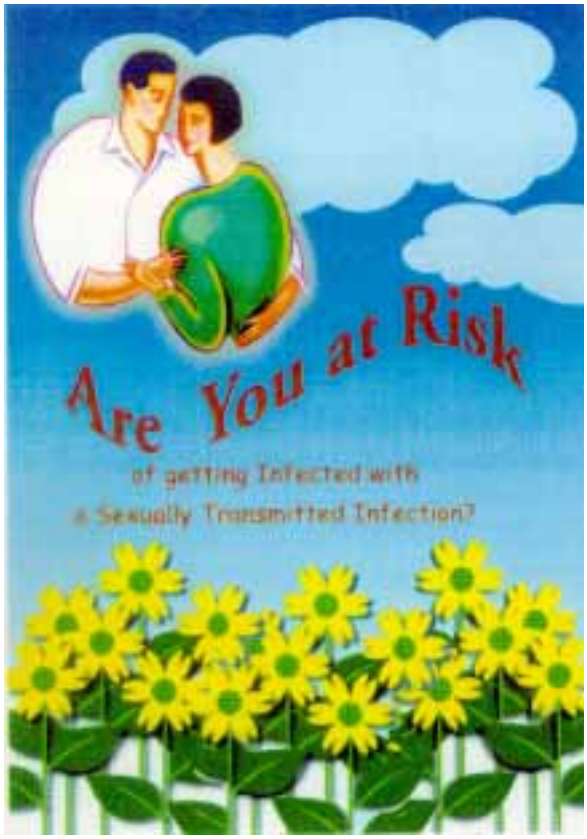


Kenya—client brochures

Kenya—client brochures

Cambodia STI risk-assessment card

Front



Back

What are Sexually Transmitted Infections?

Sexually transmitted infections are infections that are transmitted primarily through sexual contact and can affect both women and men. Sexually transmitted infections can also be transmitted from mothers to children during pregnancy and childbirth.

Sexually transmitted infections are a serious health problem and can lead to infertility in women and men, narrowing of urethra, chronic abdominal pain, ectopic pregnancy, miscarriage and increased risk of HIV infection.

To know if you are at risk ask yourself the following questions:

- Did you have sex without a condom ?
- Did you have sex with a new partner ?
- Do you have sex with more than one partner ?
- Does your partner have sex with other partners ?
- Does your partner have a sexually transmitted infection ?
- Do you have any symptoms that are maybe STI symptoms ?
- Were you raped ?

If you answered yes to any of these questions you maybe be at risk of having an STI. See a health provider or go to a drugstore with the rabbit logo for advice. Tell your partner about your symptoms, she or he needs advice too.

Kenya—EC job aid

Types of **Emergency** Contraceptive Pills (ECPs)

- Postinor-2 is a dedicated Emergency Contraceptive Pill **approved** and **available** at many pharmacies.

- The effectiveness of ECPs in preventing a pregnancy ranges from 75-85%. **Postinor-2** is at least 85% effective.

- Other brands of regular oral contraceptive pills can also be prescribed as ECPs, according to the table of brands and doses below.

Brand	Active Ingredients per pill	Dose 1	Dose 2 (12 hours after Dose 1)
Postinor-2	0.75 mg levonorgestrel	1 white pill	1 white pill
Microgynon	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills
Nordette	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills
Femiplan	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills

Kenya—Condom use job aid

Great reasons to promote condom use

- Condoms protect against all types of sexually transmitted infections (STIs), including HIV and AIDS, syphilis, gonorrhea, chlamydia, and herpes.
- Used correctly and consistently, condoms are an effective way to prevent pregnancy.
- Condoms are a completely reversible form of contraception.
- Condoms are safe, easy to use, and have no side effects.
- Condoms can be used by men and women of all ages.
- Condom use allows men to share responsibility for contraception and STI prevention, and may promote better communication between sexual partners.
- Couples who use condoms may enjoy sex more because they don't worry about pregnancy or STIs.
- Condoms are easily accessible and relatively inexpensive.
- The more pharmacy customers use condoms, the more condoms the pharmacy will sell.

It is important to ensure that the customer knows how to use a condom correctly! See reverse for illustrated instructions.

Proper use of condoms

1

Carefully open the package so that the condom does not tear. Do not unroll the condom before putting it on.

2

If not circumcised, pull the foreskin back. Squeeze tip of the condom to remove air and put it on end of the erect penis.

3

Continue squeezing the tip while unrolling the condom until it covers all of the penis.

4

Always put the condom on before entering partner.

5

After ejaculation (coming), hold rim of the condom and pull the penis out before penis gets soft.

6

Slide condom off without spilling the liquid (semen) inside.

7

Throw away or bury the condom in a place where children will not find or touch it.

REMEMBER

- Check the expiry date or date of manufacture of the condom before use.
- Discuss condom use with your partner.
- Do not use grease, oils, lotions, or petroleum jelly to make condoms slippery. These make condoms break. Only use a jelly or cream that does not have oil in it.
- Use a condom each time you have sex.
- Only use a condom once.
- Store condoms in a cool, dry place.

Kenya—Counseling job aid

Are you an active listener?

When first meeting with a customer, an effective pharmacy employee listens as much as possible!

Follow these guidelines:

- Ask questions to find out what the customer knows about his or her reproductive health needs.
- Ask questions to find out what the customer wants.
- Ask open-ended questions that start with "why" or "how."
- Allow the customer to say what he or she needs in his or her own words.
- Ask the same question in a different way if you think a customer has more to say on a subject.
- When a customer seems shy or uneasy talking about reproductive health, try talking about something else, then gently return to the subject.
- Remember to be polite, friendly and non-judgmental.
- Help the customer to feel relaxed and trusting.

Remember the **GATHER** model of good counselling:

Greet
Ask questions
Tell client about specific reproductive health topics
Help the client make the decision that is best for him or her
Explain what to do
Return visit, if appropriate

Youth friendly reproductive health services are:

- Private and confidential
- Non-judgemental
- Provided by staff trained to address adolescents' specific biological, social, psychological, and health needs
- Conveniently located and easily accessible
- Reasonably priced
- Flexible, with opening hours on evenings and weekends
- Comfortable, with an environment that feels appropriate for all adolescents, whether male or female, married or unmarried

Cambodia—job aids (with English translation)

Health Needs Arising from Having

UNPROTECTED
SEX

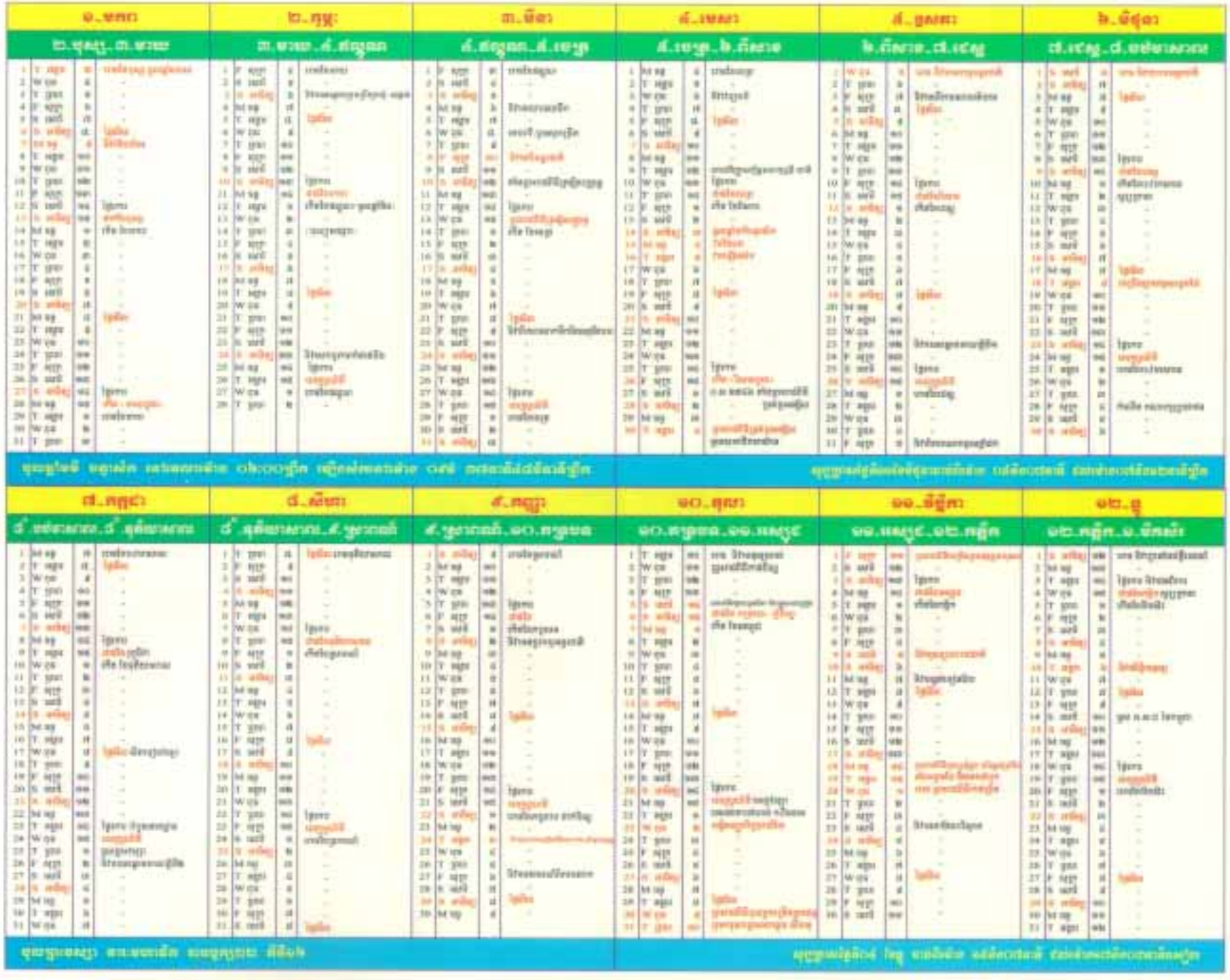
PREVENT PREGNANCY	STI RISK ASSESSMENT	REGULAR CONTRACEPTION

ប្រតិទិន

សុរិយគតិ-ចន្ទគតិ

ឆ្នាំមមី ចត្វាស័ក

ព្រះពុទ្ធសករាជ	២៥៦៥
គ្រឹស្តសករាជ	២០២២
មហាសករាជ	១៩៤៤
ចុលសករាជ	១៣៨៤



ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់

Emergency Contraception Pills (ECPs)

ធ្វើដូចម្តេចដើម្បីដឹងថា ត្រូវផ្តល់ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់នៅពេលណា ?

នៅពេលដែលស្ត្រីណាម្នាក់ប្រាប់អ្នកថា :

- នាងបានរួមភេទដោយមិនបានការពារ ក្នុងរយៈពេល ៧២ម៉ោង ឬ អិចទ្បុងពេល ៣ថ្ងៃ ចុងក្រោយនេះ
- នាងគិតថាវិធីការពារកុំអោយមានកូន របស់នាងគ្មានប្រសិទ្ធិភាព
- នាងភ្លេចលេបថ្នាំការពារកុំអោយមានកូន ២ ឬ ៣ គ្រាប់ក្នុងមួយ ជួរ
- នាងមានការយឺតយ៉ាវ ក្នុងការចាក់ថ្នាំ ការពារកុំអោយមានកូន
- នាងត្រូវបានគេចាប់រំលោភ

តើខ្ញុំចាំបាច់ត្រូវសួរនាងនូវសំនួរអ្វីខ្លះ ?

- តើថ្ងៃដំបូងនៃការមករដូវចុងក្រោយរបស់អ្នក ចាប់ផ្តើមនៅពេលណា ?
- តើការមករដូវរបស់អ្នកឡើងចាត់ពេលវេលាទេ ?
- តើចំនួនថ្ងៃនៃការមករដូវ និង បរិមាណឈាមដែលហូរចេញមានលក្ខណៈដូចធម្មតាឬទេ ?
- ចាប់តាំងពីពេលដែលអ្នកមករដូវចុងក្រោយ តើអ្នកមានធ្លាក់ឈាមមិនប្រក្រតី ឬទេ?
- ចាប់តាំងពីអ្នកមករដូវជាធម្មតាមកពេលចុងក្រោយនេះ តើអ្នកបានរួមភេទដោយមិនបានប្រើមធ្យោបាយការពារឬទេ ?

តើអ្នកបានដឹងអំពី .....?

ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ គឺជាថ្នាំគ្រាប់ពន្យារកំណើតធម្មតា ដែលស្ត្រីអាចប្រើដើម្បីការពារកុំអោយមានកូនក្នុងរយៈពេលពីរបួបីថ្ងៃ បន្ទាប់ពីរួមភេទដោយពុំបានការពារ ។

- ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ ជាថ្នាំគ្រាប់ដែលមានសុវត្ថិភាព និងមានផលប៉ះពាល់បន្តិចបន្តួចប៉ុណ្ណោះសំរាប់ស្ត្រីភាគច្រើន ។
- ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ ត្រូវបានអនុម័ត ដោយអង្គការសុខភាពពិភពលោក(WHO) និងសហព័ន្ធផែនការមាតាបិតាអន្តរជាតិ (International Planned Parenthood Federation)

តើថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ ជាថ្នាំសំរាប់បន្ទូតកូនឬទេ ?

- ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ជាថ្នាំការពារកុំអោយមានផ្ទៃពោះ ។ ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់មិនបណ្តាល អោយមានការលូតកូនទេ ព្រោះ ....
- ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ មានតម្លៃលម្អិតការបង្កកំណើតឡើង ។

ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់អាចការពារជំងឺកាមរោគបានឬទេ?

- ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ មិនអាចការពារជំងឺកាមរោគបានទេ ដូចជា ជំងឺប្រមេះទឹកបាយ (gonorrhea) ប្រមេះទឹកថ្នាំ, (chlamydia), ជំងឺពងបែក (herpes) សិរមាន់ ,(genital warts) ព្រមទាំងមេរោគអេដស៍ និង ជំងឺអេដស៍

ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់
Emergency Contraception Pills (ECPs)

តើខ្ញុំអាចផ្តល់អ្វីខ្លះអោយទៅគាត់ ?

ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់	កំរិតថ្នាំលើកទី១ (៣ថ្ងៃ ឬ ៧២ម៉ោង បន្ទាប់ពីរួមភេទដោយមិនបានការពារ)	កំរិតថ្នាំលើកទី២ (១២ម៉ោង បន្ទាប់ពី កំរិតថ្នាំលើកទី១)
មីក្រូហ្ស៊ីណុង (Microgynon)	៤ គ្រាប់ (30 មីក្រូក្រាម / micrograms)	៤ គ្រាប់ (30 មីក្រូក្រាម / micrograms)

តើអ្នកបានទទួលថា អ្នកបាន.....

- ពន្យល់អតិថិជនអំពី ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ និង របៀបលេបអោយបានត្រឹមត្រូវ
- ប្រាប់ពីផលរំខានជាទូទៅរបស់វា
- ផ្តល់ដំបូន្មានដល់អតិថិជនអោយលេបថ្នាំ កុំអោយក្អួត និង លេបម្តងទៀតបើសិនជាគាត់ក្អួត
- ប្រាប់អតិថិជនថា ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ អាចបរាជ័យ និង គ្មានប្រសិទ្ធិភាព ប្រសិនបើលេបក្រោយ ៧២ ម៉ោង ឬ ៣ ថ្ងៃ បន្ទាប់ពីការរួមភេទ ដោយមិនបានការពារ
- ប្រាប់អតិថិជនថា ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ មិនមិនបណ្តាលអោយរលូតកូនទេ ប្រសិនបើគាត់កំពុងមានផ្ទៃពោះ ហើយនឹងមិនប៉ះពាល់ដល់ទារកក្នុងផ្ទៃនោះឡើយ ។
- ប្រាប់អតិថិជនរបស់អ្នកអោយទៅធ្វើតេស្ត ស្តីពីការមានគភ៌ ប្រសិនបើរដូវរំលង ៣ សប្តាហ៍ក្រោយពេលលេបថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់រួចហើយ
- ប្រាប់អតិថិជនថា ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ ប្រើបានតែក្នុងករណីបន្ទាន់តែប៉ុណ្ណោះ មិនអាចលេបជាទៀងទាត់ដូចថ្នាំការពារកំណើតធម្មតាបានទេ
- ផ្តល់ព័ត៌មានដល់អតិថិជនពី មធ្យោបាយការពារកំណើតធម្មតា
- ប្រាប់អតិថិជនថា ថ្នាំគ្រាប់ការពារកំណើតបន្ទាន់ មិនអាចការពារ ជំងឺកាមរោគ មេរោគអេដស៍ និងជំងឺអេដស៍ បានទេ

ចូរចងចាំថា : *អ្នកត្រូវតែបញ្ជូនអតិថិជនទៅធ្វើតេស្តពីការមានគភ៌ ប្រសិនបើគាត់ស្ថិតក្នុងរយៈពេលលើសពីបីថ្ងៃ*

Emergency Contraceptive Pills (ECPs):

Did you know?

- ECPs are regular birth control pills that can be used by women in the first few days following unprotected sex to prevent unwanted pregnancy.
- ECPs are safe, and present no medical risks for most women.
- WHO and the International Planned Parenthood Federation have approved ECPs.

Are ECPs an abortifacient?

- ECPs prevent pregnancy - ECPs do not cause an abortion because ECPs work before implantation takes place.

Do ECPs protect against sexually transmitted infections?

- ECPs do not protect against sexually transmitted infections, for example, gonorrhea, chlamydia, herpes, genital warts or HIV.

How can I know when to prescribe ECPs?

When a woman tells you that she:

- had unprotected sex in the last 72 hours or 3 days.
- thinks that her contraceptive method did not work.
- missed 2 or 3 oral contraceptive pills in a row.
- is late for her contraceptive injection.
- was raped.

What questions do I need to ask her?

- ✓ When was the first day of your last cycle?
- ✓ Was that cycle on time?
- ✓ Was it the usual number of days and the usual amount of bleeding?
- ✓ Since your last cycle, did you have any abnormal bleeding?
- ✓ Have you had any other unprotected sex since your last normal cycle?

What Can I give Her?

ECP Brand	Dose 1 (within 3 days or 72 hours of unprotected sex)	Dose 2 (12 hours after dose 1)
Microgynon	**4 pills (30 micrograms)**	**4 pills (30 micrograms)**

What are the side effects?

- ECPs can cause nausea and vomiting.
- ECPs can cause the menstrual cycle to begin a few days earlier or later than expected.
- ECPs can cause sore or tender breasts.

Did you remember to:

- Explain to your client about EC and how to take it correctly?
- Describe the common side effects?
- Advise your client to take an antiemetic and repeat dose if she vomits within one hour of either dose?
- Inform your client that EC can fail and won't be effective if taken after 72 hours or 3 days of having unprotected sex?
- Inform your client that EC will not cause an abortion if she is already pregnant and will not affect the fetus?
- Advise your client to have a pregnancy test if her menstruation cycle is delayed for more than 3 weeks after she takes EC?
- Inform your client that EC is for emergency use only and should not be used for regular contraception?

- Offer your client information on regular contraceptive methods?
- Inform your client that EC will not protect her against STIs or HIV?

Remember: You must refer your client for a pregnancy test if she does not meet the 3-day time frame

តើអ្នកបានដឹងទេថា .....

- ជំងឺកាមរោគ គឺជាការបង្កវោគតាមផ្លូវបន្តពូជដែលចំលងតាមរយៈការរួមភេទជាមួយដៃគូដែលមានជំងឺ ហើយដែលអាចកើតឡើងទាំងនារីទាំងបុរស

- ជំងឺកាមរោគខ្លះ អាចឆ្លងតាមរយៈឈាម និងពីម្តាយទៅកូនក្នុងអំឡុងពេលមានគភ៌ ពេលឆ្លងទន្លេ និងពេលបំបៅដោះ

- ជំងឺកាមរោគដែលកើតញឹកញាប់រួមមានប្រមេះទឹកបាយ *(gonorrhea)*, ប្រមេះទឹកថ្លា *(chlamydia)*, ដំបៅពងបែក *(herpes)*, សិរមាន់ *(genital warts)* និង ជំងឺរលាកថ្លើមប្រភេទ បេ

- ជំងឺកាមរោគអាចមានផលវិបាកធ្ងន់ធ្ងរ ហើយអាចបង្កើនគ្រោះថ្នាក់ចំពោះការឆ្លង មេរោគអេដស៍

ជំងឺកាមរោគ ទទួលយកការពិត .....

Sexually Transmitted Infection (STIs) **Get the Facts...**

ជំងឺកាមរោគ ទទួលយកការពិត .....

Sexually Transmitted Infection (STIs) Get the Facts...

តើខ្ញុំត្រូវធ្វើដូចម្តេចដើម្បីអោយឱសថស្ថានរបស់ខ្ញុំក្លាយជាទីកន្លែងសម្រាប់យុវជន ? អ្នកត្រូវ :

- រួសរាយ រាក់ទាក់ ហើយកុំរើសអើងផ្តេសផ្តាស់
- គោរព ហើយរក្សាការសំងាត់អោយយុវជន
- ផ្តល់ពត៌មាន និង ដំបូន្មានអំពី ជំងឺកាមរោគ និង ការប្រើស្រោមអនាម័យ
- ព្យាបាលជំងឺកាមរោគសាមញ្ញ ដោយផ្តល់ថ្នាំដែលមានគុណភាព និងមានលទ្ធភាពទិញបាន
- បញ្ជូនទៅកន្លែងសមស្របនៅពេលដែលត្រូវការ

ហេតុអ្វីត្រូវផ្តល់ឱកាសយុវជនទុកចាក់ទៅលើយុវជន ?

ព្រោះមានមូលហេតុជាច្រើនដែលបណ្តាលអោយយុវជនត្រូវប្រឈមមុខនឹងការមានផ្ទៃពោះដោយចៃដន្យ ជំងឺកាមរោគ មេរោគអេដស៍ និង ជំងឺអេដស៍ ដូចជា :

- បំណាស់មិត្តនៅរបស់យុវជនមកក្នុងទីក្រុង ដើម្បីស្វែងរកការងារធ្វើ ហើយច្រើនតែមានចំណាក់ចំនងផ្លូវភេទ
- ពេលខ្លះយុវជនត្រូវបង្ខំអោយចូលទៅក្នុងចំណាក់ចំនងផ្លូវភេទ ហើយមិនអាចធានាប្រើស្រោមអនាម័យបាន
- យុវជនពុំដែលគិតថាពួកគេកំពុងតែប្រឈមមុខនឹងគ្រោះថ្នាក់ទេ
- ជាញឹកញាប់យុវជនតែងមានដៃគូរួមភេទច្រើនជាងម្នាក់ដែលបង្កើនការប្រឈមមុខនឹងគ្រោះថ្នាក់
- យុវជនពុំបានប្រើស្រោមអនាម័យទេ នៅពេលដែលពួកគេរួមភេទ
- យុវជនពុំទាន់មានការយល់ដឹងច្រើនប្រុះ អំពីសុខភាពបន្តពូជ ជំងឺកាមរោគ មេរោគអេដស៍ និង ជំងឺអេដស៍

អើកត្តាអ្វីខ្លះដែលបណ្តាលអោយយុវជនមិនច្រមែស្វែងរកសេវាផ្តែកសុខភាពបន្តពូជ ?

មានមូលហេតុជាច្រើនដែលធ្វើអោយយុវជនមិនច្រមែស្វែងរកសេវាផ្តែកសុខភាពបន្តពូជ ដូចជា :

- ខ្លាសរអៀនខ្លួនឯង និង ការចំអករបស់អ្នកដទៃ
- ពួកគេមិនស្គាល់ទីកន្លែងដែលផ្តល់សេវាទាំងនោះ
- សេវាផ្តែកសុខភាពបន្តពូជមានចំនួនតិចតួច
- អ្នកផ្តល់សេវាពុំមានភាពរួសរាយ រាក់ទាក់ និងវិធីច្នៃយផ្តេសផ្តាស់
- ការពិគ្រោះជជែ និងការព្យាបាលមានតំលៃថ្លៃ
- ជារឿយ ៗ ពួកគេតែងទទួលបានឱសថថ្នាំដែលមានគុណភាពអន់

រួសរាយ រាក់ទាក់ជាមួយយុវជននៅផ្ទៃនេះ នោះអ្នកនឹងទទួលបានប្រយោជន៍ !

Sexually Transmitted Infections (STIs) Get the Facts

Did you know?

- STIs are a kind of reproductive tract infection transmitted primarily through sexual contact with an infected partner that can affect both men and women.
- Some STIs can also be transmitted by infected blood and from mother to child during pregnancy, delivery and breastfeeding.
- Common STIs include, gonorrhea, chlamydia, herpes, syphilis, genital warts, hepatitis B and HIV.
- STIs can have serious complications and increase the risk for HIV infection

You can find out if your client is at risk for an STI by asking:

- Did you have sex without a condom?
- Did you have sex with a new partner?
- Do you have sex with more than one partner?
- Does your partner have sex with other partners?
- Does your partner have an STI?
- Do you have any symptoms that might be symptoms of an STI?

You can help your clients protect themselves from STIs including HIV/AIDS by:

- explaining to your client about STIs.
- discussing with your client about complications.
- talking to your client about prevention.
- promoting and providing condoms.
- informing your client that her/his partner needs treatment too.
- providing clear instructions on how to take treatment and explain about treatment side effects.
- informing your client that it is very important to complete all the treatment.

Why focus on young people?

Young people are at risk for unwanted pregnancy, STIs including HIV/AIDS, for many reasons including:

- Young people move to big cities to find work and are more likely to engage in sex
- Young people are sometimes forced into sexual relationships and cannot negotiate condom use
- Young people don't think that they are at risk
- Young people often have more than one sexual partners leading to increased risk
- Young people don't use condom every time they have sex
- Young people don't know much about reproductive health, STIs, and HIV/AIDS

What stops young people from seeking reproductive health services?

Young people don't seek services for a number of reasons such as:

- They are shy and embarrassed.
- They don't know where services are.
- There are very few reproductive health services for youth.
- They find unfriendly and judgmental providers.
- They find high costs for consultation and treatments.
- They are often given bad quality drugs.

How can I make my pharmacy a youth-friendly place?

You can:

- be friendly and nonjudgmental.
- respect and keep young people's confidentiality.

- provide information and advice on STIs and condom use.
- treat simple STIs with quality and affordable drugs.
- make appropriate referrals when needed.

Be friendly to a youth today! It can pay off!

តើអ្នកបានដឹងទេថា .....

ការមិនរួមភេទតាមទ្វារមាសគឺជាវិធីតែមួយគត់ដែលបានាកុំអោយមានផ្ទៃពោះ ។ ការតមរួមភេទនេះគួរត្រូវបានគេ ពិភាក្សាជាលក្ខណៈជំរើសសំរាប់ទាំងអ្នកមិនទាន់បានឆ្លងកាត់ការរួមភេទនិងអ្នកធ្លាប់ឆ្លងកាត់ការរួមភេទរួចហើយ ។ ទោះជាយ៉ាងណាក៏មធ្យោបាយពន្យារកំណើតផ្សេងទៀតអាចជួយកាត់បន្ថយ ការប្រឈមមុខនឹងការមានផ្ទៃពោះយ៉ាងប្រសើរ ក្នុងពេលរួមភេទតាមទ្វារមាស ។

ថ្នាំលេបពន្យារកំណើត :

តើថ្នាំប្រភេទនេះជាអ្វី ?

ថ្នាំលេបពន្យារកំណើតគឺជាថ្នាំលេបប្រចាំខែដែលត្រូវលេបមួយថ្ងៃ មួយគ្រាប់ជារឿងរាល់ថ្ងៃ ។ សារធាតុផ្សំសំខាន់របស់វាគឺអរម៉ូនសិប្បនិម្មិតដូចគ្នានឹងសារធាតុដែលអាចផលិតបានតាមសារពាង្គកាយដើម្បីធ្វើអោយការមករដូវ មានភាពទៀងទាត់ ។ ថ្នាំលេបពន្យារកំណើតប្រភេទអរម៉ូនលាយ បញ្ចូលគ្នា *(Combined oral contraceptionCOCs)* ផ្ទុកដោយសារធាតុ*estrogen* និង*progestin* ។ថ្នាំលេបប្រភេទមានអរម៉ូនតែ១មុខ *progestin-only pills (POPs)* មិនផ្ទុកសារធាតុ *estrogen* ឡើយ ។

ថ្នាំគ្រាប់លេបពន្យារកំណើតនិងយុវជន

ថ្នាំលេបពន្យារកំណើតមិនអាចការពារទប់ទល់ជាមួយជំងឺកាមរោគមេរោគអេដស៍និងជំងឺអេដស៍ទេ ប៉ុន្តែថ្នាំប្រភេទនេះពេញនិយមបំផុតសំរាប់យុវនារីនៅក្នុងបណ្តាប្រទេសជាច្រើន ។ ការប្រើប្រាស់ឱ្យបានត្រឹមត្រូវនិងទៀងទាត់អាចមានការលំបាកដល់យុវនារីមួយចំនួន ពិសេសនៅពេលដែលមានផលរំខាន ។ ថ្នាំលេបពន្យារកំណើតមានប្រសិទ្ធិភាពយ៉ាងល្អ ប្រសិនបើលេបឱ្យបានទៀងទាត់ពេលវេលាជារឿងរាល់ថ្ងៃ ។ ការមានផ្ទៃពោះអាចកើតមានបាន ប្រសិនបើការលេបថ្នាំមានការយឺតយ៉ាវក្រោយពេលមករដូវ ឬក៏ភ្លេចលេបថ្នាំពីរ ឬច្រើនគ្រាប់ ក្នុងមួយជួរ ។

អ្នកស្រាលអនាម័យបុរស :

តើអ្វីទៅជាស្រោមអនាម័យបុរស ?

ស្រោមអនាម័យគឺជាស្រោមស្តើងដែលមានជាតិវ៉ាស៊ីលហើយត្រូវពាក់ពីលើលិង្គនៅពេលដែលមានការរួមភេទ ។ស្រោមអនាម័យមានតំលៃថោកហើយអាចរកទិញបានគ្រប់ទីកន្លែង ។

ជម្រើសពីមធ្យោបាយការពារកំណើតសំរាប់យុវជន

Contraception Choices for Young People

ស្រោមអនាម័យ និង យុវជន :

ស្រោមអនាម័យបុរស គឺជាជំរើសទីមួយសំរាប់យុវជន ដែលចូលចិត្តរួមភេទជាមួយដៃគូច្រើន ។ ស្រោមអនាម័យជួយការពារទប់ស្កាត់ជំងឺកាមរោគ មេរោគអេដស៍ និងជំងឺអេដស៍ និងការមានផ្ទៃពោះបាន ដែលចាំបាច់បំផុតសំរាប់យុវជនដែលមិនទាន់រៀបការ និង រៀបការរួចហើយ ។

ហេតុអ្វីចាំបាច់ត្រូវផ្សព្វផ្សាយពី ស្រោមអនាម័យរបស់បុរស ?

- ស្រោមអនាម័យអាចជួយការពារទប់ស្កាត់ ជំងឺកាមរោគដូចជា ប្រមេះទឹកបាយ (gonorrhea) ស្វាយ (syphilis) សិរមាន់ (genital warts)ជំងឺពងបែក (herpes) ពោកឡើមប្រភេទបេ មេរោគអេដស៍ និង ជំងឺអេដស៍
- ស្រោមអនាម័យមានតំលៃថោក ហើយអាចរកទិញបានគ្រប់ទីកន្លែង
- ប្រសិនបើអ្នកប្រើស្រោមអនាម័យអោយបានត្រឹមត្រូវ និងទៀងទាត់វាអាចជួយការពារអ្នកពីការមានផ្ទៃពោះ
- ស្រោមអនាម័យមានប្រសិទ្ធិភាព ងាយស្រួលប្រើ និងគ្មានផលរំខានទេ
- មនុស្សគ្រប់ភេទ និងគ្រប់ វ័យសុទ្ធតែអាចប្រើស្រោមអនាម័យបាន ។

ហើយនៅមានវិធីមួយទៀត .....

ការប្រើស្រោមអនាម័យបន្ថែមជាមួយ មធ្យោបាយពន្យារកំណើតផ្សេងទៀត

(The Condom-Plus method) តើអ្នកធ្លាប់ឮទេ ?

ការប្រើស្រោមអនាម័យបន្ថែមជាមួយមធ្យោបាយពន្យារកំណើតផ្សេងទៀតគឺជាវិធីដ៏ល្អបំផុតសំរាប់យុវជនដែលកំពុងតែប្រឈមមុខជាមួយនឹងជំងឺកាមរោគ មេរោគអេដស៍ និងជំងឺអេដស៍ និងការមានផ្ទៃពោះ ដោយសារតែការអនុវត្តន៍ ការរួមភេទដែលប្រកបដោយគ្រោះថ្នាក់ ។ ទោះជាអតីតជនរបស់អ្នកស្ថិតក្នុងវ័យណាក៏ដោយ ដើម្បីការពារទ្វេដង ជារឿយៗ ត្រូវផ្សព្វផ្សាយការប្រើស្រោមអនាម័យគួបជាមួយថ្នាំលេបពន្យារកំណើត ។

នៅពេលដែលអ្នកកាន់តែស៊ាំនឹងការប្រើស្រោមអនាម័យជាមួយមធ្យោបាយពន្យារកំណើតផ្សេងទៀត អ្នកនឹងសាកល្បងស្រោមអនាម័យកាន់តែញឹកញាប់ ហើយទំនុកចិត្តរបស់អ្នកកាន់តែកើនឡើង ។

យុវជនគាមផ្ញើអោយជាជីវិតគ្រួសាររបស់អ្នក រីកចំរើន !

Contraception Choices for Young People: Did You Know That .....

The only guarantee against pregnancy is not having vaginal sex. Abstinence should be discussed as an option, both for those who have not yet initiated sexual activity and for those who have. However, contraceptive methods can greatly reduce the risk of pregnancy.

Oral Contraceptive Pills:
What are they?
Oral contraceptive pills are a monthly series in which one pill is taken daily. The active ingredients are synthetic hormones like those produced by the body to regulate the menstrual cycle. Combined oral contraceptives (COCs) contain both estrogen and progestin. Progestin-only pills (POPs) contain no estrogen.

OCPs and Youth
Oral contraceptive pills do not protect against STIs including HIV/AIDS, but are popular among young women in many countries. Correct and consistent use can be difficult for some young women, especially when they are having side effects
Oral contraceptives work best if taken at about the same time every day. Pregnancy can happen if pills are started late in the cycle or two or more pills are missed in a row.

Male Condoms
What are they?
The condom is a thin sheath worn over the glands and shaft of the erect penis when a couple is having sex. Condoms are inexpensive and widely available.

Condoms and Youth
Male condoms are the first choice for sexually active adolescents who are not in a monogamous relationship. Condoms help protect against STIs, HIV/AIDS and pregnancy which is important for both married and unmarried youth.

Why Promote Male Condoms?
- Condoms can protect against sexually transmitted infections like gonorrhea, syphilis, genital warts, herpes, hepatitis B and HIV/AIDS.
- Condoms are inexpensive and are sold in many places.
- If you use condoms correctly and consistently, condoms can also prevent pregnancy.
- Condoms are safe, easy to use, and have no side effects.
- Men and women of all ages can use condoms.

And there is more....

Condom-Plus and Youth
Did you know?
The Condom - Plus method is the best method for adolescents who are at risk for STI, and HIV/AIDS and pregnancy due to risky sexual practices. No matter how old your client is for double protection always promote condoms together with oral contraceptive pills
And .....
The more condoms you promote, the more condoms you sell, the more money you make

Youth can make your business blossom!

path