Pharmacy Provision of Youth-Friendly Services

A Toolbox With Resources for On-the-Job Training of Pharmacy Staff in Cambodia
Acknowledgments

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- Pharmacists Association of Cambodia
- Battam Bang Provincial Health Department
- SihanoukVille Provincial Health Department

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- International Consortium for Emergency Contraception (Table, ECP Formulations)
- Reproductive Health Association of Cambodia RHAC (Correct Use of Condoms)

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Overview:
On-the-Job Training for Pharmacy Staff in Cambodia

Introduction

Pharmacy staff have an important role to play in providing clients with information and products related to sexual and reproductive health. Sometimes, these clients are adolescents, whose reproductive health needs are different from the needs of adults. When a young client has had unprotected sex—for example, sex without using a condom—and goes to a pharmacy for help, what do pharmacy staff need to know? What advice should they give?

The Toolbox responds to these questions. It includes information about the three needs arising from unprotected sex:
- Emergency contraception (EC),
- Risk awareness of sexually transmitted infections (STIs),
- And ongoing contraception, as well as resources for appropriate referrals, when needed.

It also contains a list of frequently asked questions and answers that pharmacy staff can provide. Most importantly, it lists the questions that pharmacy staff must ask their clients in order to determine the correct medicine dose, and appropriate advice. Finally, the Toolbox provides an example of a referral list—a list of other reproductive health services that pharmacy staff can use to refer clients whose needs require additional services not provided at the pharmacy.

The information and tools in this Toolbox were developed by PATH in Cambodia as part of a pilot project that aimed to develop the capacity of pharmacies to provide high quality, youth-friendly, reproductive health information and services. The pilot project provided a training course for pharmacy staff, followed by supervisory visits after the training. The evaluation of the pilot showed that the training course resulted in improved knowledge about reproductive health issues, but that pharmacy staff needed periodic reinforcement after the training to ensure correct information and services.

PATH, in close collaboration with the Pharmacists Association of Cambodia (PAC), developed an approach for on-the-job training as a “refresher” mechanism to ensure ongoing quality of the reproductive health services provided by pharmacy staff.

The Toolbox contains materials for:
- Training the on-the-job trainers.
- Planning and conducting on-the-job training.
- Providing correct information in the form of job aids for pharmacy staff trainees.

After piloting these materials with 50 pharmacies and more than 200 pharmacy staff in Phnom Penh in 2003, PATH gathered input from the participants, evaluated the materials, refined them, and produced the final versions. Since 2003, PATH and PAC have used the Toolbox to provide refresher trainings to pharmacy staff. In 2005 the Representative of the Provincial Education Department in Sihanoukville will use the Toolbox to train 500 college teachers and the Ministry of Women’s Affairs in Battambang will use the Toolbox to train 800 of their peers. The Provincial Health Departments in both provinces will use the Toolbox to provide refresher training to the pharmacy staff.

A Toolbox and Resource

Training of Trainers (TOT)

Individuals assigned to conduct the on-the-job training must be trained on how to use the resource materials in this Toolbox. In Cambodia, the TOT is conducted over five days. Using the Toolbox resource materials, the trainers are trained on the technical aspects of three specific reproductive health issues related to unprotected sex: EC, STI risk assessment and referral, and ongoing contraception. The TOT also focuses on sensitizing the trainers to the concerns and needs of youth and the pharmacy as a youth-friendly outlet. The case studies in the Toolbox are used to strengthen the trainers’ communication and facilitation skills. During this TOT, the trainers can see how the...
Toolbox resources are used to reinforce provision of correct information and youth-friendly services. The trainers can then follow the same model, using the same materials, as they proceed to conduct on-the-job training sessions with pharmacy staff.

**On-the-Job Training of Pharmacy Staff**
The Toolbox enables trainers to train pharmacy staff in their own pharmacy, at a time that is convenient for both the staff and the trainer. It is designed so that more than one staff person can participate, but it also enables the trainer to address individual training needs. It creates an environment in which participants are able to ask questions on any of the topics discussed. The Toolbox can be kept at the pharmacy and used as an ongoing resource by all pharmacy staff for information on reproductive health. Because the training is tailored to address specific individual needs, a training session can last anywhere from half an hour to one hour, depending on how busy the pharmacy staff are and the questions they have. In Cambodia, individual staff members will typically participate in three on-the-job training sessions, after which the trainer will award them a certificate for completing the refresher training course.

**Who Should Use This Toolbox?**
Pharmacists can use the Toolbox to train their pharmacy staff. Pharmacists associations or groups working with pharmacy staff can use this Toolbox during monitoring visits—to measure improvement in knowledge and practices, identify training needs, and plan for additional training. Managers of reproductive health programs can use the Toolbox to train their peers or provide refresher training.

**What Is Included in this Toolbox?**
The Toolbox contains four parts.

- Part 1 provides an analysis of the situation of Cambodian youth today.
- Part 2 contains technical information on three reproductive health topics, with fact sheets on emergency contraceptive pills (ECPs), STIs, and contraception; it also provides a list of frequently asked questions and an example of a list of reproductive health services offered through the formal health system for staff to use in making referrals.
- Part 3 provides several case studies and a monitoring checklist.
- (Part 4 of the Cambodian toolkit, not included in the online version, contains a certificate that can be awarded at the end of the on-the-job training course, as well as a calendar and a name tag.)

In Cambodia, the Toolbox is packaged for easy and long-term use. The contents are color-coded to enable the user to easily find a particular section. Materials are fastened together to prevent sections from being lost. The pages can easily be copied or reprinted. Each page is laminated to prevent tearing and also to allow for cleaning with a damp cloth if needed.
Part 1

Cambodian Youth Today:
An Analysis of the Situation
Cambodian Youth

(The following information about youth in Cambodia is an example of the kind of background that it is helpful to provide so that staff understand the reproductive health needs of youth.)

The World Health Organization (WHO) defines young people as those between 10 and 24 years of age. In Cambodia, this group makes up 32.8% of the population.¹

Rates of sexually transmitted infections (STIs) and HIV/AIDS are increasing rapidly in Cambodia. The 1999 sentinel surveillance shows that Cambodia has the highest adult HIV prevalence in Southeast Asia (3.4%) with approximately 170,000 Cambodians infected with HIV.² Young people were found to have the highest infection rates, and young women in particular have been identified as a vulnerable group. The greatest threats to the health and well-being of Cambodian youth are HIV/AIDS, STIs, unplanned pregnancy, and unwanted forced sex. A recent study concluded that recreational sex among both urban and rural Cambodian youth, high incidence of rape, and limited access to safe abortion services all provide strong evidence of a need for access to emergency contraception services.³ Providers from the Reproductive Health Association of Cambodia (RHAC) indicated that they provided a significant number of emergency contraceptive pills to their young clients.⁴

Recent studies suggest that the traditional belief that young people are sexually inactive until marriage is no longer valid. A study in 1997 showed that 40% of young people thought that their peers (of both sexes) had their first sexual experience between the ages of 16 and 18.⁴ Other studies indicate that many Cambodian adolescents are sexually active, but that they hide this, even from their peers.

Young people in Cambodia, like those around the world, are reluctant to talk about sexual and reproductive health issues and to seek services. Many young women do not know where services are available, or where to seek support, information, and care. Moreover, many young women are in a “sweetheart relationship” and, putting their trust in their partners, they do not perceive themselves to be at risk. Many lack knowledge about STIs: they do not recognize the symptoms, and they are afraid to be tested. Lack of privacy, cost of consultation and medicine, waiting time, distance, and unfriendly health providers are the main reasons why youth do not seek the services they need to maintain their sexual and reproductive health.

A recent study conducted by the Ministry of Health of Cambodia, the Reproductive Health Program, and WHO⁴ found that pharmacists and drug sellers are the first choice for many young people when they need information and services for reproductive health problems.

“If I don’t want to get pregnant, I will consult the pharmacist, and see if I have to buy OK pills or condoms.” Female, Kien Svay

“I asked a pharmacist nearby about how to prevent pregnancy.” Male, Phnom Penh

“I went to buy medicine and to get consultation from pharmacists.” Male, Phnom Penh

“We mostly go to a drug store at Kor Ky Market to buy the medicine when having vaginal discharge.” Female, Kien Svay

¹ Cambodian Demographic and Health Survey, 2000.
What Young People Value and Need Most When Seeking Reproductive Health Services

Confidentiality
“When I had an STI I bought traditional medicine as it was cheap and I could ask my friend to buy it for me and so could avoid my parents knowing about it.” Male, Phnom Penh

Access to information and service availability
“What we need is low cost treatment of STIs and health education at our village, including AIDS prevention and contraceptives.” Male, Phnom Penh

“There is no STI treatment provided at the health center. People usually go to pharmacies and private clinics around Kor Ky Market.” Female, Kien Svay

Cost
“To me, I go there because the service is cheap.” Female, Kien Svay

“The reason I do not go to clinics is because the fee is high and they are located far from my home, I have to take motor taxi as I do not have my own transport.” Male, Phnom Penh
Responding to the Reproductive Health Needs of Cambodian Youth

Why Focus on Youth?

Young people are at great risk for unwanted pregnancy, sexually transmitted infections (STIs), and HIV/AIDS for a number of reasons:

- Young people often move to big cities to find work; they are able to earn money, live independently, have very little supervision, are competing with their peers, and through risky behaviors become vulnerable to STIs, HIV/AIDS, and pregnancy.
- Young people are sometimes forced into sexual relationships and can't negotiate condom use.
- Young people often have more than one sexual partner, increasing their risk of unwanted pregnancy and STIs.
- Young people know very little about reproductive health and much less about the complications of STIs and unsafe abortion.
- Young women are often in a “sweetheart relationship” and don’t see the need to use a condom. Sweetheart relationships are defined as noncommercial, nonmarital, sexual relationships that possess a certain degree of affection and trust. “Trust” has been cited as the major reason for not using condoms with sweethearts who are seen as the regular partners.
- Young people don’t think that they are at risk.

What Stops Young People From Using Reproductive Health Services, Including Pharmacies?

Young people tend to not use reproductive health services and delay seeking treatment until their symptoms are serious for the following reasons:

- They don’t recognize symptoms until symptoms are serious.
- They don’t know where to go for services.
- They are shy and embarrassed to talk about reproductive health problems.
- They can’t afford the costs for treatment and consultation.
- They are often given poor quality drugs and no information.
- There are very few reproductive health services for young people.
- Health providers, including pharmacy staff can be perceived by youth as rude, judgmental, and looking down on young people seeking reproductive health services.
- Youth often feel that health providers are critical of their behavior.

What is a Youth-Friendly Pharmacy?

The concept of youth-friendly health services implies that services:

- Are responsive to the needs of young people.
- Are provided to youth in a respectful way.
- Protect their confidentiality.

A youth-friendly pharmacy is a pharmacy that offers to all young people, regardless of their age, whether they are male or female, married or unmarried, rich or poor, student or factory worker:

- Privacy and confidentiality.
- Nonjudgmental environment.
- Respect.
- Good-quality medicines at reasonable cost and correct instruction on how to take them.
- Good advice and appropriate referrals.
You, too, can join the team of the Youth-Friendly Pharmacies by following these simple steps:

- Greet your clients when they come in; make them feel comfortable.
- Ask questions and listen to their concerns.
- Tell your clients about specific reproductive health topics.
- Help your clients make the decision that is best for them; offer advice, but don’t make decisions for them.
- Explain the medication or product to your clients: what to use, when to use it, and most importantly, how to use it.
- Refer your clients to other services if needed; your clients will appreciate your help and will come back again when they need information and advice. They will tell their friends, too.
Part 2

Technical Information
Emergency Contraceptive Pills (ECPs)

FACT 1: ECPs are birth control pills.

ECPs are regular birth control pills in a higher dose that can be used by women in the first 5 days (120 hours) following unprotected sex (sex without a condom or any other contraceptive method) to prevent unwanted pregnancy. ECPs are more effective the sooner they are used after unprotected sex.

ECPs are safe and because they are taken for a short period of time have no medical risks for women.

ECPs are endorsed by WHO and the International Planned Parenthood Federation, and many other health groups recognize ECPs as an important contraceptive option.

FACT 2: ECPs do not cause abortion.

ECPs prevent pregnancy—ECPs do not cause abortion. ECPs work by stopping an egg from being released or implanted before pregnancy happens. If a pregnancy has already occurred, taking ECPs will not stop the pregnancy or harm the fetus.

FACT 3: ECPs do not protect against sexually transmitted infections

ECPs do not protect against sexually transmitted infections like gonorrhea, syphilis, herpes, genital warts, and HIV/AIDS.

When is the best time to prescribe ECPs?

ECPs must be offered when a woman who doesn’t want to become pregnant comes to your pharmacy asking for your help and advice in any of the following situations:

✓ She had unprotected sex (sex without using a condom or any other contraceptive method) in the last 5 days (120 hours).
✓ She thinks that her contraceptive method did not work, for example, the condom broke.
✓ She missed 2 or 3 oral contraceptive pills in a row.
✓ She forgot to have her contraceptive injection on time.
✓ She was raped.

Questions you need to ask your client:

(The following questions are especially important in order to rule out an existing pregnancy. ECPs do not pose a risk to a pregnant woman, but they will be ineffective. Use the calendar to help your client remember as she answers these questions.)

✓ When was the first day of her last cycle?
✓ Was that cycle on time?
✓ Was it the usual number of days with the usual amount of bleeding?
✓ Since her last cycle, has she had any abnormal bleeding?—less bleeding, more bleeding, “on and off” interrupted bleeding?
✓ Since her last normal cycle, has she had any other unprotected sex?

Following your assessment, if you need to prescribe ECPs, give the dose described below.

Tell your client that EC can be taken within 5 days (120 hours) of having unprotected sex, but it is more effective the sooner it is taken.

<table>
<thead>
<tr>
<th>Type</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECP Brand (progestin only)</td>
<td>2 pills: Can be taken in a single dose (2 pills at the same time) or in two doses: Dose 1: 1 pill within 5 days (120 hours) of unprotected sex. Dose 2: 1 pill 12 hours after dose 1</td>
</tr>
<tr>
<td>Combined oral contraceptive pills (estrogen and progestin)</td>
<td>8 pills taken in two doses: Dose 1: 4 pills (30 micrograms) within 5 days (120 hours) of unprotected sex. Dose 2: 4 pills (30 micrograms) 12 hours after dose 1</td>
</tr>
</tbody>
</table>

Other brands of regular oral contraceptive pills also can be prescribed as ECPs. See the list of ECPs formulations on page 3.
What are the side effects of ECPs?

- ECPs can cause nausea and vomiting.
- ECPs can cause the menstrual cycle to begin a few days earlier or later than expected.
- ECPs can cause sore or tender breasts.

Encourage your client to buy an antiemetic to help her with nausea, if she takes a combined estrogen/progestin pill. Progestin-only pills have a lower nausea risk.

Remember to:
- Explain EC to your client and how to take correctly.
- Talk to your client about common side effects, and advise your client to take an antiemetic and repeat an EC dose if she vomits.
- Inform your client that EC can fail and may not be effective if taken after 5 days (120 hours) of having unprotected sex.
- Explain to your client that EC will no cause an abortion if she is already pregnant, and that taking EC will not affect the fetus.
- Advise your client to have a pregnancy test if her menstrual cycle is delayed for more than 3 weeks after she takes the EC treatment.
- Inform your client that EC is for emergency use only and should not be used for routine pregnancy prevention. Regular contraceptive methods are more effective.
- Offer your client information on regular contraceptive methods.
- Inform your client that EC will not protect her against STIs, including HIV/AIDS.
<table>
<thead>
<tr>
<th>Regimen</th>
<th>Formulation (per Pill)</th>
<th>Common Brand Names</th>
<th>First Dose (Number of Tablets)</th>
<th>Second Dose (Number of Tablets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levonorgestrel-only Regimen</td>
<td>LNG 0.75 mg</td>
<td>Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>LNG 0.03 mg</td>
<td>Microlut, Microval, Norgeston</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>LNG 0.0375 mg</td>
<td>Ovrette</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Combined Regimen</td>
<td>EE 50 mcg + LNG 0.25 mg</td>
<td>Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>EE 50 mcg + NG 0.50 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EE 30 mcg + LNG 0.15 mg</td>
<td>Lo/Fermenal, Microgynon 30, Nordette, Ovral L, Rigavedon</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>EE 30 mcg + NG 0.30 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations:**

EE = ethinyl estradiol; LNG = levonorgestrel; NG = norgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 120 hours, and the second dose should be taken 12 hours after the first dose.
Sexually Transmitted Infections (STIs)

FACTS

STIs are reproductive tract infections transmitted primarily through sexual contact with an infected partner. They can affect both men and women.

Some STIs can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding.

Common STIs include gonorrhea, syphilis, herpes, chlamydia, genital warts, hepatitis B, and HIV/AIDS.

STIs can have serious complications, and they increase the risk for HIV infection.

COMMON SYMPTOMS

Women

Often, women have no symptoms; however, symptoms that may be present include:

- Yellow or green discharge from the vagina
- Pain or burning during urination
- Fever
- Pain in the lower belly
- Pain or bleeding during sex
- Rash, bump, or sore on your genitals

Men

Discharge from penis
Pain or burning during urination
Pain or swelling in the testicles
Rash, bump, or sore on your genitals

COMPLICATIONS

Unless they are treated early, STIs can cause:

- Infertility in both women and men.
- Babies born too early, too small, or blind.
- Pregnancy in the fallopian tube (outside the womb).
- Chronic abdominal pain.
- Death from severe infection or HIV/AIDS.

You can find out if your clients are at risk for an STI by asking the following questions.

- Did you have sex without a condom?
- Did you have sex with a new partner?
- Do you have sex with more than one partner?
- Does your partner have sex with other partners?
- Does your partner have an STI?
- Do you have any symptoms that might be symptoms of an STI?

You also can give your clients a printed form with these questions, so that they can do a self assessment.
You can help your clients **protect** themselves from STIs, including HIV/AIDS, by:

- Explaining STIs to them.
- Discussing the health risks resulting from STIs.
- Talking to them about prevention.
- Promoting and selling condoms.
- Informing your clients that if they have an STI, they must talk to their partner, and that the partner needs treatment too.

You can help ensure that your clients are correctly treated by:

- Providing clear instructions on how to take medication and explaining treatment side effects.
- Informing them that it is very important to finish all the treatment.

**Remember to:**

*Discuss with all clients that come to your pharmacy for help and advice the health needs arising from having unprotected sex (sex without a condom or any other contraceptive method):*

1. The need to prevent pregnancy by taking EC on time.
2. The need for STI risk assessment and follow-up evaluation.
3. The need to select the best contraceptive method for regular use.
Contraceptive Choices

The only way to guarantee against pregnancy and STIs, including HIV/AIDS, is to not have sex. You can discuss with your client and encourage abstinence from sex as an option, both for those who have not yet initiated sexual activity and for those who have. However, with clients for whom abstinence is not an option, discuss other contraceptive methods so they can reduce the risk of pregnancy and STIs.

What are Oral Contraceptive Pills (OCPs)?

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

OCPs and Youth

Oral contraceptive pills are popular among young women in many countries including Cambodia. However, correct, consistent, and regular use can be difficult for some young women, especially if they have side effects.

Oral contraceptive pills work best if taken at about the same time every day. Pregnancy can happen if pills are started late in the cycle or two or more pills are missed in a row.

Oral contraceptive pills do not protect against STIs, including HIV/AIDS.

What are Male Condoms?

The condom is a thin latex sheath worn over the glans and shaft of the erect penis when a couple is having sex. Condoms are inexpensive and widely available. Correctly used, condoms provide protection against many STIs, including HIV/AIDS.

Condoms and Youth

Male condoms are the first choice for sexually active adolescents who are not in a monogamous relationship. Condoms help protect against STIs, including HIV/AIDS, as well as pregnancy—which is important for both married and unmarried youth.

Why Promote Male Condoms?

- Condoms can protect against STIs like gonorrhea, syphilis, genital warts, genital herpes, hepatitis B, and HIV/AIDS.
- Condoms, if used correctly and consistently, can also prevent pregnancy.
- Condoms are cheap and are sold in many places, including pharmacies.
- Condoms are safe, easy to use, and have no side effects.
- Men and women of all ages can use condoms.

And there is more . . .

Of Condom-Plus Method and Youth

The Condom-Plus method is the best method for adolescents who are at risk of STIs, HIV/AIDS, and pregnancy due to risky sexual practices. No matter how old your client is, for double protection, always promote the use of condoms together with oral contraceptive pills, including emergency contraceptive pills.

The more you promote condoms or the Condom-Plus method, the more your clients learn about protection, the more they appreciate your services, and the more they tell their friends about your pharmacy . . .

Remember to:
Discuss with all clients that come to your pharmacy for help and advice the health needs arising from having unprotected sex (sex without a condom or any other contraceptive method):

1. The need to prevent pregnancy by taking EC on time.
2. The need for STI risk assessment and follow-up evaluation.
3. The need to select the best contraceptive method for regular use.
Correct use of condoms

1. Carefully open the package so that the condom does not tear. Do not unroll the condom before putting it on.

2. If not circumcised, pull the foreskin back. Squeeze tip of the condom to remove air and put it on end of the erect penis.

3. Continue squeezing the tip while unrolling the condom till it covers all of the penis.

4. Always put the condom on before entering your partner.

5. After ejaculation hold rim of the condom and pull the penis out before penis gets soft.

6. With a tissue, slide condom off without spilling the liquid (semen) inside. Throw away or bury the condom in place where children will not find it and touch it.

Always remember to:
- Check that the package is not broken and the expire date of the condom before use.
- Discuss condom use with your partner.
• Do not use grease, oils, or lotion to make condoms slippery. These products can make the condoms slip out. Only use a jelly or cream that doesn’t have oil in it.
• Use condom every time you have sex.
• Only use a condom once.
• Store condoms in a cool, dry place.

Reproductive Health Association of Cambodia RHAC, 1999
Frequently Asked Questions

Questions Related to Emergency Contraception (EC):

Q: Can we advise our clients to use emergency contraceptive pills (ECPs) before having unprotected sex? Is it still effective?
A: We do not know if EC will work if taken before having unprotected sex; there is no data to confirm that it works in that situation. We do know that ECPs work if taken after having unprotected sex. If a woman has the opportunity to plan to use a contraceptive before intercourse, a method other than ECPs such as condoms is recommended.1

Q: How many times per month can someone use EC?
A: EC stands for Emergency Contraception, which means that it should only be used in emergencies. Encourage your client to select a regular contraceptive method that is best for her. Regular use of ECPs can be more expensive and less effective than a routine contraceptive.

Q: If a client uses only 1 pill (progestin-only ECP) or 4 pills out of 8 pills (estrogen/progestin type of ECP), is it effective?
A: No, 1 pill of the ECP brand (progestin only) or 4 pills of the combined progestin/estrogen pill is not the correct dose. For EC to work you need to take the full dose (2 pills of ECP brand or 8 pills of the progestin/estrogen pills). Provide your client with clear instructions on how to take EC.

Q: Can a woman use ECPs by taking them in one dose?
A: For the ECP brand (progestin-only ECP), a woman can take both pills in a single dose. For the progestin/estrogen type of ECP, she needs to take two doses of 4 pills each, 12 hours apart. Taking 8 pills in one dose will not be effective, and the side effects—nausea, vomiting, even bleeding—may be more severe.

Q: A woman had unprotected sex yesterday. She wants to know if she can take EC. She has a 4-month-old baby, which she breastfeeds every day, and her first menstruation after delivery has not come yet. Can she take ECPs?
A: She can take progestin-only pills, after making sure that she is not pregnant. Progestin-only pills are a good choice for breastfeeding women who want a hormonal birth control method. A single treatment with ECPs is unlikely to have a significant effect on breast milk quantity or quality. Advise your client to see the doctor if she has abdominal pains and/or abnormal bleeding.

Q: A woman has been using oral contraceptive pills for a long time. She lost her blister pack and does not remember if she had taken the 12th pill or 15th pill. What should she do?
A: Help your client to remember (1) the last time she took her pill, and (2) the last time she had sex and whether or not she used a condom. If she missed her pills two days in the row and had unprotected sex during that time, give her ECPs and advise her to return to her regular contraceptive method.

Q: I heard that oral contraceptive pills have side effects such as skin problems on the face, or gaining weight. Is this true?
A: Yes, these are some of the side effects women have when using the pill. Other side effects include mild headaches and spotting or bleeding between menstrual cycles, specially when women forget to take the pills or take them late.

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Questions Related to Sexually Transmitted Infections (STIs):

**Q:** Why are some clients with STIs cured, while others can’t be cured?
**A:** There are different kinds of STIs: some are curable and some are incurable. Some examples of curable STIs are gonorrhea, chlamydia, and syphilis. Some incurable STIs are herpes, genital warts, hepatitis B, and HIV. Sometimes, when treating a curable STI, patients don’t complete the entire course of treatment or don’t take the correct dose. In that case, even though the symptoms may be gone, the infection will not be cured. If they continue to have sex with an infected person and without a condom, the infection will come back, and the treatment medicines may not be as effective as before. Encourage your clients to complete the entire treatment and to get their partners treated too.

**Q:** How do I know my wife has an STI?
**A:** She could have symptoms such as vaginal discharge with unpleasant odor, abdominal pain and fever, or sores on her genitals. But often she will have no symptoms. If you were diagnosed with an STI and have had sex with your wife, she probably is infected too and needs treatment.

**Q:** If my wife has an STI and she is pregnant, will this affect our baby?
**A:** Yes, chances are the baby will be affected. Depending on the STI, the baby may be born with eye infections or even blind, may have lung problems such as pneumonia, or have chronic disease, often leading to retardation and even death.

Questions Related to Condom Use:

**Q:** I always use a condom when I have sex with my sweetheart so she doesn’t get pregnant. But we are very worried that that the condom may break or come off. Is there anything we can do to make sure that she doesn’t get pregnant if something like this happens?
**A:** Yes, in addition to using a condom, your sweetheart can start taking the daily oral contraceptive pill. Using the two methods together is best for young people who are at risk of pregnancy, STIs, and HIV/AIDS; If she is not taking the daily pill and the condom breaks, your client can Protect herself from pregnancy by using ECPs.

**Q:** Will using two condoms at a time offer protection from getting an STI or HIV?
**A:** If used correctly, one condom is enough and can protect against STIs, HIV, and pregnancy. Demonstrate to your client the correct way to use condom.

Questions Related to Injectable Contraception:

**Q:** Some women who use the DMPA injectable contraceptive have no menstrual period, and some have irregular bleeding (long-term bleeding or two to three times per month). Is this normal?
**A:** Changes in menstrual bleeding are common when using this method. They are not a sign of danger. Weight gain is another common side effect.
## Reproductive Health Services Referral List

<table>
<thead>
<tr>
<th>No.</th>
<th>Health Center and Clinic Name</th>
<th>Address/Sites</th>
<th>Contact Persons</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cambodian Woman's Clinic</td>
<td>#15, National Road No.1, Chba AmpoevII, Mean Chey</td>
<td>Ms. Sou Sam</td>
<td>023 720 125</td>
</tr>
<tr>
<td>2.</td>
<td>Reproductive Health Association of Cambodia</td>
<td>RHAC I: # 6, Street 150, Sangkat Veal Vung, Khan 7 Makara, Phnom Penh; RHAC II: # 40, Street 432, Sangkat Tourl Tumpoung I, Khan Chamcar Morn, Phnom Penh</td>
<td></td>
<td>023 881 621 023 366 295 023 218 504</td>
</tr>
<tr>
<td>3.</td>
<td>Condom Cafe</td>
<td># 22, Street 154, Sangkat Phsar Thmei III, Khan Daun Penh, Phnom Penh</td>
<td>Dr. Kuong Sopharin</td>
<td>012 455 538</td>
</tr>
<tr>
<td>4.</td>
<td>Samdech OUV Health Center</td>
<td>National Road N05, Khan Reussey Keo</td>
<td>Ms. Prak Varin Mr. Thoung Thuon</td>
<td>012 876 043 012 845 646</td>
</tr>
<tr>
<td>5.</td>
<td>Red Cross Health Center</td>
<td>Blvd. Prea Norodom, Khan Reussey Keo, Near Monument of Independence</td>
<td>Mr. Oeu Hour Vutha Mr. Kry Sok Chea</td>
<td>011 995 612 011 973 161</td>
</tr>
<tr>
<td>6.</td>
<td>Mean Chey Health Center</td>
<td>Chba Ampeov I, Khan Mean Chey, Near Mean Chey Khan Office</td>
<td>Dr. Khan Man Prathna</td>
<td>012 937 677</td>
</tr>
<tr>
<td>7.</td>
<td>Porchentong Health Center</td>
<td>Kakab, Khan Dankor, 100m from National Road 4</td>
<td>Dr. Ouk Narith</td>
<td>012 853 013</td>
</tr>
<tr>
<td>8.</td>
<td>Pharmacies with this logo (Rabbit logo)</td>
<td>Phnom Penh, Sihanoukville, and Battambang</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part 3

Implementation:
Providing Youth-Friendly Services
Cambodian Case Studies

Case Study 1:
A young woman comes to your pharmacy. She tells you that last night she had unprotected sex (sex without using a condom or other contraception) with her boyfriend. She asks you to help her, to give her “something” so she will not get pregnant. You can see that she is very worried and afraid.

How will you manage this case?
What questions will you ask?
What advice will you give to this young woman?

Case Study 2:
A young woman comes to your pharmacy. She tells you that she was scheduled to have her contraceptive injection last week. She didn’t have money to buy the injection at that time. She tells you that she is very worried that she may be pregnant because she had sex with her husband few days ago. She doesn’t want to get pregnant again, as she already has three children. She is very worried and doesn’t know what to do.

How will you manage this case?
What questions will you ask?
What advice will you give to this young woman?

Case Study 3:
A young man comes in to your pharmacy. He tells you that two days ago he had sex with his sweetheart. He tried to use a condom, but the condom broke; he doesn’t know why. He is very worried that his sweetheart will get pregnant. They love each other but they are both students and need to finish their studies before they get married and have children. He is very afraid for her and wants your help and advice. He tells you that he knows there is “something” that his girlfriend can take to “stop the pregnancy” but doesn’t know what that is.

How will you manage this case?
What questions will you ask?
What advice will you give to this young man?

Case Study 4:
A young woman comes into your pharmacy. She tells you that she needs to buy “medicines” for her girlfriend. Her friend had sex a few days ago and now she is worried that she has a sexually transmitted infection.

How will you manage this case?
What questions will you ask?
What advice will you give to this young woman?
Answer Sheet:

Case Study 1:
Your client is nervous and afraid, and she doesn’t know what to do. She has come to you for help. She trusts your judgment. Make your client feel comfortable. Ask questions that will give you the information you need so you can best treat her. Do not look down on her and do not scold her.

Let your client know that there is something that she can take to prevent pregnancy, but for this to be effective she needs to take it within the first 5 days (120 hours) after she had unprotected sex. You also need to ask her specific questions to determine whether she is already pregnant. Refer to the questions on the ECP fact sheet.

If your client is not already pregnant, prescribe the following dose of EC. Tell your client that EC can be taken within 5 days (120 hours) of having unprotected sex, but that it is more effective the sooner it is taken.

- **Progestin-only ECP**: 2 pills, which can be taken in a single dose (2 pills at the same time) or in two doses:
  - Dose 1: 1 pill within 5 days (120 hours) of unprotected sex.
  - Dose 2: 1 pill 12 hours after dose 1.

- **Combined oral contraceptive pills (estrogen and progestin)**:
  - 8 pills taken in two doses:
    - Dose 1: 4 pills (30 micrograms) within 5 days (120 hours) of unprotected sex. (Help her determine the most appropriate time to begin.)
    - Dose 2: 4 pills (30 micrograms) 12 hours after dose 1.

Package each dose separately and give your client written instructions.

- Give your client an antiemetic to help with nausea. (Combined estrogen and progestin pills are more likely to cause nausea than progestin-only ECPs.)

- Make sure to let your client knows that EC is only for emergencies and not to be used regularly. Give your client information on regular contraceptive methods she can use.

- Inform your client about her risk of STIs and HIV/AIDS. Give her the STI Self Assessment Card and tell her to follow up with her doctor if she has any symptoms.
Case Study 2:
Determine whether your client is within the EC time frame by asking her when she last had unprotected sex after missing her injection. If she is still within the EC time frame of 5 days (120 hours), she may be eligible for EC. Refer to the question on the ECP fact Sheet. If she is eligible for EC, prescribe the following dose of EC. Tell your client that EC can be taken within 5 days (120 hours) of having unprotected sex, but that it is more effective the sooner it is taken.

- **Progestin-only ECP**: 2 pills, which can be taken in a single dose (2 pills at the same time) or in two doses:
  - Dose 1: 1 pill within 5 days (120 hours) of unprotected sex.
  - Dose 2: 1 pill 12 hours after dose 1.

- **Combined oral contraceptive pills (estrogen and progestin)**:
  8 pills taken in two doses:
  - Dose 1: 4 pills (30 micrograms) within 5 days (120 hours) of unprotected sex. (Help her determine the most appropriate time to begin.)
  - Dose 2: 4 pills (30 micrograms) 12 hours after dose 1.

Case Study 3:
Tell the young man that there is something that his partner can take to prevent pregnancy, but for this to be effective she would have to take it within the first 5 days (120 hours) after she had unprotected sex. You will need to ask her some specific questions to determine whether she should take EC. It would be best if his partner came in. Ask the young man to come in with his partner to correctly assess and rule out existing pregnancy. If he is reluctant and tells you that his partner is very afraid and will not come, give him EC. For questions to ask and correct dosage, refer to the EC fact sheet.

- Inform him that EC will not be effective if she is already pregnant, or if she takes it after 5 days (120 hours).
- Inform him about the risk of STIs and HIV/AIDS.
- Give him the STI Risk Assessment Card.

  Inform him that EC is only for emergencies and that his partner needs to use a regular contraceptive method.

Case Study 4:
If the young woman had unprotected sex, she is not only at risk for STIs but also at risk of getting pregnant. Tell her that her friend needs to take EC to prevent an unwanted pregnancy. Explain to her what EC is and how it works. Ask her to come to see you with her friend so you can assess whether EC will be effective for her. If your client is reluctant to bring her friend refer to the ECP fact sheet for questions to ask to determine the best way to manage the case. You can also refer to Case Study 3 above and treat similarly. Explain to your client the importance of using a regular contraceptive method. Ask your client to take her friend to the doctor for assessment and treatment of STIs.

For more information on how to correctly assess such cases, questions to ask, and what advice to give, refer to Part 2 Technical Information of the Toolbox.
Monitoring Checklist

Introduction

This monitoring checklist is Cambodia-specific and is used by the trainers providing on-the-job training to pharmacy staff. The trainer uses the monitoring checklist together with the Case Studies (refer to the Cambodian Case Studies in the Toolbox) during the training sessions. During each session the trainer uses the monitoring checklist to (1) assess pharmacy staff technical knowledge on EC, (2) check on the display and availability of informational materials for clients, (3) determine additional training needs, and (4) develop an action plan for the next training visit. The visits are scheduled on a monthly basis; however, this can be flexible and will depend on the pharmacy staff’s availability.

To complete a refresher course, the pharmacy staff will have three on-the-job training sessions with the trainer.

Upon completion of the three on-the-job training sessions, pharmacy staff should:

1. Know what emergency contraception (EC) is and the EC product that is currently used in Cambodia.
2. Know how to correctly assess a client and determine whether the client is within the EC time frame.
3. Be able to provide appropriate information about the EC product and prescribe the correct dose.
4. Be able to provide information about regular contraceptive methods and encourage clients to use one that is best for them.
5. Be able to advise clients of their risk for STIs and HIV/AIDS following unprotected sex.
6. Be able to make appropriate referrals to formal reproductive health services for follow-up evaluations.
7. Be familiar with reproductive health informational materials and know that it is important to make them accessible to clients and to encourage clients to take this information with them.
8. Know that they need to display the project logo so that it is visible to clients.
Monitoring Checklist:

Technical Knowledge:

Did the pharmacy staff offer medicine to prevent the pregnancy?
Yes ☐ NO ☐

Does the pharmacy staff know the correct medicine to offer?
Yes ☐ NO ☐

Did pharmacy staff offer the correct dose?
Yes ☐ NO ☐

Did pharmacy staff explain how and when to take the medicine?
Yes ☐ NO ☐

Was this information correct?
Yes ☐ NO ☐

Did pharmacy staff explain the effectiveness of the medicine?
Yes ☐ NO ☐

Did pharmacy staff discuss side effects of the medicine?
Yes ☐ NO ☐

Did pharmacy staff tell the client what to do if she vomits?
Yes ☐ NO ☐

Did pharmacy staff offer the client an antiemetic?
Yes ☐ NO ☐

Did pharmacy staff talk about STIs? HIV/AIDS?
Yes ☐ NO ☐

Did pharmacy staff inform the client that this “medicine” is only for emergency and advise the client on routine contraception?
Yes ☐ NO ☐

Did pharmacy staff talk about the importance of starting regular contraception?
Yes ☐ NO ☐

Did pharmacy staff make a referral?
Yes ☐ NO ☐

Was the referral appropriate?
Yes ☐ NO ☐

Project Information, Education, and Communication Materials:

Did the pharmacy display the project logo?
Yes ☐ NO ☐

Was the logo in “good” condition?
Yes ☐ NO ☐

Was it visible from outside?
Yes ☐ NO ☐

Does the pharmacy have enough supplies of informational hand-out materials for clients?
Yes ☐ NO ☐

Are these materials easily visible and accessible to clients?
Yes ☐ NO ☐
Technical support needed: Yes ☐ NO ☐

IEC material needed: Yes ☐ NO ☐

If technical support is needed please indicate which area:

EC: ........................................................................................................
........................................................................................................

STIs: ......................................................................................................
......................................................................................................

Ongoing contraception: ........................................................................
......................................................................................................

Joint plan for next meeting: ....................................................................
......................................................................................................

Pharmacy name: ....................................................................................

Pharmacy staff name: ............................................................................

Pharmacy address: ................................................................................

Contact number: ...................................................................................

Number of staff participated on this day: ..............................................

Name of project staff: .................................................................
Date of visit: .................................................................
Next appointment: .................................................................
Part 4

Training Tools

The Cambodian version of the toolkit provides the following tools (not included here):

- Calendar for planning purposes
- Certificate awarded to trainees
- Name Tag for the trainer