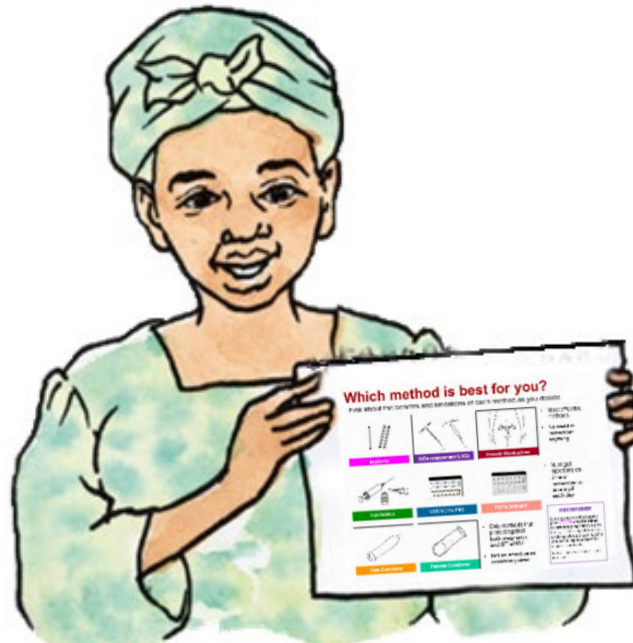


Peer Educator Tool for Informing Female Sex Workers about Contraceptive Options





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This tool was initially created as part of the *Training Resource Package for Family Planning*; it has been adapted multiple times for various uses (see User Guide for background information). The tool reflects the *Medical Eligibility Criteria for Contraceptive Use*, published in 2015 by WHO. This iteration of the tool is a global prototype that has been tailored for use by peer educators working with female sex workers.













Credits for illustrations: Karim Diallo, designer/illustrator based in Mali (color illustrations of FSWs); Ambrose Hoona-Kab, illustrator based in Uganda (watercolor drawings), Institute for Reproductive Health (LAM illustrations), Female Health Foundation (female condom illustrations), Rafael Avila (illustrations created/adapted for Family Planning: A Global Handbook for Providers), PATH (Sayana Press images).

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Table of Contents

	page	
Purpose	4	
Instructions	5	
What to expect during the session	6	
What are your needs?	7	
Benefits of family planning	8-9	
Issues to consider	10-11	
Method effectiveness	12	
Respond to myths about methods	13	
Implants	14-15	
Intrauterine devices (IUDs) (copper)	16-17	
IUDs (hormonal)	18-19	
Injectables (DMPA IM and SC) and NET-EN	20-21	
COCs (The pill)	22-23	
POPs (mini pills)	24-25	
Male condoms	26-27	
Female condoms	28-29	
Emergency contraceptive pills (ECPs)	30-31	
Lactational amenorrhea method (LAM)	32-33	
Standard Days Method (SDM)	34-35	
Female sterilization	36-37	
Closing message/contact information for facilities	38	

Purpose

The *Peer Educator Tool for Informing Female Sex Workers about Contraceptive Options* can be used by peer educators (PEs) to provide an overview of contraceptive methods for female sex workers (FSWs).

Use this tool (manual and the visual aid with a methods chart and approaches for preventing pregnancy, HIV, and other STIs) to help FSWs learn about contraceptive methods that suit their needs.

The tool helps PEs use this general process to educate FSW peers:

- encourage the FSW peer to think about and identify her contraceptive needs
- present basic information on a range of options to help the FSW identify possible methods for the prevention of pregnancy, HIV, and other STIs
- give the FSW peer information about where she can obtain the method



Instructions

- Sit side-by-side so that you and the FSW peer can see each other's face and talk privately.
- Place the visual aid with the method chart and prevention approaches directly in front of the FSW peer with the tool where you can both see it (see illustration).
- Point to information on the visual aid and the tool pages to help explain key information.
- Use the color-coded bars to find information and move from one section to another in the tool.
- Use pages 6–9 to tell the FSW peer what you will do during the session, learn more about what the FSW peer's needs, and explain how the FSW peer can benefit from contraception.
- If the FSW peer knows what methods she is interested in learning about, focus your discussion on those methods.
- If the FSW peer does not know what method she's interested in, listen to her describe her needs for preventing pregnancy, HIV, and other STIs. Use the visual aid to provide an overview of all the contraceptive methods and prevention approaches; then focus your discussion on the methods/approaches that seem to meet her needs using appropriate pages from the tool.
- Use the first page dedicated to each specific method to provide an overview of the method.
- Use the second page of the method to describe additional features of the method that may make it more (or less) appealing to a female sex worker.
- At the end of the session (page 38), give the FSW peer contact information for a facility that can fulfill her needs.



During this session...

- We will listen to each other.
- Ask questions about anything any time.
- If I do not know the answer, I will find it for you.
- Everything you say is private.
- We will use this guide to help:
 - talk about your needs and concerns
 - learn about available contraceptive method options and approaches for preventing HIV and other STIs
 - give contact information for a provider who can help you to make an informed choice of a method (if you want to use one) or assist with other needs or concerns



What are your needs?

- Prevent or delay pregnancy (effective contraceptive methods)
- Prevent pregnancy after unprotected sex (ECPs)
- STI protection (condoms)
- Protect yourself from HIV (PrEP, condoms)
- Prevent HIV if you were exposed (PEP)
- Prevent HIV transmission and stay healthy, if HIV-positive (ART, condoms)
- Address violence in client or partner relationships (refer)
- Multiple needs (trying to decide which approach or combination of approaches is best for you)



I can refer you to providers who can help.

Family Planning Benefits Everyone

Benefits to woman (including adolescents):

- Allows choice about if, when, and how many children to have
- Earning capacity and education is not adversely affected

Benefits to mother:

- Regains her strength after childbirth
- More time for baby and to care for the family

Benefits to baby:

- Born healthy and strong
- Breastfeeds for a longer period and grows well

Benefits to boyfriend, husband, and family:

- More resources for food, clothing, housing, and education



Young women, women with HIV, and women with disabilities can all benefit.

Keep this in mind as you decide...

Mothers and babies are healthier if women and girls:

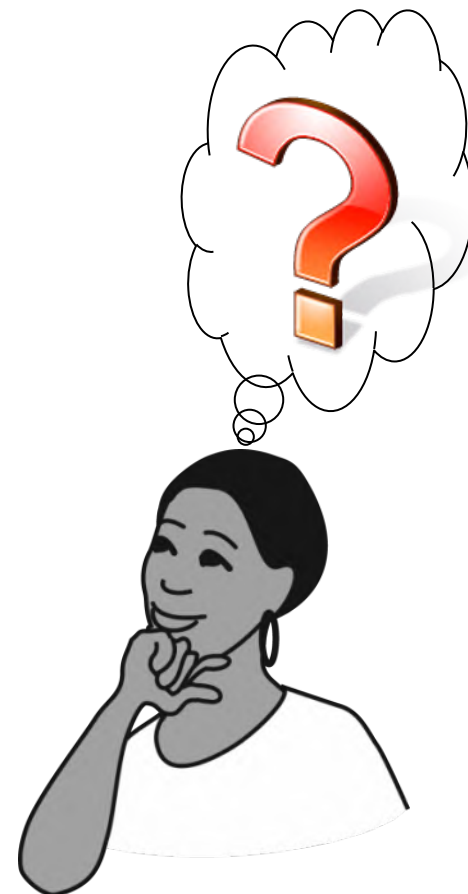
- wait until they are 18 to get pregnant
- wait 2 years after a birth before trying to get pregnant again
- wait 6 months after a miscarriage or abortion to get pregnant
- have their children before age 35

Young women who delay getting pregnant are more likely to finish school.



Here are some things to think about as you compare methods.

- How effective is the method?*
- Is it easy to use? Can I use it without others knowing?
- Does the method have any other health benefits?
- Are there any unpleasant effects? What would it be like for me if I have them?
- How soon can I get it? Is there a method I can use in the meantime?
- How long will it last?
- Does it prevent STIs and HIV? If I'm at risk for STIs and HIV, what are my options?
- How soon can I get pregnant after I stop?
- Do I need to consider emergency contraceptive pills (ECPs)? Should I keep some on hand just in case?



* Use page 12 and the visual aid, *Think about which method you might like...* to compare method effectiveness.



A few more items for you think about...

- If there are changes to my monthly bleeding, will it affect my ability to work?
- Should I use one method/approach, or two, or three to prevent pregnancy, HIV, and other STIs? *
- What facility can I go to for the method(s)?
- Will the providers understand my needs, keep my information private, and not judge me?
- Where is the facility located? When is it open?
- Will knowing that I am protected from pregnancy make me less willing to discuss using condoms with clients for protection against HIV and other STIs?



Let's learn about the methods you are interested in...

* Use the visual aid, ...and how best to avoid pregnancy, HIV, and other STIs to explain the approaches.

Compare Method Effectiveness

More effective

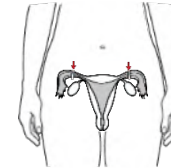
Less than 1 pregnancy per 100 women in 1 year



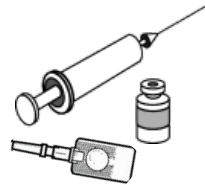
Implants



IUDs
(copper and hormonal)



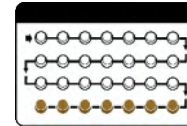
Female
sterilization



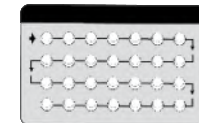
Injectables



LAM



COCs



POPs (minipills)



Male
condoms



Standard Days
Method



Female
condoms

*Male and female
condoms are the only
methods that also
prevent STIs/HIV.*

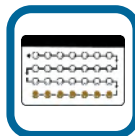
Less effective

About 20 pregnancies per 100 women in 1 year

Respond to Myths about Methods



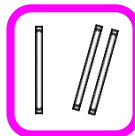
- If used correctly, condoms do not break or get lost in the woman's body.
- They do not have holes that HIV can pass through.



- Pills, implants, and injectables:
 - Do not cause infertility; you can have babies after stopping.



- Do not cause deformed babies if accidentally given to a pregnant woman.



- Do not cause abortion.



- Changes to monthly bleeding are normal and not harmful; regular bleeding returns when method use stops; takes longer for some methods.

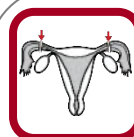
- No menses while on these methods does not mean a woman is pregnant; blood does not build up in a woman's body.



- IUDs do not move to other parts of the body.



- It does not cause discomfort during sex.
- It can be removed any time.



- The womb is not removed during female sterilization.

- It does not change a woman's:
 - menstrual cycles, sexual behavior, or sex drive
 - weight, appetite, or appearance

Contraceptive methods do not cause cancer.

All methods are safe.

Implants



Benefits—Implants:

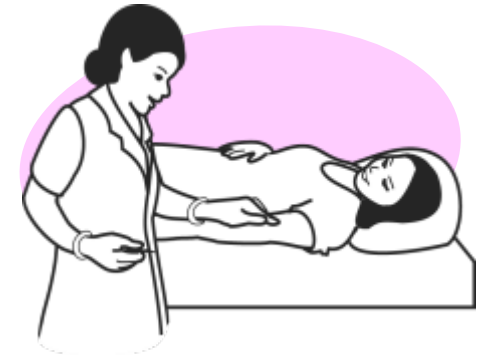
- Both long-lasting and reversible.
- Do not require a woman to do anything.

- Small plastic capsules or rods placed under the skin of the inside upper arm (1 or 2 capsules or rods depending on type)
- Prevent eggs from leaving the ovaries and thicken cervical mucus
- Last 3 to 5 years; can be removed any time if you want to get pregnant
- Can be used safely by most women, including those with HIV or AIDS
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)



Normal changes some women may have:

- Bleeding changes are common and may include irregular spotting or no bleeding
- Nausea
- Headaches and dizziness
- Breast tenderness or mood changes
- Abdominal discomfort



FSWs should consider whether they can:

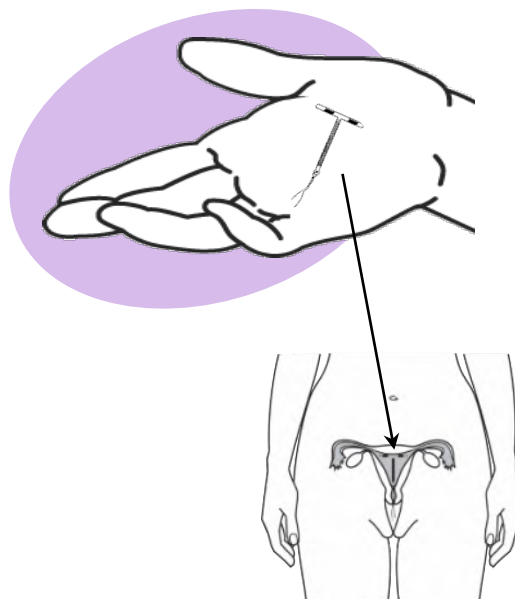
- Cope with irregular bleeding and spotting, which can interfere with their work and limit their ability to solicit or accept clients.
- Accept that others may know she is using implants; the rods can be felt when touched and, in some women, are visible under the skin.

Other considerations for women living with HIV or AIDS:

- If you are on ART or being treated for TB, tell your provider which drugs you take because they may reduce the effectiveness of implants.

IUD

(copper)



Benefits—IUDs (copper):

- Can be used by women of any age, including adolescents.
- Helps prevent certain types of cancer.
- Does not require a woman to do anything.
- Can be used privately.

- Small, plastic "T" wrapped in copper wire placed in the womb
- Stops sperm from reaching egg
- Can be used for up to 12 years; can be removed any time if you want to get pregnant
- Must be inserted and removed by trained nurse or doctor
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)



FSWs may not be good candidates for IUDs unless gonorrhea and chlamydia infection can be ruled out before insertion:

- Untreated gonorrhea or chlamydia increases the risk of developing a serious pelvic infection during the first month of IUD use.
- FSWs desiring to use an IUD should talk with a facility-based health provider.

Other considerations for women living with HIV or AIDS:

- Can generally use an IUD safely; however, women with AIDS must feel healthy on ARV therapy before starting an IUD. HIV-positive women who develop AIDS while using an IUD can continue using it.

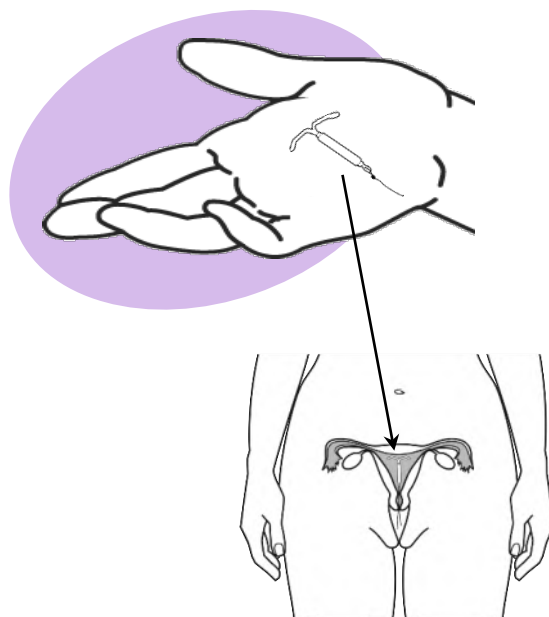
Normal changes some women may have:

- Cramps or menstrual spotting for a few days after insertion.
- Menses remain regular but may become somewhat heavier and/or longer, with or without cramps.

Can be used as emergency contraception if inserted within 5 days of unprotected sex.

IUD

(hormonal)



- Small, plastic "T" placed in the womb; slowly releases a hormone
- Stops sperm from reaching egg
- Can be used for up to 3-5 years; can be removed any time if you want to get pregnant
- Must be inserted and removed by trained nurse or doctor
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)

Benefits—IUDs (hormonal):

- Can be used by women of any age, including adolescents.
- Helps prevent certain types of cancer.
- Does not require a woman to do anything.
- Can be used privately.



FSWs may not be good candidates for IUDs unless gonorrhea and chlamydia infection can be ruled out before insertion:

- Untreated gonorrhea or chlamydia increases the risk of developing a serious pelvic infection during the first month of IUD use.
- FSWs desiring to use an IUD should talk with a facility-based health provider.

FSWs should consider whether they can:

- Cope with irregular bleeding and spotting which can interfere with their work and limit their ability to solicit or accept clients (eventually, less bleeding or no bleeding at all becomes more common, which many women view as beneficial).

Other considerations for women living with HIV or AIDS:

- Can generally use an IUD safely; however, women with AIDS must feel healthy on ARV therapy before starting an IUD. HIV-positive women who develop AIDS while using an IUD, can continue using it.

Normal changes some women may have:

- Cramps or menstrual spotting for a few days after insertion.
- Bleeding changes are common but not harmful. Typically, lighter and fewer days of bleeding, or infrequent or irregular bleeding, or no bleeding.

Injectables

(DMPA IM and SC and NET-EN)



Benefits—Injectables:

- May help prevent cancer in the lining of the womb.
- Can be used privately.

- Given by injection every
 - 13 weeks – DMPA
 - 8 weeks – NET-EN
- Prevent eggs from leaving the ovaries
- May take a few months longer to become pregnant after stopping
- Can be used safely by most women, including those with HIV or AIDS or on ART
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)

Normal changes some women may have:

- Bleeding changes such as prolonged or heavy bleeding, irregular bleeding or spotting, or no bleeding at all
- Headaches and dizziness
- Abdominal bloating and discomfort
- Changes in mood and sex drive
- Weight gain

FSWs should consider whether they can:

- Remember to come for re-injections on time. Return even if late.
- Cope with unpredictable bleeding. It could interfere with work and limit the ability to solicit or accept clients.

Other considerations for women living with HIV or AIDS:

- Effectiveness of injectable contraceptives is not reduced in women on ART or those receiving TB treatment.

COCs (The pill)



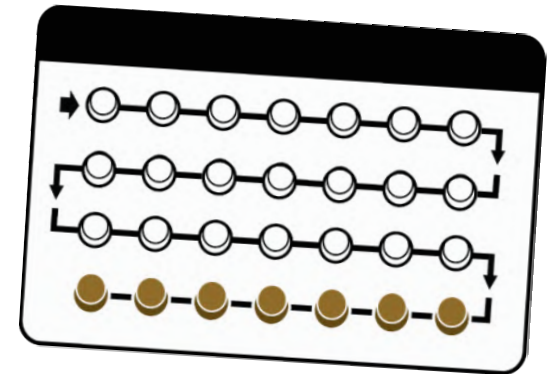
Benefits—COCs:

- Periods are usually very regular and light.
- Helps prevent certain types of cancer.

- A pill taken every day to prevent pregnancy
- Prevents eggs from leaving the ovaries
- After stopping pills, can get pregnant without a delay
- Can be used safely by most women, including those with HIV or AIDS
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)

Normal changes some women may have:

- Nausea
- Headaches and dizziness
- Breast tenderness or mood changes
- Irregular spotting (rare)



FSWs should consider whether they:

- Can take a pill every day. Will an unpredictable work schedule, and/or use of alcohol/other drugs, make it harder to maintain a pill-taking routine?
- Can cope with changes. Although normal and not harmful, changes may be unpleasant and interfere with an FSW's daily activities.
- Want to avoid having a period for 2-3 months (ask their provider).

Other considerations for women living with HIV or AIDS:

- If you are on ART or being treated for TB, tell your provider which drugs you take because they may reduce COC effectiveness.

POPs (mini pills)

progestin-only pills



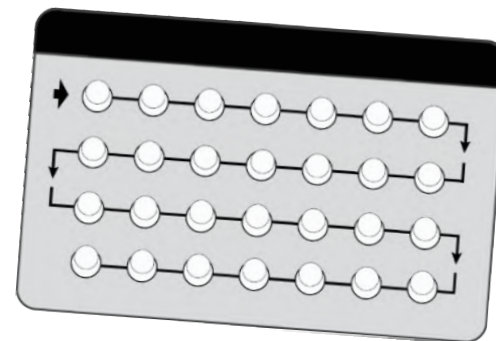
Benefits—POPs:

- Safe for breastfeeding women.

- A pill taken every day at the same time to prevent pregnancy
- Prevents eggs from leaving the ovaries and thickens cervical mucus that blocks sperm from meeting an egg
- After stopping pills, can get pregnant without a delay
- Can be used safely by most women, including those with HIV or AIDS
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)

Normal changes some women may have:

- Nausea
- Headaches and dizziness
- Irregular spotting
- Breast tenderness or mood changes



FSWs should consider whether they can:

- Take a pill at the same time every day. Will an unpredictable work schedule, and/or use of alcohol/other drugs, make it harder to maintain a pill-taking routine?
- Cope with changes. Although normal and not harmful, changes may be unpleasant and interfere with an FSW's daily activities.

Other considerations for women living with HIV or AIDS:

- If you are on ART or being treated for TB, tell your provider which drugs you take because they may reduce POP effectiveness.

Male Condom



Benefits—Male Condoms:

- Help protect against conditions caused by STIs.

- A thin rubber cover that fits over the erect penis
- Prevents pregnancy and sexually transmitted infections, including HIV
- Effective when used correctly every time you have sex
- Use alone or with another method
- Can be used by any couple who agrees to use it, including married couples

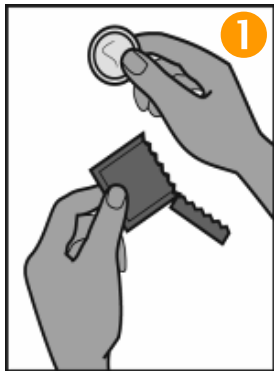
FSWs should consider whether they can:

- Negotiate condom use with clients without threat of violence or manipulation (e.g., client promises to pay more for sex without condom).
- Consistently use condoms to avoid transmission/acquisition of STIs/HIV (or re-infection with a new strain of HIV).
- Refuse “dry sex” to avoid vaginal tears and reduce STI/HIV risk.

What to Remember

- Use water-based lubricants only.
- Store in a cool dry place.
- Emergency contraceptive pills (ECPs) can be used if condom breaks or slips.

How to Use



Use a new condom for each sex act. Make sure it is not expired.



Before any contact, place the condom on the tip of the erect penis with the rolled side out.



Unroll the condom all the way to the base of the penis.

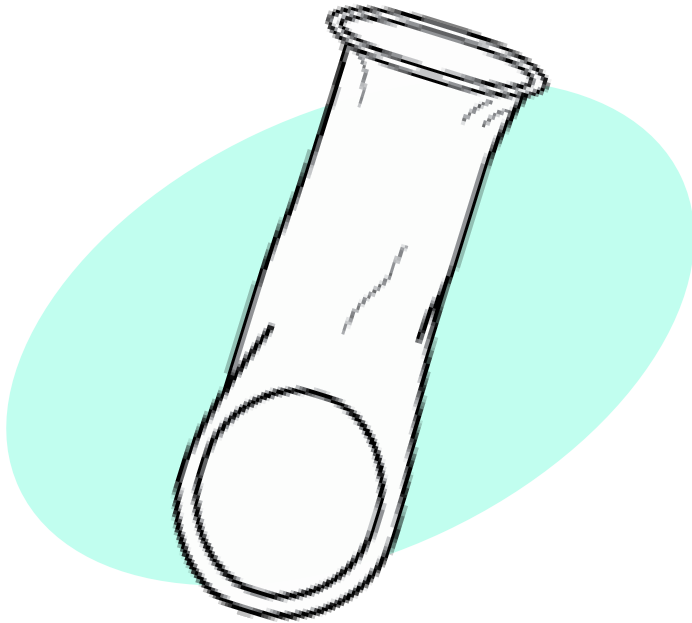


After ejaculation, hold the rim of the condom in place and withdraw the penis while it is still hard.



Throw the used condom away safely.

Female Condom



Benefits—Female condoms:

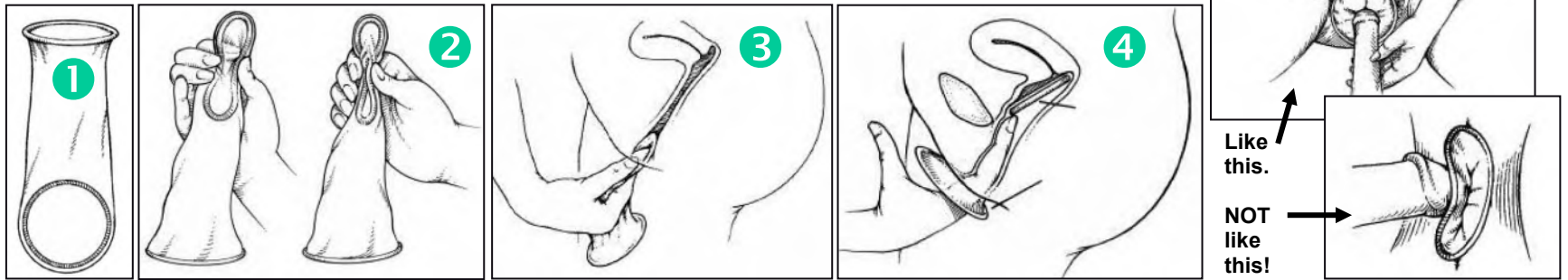
- Female controlled; can be inserted in advance.
- Feels more natural than male condoms.

- A thin rubber lining that fits loosely inside a woman's vagina
- Prevents pregnancy and sexually transmitted infections including HIV
- Effective when used correctly every time you have sex
- Use alone or with another method
- Can be used by any couple who agrees to use it, including married couples

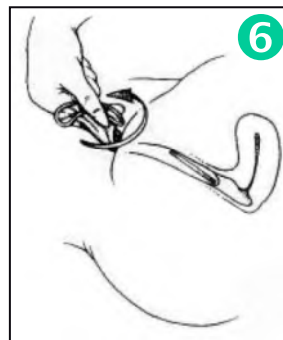
FSWs should consider whether they can:

- Negotiate female condom use with clients who refuse male condoms.
- Use emergency contraceptive pills (ECPs) if condom is used incorrectly.

How to Use



- Use a new condom for each sex act.
- Make sure it is not expired.
- Wash hands if possible.
- Insert condom before any physical contact.
- Can insert up to 8 hours before sex.
- Hold ring at closed end and squeeze it.
- Insert ring into vagina as far as it will go.
- Insert finger inside condom to push it into place.
- Ensure that penis enters and stays inside condom!



- After man withdraws penis, hold outer ring, twist to seal in fluids, and gently pull condom out.
- Condom does not need to be removed immediately.
- Remove the condom before standing up, to avoid spilling semen.



- Dispose of used condom safely.



What to Remember

- Be careful not to tear condom when inserting.
- Keep ECPs on hand if condom fails or is not used.

Emergency Contraceptive Pills (ECPs)

- Pills taken to prevent pregnancy after unprotected sex* (effective if taken within 5 days; the sooner, the better)
- Work by preventing or delaying the release of eggs
- Is not a replacement for regular methods
- Safe for any woman including those with HIV or AIDS, and those on ART

Benefits—ECPs:

- Can be used by women of any age, including adolescents.
- Second chance to prevent pregnancy; do not cause an abortion.
- Can be used more than once in a woman's cycle.



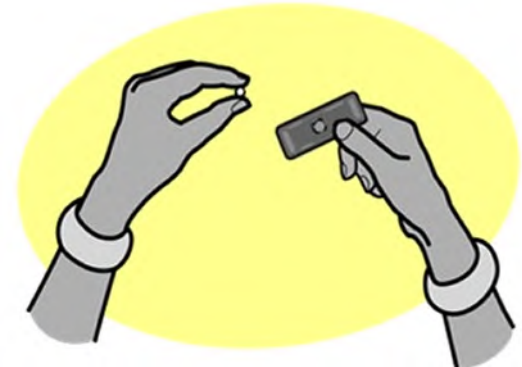
* Unprotected sex means not using a method (including unplanned sex, forced sex, or rape), forgetting to use your regular method or using it incorrectly (missed pills or late injection), or your method fails (condom breaks).

What to Expect

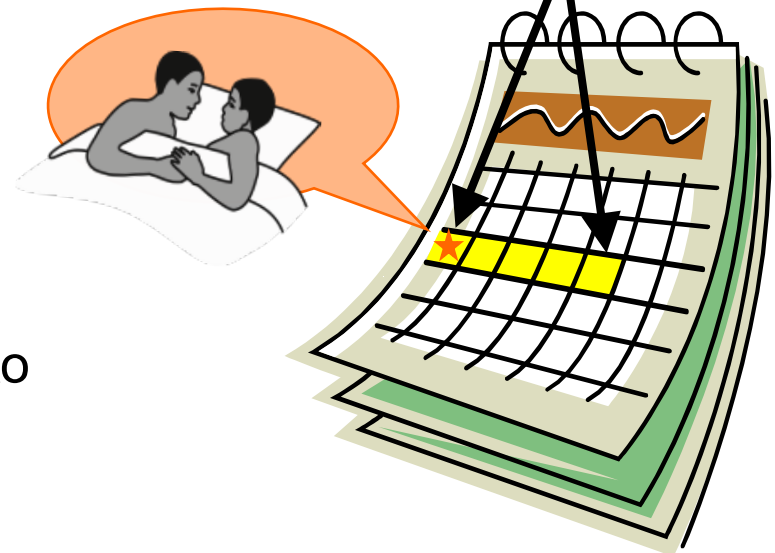
- May cause nausea and vomiting and light spotting for a few days. Next period may come a few days earlier or later.

FSWs should consider whether they:

- Were exposed to HIV. While ECPs do not increase FSWs' risk for acquiring HIV, they provide no protection from HIV and other STIs.
- Should seek post-exposure prophylaxis (PEP) in addition to ECPs, if concerned about exposure to HIV due to unprotected intercourse.



5 days to use EC after unprotected sex



Lactational Amenorrhea Method (LAM)

(for breastfeeding mothers)



Benefits—LAM:

- Breastmilk is the best food for an infant.
- No need to spend money on formula.

- Breastfeed only, day and night, to prevent pregnancy
- Very effective for 6 months after birth if fully or nearly fully breastfeeding and monthly bleeding has not returned
- Do not use bottles, pacifiers or other artificial nipples; these discourage your baby from breastfeeding as frequently
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)



FSWs should consider whether they can:

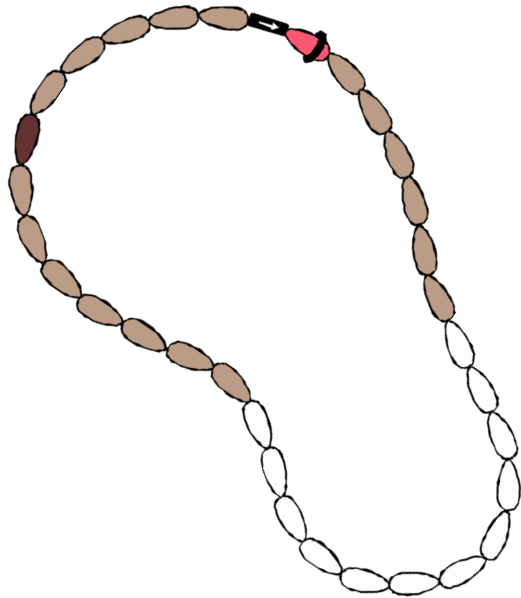
- Meet the conditions required for LAM including breastfeeding often, day and night, even when your baby is sick or you need to work.
- Give the infant only breastmilk; no other food or liquids.
- Be ready to switch to another method since LAM is temporary.



Other considerations for women living with HIV or AIDS:

- Take ARVs daily to reduce the risk of transmitting HIV to your infant.

Standard Days Method (SDM)



Benefits—SDM:

- Has no bleeding changes or other effects.
- Requires no resupply.

- Used with CycleBeads®, a color-coded string of beads to help you:
 - track the days of your monthly bleeding cycle by moving a ring from bead to bead
 - identify which days of the month you can get pregnant
- Prevent pregnancy by using condoms or not having sex on days you can get pregnant
- Effective if used correctly
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)



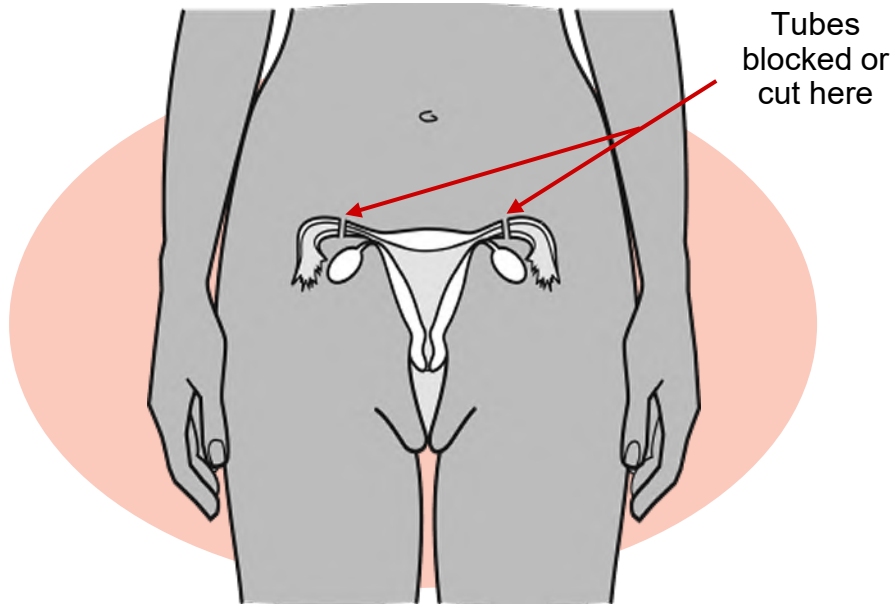
FSWs should consider whether they can:

- Negotiate condom use with clients without threat of violence or manipulation (e.g., client promises to pay more for sex without condom) **OR**
- Avoid unprotected sex for a large portion of the menstrual cycle (12 days) when pregnancy may occur.
- Remember to move the ring to a new bead every day. Will an unpredictable work schedule, and/or use of alcohol/other drugs, make it harder to maintain the cycle-tracking routine?

Other considerations:

- Less effective than most other contraceptives methods
- Women with irregular monthly bleeding cannot use SDM

Female Sterilization



Benefits—Female sterilization:

- May help prevent cancer of the ovary.
- Helps protect from serious infection of the womb.

- Permanent method for women and couples who do not want more children (sterilization is also an option for men)
- Woman's tubes that carry eggs to the womb are cut or blocked
- Simple surgery with minimal risk that must be performed by a trained clinical provider
- No protection from HIV or other STIs; add other methods to protect yourself (condoms, PrEP)

What to Expect

- Local pain killer is given.
- Can go home after a few hours; may have soreness for a few days.
- Monthly bleeding will continue as usual.

FSWs should consider whether they can:

- Allow ample recovery time; two-day rest (avoiding vigorous work) and avoiding sex for at least one week or, if pain persists, longer.
- Convince partners and clients to continue using condoms for protection from HIV and other STIs.

Other considerations for women living with HIV or AIDS:

- May need to postpone the procedure if there are any serious health problems related to HIV or AIDS; the health provider will decide when you are ready.

Seek services from a health care provider at one of these health centers.

Contraceptive services

Contact Information

Facility: _____

Address: _____

Phone: _____

HIV counseling/testing, PrEP, PMTCT, ART services

Contact Information

Facility: _____

Address: _____

Phone: _____

STI testing and treatment services

Contact Information

Facility: _____

Address: _____

Phone: _____



Other services

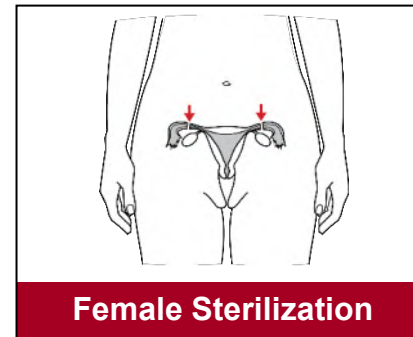
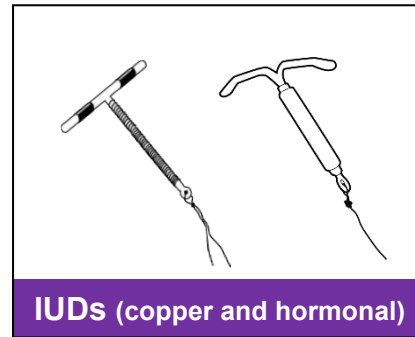
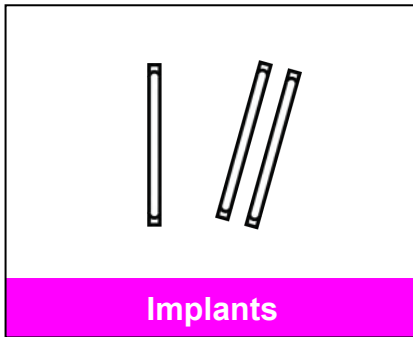
Contact Information

Facility: _____

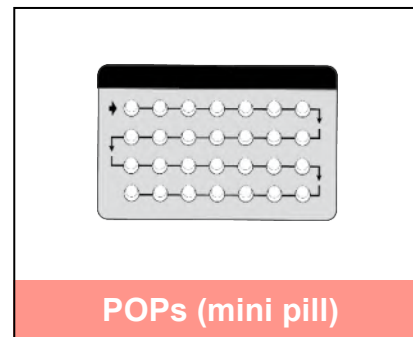
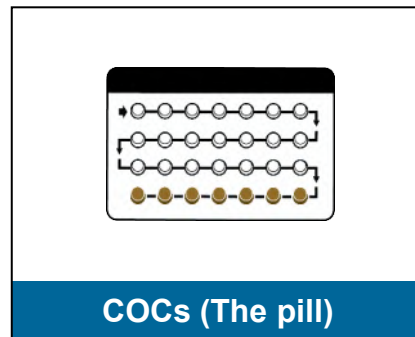
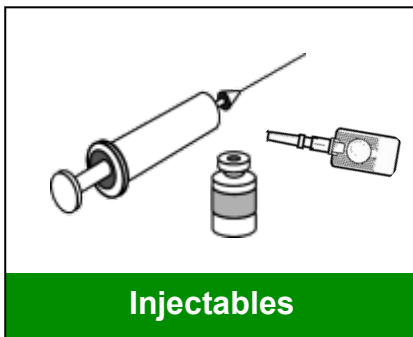
Address: _____

Phone: _____

Think about which method you might like...



- Most effective methods
- No need to remember anything



- Must get injections on time or remember to take a pill each day



- Only methods that protect against both pregnancy and STIs/HIV.
- Are effective ONLY if used correctly and consistently every time you have sex.

REMEMBER

- Emergency contraceptive pills (ECPs) can be taken to prevent pregnancy up to 5 days after unprotected sex.
- ECPs are not a replacement for regular methods.
- *Keep some on hand—just in case.*

LAM is a temporary option for breastfeeding women.

SDM is a fertility awareness method; it requires regular cycles and avoiding sex or using condoms on fertile days.



...and how best to avoid pregnancy, HIV, and other STIs

More protection



+



+



=

BEST protection from pregnancy, HIV, and other STIs



+



=

Good protection from pregnancy; and, if partner cooperates, HIV and other STIs



+



=

Good protection from pregnancy and HIV; but, no protection from other STIs



=

Protection from pregnancy, HIV, and other STIs; but relies heavily on partner cooperation

Less protection