

Unit 16

FERTILITY AWARENESS METHODS

Learning Objectives

By the end of this unit, learners should be able to:

- ❖ Define fertility awareness methods of contraception
- ❖ Describe the 2 categories of fertility awareness methods and the primary method in each category
- ❖ Explain how the Standard Days Method® (SDM) and the TwoDay Method® (TDM) work
- ❖ State the effectiveness of the SDM and the TDM
- ❖ Describe the characteristics of these methods
- ❖ Determine medical eligibility for these methods
- ❖ Provide client instructions for the SDM and the TDM
- ❖ Explain how to manage problems with the SDM and the TDM
- ❖ Demonstrate competence in counselling clients for these methods.

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Unit 16: Fertility Awareness Methods

Key Points

Fertility awareness methods:

- ❖ **Are only moderately effective** at preventing pregnancy as typically used
- ❖ **Require partners' cooperation.** A couple must be committed to abstaining or using another method on fertile days.
- ❖ **Require women to be aware of body changes or keep track of their menstrual cycles,** according to the rules of the specific method
- ❖ **Have no side effects or health risks**
- ❖ **The Standard Days Method® (SDM) is a calendar-based method** that requires abstinence from sexual intercourse or the use of condoms during days 8-19 of the menstrual cycle.
- ❖ **The TwoDay Method® (TDM) is a symptoms-based method** that requires abstinence from sexual intercourse or the use of condoms on each day with vaginal secretions and each day following a day with secretions.

16.1 Defining Fertility Awareness Methods

Fertility awareness methods are methods of planning or avoiding pregnancy by observing natural signs and symptoms of the fertile and infertile phases of the menstrual cycle. “Fertility awareness” means that a woman knows how to tell when the fertile time of her menstrual cycle starts and ends. (The fertile time is when she can become pregnant.)

These methods are sometimes called periodic abstinence or natural family planning.

A woman can use a fertility awareness method alone, or in combination with other fertility awareness methods, to tell when her fertile time begins and ends.

Types of fertility awareness methods

Fertility awareness methods fall into 2 broad categories:

Calendar-based methods

These involve keeping track of the days of the menstrual cycle to identify the start and end of the fertile time. Examples are:

- SDM
- Calendar rhythm method.

Symptoms-based methods

These methods depend on observing signs of fertility, primarily by using cervical secretions and basal body temperature:

Cervical secretions: When a woman sees or feels cervical secretions she may be fertile. She may feel just a little vaginal wetness.

Basal body temperature (BBT): A woman's resting body temperature goes up slightly after the release of an egg (ovulation).

Examples of symptoms-based methods are:

- TDM
- Basal Body Temperature (BBT)
- Symptothermal Method
- Ovulation method (also known as the Billings method or cervical mucus method).

This unit will be concerned primarily with the **SDM** and the **TDM** since these are the two fertility awareness methods for which there is the most evidence as to their effectiveness and ease of use.

How SDM and TDM work

The methods work primarily by helping a woman know when she could become pregnant. The couple prevents pregnancy by avoiding unprotected vaginal sex during the woman's fertile days—usually by abstaining or by using condoms. Some couples use withdrawal (see Unit 18) on these days, but this is among the least effective methods.

The **SDM** is based on research that shows that the fertile window, or the time during which a woman can get pregnant, occurs between days 8 to 19 of the menstrual cycle.

The **TDM** works by tracking cervical secretions, which are reliable indicators of fertility. Since these secretions are necessary for the woman to be fertile, if there are no secretions, she cannot become pregnant. The efficacy of this method is enhanced because if ovulation (and therefore the fertile period) happens earlier or later than usual one month, the woman will know this by noticing secretions earlier or later.

16.2 Effectiveness of Fertility Awareness Methods

If used correctly and consistently, fertility awareness methods are 81% to 99% effective. However, effectiveness depends on the user. Risk of pregnancy is greatest when couples have sex on the fertile days without using another method.

As commonly used, about 25 pregnancies occur per 100 women when using fertility awareness methods. This means that 75 out of every 100 women relying on periodic abstinence will not become pregnant, or that fertility awareness methods are about 75% effective. The SDM and the TDM may be easier to use and, thus, somewhat more effective.

Pregnancy rates with consistent and correct use vary for different types of fertility awareness methods (see table, below). In general, abstaining during fertile times is more effective than using another method at these times.

Table 16.1: Pregnancy Rates of Fertility Awareness Methods

Method	Pregnancies per 100 women over the first year
Calendar-based methods	
Standard Days Method®	5
Calendar rhythm method	9
Symptoms-based methods	
TwoDay Method®	4
Basal body temperature (BBT) method	1
Ovulation method	3
Symptothermal method	2

16.3 Characteristics of Fertility Awareness Methods

Advantages

- Have no side effects
- Immediately reversible
- Help women learn about their bodies and fertility
- Allow some couples to adhere to their religious or cultural norms about contraception
- Promote male involvement in family planning
- Enhance self-discipline, mutual respect, and communication

Disadvantages

- Only moderately effective in preventing pregnancy
- Require training/intensive counselling for proper use
- Can require long periods of abstinence or use of condoms
- Can require daily observations
- TDM difficult to use when a woman has vaginal infections—true reading of cervical mucus can be masked
- Do not protect against sexually transmitted infections (STIs), including HIV

Side effects, health benefits, health risks: None

16.4 Correcting Misconceptions

Fertility awareness methods:

- Can be very effective if used consistently and correctly
- Do not require literacy or advanced education
- Do not harm men who abstain from sex
- Do not work when a couple is mistaken about when the fertile time occurs, such as thinking it occurs during monthly bleeding.

16.5 Calendar-Based Methods

Medical Eligibility Criteria Screening Questions	
For Calendar-Based Methods	
<p>All women can use calendar-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively.</p> <p>The WHO MEC uses a different system for categorizing fertility awareness methods. This system includes:</p> <p>Accept means that the method can be used.</p> <p>Caution means that additional or special counselling may be needed to ensure correct use of the method.</p> <p>Delay means that use of a particular method should be delayed until the condition is evaluated or corrected. The client should be given another method to use until she can start the calendar-based method.</p>	
<p>In the following situations, use caution with calendar-based methods:</p> <ul style="list-style-type: none">• Menstrual cycles have just started or have become less frequent or stopped due to older age, making it difficult to identify the fertile time.• Women whose partner(s) will not abstain during the fertile phases of the menstrual cycle.	
<p>In the following situations, delay starting calendar-based methods:</p> <ul style="list-style-type: none">• Recently gave birth or is breastfeeding (<i>delay</i> until she has had at least 3 menstrual cycles, and her cycles are regular again. For several months after regular cycles have returned, use with <i>caution</i>.)• Recently had an abortion or miscarriage (<i>delay</i> until the start of her next monthly bleeding.)• Irregular vaginal bleeding	
<p>In the following situations <i>delay</i> or use <i>caution</i> with calendar-based methods:</p> <ul style="list-style-type: none">• Taking any mood-altering drugs such as anti-anxiety therapies (except benzodiazepines), antidepressants (selective serotonin reuptake inhibitors [SSRIs], tricyclic, or tetracyclic), long-term use of certain antibiotics, or long-term use of any nonsteroidal antiinflammatory drug (such as aspirin, ibuprofen, or paracetamol). These drugs may delay ovulation.	

16.6 Timing: When to Start the SDM

Woman's situation	When to start
Having regular menstrual cycles	<ul style="list-style-type: none"> • Any time of the month • No need to wait until the start of next monthly bleeding
No monthly bleeding	<ul style="list-style-type: none"> • Delay the SDM until monthly bleeding returns.
After childbirth (whether or not breastfeeding)	<ul style="list-style-type: none"> • Delay the SDM until she has had 3 menstrual cycles and the most recent one was 26–32 days long. • Regular cycles will return later in breastfeeding women than in women who are not breastfeeding.
After miscarriage or abortion	<ul style="list-style-type: none"> • Delay the SDM until the start of her next monthly bleeding, when she can start if she has no bleeding due to injury to the genital tract.
Switching from a hormonal method	<ul style="list-style-type: none"> • Delay starting the SDM until the start of her next monthly bleeding. • If she is switching from injectables, delay the SDM at least until her repeat injection would have been given, and then start it at the beginning of her next monthly bleeding.
After taking emergency contraceptive pills	<ul style="list-style-type: none"> • Delay the SDM until the start of her next monthly bleeding.

16.7 Counselling and Instructions for the SDM

Important: The SDM is a contraceptive method in which the woman counts each day of her menstrual cycle and abstains from sexual intercourse (or uses another method such as condoms) during her fertile days. A woman can use the SDM if most of her menstrual cycles are 26 to 32 days long. If she has more than 2 longer or shorter cycles within a year, the SDM will be less effective and she may want to choose another method.

If she meets the criteria and the materials are available, a SDM chart and CycleBeads® can be provided to help her track her fertile period. CycleBeads® contain 32 colour-coded beads representing the menstrual cycle, with each bead representing a new day. (See the Illustration below for more information.)

ASSESS if the SDM is appropriate for the woman and her partner:

- Determine if the client's menstrual cycle length is 26 to 32 days.
- Determine if there is any circumstance or condition that may affect the woman's cycle length (recent pregnancy or use of other methods).
- Help the client decide whether this method will work for her and her partner.
- Determine when the woman can start using the SDM.

INFORM the client how the SDM works:

- Tell her to keep track of the days of the menstrual cycle, counting the first day of monthly bleeding as day 1.
- Advise her to avoid unprotected sex on days 8–19.

Days 8 through 19 of every cycle are considered fertile days for all users of the Standard Days Method.

The couple can have unprotected sex on all the other days of the cycle—days 1 through 7 at the beginning of the cycle and from day 20 until her next monthly bleeding begins.

- Suggest she use CycleBeads® or mark a calendar as memory aids if needed. CycleBeads® is a colour-coded string of beads that indicates fertile and non-fertile days of a cycle. (See Figure 16.1.)

CONFIRM that the client understands the key points for using the method. Repeat and clarify as needed.

SUPPORT the couple's use of the SDM:

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

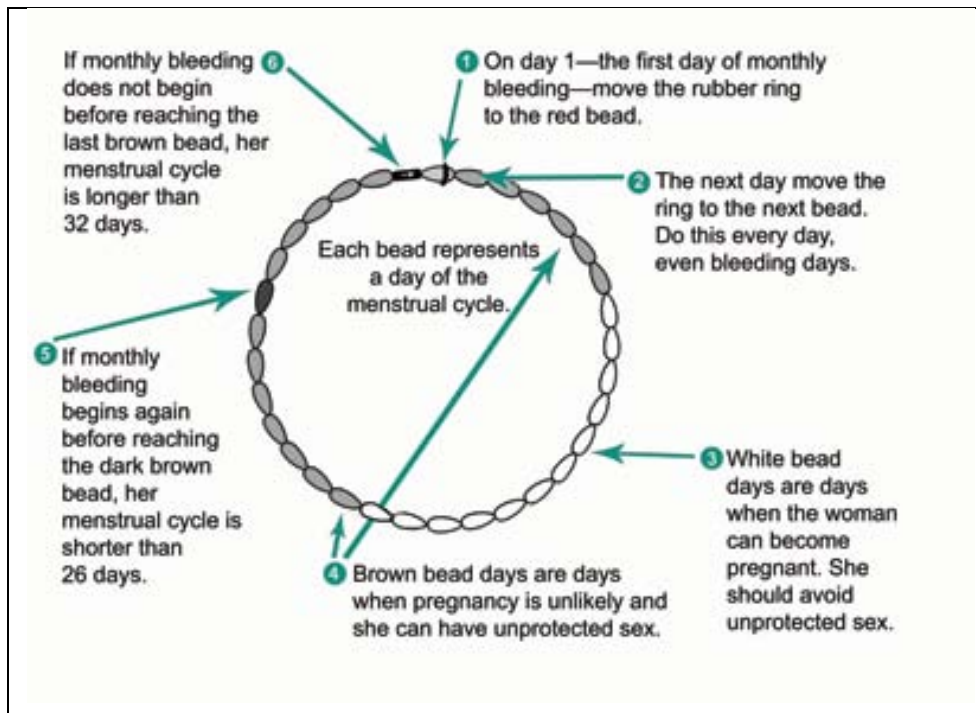


Figure 16.1: CycleBeads®

16.8 Symptoms-Based Methods

Medical Eligibility Criteria Screening Questions

For Symptoms-Based Methods

All women can use symptoms-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively.

The WHO MEC uses a different system for categorizing fertility awareness methods. This system includes:

Accept means that the method can be used.

Caution means that additional or special counselling may be needed to ensure correct use of the method.

Delay means that use of a particular fertility awareness method should be delayed until the condition is evaluated or corrected. The client should use another method until she can start the symptoms-based method.

In the following situations, use caution with symptoms-based methods:

- Client recently had an abortion or miscarriage.
- Her menstrual cycles have just started or have become less frequent or stopped due to older age, making it difficult to identify the fertile time.
- She has a chronic condition that raises her body temperature (for basal body temperature and symptothermal methods).

In the following situations, delay starting symptoms-based methods:

- Recently gave birth or is breastfeeding (*delay* until normal secretions have returned—usually at least 6 months after childbirth for breastfeeding women and at least 4 weeks after childbirth for women who are not breastfeeding. For several months after regular cycles have returned, use with *caution*.)
- An acute condition that raises her body temperature (for basal body temperature and symptothermal methods)
- Irregular vaginal bleeding
- Abnormal vaginal discharge.

In the following situations, delay or use caution with symptoms-based methods:

- Taking any mood-altering drugs such as anti-anxiety therapies (except benzodiazepines), antidepressants (selective serotonin reuptake inhibitors [SSRIs], tricyclic, or tetracyclic), anti-psychotics (including chlorpromazine, thioridazine, haloperidol, risperdone, clozapine, or lithium), long-term use of certain antibiotics, any nonsteroidal anti-inflammatory drug (such as aspirin, ibuprofen, or paracetamol), or antihistamines
- These drugs may affect cervical secretions, raise body temperature, or delay ovulation.

16.9 Timing: When to Start the TDM

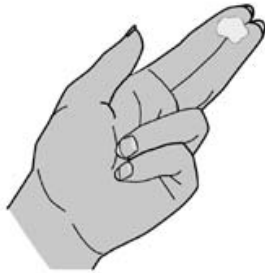
Once trained, a woman or couple usually can begin using symptoms-based methods at any time. Clients who cannot start immediately should be given another method to use until they can start.

Woman's Situation	When to Start
Having regular menstrual cycles	<ul style="list-style-type: none"> • Any time of the month • No need to wait until the start of next monthly bleeding.
No monthly bleeding	<ul style="list-style-type: none"> • Delay symptoms-based methods until monthly bleeding returns.
After childbirth (whether or not breastfeeding)	<ul style="list-style-type: none"> • She can start symptoms-based methods once normal secretions have returned. • Normal secretions will return later in breastfeeding women than in women who are not breastfeeding.
After miscarriage or abortion	<ul style="list-style-type: none"> • She can start symptoms-based methods immediately with special counselling and support, if she has no infection-related secretions or bleeding due to injury to the genital tract.
Switching from a hormonal method	<ul style="list-style-type: none"> • She can start symptoms-based methods in the next menstrual cycle after stopping a hormonal method.
After taking emergency contraceptive pills	<ul style="list-style-type: none"> • She can start symptoms-based methods once normal secretions have returned.

16.10 Counselling and Instructions for the TDM

Important: If a woman has a vaginal infection or another condition that changes cervical mucus, the TDM will be difficult to use.

Check for secretions.



- The woman checks for cervical secretions every afternoon and/or evening, on fingers, underwear, tissue paper or by sensation in or around the vagina.
- As soon as she notices any secretions of any type, color, or consistency, she considers herself fertile that day and the following day.

Avoid sex or use another method on fertile days.

- The couple avoids vaginal sex or uses condoms on each day with secretions and on each day following a day with secretions.

Resume unprotected sex after 2 dry days.

- The couple can have unprotected sex again after the woman has had 2 dry days (days without secretions of any type) in a row.

Another way to think about this is for the user of the TDM asks herself two questions every day:

- Did I note any secretions today?
- Did I note any secretions yesterday?

If she noticed any secretions today OR yesterday, she is potentially fertile today and should avoid unprotected intercourse today to prevent pregnancy. If she did not notice any secretions today and yesterday (2 consecutive dry days), pregnancy is very unlikely today.

16.11 Managing Any Problems with Fertility Awareness Methods

Problems with fertility awareness methods affect women's satisfaction with, and use of, the method. Problems deserve the provider's attention. If the client reports any problems, listen to her concerns and give her advice.

Offer to help the client choose another method—now, if she wishes, or later if problems cannot be overcome.

Problem	How to Manage
Inability to abstain from sex during the fertile time	<ul style="list-style-type: none"> • Discuss the problem openly with the couple and help them feel at ease, not embarrassed. • Discuss possible use of male or female condoms or sexual contact without vaginal intercourse during the fertile time. • If she has had unprotected sex in the past 5 days she can consider emergency contraceptive pills (ECPs) (see Unit 14: Emergency Contraceptive Pills).
Calendar-Based Methods (SDM)	
Cycles are outside the 26–32 day range for the SDM	<ul style="list-style-type: none"> • If she has 2 or more cycles outside the 26 to 32 day range within any 12 months, suggest she use the TDM instead.
Very irregular menstrual cycles	<ul style="list-style-type: none"> • Suggest she use the TDM instead.
Symptoms-Based Methods (TDM)	
Difficulty recognizing different types of secretions	<ul style="list-style-type: none"> • Counsel the client and help her learn how to interpret cervical secretions.
Difficulty recognizing the presence of secretions	<ul style="list-style-type: none"> • Provide additional guidance on how to recognize secretions. • Suggest she use the SDM instead.

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Fertility Awareness Methods Case Studies - SDM

(Adapted from the Institute for Reproductive Health 2009)

Case Study 1: Mary

Date of last period: 25 October

Date expects next period: 24 November, period is always regular

Date of visit to clinic: 30 October

Note: Mary recently finished her last pack of pills. Her cycle prior to this was 32 days long, and the one before that one was 30 days long. She and her partner get along well.

- What is the client's menstrual cycle length?
- Can she use the SDM?
- If the method is suitable for her, when can she start using it?
- What special recommendations would you give to her?

Case Study 2: Florence

Date last period: 19 May

Date expects next period: 16 June

Date of visit to clinic: 28 May

Note: Florence has been breastfeeding her son for the last 15 months. Her period started 8 months ago on a regular basis. Maria's husband travels often, at least twice a month and for several days at a time. They have decided together to use a natural method.

- What is the client's menstrual cycle length?
- Can she use the SDM?
- If the method is suitable for her, when can she start using it?
- What special recommendations would you give to her?

Case Study 3: Charity

Date last period: 14 October

Date expects next period: Her period is often very light and sometimes doesn't come at all, but before she began using the 3-month injection, her period came each month.

Date of visit to clinic: 29 November

Note: Charity has used DMPA for about 2 years. Her most recent injection was due 3 weeks ago. She wishes to change methods because she is overweight and thinks it is because of the injection.

- What is the client's menstrual cycle length?
- Can she use the SDM?
- If the method is suitable for her, when can she start using it?
- What special recommendations would you give to her?

Case Study 4: Ruth

Date last period: 12 August

Date expects next period: Not sure because she just had her IUCD removed today

Date of visit to clinic: 22 August

Note: Ruth doesn't keep track of her cycles, but her periods come just about every month. She also has several days of spotting in between her periods. She's tired of the spotting and the heavy flow during her periods, so she had her IUCD removed today. Her husband supports her decision to choose a new method.

- What is the client's menstrual cycle length?
- Can she use the SDM?
- If the method is suitable for her, when can she start using it?
- What special recommendations would you give to her?

Answers to Fertility Awareness Methods Case Studies - SDM

(Adapted from the Institute for Reproductive Health 2009)

Case Study 1: Mary

- What is the client's menstrual cycle length? **30 days**
- Can she use the SDM? **Yes**
- If the method is suitable for her, when can she start using it? **Immediately**
- What special recommendations would you give to her?
She should monitor her cycle length over time. Make sure she knows how to check for short or long cycles.
Confirm that both partners can avoid unprotected sex on her fertile days.

Case Study 2: Florence

- What is the client's menstrual cycle length? **28 days**
- Can she use the SDM? **Yes**
- If the method is suitable for her, when can she start using it? **Immediately**
- What special recommendations would you give to her?
She should discuss with her partner about method and agree in advance how to handle her fertile days.
If they already had sex during this cycle, she may already be pregnant. Test or refer accordingly.
Emphasize explanation on checking for short or long cycles.

Case Study 3: Charity

- What is the client's menstrual cycle length? **We don't know**
- Can she use the SDM? **Not at this time**
- If the method is suitable for her, when can she start using it? **Not yet**
- What special recommendations would you give to her?
She should wait for her periods to resume and to have a cycle within the 26-32 day range.
She should use another family planning method in the meantime.

Case Study 4: Ruth

- What is the client's menstrual cycle length? **Probably within 26-32 day range**
- Can she use the SDM? **Yes**
- If the method is suitable for her, when can she start using it? **Immediately**
- What special recommendations would you give to her?
She should place ring on bead corresponding to today's date and keep track of current cycle length.
Emphasize that she should return to clinic if her current cycle is too short or too long.

Fertility Awareness Methods Role Plays

(Adapted from the Institute for Reproductive Health 2009)

Role Play 1

Situation

The client has arrived at the centre; she has been greeted and asked the reason for her visit. Her biographical information has been taken, and her clinical history has been filled out, if applicable. She has also been given general information about all available contraceptive methods. In this case, she has decided that she would like to use the SDM.

Provider role

Start the counselling session by assessing whether the method is suitable for the client, continue by informing the client how to use it, and conclude by exploring aspects of couple communication and offering support to the client in using the method with her partner. (Follow the steps outlined in the text under Counselling and Instructions for SDM, Section 16.7.)

Role Play 2

Client role

The client is 27 years old. She has a 10-month-old baby, whom she breastfeeds. Seven months ago she began menstruating again, and in the last 3 months her periods have come at about the same time each month. Before becoming pregnant, she used combined oral contraceptives (COCs) for 5 years but decided to discontinue them because it gave her headaches. Since her last child was born she has not used contraception. She and her partner don't want to have any more children for now, and she doesn't want to use COCs again—she would rather opt for a natural method. She comes to the clinic on February 4 because she has heard that a natural method is being offered at this facility and she wants to know if she can use it. The first day of her last menstrual period was January 31.

Provider role

Start the counselling session by assessing whether the fertility awareness method is suitable for the client, continue by informing the client how to use both SDM and TDM, and conclude by exploring aspects of couple communication and offering support to the client in using her selected method with her partner. She selects the TDM. (Follow the steps outlined in the text under Counselling and Instructions for TDM, Section 16.10.)

Fertility Awareness Methods Quiz Questions

(Adapted from the Institute for Reproductive Health 2009)

Directions: Tick the letter corresponding to the correct answer for each question.

1. A woman is more likely to get pregnant:
 - a. At the beginning of her cycle
 - b. Midway through her cycle
 - c. 10 days before menstruating
2. Which of the following is a characteristic of the Standard Days Method® (SDM)?
 - a. It protects couples against STIs.
 - b. It has no side effects.
 - c. Several people can use the same CycleBeads®.
3. If a woman has cycles between 26 and 32 days before she started using COCs, she can use the SDM:
 - a. While taking the pill
 - b. Two months after she stops taking the pill
 - c. As soon as she starts her period after stopping the pill
4. To use the SDM the woman must have menstrual cycles lasting:
 - a. 5 to 7 days
 - b. 26 to 32 days
 - c. 28 days
5. How long does the woman's menstrual cycle last if the first day of her period is 2 October, she has menstrual bleeding for 3 days, and her period arrives again 31 October?
 - a. 3 days
 - b. 29 days
 - c. 30 days
6. How effective is the SDM when it is used correctly?
 - a. 70%
 - b. 95%
 - c. 75%
7. The TwoDay Method® (TDM) is an example of what type of fertility awareness method?
 - a. Symptoms-based method
 - b. Calendar-based method
 - c. Both symptoms-based and calendar-based
 - d. None of the above
8. Which of the following is a characteristic of the TDM?
 - a. It protects couples against STIs.
 - b. It has no side effects.
 - c. It can be used by women with irregular periods.
 - d. "b" and "c" above

9. If using the TDM, it is important for the user to:
- a. Notice if she had cervical secretions today or yesterday
 - b. Avoid sexual intercourse if she has cervical secretions today
 - c. Avoid sexual intercourse if she is not having secretions today
 - d. "a" and "b" above
 - e. "a" and "c" above

Fertility Awareness Methods Quiz Questions Answer Key

1. A woman is more likely to get pregnant:
b. Midway through her cycle
2. Which of the following is a characteristic of the SDM?
b. It has no side effects.
3. If a woman has cycles between 26 and 32 days before she started using COCs, she can use the SDM:
c. As soon as she starts her period after stopping the pill
4. To use the SDM the woman must have menstrual cycles lasting:
b. 26 to 32 days
5. How long does the woman's menstrual cycle last if the first day of her period is 2 October, she has menstrual bleeding for 3 days, and her period arrives again 31 October?
b. 29 days
6. How effective is the SDM when it is used correctly?
b. 95%
7. The TDM is an example of what type of fertility awareness method?
a. Symptoms-based method
8. Which of the following is a characteristic of the TDM?
d. b and c above
9. If using the TDM, it is important for the user to:
d. a and b above

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