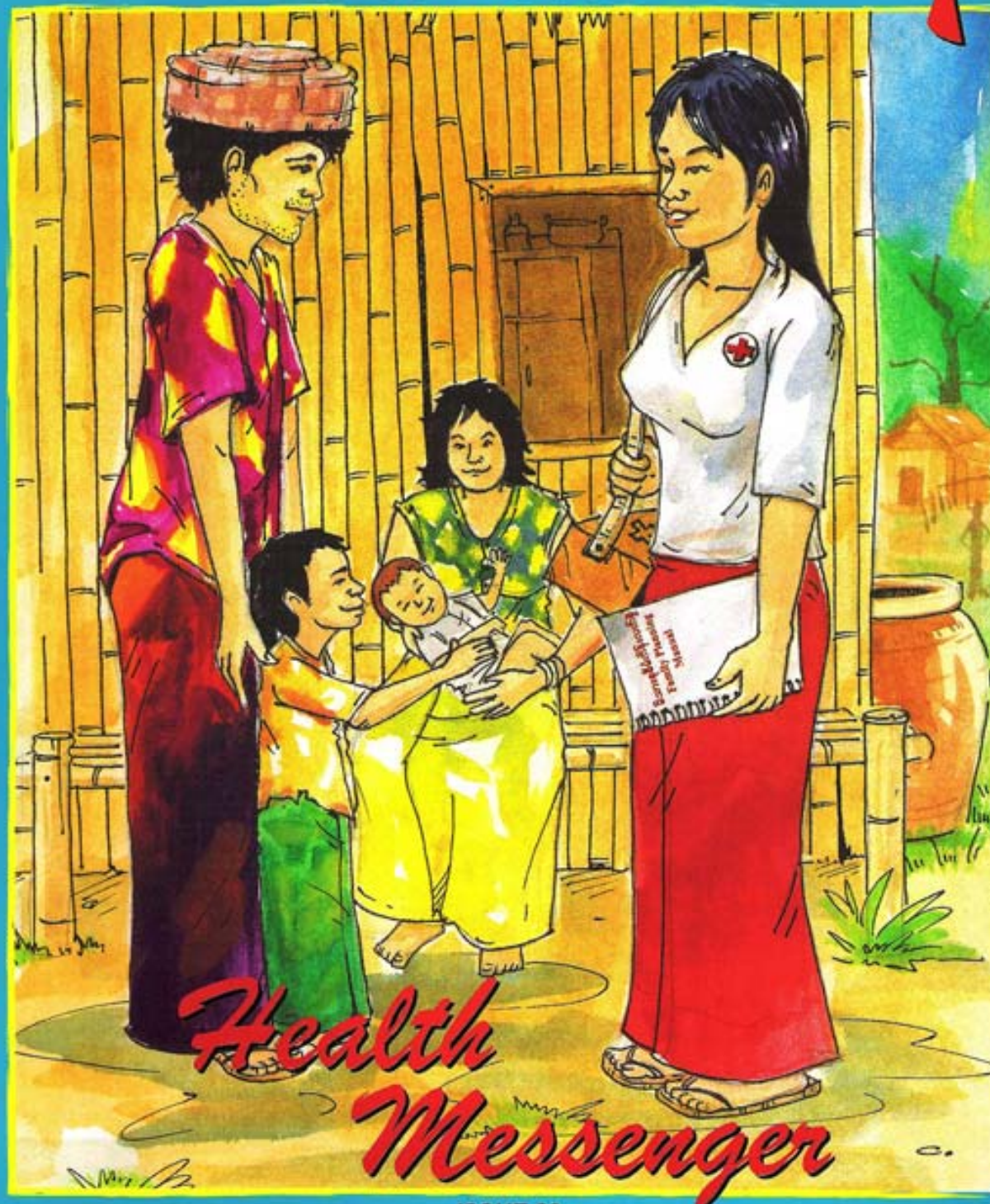




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The views expressed herein, in no way reflect the official opinion of IRC/USAID

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Editorial

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Dear Readers,

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The first issue of the year 2004 is very special to us for a couple of reasons. This is the first issue co-ordinated by our new Project Co-ordinator, Veronique Terrasse.

Rene Queffelec, after working with us for two and a half years, moved on to new challenges during last December. He has been replaced by Veronique Terrasse, who has extensive media experience working in Afghanistan.

This issue focus on family planning, which is an important need for the refugees and migrants workers. We also provide information about contraceptives and practical tools to manage counselling session.

We are also running a special supplement on mental trauma in this issue, which is one of the common problems for the people living along Thai-Burma border.

Enjoy your reading!

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Best regards,
Dr. Than
Editor

Health Messenger Magazine Program

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Why is Family Planning Important?

Health Messenger Team



This article demonstrates the importance of family planning by showing how the lives of women and children can be saved.

Each year, half a million women in developing countries die during pregnancy or in childbirth. Burma still has one of the highest maternal death rates in Asia, and many of these deaths are the result of complications from unsafe abortions. Modern methods of contraception are not widely used in Burma. UNFPA estimates that only 28% of fertile-age women use a modern method of contraception, which indicate an unmet need for fertility control.

Family planning allows parents to choose the number of children they want to have, when they want to have them. It does more than just enable women and men to limit family size. By allowing enough space between the birth of two children and choosing the best time to have a child, family planning save lives and improves the health of both women and children.

Family planning can save the lives and improve the health of women.

- Family planning can avoid unwanted pregnancies, which may lead to an abortion. An unsafe abortion can cause severe illness



Benefits of Family Planning

and even death.

- It is especially important for certain groups of women for whom pregnancy may be a greater risk. This includes women under age 18 and those who are over 35 years of age.
- Pregnancy is also a greater risk to women who have had more than four children or to those who have health problems such as anaemia, heart disease, hepatitis, measles or renal disease.
- Some contraceptives used for family planning can guard a woman's health by providing protection from sexually transmitted diseases. The consistent and correct use of condoms can lower the risk of HIV/AIDS, gonorrhoea, chlamydia and other sexually transmitted diseases.

Family planning can save the lives and improve the health of children.

- When contraceptives are used to space births by at least two years, infant and child deaths can be reduced.
- When births are less than two years apart, the average chance of death during infancy is increased by 60-70 percent.
- Children born very soon after a previous delivery are more likely to be premature. They are more likely to have a low birth weight, and this increases their chance of dying.
- When children are born close together, the preceeding child is less likely to survive.
- The arrival of the new baby means breast-



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r&f - Source: WEAVE

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feeding stops and the mother has less time to care for the older children.

- When children are born less than 12 months apart, the risk of death for the preceding child is increased by 70 -80 percent.
- Infants born to mothers under age 18 are at a greater risk of dying. A woman under age 18 is more likely to give birth prematurely, with an underweight baby. The higher risk of death for these babies continues through childhood.
- Infants born to mothers who already have



Healthy spaced carrot compared to unhealthy unspaced carrot

four or more children are at greater risk of dying. The higher risk may be related to maternal age. Births to mothers above age 35, pose a greater risk for both the mother and infant.

Family planning improves the family's well being.

- Couples with fewer and healthier children are usually better able to provide for their children and themselves with adequate food, clothing, housing and educational opportunities.
- With a contraceptive method, couples can enjoy their sexual relations more because they do not have to fear an unwanted pregnancy.
- Family planning can help avoid one of the most traumatic events for a family, which is the death of a mother. A mother is vital to the family's emotional and physical well being, and family planning can help ensure a mother is healthy.

A healthy pregnancy

The mother's age, the number of children and the space between two births are important factors for a safe pregnancy. To minimise the risks women should avoid getting pregnant

- **Too early:** before 18 years old, young women face greater risks during pregnancy because their bodies are not fully mature.
- **Too late:** after 35 years old, women face greater danger in childbirth and delivery, because their bodies might not stand the burden of pregnancy and delivery. Maternal death is five times higher after 35 years old than it is between 20-29 years old.
- **Too many times:** risks of death and complication increase for each birth after the fourth. The risk of maternal death is 1.5 to 3 times greater for women with five children or more than for women with two or three children.
- **Too close together:** a woman's body needs to recover after each pregnancy. There is more health risks for both mothers and children when a pregnancy comes less than two years after the previous one.

(Healthy mother, Happy Baby, WHO 1991)



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What are the Different Contraceptive Methods?

Health Messenger Team



The following article gives an overview of the different types of contraceptive methods and their mode of action inside the body (what they are and what they are doing inside the human body to prevent pregnancy).

Family planning offers many different contraceptive methods. They vary from natural contraception to sterilisation and from short-acting daily oral pills to long-acting injectables, intrauterine devices, implants or barrier methods.

No one method is best for all couples. Throughout their reproductive lives, women will choose the most appropriate methods according to their health, social and personal criteria.

The wide choice of contraceptive methods means that health workers have a crucial role in guiding couples and women to make informed

choices. This involves providing clear explanations of the methods available, and



Other forms of contraception:

Natural methods of family planning attempt to prevent pregnancy without the use of any devices or chemicals or medicines.

These methods help a woman know when she is fertile (able to become pregnant), so she can avoid having sex with her partners at that time.

They are less reliable than other methods such as hormonal methods, IUD, or Norplants...

- ⇒ Lactational Amenorrhea method (LAM) : contraception achieved by exclusively breast feeding baby for up to 6 months after birth provided the woman's menses have not returned yet
- ⇒ Rhythm or calendar Method: calculating fertile and infertile days according to the length of the woman's menstrual cycles. (See issue 21 page 33 for rhythm methods and menstruation cycle)
- ⇒ Cervical mucus methods: calculating fertile and infertile days by the change of character of the cervical mucus.
- ⇒ Basal Body Temperature (BBT): calculating fertile and infertile days by observing changes in the woman's basal body temperature.

All those methods are approximated and have a high failure rate!!



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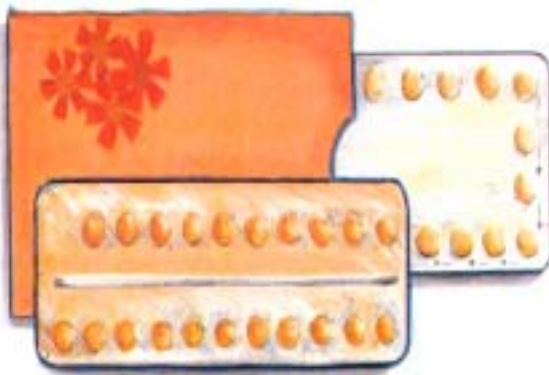
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making sure every woman or couple understand the side effects and the effectiveness of the methods. *In this magazine, we will focus on the methods of contraception with the highest rates of success. For space reason we are only giving an overview of the other forms of contraception called "natural methods". (See box page 7.)*

Overview of the contraceptive methods available in the camps

Combined oral contraceptive (COC)



What is it?

Contains 2 hormones, oestrogen and progestogen.

What does it do?

Stops ovulation and thickens the cervical mucus, which prevents sperm from entering the uterus.

Progestogen oral contraceptive (POC)

What is it?

Contains progestogen.

What does it do?

Thicken the mucus, which prevents sperm from entering the uterus. It also prevents ovulation to some extent and causes changes in the uterus and fallopian tubes, which prevent fertilisation.

Combined injectable contraceptive (CIC)

What is it?

Contains 2 hormones, oestrogen and progestogen, administered by deep intramuscular injection at monthly intervals.

What does it do?

Stops ovulation and thickens the cervical mucus, which prevents sperm from entering the uterus.

Progestogen injectable contraceptive (PIC)



What is it?

Contains progestogen.

What does it do?

Thicken the cervical mucus, which prevents sperm from entering the uterus. It also prevents ovulation to some extent and causes changes in the uterus and fallopian tubes, which prevent fertilisation.

Subdermal implants (Norplant)

What is it?

Contains progestogen which is slowly released from capsules implanted under the woman's skin, usually at the upper arm, lower arm or supra pubic. Its insertion and removal



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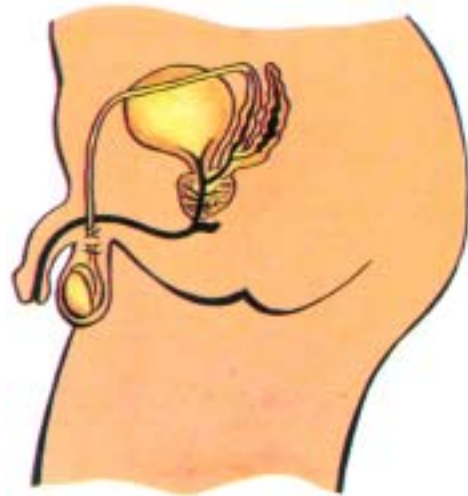
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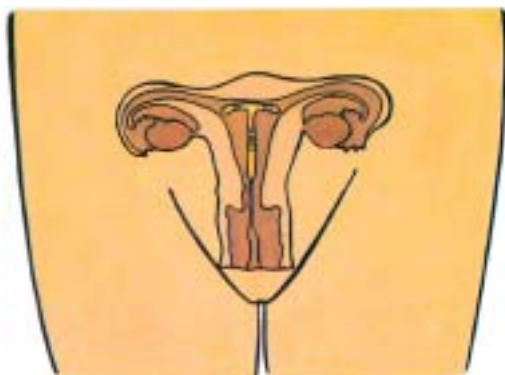
No method of contraception is 100 % effective - sterilisation offers the best chance at 99.99 % effectiveness (depends on the surgical procedures etc.)

requires a trained person and last up to 5 years.

What does it do?

Thicken the cervical mucus, which prevents sperm from entering the uterus. It also prevents ovulation to some extent and causes changes in the uterus and fallopian tubes, which prevent fertilisation.

IUD



What is it?

A small plastic device inserted into the uterus through the cervix. The copper or progestogen is slowly released in the uterus.

What does it do?

Inactivates the sperm and prevents sperm migration into the female genital tract. The IUD also causes changes in the uterus and fallopian tubes, which prevent fertilisation.

Condoms

What is it?

A cylindrical latex sheath worn over the penis during intercourse.

What does it do?

Blocks the release of sperm into the vagina. The spermicide lubricant in the condom also activates or kills sperm.

Vasectomy

What is it?

A small incision made on both side of the scrotum to expose the vas deferens which is then cut tied or clipped.

What does it do?

Blocks the vas deferens in the male so that sperm cannot travel to the penis with semen.

Sterilisations are permanent methods and require consent and make sure patient understand they are irreversible and need anaesthesia and hospitalisation

Female sterilisation



What is it?

Puncture or small incision made to the abdomen to gain access to the fallopian tubes, which are then cut, tied or clipped.

What does it do?

Blocks the fallopian tubes in the female so that the eggs produced by the ovaries cannot unite with the sperm.



Process of pregnancy

Pregnancy means having children. It is also the condition of having a developing embryo or foetus in the body, after union of an ovum (egg from female) and spermatozoon (sperm from male).

Ovulation and sperm production: The ovaries on both sides of a woman's womb produce ova (eggs) and the testes of a man produce sperms.

Fertilisation

A woman's body makes an egg that travels through one of the tubes into the womb. The father's body makes a seed (sperm). When he and a woman have sex, his seed travels up into the womb and meets the woman's egg. The egg and seed together form a baby that grows inside the womb.

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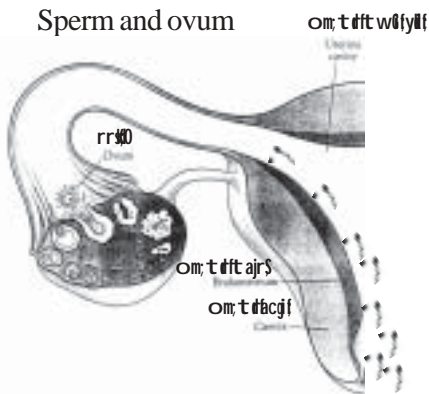
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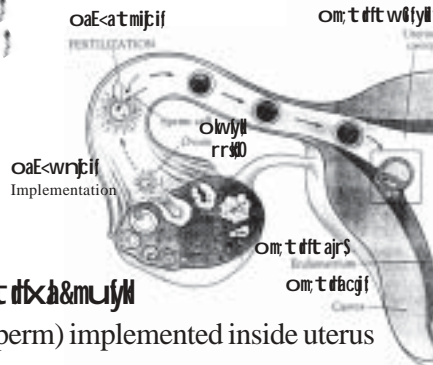
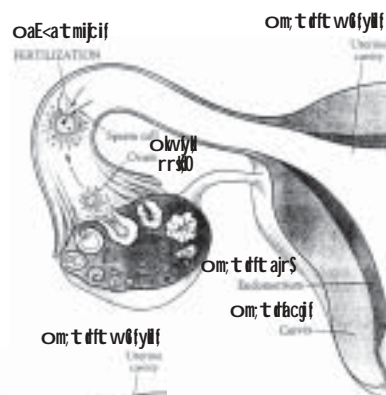
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Sperm and ovum



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Zygote (egg+sperm) implemented inside uterus



EMERGENCY CONTRACEPTION

It refers to contraceptive methods that can be used by women in the first few days following unprotected intercourse for various reasons (rape, condom's breakage, women forgetting to take their pills, etc..) so as to prevent an unwanted pregnancy. They are effective and safe for the majority of women who need them, as well as being simple to use.

Methods for emergency contraception are:

(1) Increased doses of Combined Oral Contraceptives (COC) - ethinylestradiol & levonorgestrel

- Eugynon 50/ Marnon First dose 2 tabletsSecond dose (12 hours later) 2 tablets
or - Microgynon/ AnNa First dose 4 tabletsSecond dose (12 hours later) 4 tablets

(2) High doses of Progestogen-Only Pills (POP)

- Madonna/ Postinor First dose 1 tablet Second dose (12 hours later) 1 tablet
or- Microlut/ Norgeston First dose 25 tabletsSecond dose (12 hours later) 25 tablets
or- Ovrette First dose 20 tabletsSecond dose (12 hours later) 20 tablets

(3) Copper-releasing intrauterine devices (IUDs)

- Copper-releasing IUD can be used within 5 days of unprotected intercourse as an emergency contraceptive. It should be kept in mind that the insertion of an IUD in nulliparous (having never given birth) women may be painful so pill may be better choice for them. IUDs should be inserted by the trained staff.

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Advantages & Disadvantages of the Main Contraceptive Methods

Health Messenger Team

Advantages and disadvantages of the different contraceptive methods should be well understood by both users and providers. This table presents the advantages and also the side effects of these contraceptives.

Description	Advantages	Disadvantages	Side effects	Important note
COC (Combined Oral Contraceptive)	<ul style="list-style-type: none"> • highly effective • can reduce or prevent anaemia • reduces risk of developing endometrial and ovarian cancer 	<ul style="list-style-type: none"> • Not appropriate for women above 40 years and those with hypertension, heart or liver disease or diabetes • Reduce quality of breast-feeding • Requires daily pill-taking 	<ul style="list-style-type: none"> • Irregular bleeding or spotting: monthly bleeding are often shorter and lighter • Nausea, usually goes away after 1 or 2 months • Mild Headaches are common <p>These sides effects are not dangerous and generally disappear or become less in a few months</p>	<p>Consult a health workers and stop treatment if:</p> <ul style="list-style-type: none"> • Have serious headache or blurred eyesight (hypertension symptoms) • Feel weakness or numbness in your arms or legs (diabetes symptoms) • Feel severe pain in your chest and shortness of breath (heart disease symptoms) • Have severe pain in one leg (blood clot symptoms) • Do not take COC if Have hepatitis or yellow skin or eyes (liver disease symptoms) <p>Have had sign of stroke paralysis or heart disease</p> <p>Have ever had a blood clot</p>
POC (Progestogen Oral Contraceptive)	<ul style="list-style-type: none"> • Effective • Appropriate for breast-feeding • Recommended to women who cannot tolerate the side effects of the combined hormonal contraceptives • Women who wish to, can get pregnant as soon as they stop the pill 	<ul style="list-style-type: none"> • Requires daily pill-taking • May cause irregular bleeding • Less effective than COC 	<ul style="list-style-type: none"> • Irregular bleeding or spotting • No monthly bleeding • Occasional headaches • Weight gain 	
CIC (Combined Injectable Contraceptive)	<ul style="list-style-type: none"> • Very highly effective • Can reduce or prevent anemia 	<ul style="list-style-type: none"> • Same or similar as COC • Requires injections which should be administered by a trained person 	<ul style="list-style-type: none"> • Same or similar as COC 	<ul style="list-style-type: none"> • Do not begin combined injections while breast-feeding but after breast feeding



Description	Advantages	Disadvantages	Side effects	Important note
PIC (Progestogen Injectable Contraceptive)	<ul style="list-style-type: none"> • Very highly effective • Prevents anaemia • Appropriate for breast-feeding women 	<ul style="list-style-type: none"> • To get pregnant women will have to wait at least three months after the last injection • Requires injections which should be administered by a trained person 	<ul style="list-style-type: none"> • Same as POC 	
IUD (Intra - Uterine Device)	<ul style="list-style-type: none"> • Very highly effective • Women can get pregnant as soon as the IUD is removed • Appropriate by breast-feeding women 	<ul style="list-style-type: none"> • Not appropriate for women • who do not have a child yet • who are prone to genital infections • who have valvular heart disease • who are anaemic • who suffer from dysmenorrhoea 	<ul style="list-style-type: none"> • light bleeding during the first week • may cause more painful monthly bleeding in the first months 	<ul style="list-style-type: none"> • Do not use with women who • are pregnant or might be • are in danger of getting an STD • have ever had an infection <ul style="list-style-type: none"> - in tubes or womb - after giving birth or after an abortion • have had a lot of bleeding and pain during monthly bleeding • are very anaemic
Norplant's	<ul style="list-style-type: none"> • Very highly effective • Appropriate for breast-feeding women • Recommended to women who cannot tolerate the side effects of the combined hormonal contraceptives • Return to fertility is immediate upon removal of the implant • Last for 5 years 	<ul style="list-style-type: none"> • Requires local anesthesia and should be done by a trained person • Not advisable for short contraception time (one or two years) 	<ul style="list-style-type: none"> • Irregular or no bleeding during the 1st month • Occasional headaches • Same side effects as PIC 	
Condoms	<ul style="list-style-type: none"> • Less systemic side effects • effective • Provides protection against sexually transmitted diseases including HIV/AIDS 	<ul style="list-style-type: none"> • May cause allergic reaction to the latex 		Must be used correctly to be effective
Female fertilisation	Very highly effective Appropriate for woman who have attained the desired number of children	Considered permanent	<ul style="list-style-type: none"> • Less sides effects • Does not affect pleasure or ability to have sex 	Sterilisation doesn't protect against STDs, including HIV/AIDS
Vasectomy	Very highly effective Appropriate for men who have attained the desired number of children or those who have medical contraindications to pregnancy	Considered permanent	<ul style="list-style-type: none"> • Less sides effects • Does not affect pleasure or ability to have sex 	Sterilisation doesn't protect against STDs, including HIV/AIDS

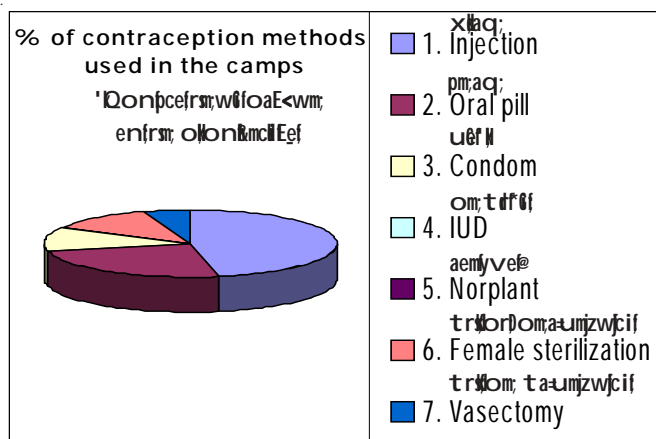


The different contraception methods used in the camps

The chart shows the percentage of different contraception methods used in 8 refugee camps at the Thai Myanmar border. It is based on the monthly data reported by each camp and compiled by CCSDPT between January 2003 and June 2003. The camps are Ban Mae Surin, B. Kwai-B.Tractor, Mae Kong Kha, Mae Ra Ma Luang, Mae La, Umpiem, Nu Poh, Tham Hin, and Ban Don Yang. As Mae La camp was unable to give data from March to May, data has been calculated based on averages.

The most popular method used among the camps is injection, which represents 47% of the contraception methods used. Oral pills are also important with more than 24% of people choosing this method. Female sterilisation and condoms are both around 11 percent. Condoms are not a very popular choice of contraception. One of the reasons is that many people are still reluctant to use them for social reasons. Despite preventing STD's, HIV and AIDS and being a highly effective contraception method, many people still associate them wrongly with commercial sex workers.

Vasectomy represents around 5% of contraception methods used. With 0.12% and 0.15% IUD and Norplant's are the least common method of contraception. Both require a trained person to insert and remove them. Norplant and IUD are not available in most refugee camps. Mae La is one of the few camps that trained health workers to insert Norplant and use IUD.



Types	% of total
1. Injection	47.04
2. Oral pill	24.20
3. Condom	11.50
4. IUD	0.12
5. Norplant	0.15
6. Female sterilization	11.67
7. Vasectomy	5.32
Total	100



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Norplant insertion at Mae La Camp

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Norplant

Health Messenger Team in collaboration with PPAT



Norplant is a method of contraception still little used in the Thai border refugee camps. In this article Khun Pranee, PPAT project nurse officer, presents this contraceptive which has been used in Mae La camps since 1996.

What is norplant?

Norplant is an implant contraceptive contained in a white plastic tube, 4 cm in length and 0.2 mm in diameter. There are 6 tubes each one contains a contraceptive hormone. The hormone is slowly released over a period of time. The tube cannot travel to any other part of the body (it is implanted in the arm 6-8 cm above the elbow).

When did norplant started to be used in Mae La camp?

Norplant started to be used in Mae La camp in 1996 (before PPAT started to work in this camp by receiving the service from SMRU).

SMRU introduced norplant as a long term con-traceptive for women who think they have finished their families but not yet ready for



sterilisation. Infant mortality in the camps and in Burma remains higher than in Thailand. If a child dies then there is still option to have another one.

Why did Mae La Camp decided to run this training?

The reason Mae La camp decided to run this training was to give information about Norplant to the staff in order to distribute it to women who want to use birth control. Also so the woman can learn about other methods of contraception and choose what is the most suitable for them.

How many health workers are being trained?

There are 10 health workers being trained.

What dose the training involve?

The object of the training are:

1. to give the trainees an understanding of what Norplant is.
2. To give an understanding of the positive and negative effects of Norplant, what should be avoided when implanting Norplant in patients etc.
3. How to give information about Norplant to the patients.
4. How to gather data and give counseling to the patients.
5. How to prepare the equipment for Norplant.
6. How to prepare the patient before Norplant.
7. Demonstration of how to insert and remove Norplant.



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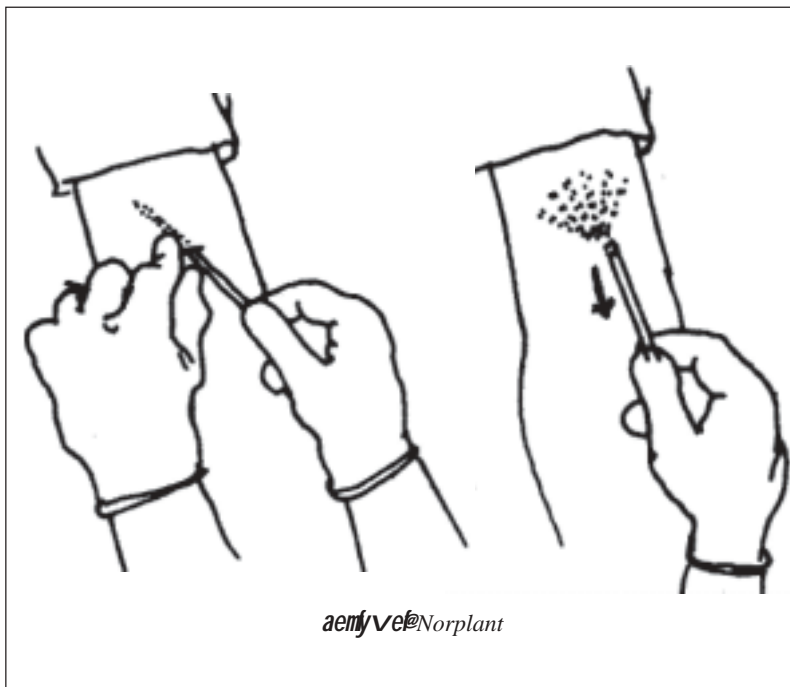
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8. Instructing patients how to take care of themselves after Norplant

The training lasts 2 days.

What is the most important thing to remember about Norplant?

The most important thing to remember is to give the right information to patients and to implant Norplant correctly.

What has been your feedback from health workers about it?

Some patients have experienced some side effects and want to have it removed. It is therefore very important to give very clear information to patients to ensure understanding.

According to your experience, would it be useful to train health workers on Norplant in other camps?

Yes, it would be really useful to have the training in other camps.

On average how many women are using it every year in your camp?

There were 57 women in 2001, 162 women in 2002, and 50 women in 2003*. (*The figures are only known for 3 months)

Is Norplant a very popular method of contraception?

Norplant is not a very popular method. In order of preference we can find the following methods (from the most popular to the least popular) - injection, birth control pill, condom, Norplant, female sterilisation, male sterilisation and IUD.

Do you feel women still need to know more about it?

Yes, I think women need to know more about it to be able to distribute the information to their friends who want to use birth control. They will then know about another method of contraception and understand the way it works. It gives them more choice. Norplant lasts for 5 years and they only need to visit health workers for follow up.



Norplant insertion at Mae La Camp



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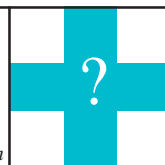
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The Suitable Family Planning Methods According to Women's Health

Health Messenger Team



When choosing a method of contraception health workers should always take into account their client's health. Contraceptives can sometimes affect women's health and are not appropriate if the client suffers from certain health conditions. The following article will help health workers to choose suitable family planning methods according to the condition of a woman's health.

Anaemia

In this condition the patient is pale and weak. The signs of anaemia include whiteness of finger nail beds, lower eyelids, palms of the hand. One of the causes of anaemia is blood loss and other causes are malaria, worm manifestation, and nutritional deficiency.

Combined hormonal contraceptives will decrease the menstrual blood loss that would increase the severity of anaemia, and are therefore appropriate. Non-hormonal copper IUD (Intra-Uterine Device) will increase the menstrual blood loss, and are not recommended in this situation. Severe anaemia should be treated first before a surgical method is used.

Diabetes

Diabetes mellitus occurs when there is more glucose (sugar) in the blood than normal and the blood sugar stays at these abnormally high levels.

Use of hormonal methods in women with complicated diabetes and/or over the duration of more than 20 years may increase the risk of heart and blood vessel complications.

Hypertension

If the blood pressure remains much higher than normal, the condition is called hypertension (high blood pressure). It is said to be present when the blood pressure is 140 systolic (upper



number) or higher and/or 90 diastolic (lower number).

Combined hormonal contraceptives may increase the risk of heart and blood vessel complications with this condition. Progestogen (Progestin) contraception and IUD are recommended in this case.

Heart disease

Clients with the following symptoms could be suffering from heart disease: abnormal shortness of breath, swelling of ankles and face, chest pain, palpitation (consciousness of heart beat), fast or slow pulse and cyanosis (blue coloration of fingers and lips).

The use of hormonal methods in women with heart disease may increase the risk of heart and vessel complications and the use of copper IUD



may increase the risk of endocarditis (inflammation of the heart). A decision by a physician is a necessity for the use of all types of contraceptive in this case.

Pulmonary Tuberculosis and Malaria (uncomplicated)

Pulmonary Tuberculosis is caused by an infection from a bacterial bacillus called *Mycobacterium tuberculosis* and occasionally by other mycobacteria. The symptoms of pulmonary tuberculosis are cough, fever and weight loss. It will kill the client if treatment is delayed.

Malaria is a disease caused by infection of the red blood cells by a protozoal organism called *Plasmodium*. Infection sometimes causes acute and chronic types of fever with or without chills and rigors, anaemia and enlargement of the spleen.



abvullci enlargement of the spleen.

Anti-tuberculous and anti-malaria drugs may reduce the effectiveness of hormonal contraceptives. If the client is taking this medication regularly, advise the use of other methods.

Lumps of all types

All lumps or masses or tumours found anywhere in human body have the potential to transform (change) into a stage of cancer at any time.

The recommended contraceptive method will depend on the type, nature and location of the tumour. There are tumours where some contraceptive methods can be safely used and there are tumours where specific methods may not be recommended. Surgical methods are a safe option in this situation.

Breast Lumps

Mass(es) seen or palpable anywhere on a woman's breast should be regarded as malignant (cancer) unless otherwise proven non-malignant by a specific test.

The hormonal methods may be used if the breast lump is benign (not cancer). If the breast lump is malignant (cancer), the lump growth may be increased by hormonal methods.

Risk of HIV/AIDS and other STD

The end result of Human Immunodeficiency Virus (HIV) infection is Acquired Immunodeficiency Syndrome (AIDS). Infection occurs when the blood or body secretions from a person with HIV infection pass into the body of another person during unsafe sexual practices or pregnancy or from transfusion of infected blood.

Sexually Transmitted Diseases (STDs), also called venereal diseases (VD), are usually spread by sexual intercourse. Sometimes they are spread by non-sexual (intravenous drug use) means. The common symptoms are discharge or pain in the urethra or vagina, sores and/or swelling of genitalia, lymph nodes enlargement in the groin and lower abdominal pain in women.

Use of IUD may increase the risk of pelvic inflammatory disease. Spermicide may cause irritation in the vaginal canal which may hasten HIV/AIDS transmission. Use of condoms is highly recommended even if the woman is already using a contraceptive method as it can prevent transmission of HIV and other sexually transmitted diseases. Condoms are preventing transmission of diseases and are very highly



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recommended in this situation.

Heavy or prolonged menstruation

The usual menstrual period for an average woman is 3 to 5 days and the usual monthly menstrual blood loss is about 40 ml. More than the said duration could be classified as prolonged and blood loss much more than 40 ml could be categorised as heavy.

Combined hormonal contraceptives may decrease menstrual blood loss, IUD may cause heavier or prolonged menstruation. Determining fertile and infertile periods may be difficult when using natural methods. Additional benefits may be gained apart from contraception if combined hormonal methods are used with this condition.

Abnormal vaginal bleeding

This is any bleeding that occurs outside of the normal menstrual cycle. Dysfunctional uterine bleeding is one of the forms of abnormal uterine bleeding where the cause is difficult to identify. Hormonal methods may still be used only if malignancies are ruled out. The risk of growth of some types of pelvic cancers may be increased. Surgical methods are one of the most suitable family planning options in this case.

Abnormal vaginal discharge other than bleeding

Vulvovaginitis is one of the most common reasons to attend a gynecological clinic. Excessive, noticeable discharge is usually vaginal in origin but, in rare instances, may arise from the vulva only. Potential causes of abnormal vaginal discharge include infection of the female genital tract with *Trichomonas*, *Candida*, *Chlamydia*, *Gonorrhoea*, *Herpes simplex* or *Syphilis*.

Condoms prevent sexually transmitted diseases. Spermicide, diaphragm and cervical caps may also prevent sexually transmitted diseases to some extent. Combining hormonal contraceptives and condoms will reduce both the

symptoms and the risk of contagion.

Liver diseases

Some liver diseases including acute inflammation of the liver and long-term liver disease need to be considered carefully when using contraception. Most of them are viral hepatitis and cirrhosis of the liver (chronic liver disease). The most noticeable feature in this case is jaundice, which is yellow coloration of the eyes, skin and mucus membrane (inner aspect of the mouth).

In this situation, hormonal drugs such as Oestrogen and Progestogen are unsuitable as they are eliminated through the liver. Uses of hormonal contraceptives may over load the function of the liver leading to liver failure. IUD and surgical methods are suitable for family planning in this case.

Severe Headache

Headache is a sensation of pain in the head. The causes of headache are numerous. It could be due to anaemia, gastro-intestinal tract, cough, eye problems etc.... When it comes to contraception it is headaches which may be caused by vascular diseases that give rise to the greatest concern.

Hormonal methods may worsen headache and/or increase the risk of complications. IUD copper (non-hormonal) type and surgical methods are suitable in cases of severe headache.

Nulliparity

Nulliparity means that a woman has never given birth to a viable infant. She may or may not be pregnant to be a nulliparous woman.

In nulliparous women the uterus is still small and the risk of spontaneous expulsion of IUD is high. Surgical methods are considered permanent, a woman who has not borne a child yet is likely to want children in future.



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Suitable Family Planning Methods according to woman's Health

a = The health condition will not disturb with use of the contraceptive method and the contraceptive method will not affect the condition.

* = Additional benefit gained from contraceptive

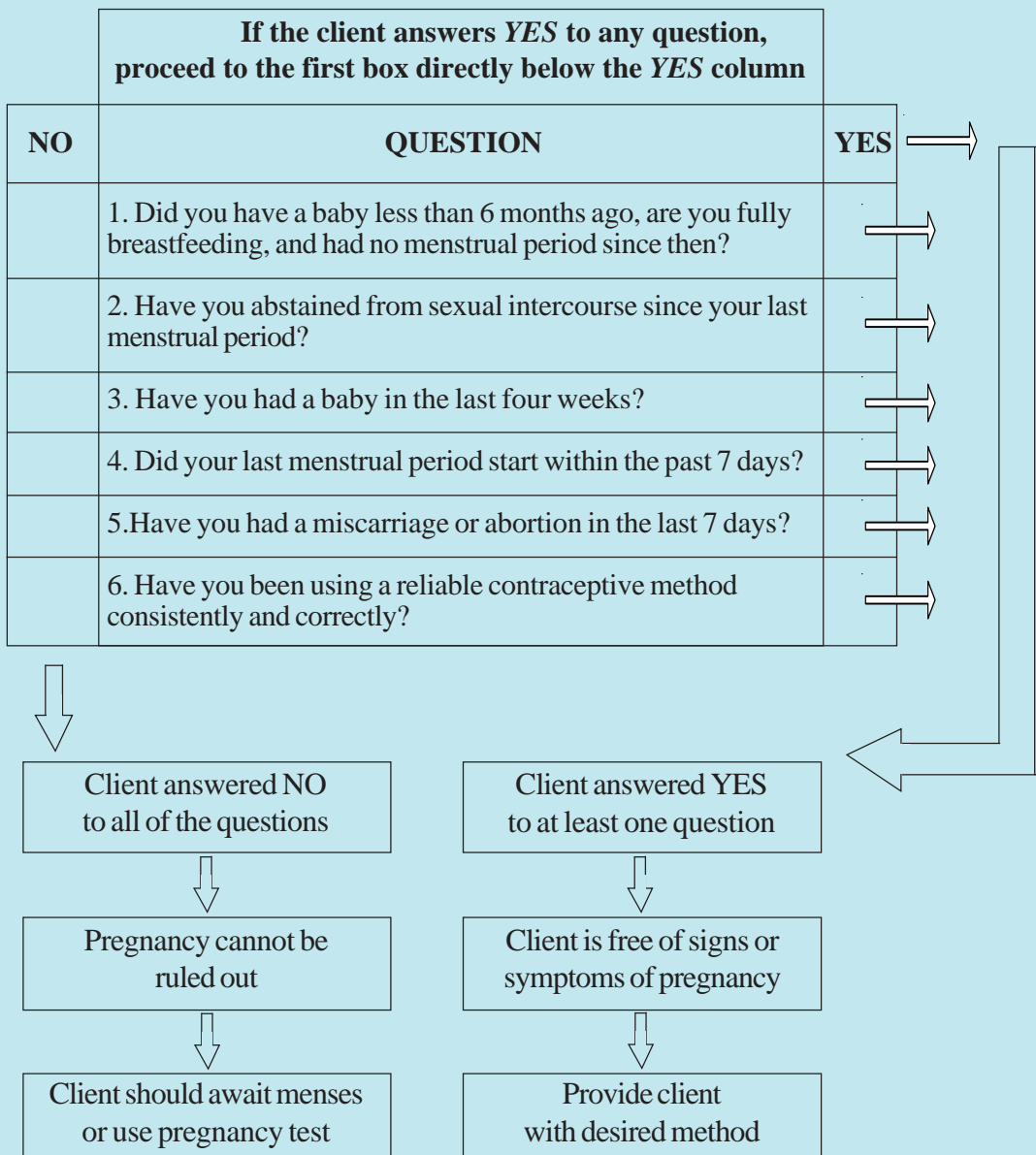
Conditions	Combined hormonal contraceptive		Progestogen contraceptive			IUD		Barrier methods			Natural methods	Surgical methods
	Oral	Injectable	Oral	Injectable	Implant	Non-hormonal (copper)	Levonorgestrel	Condom	Spermicide	Diaphragm + Cervical cap		
Anaemia	a *	a *	a	a	a		a	a	a	a	a	
Diabetes						a						
Hypertension above 140/90			a	a	a	a	a					
Heart disease												
- Pulmonary Tuberculosis - Malaria (uncomplicated)	a	a	a	a	a	a	a					a
Lump all types												a
Breast Lumps						a		a	a	a	a	a
Risk of HIV AID and other STDs	a	a	a	a	a			a *			a	a
Heavy or prolong menstruation	a *	a *	a	a	a			a	a	a		a
Abnormal vaginal bleeding												a
Abnormal vaginal discharge	a *	a *	a	a	a			a *	a	a		a
Liver disease							a					a
Headache/severe type							a					a
Nulliparity (have never given birth)	a	a	a	a	a			a	a	a	a	

Check list to rule out pregnancy

Family Planning service providers should always rule out pregnancy for people choosing hormonal methods and IUD. However, a pregnancy test, which can give the clear-cut answer is not often available or too expensive for the client.

FHI (Family Health International) has designed an easy to use questionnaire that helps to exclude pregnancy.

If a woman answers YES to at least one question, she can NOT be pregnant and the provider can give the desired method. On the contrary, when the clients answer NO to all of these questions, pregnancy cannot be ruled out and the client should await menses or use a pregnancy test to know her condition.





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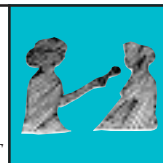
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Helping Clients to Make the Right Choice

Health Messenger Team in collaboration with PPAT



Communication skill is one of the key factors in counselling sessions for family planning programmes. In this article we look at how skilful field staff from PPAT (Plan Parenthood Association of Thailand) provide counselling at Mae La camp.

Counselling has a crucial role in providing clients with the most appropriate contraception methods. Each woman has different needs depending on her health, age medical history, and personal preferences. Providing good counselling will increase the efficiency of methods. If a client feels unsure about the method chosen, if they haven't understood properly how the contraceptive works or what can be the side effects, chances are she will interrupt it or misuse it. This is why health workers have to be able to provide the best counselling.

What is counselling: Counselling means helping clients to make informed and voluntary decisions about their individual care. It is a two way exchange of information that involves listening to the client's questions and wishes and informing them about their options. Counselling takes into account (is responsive) to each client's individual situation, values and needs.

What is informed choice: Informed choice is a voluntary, well considered decision that an individual makes based on choices, information and understanding. The individual should make a free and informed decision about whether or not she wishes to use a contraception methods and if so, what she or he wishes to use.

Being able to choose their own method of contraception is a basic human right. Ultimately it is the client who must choose her method of contraception and not the Health Worker. Health workers have to provide the clearest information



to help the client make the right decision.

The elements for a good counselling:

- Help the client feel at ease
- Give a personal counselling adapted to each person's need
- Give accurate information and make sure the clients understand
- Help the clients to take the decision but do not choose for him/her
- Listening to the client's questions and remarks

The following methods can help health workers to provide the right counselling. It is called in English GATHER methods and it is based on 6 elements.

1. **G**REETING the client
2. **A**SK clients about themselves and listen to the answer
3. **T**ELL clients about their choices
4. **H**ELP the clients choose
5. **E**XPLAIN what to do
6. **R**ETURN for follow up



Not all clients need to be counselled in this order and not all them need the 6 elements. This method is used and appreciated by many health workers. In the camp of Mae La, the GATHER method is being used by Plan Parenthood Association Thailand (PPAT), a non-profit organisation working on family planning for the refugees. AMI team followed project staff Naw Eh Paw during her counselling session applying GATHER method.

Client 1. Ma Phi Phi

Age —20 years

Occupation — dependent

She has one child alive about 4 months old

Activity: counselling for receiving contraceptive injection Depo Provera

GREETING

Naw Eh Paw:

How are you? Hope you are well and fine. My name is Naw Eh Paw, I'm working with PPAT. I am responsible for family planning activities for the refugees residing in this camp. Please take your seat and feel free to ask me information on birth spacing. I am pleased to help you and your family.

Ma Phi Phi:

Thank you, my sister. This is my second visit and I came here last week. Now, I have decided to receive birth spacing Injection if possible

ASKING/ ASSESSING

Naw Eh Paw:

Well, I am here to help you to choose the family planning method that is appropriate for you. I will explain you more about various methods you can use. But before I need to know more about you and what you want to do, may I ask you a few personal questions.

Ma Phi Phi:

Yes, of course.

Naw Eh Paw:

What is your name?

Ma Phi Phi:

My name is Ma Phi Phi.

Naw Eh Paw:

Where do you live?

Ma Phi Phi:

I live in Nu Po camp.

Naw Eh Paw:

How old are you?

Ma Phi Phi:

I am twenty years old.



This part of their conversation is named as **Greeting** component of counselling session. It is to help the clients to feel at ease. Remember that they will need to share with you some personal information. It will be easier for them to do it if they feel welcome. Therefore greetings and politeness when clients arrive is a necessary first step.



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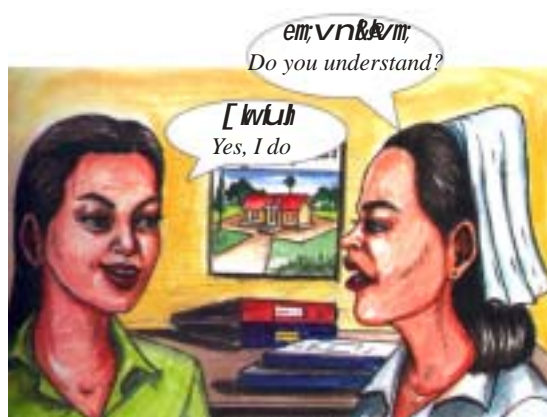
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Naw Eh Paw:

What is your job?

Ma Phi Phi:

I am dependent.

Naw Eh Paw:

How many children do you have?

Ma Phi Phi:

I have only one four month old child.

Naw Eh Paw:

Do you have menstrual problems.

Ma Phi Phi:

No, I don't have any.

of these birth spacing methods. Now I would like to tell you some important information about various methods you can use. This will help you to choose the method that you think is the best for you. Do you agree to listen to me carefully?

Ma Htan :

Yes, I agree with you.

Naw Eh Paw:

Oh, very good! Thank you for your attention. There are mainly two methods: the modern and the natural birth spacing

The above mentioned conversation indicates the **ASKING/ASSESSING** component of counselling procedure for family planning. Asking questions goes together with active listening. When you ask questions you should:

- Know why the client comes
- Help the client explain personal situation and needs
- Learn what is the client's knowledge on birth spacing
- Help the client express feelings, fears and misconceptions
- Show the client that you care

Listening is as important as asking questions. If you ask questions and listen carefully to the answers you will have a clear understanding of the client's situation and needs. Assessing is to help people to be aware of the risks for themselves. Does their sexual life or behaviour or that of their partner(s) put them at risk of getting or transmitting an STI. Again it is by asking questions that you can help client to assess this risk. It is difficult to ask direct questions about client's sexual life. But indirect questions can help us know if a risk exists. It is also important to use "open" questions, meaning questions using How? or Why rather than "close" questions which can be easily answered by yes or no.

TELLING

Client 2. Ma Htan

Age —26years

Occupation — dependent

She has two children alive. The eldest one is 5 years and youngest 4.

Activity: counselling for receiving contraceptive pills.

This is second visit for her to PPAT clinic.

Naw Eh Paw:

Well, it's good that you already know some



methods. With the modern methods you need either to take a medicine or to use a device to avoid pregnancy. These methods are safe and effective. They can cause





sometimes a few discomforts. For natural method, you need to avoid sexual intercourse during the days you can get pregnant. You can use this method if for example you do not want to take medicine, but there are more risks of getting pregnant. Do you have any questions so far?

Ma Htan :

No I understand, please carry on.

Naw Eh Paw :

There are several contraception methods such as the PILLS, CONDOMS, IUDs, INJECTIONS, IMPLANTS AND STERILISATIONS. But lets start first with the PILLS. You have to take the pill every day. In fact there are two types of pills the COC (Combined Oral Contraceptives) and POP (Progestin Only Pill). Women who are breast-feeding more often use the second one. The pill is very effective. It prevents

the sperms of the man from entering the womb. With COC you might have a few discomforts such as nausea, vomiting, headache and a little weight gain. But it will progressively disappear after some time. Do you have any questions? Is there anything unclear for you? I'm happy to answer your questions Have you ever heard of rumours regarding the pill?

Ma Htan :

Well I'm not sure about the pill. I heard of rumours about the pill..



The above dialogue is about the **TELLING** section of family planning counselling activity. First, the provider tells the client the information needs to reach a decision. The information should first describe briefly the male and female reproductive system and the various methods available. Every method should not be explained in detail, because it can be very confusing for the client. Before telling, ask the client what she already knows about contraception and let the client speak first before telling.

The information should be personalised. It means that the provider adapts the information given to each client's needs and situation. For that the provider has to understand what the client needs to know. There is an easy way to do it:

1. **Ask** the client the method he likes. Most have a method in mind. It is better to provide the clients with the method they chose because most probably, they will use it longer and longer and more effectively. The provider needs to check that the client understands fully the method, that there is no medical contraindication.

If the client cannot use the method, **ask** about the reasons for choosing this method, and discuss with the client about another available method that fits the best with the reasons of the client's first choice.

2. If the client has no method in mind, **ask** what is the most important in family planning for the client and what the client expects from it. The answers will give an idea about the client's needs.



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Naw Eh Paw:

What kind of rumours have you heard about it?

Ma Htan:

Some people say that the pill causes discomfort and bleeding irregularly

Naw Eh Paw:

Let me explain to you ...

HELPING

Naw Eh Paw:

Fine. Do you have any questions? I can help you if you are not sure about the method you want to use or if there is anything you do not understand well.

Ma Htan :

No, I have already decided; I want to take the pill.



Naw Eh Paw:

It is a very effective birth spacing method. But the pills also have some disadvantages. You may have irregular bleeding or spotting, no monthly bleeding and occasional headache. You must take one pill every day, even if you do not have sex. If you want to change methods or get pregnant, stop taking pills when you finish a packet.

Ma Htan :

Well, I understand.

Naw Eh Paw:

Now I need to ask you a few questions and do a quick examination to check if everything is normal and that you can use the pill. Is this fine with you?

Ma Htan :

Yes, please do so.

EXPLAINING

Client 2. Ma Ku ku

Age — 19 years

Occupation — dependent

She has one four years child.

Activity: counselling for receiving contraceptive Norplant

This is second visit for her to PPAT clinic.

Naw Eh Paw:

The implants are small soft tubes, which

The above talk is the **HELPING** component of counselling session of family planning activity. The choice belongs to the client and the provider **helps** the client to make a decision. The provider helps the client during counselling by:

- Assessing the client's situation, needs and level of knowledge on birth spacing
- Asking questions leading the client to express needs, feelings and opinions
- Personalising the information to the client's situation and needs
- Leaving the decision to the client

Explaining to the client precise and detailed information on the use of the chosen method.



The above mentioned discussion is the **EXPLAINING** component of family planning counselling session. The provider needs to **explain** clearly the details of the method chosen by the client. An informed choice means also that the client knows and understands well everything about the use of the method. This is one of the client's rights. The following points should be systematically **explained** and discussed with the client:

- How the method works and how to use it
- Advantages and disadvantages
- Side effects
- Protection against STIs including HIV/AIDS

contain the hormone progestogen. They are placed under the skin for slow release of progestogen to prevent pregnancy. You need to have a minor operation that is a small cut in the skin of your inner aspect of arm to insert and remove the implants. Do you need to explain more about implant insertion operation more?

Ma Ku Ku

No, I understand your explanation.

Naw Eh Paw:

Now, I would like to explain more about implants. During the first months, the implants may cause irregular bleeding (in the middle of your cycle) or more days of monthly bleeding. Or you may have no bleeding at all. This does not mean

something wrong. These changes will go away as your body becomes used to having more progestogen if bleeding is a problem, we will let you take some drug along with the implants for a few months.

Ma Ku Ku:

Yes, I will let you know my condition after insertion of implants and when shall I come back to your clinic?

RETURNING

Naw Eh Paw:

I will fill out an appointment card for you. Your next visit to our clinic would be on 9th July 2004 to check your implant insertion and please feel free to come any time if you have problem with these implants. You have to bring your appointment card with you at each visit. Please if you have any problem or question even before the next visit do not hesitate to come back here. I will be happy to help you. Do you have any question or is there anything you do not understand?

Ma Ku Ku:

No, thank you very much for your help.

(The names of the client are changed to keep anonymous)





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y l y l a t / w l a q ; c e f r , l v p c e f PPAT Clinic at Mae La Camp



Above conversation is the **RETURNING** element of family planning counselling session. The client should feel **welcome to return anytime**. A client may need to return for the main following reasons:

- Need more supplies
- Demand more information
- For follow up
- Problems or doubts about the method
- Side effects

Returning client deserve as much attention as the first time. The care provided at **return visits** is also important because it helps clients to continue. Return visits are good opportunity to check if clients are satisfied if they have any problems or concern about side effects.

Providers at the end of the counselling session should systematically explain to the clients that they can return anytime they feel they need it and for whatever reasons: Questions, problems. Side effects...

In case the method chosen by the client cannot be provided (e.g. for an IUD insertion or a sterilisation), the return step should be a referral to a facility which has the capacity to provide it.



PPAT Team at Mae La Camp



CASE STUDY

Case Study: Kyi Kyi Tan is a 21-year old married woman with one child, aged 18 months. After the birth of her first child, she didn't want to get pregnant for a while. To avoid pregnancy the midwife gave her a three-monthly injection, 45 days after her delivery. But she didn't understand well what the injection would do, and how the contraception worked. When her period stopped she became scared. She felt it wasn't healthy not to have her monthly bleeding. She decided by herself to stop using the injection and to wait for her next period. Her next period didn't come and because she didn't use any contraception methods, she became pregnant again during this time. Although she eventually wanted to have another child, she felt that this pregnancy came too soon. She had no money to deliver and needed to work on the fields.

When she was four months pregnant she went to see an old lady in the village, who put a liquid medicine inside her, and four days later she had heavy bleeding.

Now she is using the injectable again, but this time she is happy using it as the midwife visited her and explained that having no period was safe for her health, and she did not worry about not having them.

Kyi Kyi's story illustrates the need to counsel women properly about methods of contraception. They should be informed clearly what the methods do and told to come back if they have any questions. It is important that women understand their contraceptive methods and feel at ease to ask any questions they might have about the methods. Misconceptions and lack of information can often lead a woman, to discontinue her contraceptive method, which then leads to unwanted pregnancies.





Counselling with tact

Conselling on family planning can sometime be a sensitive matter. Family planning can sometimes face resistance from clients. More than ever it is important to counsel with care and tact. In this article Khun Nan Kyi Win, reproductive health worker for (American Refugee Commitee International) in Umpien camps, shares her 10 years experience on getting message across.

What kind of difficulties do you come across when counseling on Family Planning in the camp?

Most Karen in this camp come from remote area and their level of education is generally low. When they choose a method of contraception they often need to come back again. Very often they don't come on back or they don't come on time for their injection for example. Sometimes they do not take their contraception properly, they would often forget to take their pill for example.

Are their methods of contraception that are less popular than others?

Some people are reluctant to use condoms. They might misunderstand or have misconceptions about them. Some, for example, they may complain of itchiness or white discharge and think it is because they use condoms. It is then very important to explain to them that it is not due to the use of condoms, but to other reasons such as the lack of hygiene. Condoms are the only method of contraception that protect from STDs.

Condom is the only method that provides contraception and prevention of sexually transmitted diseases including HIV/ AIDS.

I think that women generally don't refuse to use them if they are explain properly about them, but it is often the men who are not willing to use them because they don't find it natural.

Some people still might feel reluctant about using family planning, how do you deal with that?

We first started giving health education for women when they came to attend a tetanus toxoid vaccination. Women between 15 and 45 year old came and we gave Family planning to women having more than 4 children. At the beginning they didn't all accept Family Planning. For example if we gave family Planning to 10 women, 8 would accept it and 2 would refuse. They often refuse because they didn't believe in it. Also they thought that having children was a natural gift and a blessing from god. In Karen they say children are a precious stone. But then they started having too many children and they came back and listened to us! We try to explain to them that if they have too many children they economical situation both economical and in terms of health would become more and more difficult.

According to your experience do you think people are more easily using Family planning?

Yes I think the number of people coming to get family planning is increasing. People know more about it and they trust the methods of contraception more and are more ready to use them.

A patient : Ma Naw (not her real name) is a 45 year old woman living in Umpien camp.

"In the previous camp I use to live in, there wasn't any family planning and I never used any method of contraception. Then I moved to another camp and after I had 5 children I decided to use a contraception method. A home visitor came and talked to me about three types of contraception: the pill, condoms and the injection. I decided to use the pill, but I didn't like the side effect and I stop using it. I have now 11 children and I have started using condoms. My husband doesn't complain about it, and really it didn't make any difference to us. As long as he receive the condoms, he will use them, but he won't ask for them. I didn't feel embarrassed about using condoms, because at my age I have no special feeling about it. I have had 11 children and I'm very grateful to be able to use a contraception method. Health education is very useful."



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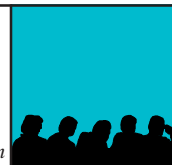
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Misconceptions

Health Messenger Team



Misconceptions regarding family planning methods are identified and presented in this article. Knowing about the most common misconceptions will help health and social workers respond to their clients' questions.

Misconceptions regarding birth spacing methods are still common among many women using family planning and can lead them to refuse or discontinue their methods of contraception. By asking about their fears and reservations and by providing clear explanations, health workers will help women and couples to make informed decisions. When possible women should involve their partners in the counselling, by asking them to attend the counselling session. The following article will examine the common fears and questions women might have.

IUD

Does IUD lead to cancer of the womb?

No, it prevents pregnancy by preventing the fertilisation of the egg by the sperm. The only risk is if a woman does not have good hygiene or has a sexually transmitted disease(s), then IUD can cause infections such as endometitis



တီ၊ ဂီ(ဝ၊ တီ) - IUD

(inflammation of womb) and cervicitis (inflammation of the neck of the womb).

Can IUD travel inside the body to the heart or stomach?

No IUD cannot leave the uterus except through the vagina. It cannot travel around the body as it stays firmly located inside the womb and its shape is specifically design to adapt to the shape of the womb.

Can IUD hurt men's genital?

No, If your partner can feel the IUD (not just the strings) during sex, you should see a health worker to correct the situation, which is not normal.

Condoms

Are condoms promoting promiscuity?

No, it is only a barrier not to transmit diseases between partners and to prevent sperm from getting access to the egg. It can be used as a contraceptive instrument during sex with your partner. Married couples all over the world use condoms.

Do condoms reduce pleasure during sex?

No, some people might have less feeling during sexual intercourse when they are using condoms. On the other hand some say that the pleasure is greater as intercourse lasts longer and they have no fear of having pregnancy.



Do condoms break often?

No, if well used condoms rarely break. A condom has more chance to break if a woman's vagina is dry. Water-based lubricant on the outside surface of the condom may help reduce risk of breaking.

Can the HIV virus pass through a condom?

No, condoms can be used for the prevention of sexually transmitted diseases including HIV/AIDS as well as contraceptive.

The pills

Can hormonal methods cause a woman to become either thin or obese?

Yes, some women can experience a little weight gain but becoming thin could be originated from other causes rather than the effect hormones.

Can the pill cause congenital abnormalities in children conceived after stopping it?

No, There is no record of causing congenital abnormalities in children conceived after stopping it.

Is it dangerous to take the pills for a long time?

No, there is no evidence of that taking the pills for a long time causes problems. The pills are appropriate methods for most women of all ages until menopause.

Can the pills make a woman sterile?

No, women taking the pills remain fertile. After stopping the pills, it may take a few months, usually four months, to resume their menstruation.

Injection

If a woman using injection has no more menstrual periods, should she stop using injection?

No, this is common and not harmful. But the

user should be advised that if she feels concerned she should choose another method.

Female Sterilisation

Does sterilisation change women ability to have sex or to have sexual pleasure?

No, after the operation women's can be as healthy as before and they can continue to enjoy having sex and sexual pleasure.

Will sterilisation stop women monthly periods?

No, sterilisation in women is just obstruction of the pathways for the eggs to enter the womb. So the women's monthly period will not be stopped due to sterilisation.

Vasectomy



Does a man lose his sexual capacity after a vasectomy?

No, he can enjoy sexual activities as he continues



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(r&if Gathering Strength Womemn's Health)

- **Qualitative vs Quantitative**





to have erections (hard penis) and ejaculates (discharge semen) as before sterilisation.

Is emergency contraception a form of abortion?

No, it does not displace the embryo, and cannot end an established pregnancy.

Misconceptions and beliefs

Many misconceptions and beliefs can belong to a particular ethnic group. Religious or cultural belief can lead clients to refuse a method of contraception. It is therefore particularly important to take these into account while counselling. Asking what the client knows about the method and how they feel about it are important factors in understanding the client. The following give an example of some of the misconceptions that belong to particular groups

Mon misconception

- Tying a “Mae-kyone” (black colour string prepared by spiritual leader) tied up around married women belly will prevent pregnancy.
- If you take the pills, the uterus will become dry and the woman will lose her hair and develop skin rashes.
- It is dangerous to have sex with women who have an IUD.

Shan misconceptions

- Men sometimes believe that they shouldn't have sex with a woman who has been sterilised.

Karenni Misconceptions and beliefs

- Having many children is a sign of prosperity. In the Karenni community, when people visit they greet each other by saying “Hello! How are you and how many children do you have now?”
- Having many children shows that you are comfortable.

(Source Gathering Strength Women's Health)

Karen & Mom

- Massaging the uterus through the supra pubic area can prevent pregnancy





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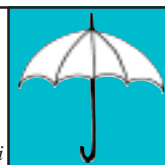
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Male Involvement in Family Planning

Aung Than Wai



Men are not involved enough in family planning. Khun Aung Than Wai, a health worker in Reproductive Health at the Mae Tao clinics, explains why it is important to change this.

Men are naturally placed as the head of a family in our Burmese society. No one will deny that the head of a family is responsible for all socio-economic and health matters of his unit.

In our Burmese community, most of the leading male family members are dutiful in social and economic sectors. But in family planning, which is one of the components of reproductive and child health, men's involvement is not in a satisfactory state. Family planning is more than birth spacing and contraceptives, but in this field men are not taking full responsibility for having children after marriage.

There are many reasons for men taking less responsibility in family planning. Most of the female family members think that men are not accountable for family planning, that it is women's responsibility in general. Men also think that having to earn money for their family, they are not also responsible for family planning.

To be involve in family planning the head of family must

- 1. Be interested to learn about family planning**
- 2. Have sufficient time**
- 3. Be able to learn (educational pamphlets and leading role for community health workers).**

Temporary and permanent contraceptive methods are the two most important forms of family planning. Men have to be part of a mutual agreement when using the calendar (Rhythm) method or condoms. Apart from these two methods, the rest of contraception is often seen as the woman's job. This is not correct. Men should take part in every step of family planning procedures for them to be fully successful. The weakness and strength of all contraceptive methods available should be well understood by women as well as men. Male involvement could be increased in family planning by active participation in all stages.

We have female and male sterilisation as an equal opportunity for a permanent form of contraception. But female sterilisation is better known than the male version. So vasectomy is less common in our community. Vasectomy is not well understood by most of the men in our community.

After a vasectomy, they believe that it is not possible to do hard work like:

- 1. Carpentry, masonry, trishaw driver and agricultural work; and**
- 2. Vasectomy may lead to less sexual activity;**
- 3. Some also think they might not enjoy sexual feeling after a vasectomy.**

To change these misconceptions, we have to take time to educate men and find people who have undergone vasectomy operations and request them to participate in family planning campaigns. Male health workers should also take part in education and counselling activities. This would help to increase male involvement in family planning.

Male Client visit at Family Planning (at Mae-Tao Clinic)

Years/Month	2000 Jan-Dec	2001 Jan-Dec	2002 Jan-Dec	2003 Jan-Dec
Total Client visits at Family Services	2376	3723	3971	6469
Female Tuballigation	90	196	249	203
Male Vasectomy	4	6	7	26



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Mental Trauma

Health Messenger Team



The following story illustrates a case of Post Traumatic Stress Disorder (PTSD). This story is inspired by testimonies from child soldiers all over the world.

Definition of health and mental trauma:

Definition of health according to World Health Organization (WHO): “Health is a state of complete physical, mental, social and spiritual well-being and not only the absence of disease or infirmity.” According to this definition, mental trauma is an essential part of health.

Causes of mental trauma:

There are different causes to have mental trauma, which can be identified as three categories;

1. Environmental causes like natural disasters; flood, earth-quake, droughts, fire outbreak and volcano eruption.
2. Biological causes like injury causing damage to brain; illness due to cerebral malaria; heredity disease due to congenital malformation and aging affecting the brain (Alzheimer’s disease).
3. Psychosocial causes like using drugs; for example consumption of alcohol, amphetamine (yaaba), heroin, cocaine, etc, etc; social problems like stress at work, death of loved one, domestic violence, jobless, extreme poverty and man made traumas .

Psychosocial problems causing Post Traumatic Stress Disorder (PTSD):

The word psychosocial refers to the link between the social environment and the mind of

a person. Post traumatic stress disorder as a disease, which is usually experienced by the people after enduring terrifying events. These events can be caused by man made disasters such as wars, landmines, torture, displacement, robbery, accidents, rape and abduction of minors or natural disasters.

A psychological or metal trauma refers to deep emotional wounds resulting from the intensely stressful events. Some people can cope well with the said traumatic event they experienced and thus they recover, others become traumatized and develop symptoms.

Symptoms of PTSD

- Continuous thinking about the terrifying events;
- Flash back: the person experiences the events, just as if they were happening again;
- Nightmares causing sleeplessness;
- Easily getting upset;
- Feeling afraid, anxious or jumpy;
- Difficulty in making relationships;
- Loss of interest in life and in sex;
- Poor concentration and memory;
- Feeling guilt.

It should be noted that traumatized people usually become exhausted by the symptoms. The daily memories, flashbacks and nightmares physically wear them out. See a story of PTSD next page.



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Child Soldiers – A Global Overview

Health Messenger Team



Throughout the world, thousands of children are used as soldiers in armed conflicts. Many of them are suffering from Post Traumatic Stress Disorder(PTSD). This article will help our readers to understand who child soldiers are.

1. What is a child soldier?

A child soldier is any child – girl or boy – under the age of 18 who is part of any kind of regular or irregular armed force or armed group. Child soldiers are children who carry or have carried arms as direct combatants or who are used as cooks, porters and messengers or for sexual purposes or forced marriage.

In about 85 countries worldwide, more than 500,000 children under-18 have been recruited into governmental armed forces and armed oppositions groups according to the Coalition to Stop the Use of Child Soldiers. .

It is estimated that one fourth of the world's child soldiers are in Asia. In South East Asia and the Pacific, UNICEF has carried out a study, interviewing 69 former child soldiers in six countries in the region.

2. How are children recruited into armed forces?

There are several scenarios to child recruitment:

- Abduction/forced conscription: child soldiers are often abducted from their homes, schools or communities and forced into combat, whether by government forces, rebels groups or paramilitary militias.
- Children sometimes want to enter soldiering to defend their family, home or ethnic community or to protect them from harassment from the armed

groups.

- Propaganda and ideological brainwashing can also lure them into the ranks of armed forces/militias.
- In some cases there are no alternatives. Due to the lack of an educational system, where children are unable to attend school and have no opportunity for vocational training, soldiering may seem the only option.
- Poverty: Families are too poor to provide their children with food and education. Children who are forced to fight are often poor, illiterate and from rural or otherwise marginalized communities.
- Children may feel hopeless for their future because of rampant poverty and lack of education. They may feel compelled to join in order to take care of their families.

3. Why are children used as soldiers?

Children provide cheap and obedient fighters, and are more vulnerable, because of their youth and experience. They are easier to brainwash into fearless killing and unthinking obedience.

In some areas which are subject to persistent violent conflict, there is a shortage of “eligible men or women” so belligerents widen the recruitment base by using girls and boys.

The proliferation of small guns and light weaponry makes it possible for very young children to bear and use arms.



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4. What kind of activities are child soldiers involved in?

Children have been reported to fulfill the following roles in armed groups:

To fight on the frontline.

To reside in battalion camps or base camps. If they are too young to carry guns, they are left in the battalion camps to carry water, watch livestock, or be assigned to plantations

To be used sometimes as spies or messengers, sentries, porters, servants

To be used to lay and to clear landmines

"I was in the front line all the time. I used to be assigned to plant mines in areas the enemy passed through. They used us for reconnaissance and other things like that because if you're a child the enemy doesn't

notice you much; nor do the villagers." -
(Former child soldier in South East Asia)

To be used as sexual slaves: girls, orphans or unaccompanied girls are especially vulnerable. They are often sexually exploited, raped or otherwise abused, subjected to human trafficking and prostitution, and forced to be wives by other combatants.

5. Effects on children and on the community

Children are often subjected to brutal initiations and hard labour, cruel training regimes and torture.

As a result many children report psycho-social disturbances from nightmares and angry aggression to control to strongly anti-social behaviour and substance abuse (drug and alcohol), both during their involvement in war and after their return to civilian life.

Military recruitment is harmful to societies as a whole. Children's lost years of schooling reduce societal, human and economic development potentials. Many child soldiers grow up physically and psychologically scarred and prone to violence, increasing the danger of future cycles of conflict and damaging the chances of peaceful, stable democracies.



Protection of children is crucial to their survival, health, and well-being. Everyone has a responsibility to see that children are safe. Individuals, civic groups, governments and the private sector must help create protective environments for them.

The **CRC** is a code of binding obligations for the States towards their children to ensure their protection. It provides rights to children: all the rights stated in the CRC should be granted to all persons under 18 years old age without discrimination of any kind. The CRC covers every aspect of a child's life, from health and education to social and political rights.

The **Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)** signed by 115 countries and ratified by 63, prohibits governments and armed groups from using children under the age of 18 in conflict; bans all compulsory recruitment of under 18s; bans voluntary recruitment of under 18s by armed groups and raises the minimum age and requires strict safeguards for voluntary recruitment.

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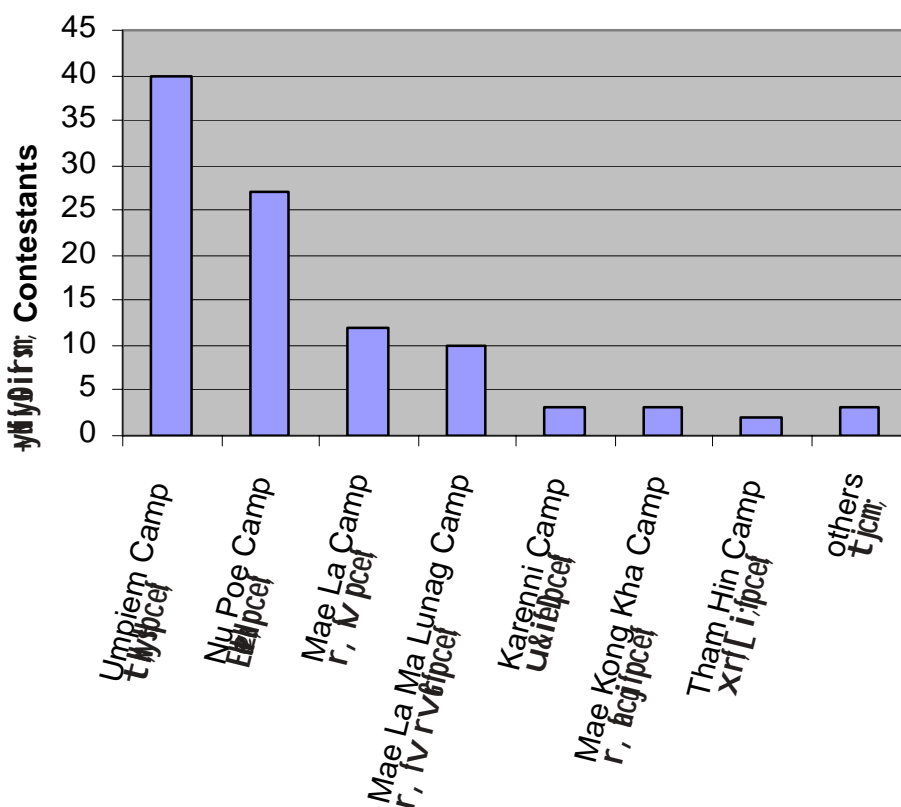
THE BEST ONE HUNDRED CONTESTANTS BY CAMPS (HEATH MESSENGER TEST 1 FOR 2003)

THE BEST ONE HUNDRED CONTESTANTS BY CAMPS (HEATH MESSENGER TEST 1 FOR 2003)

Umpiem Camp	40	(40)
Nu Poe Camp	27	(27)
Mae La Camp	12	(12)
Mae La Ma Lunag Camp	10	(10)
Karenni Camp	3	(3)
Mae Kong Kha Camp	3	(3)
Tham Hin Camp	2	(2)
others	3	(3)
Total	100	(100)

THE BEST ONE HUNDRED CONTESTANTS BY CAMPS (HEATH MESSENGER TEST 1 FOR 2003)

THE BEST ONE HUNDRED CONTESTANTS BY CAMPS (HEATH MESSENGER TEST 1 FOR 2003)



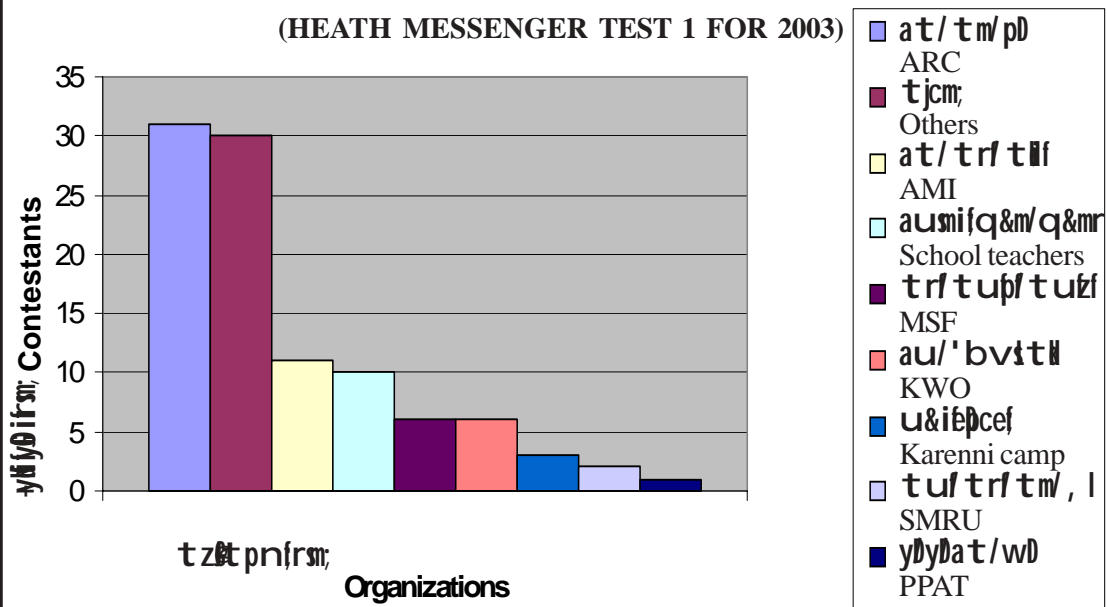
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THE BEST ONE HUNDRED CONTESTANTS BY ORGANIZATIONS
(HEATH MESSENGER TEST 1 FOR 2003)

at/ tm/ pD	ARC (Ameican Refugee Committee)	31	(31)
tjcm;	Others	30	(30)
at/ trf tlf	A M I(Aide Medicale Internationale)	11	(11)
ausni;q&m/q&mrrsr;	School teachers	10	(10)
trf tupf tuzf	MSF(Medisins Sans Frontieres)	6	(6)
au/'bvlt	KWO(Karen Women Organization)	6	(6)
u&i&pc	Karenni camp	3	(3)
tuf trf tm/ ,	ISMUR (Shoklo Malaria Research Unit)	2	(2)
ybydat/wd	PPAT (Plant Paenthood Association of Thailand)	1	(1)
ppaygf	Total	100	(100)

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THE BEST ONE HUNDRED CONTESTANTS BY ORGANISATIONS
(HEATH MESSENGER TEST 1 FOR 2003)



ERRATA (trajyi)

ISSUE	PAGE	PARAGRAPH	LINE	SHOULD READ AS
18	29	1	2	The major <u>causative organism</u> in South-
18	28	1	3	xll&*qllzpaomyll



ကျန်းမာရေးဆိုင်ရာမှတ်စု သင်ပြကျန်းမာမှု
Healthy tips from Thabyegone Ywa



Kywet Ni

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Tetanus is a dangerous disease



a' g' u' f' v' m' a' u' s' n' f' a' u' s' n' f'

Dr Kyaw Kyaw



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Don't neglect the burns

Supported by DFID

DFID မှ ကူညီငွေပံ့အပ်ပုံ၊ သေဆုံး

သရုပ်ကုန်းရွာ ကျွန်းမာရေပညာပေးဇာတ်လမ်းကို အပတ်စဉ် ဆွေးနွေးကြော၊ နေ့နံနက်တိုင်း ဘီဘီစီမီဒီယာပိုင်း အစီအစဉ်မှ မေးယူနားဆင်နိုင်ပါတယ်။

You can listen to BBC Burmese Programme every Friday, Saturday and Sunday night : Thabyegone Ywa drama.

Note:

Distance Learning Health Magazine