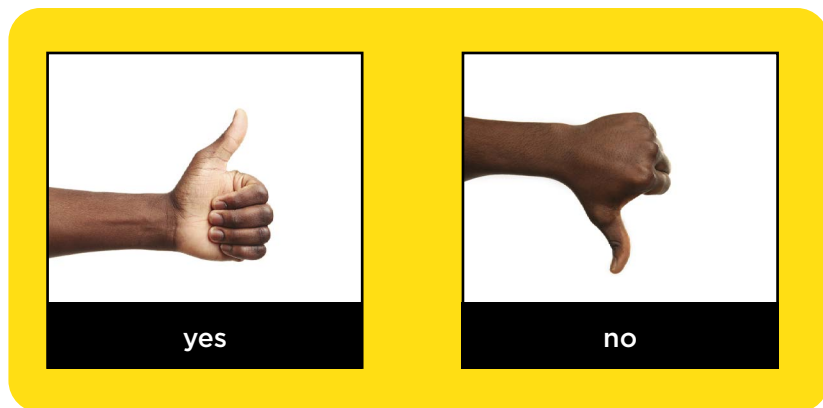
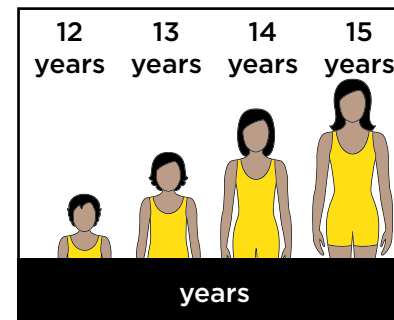
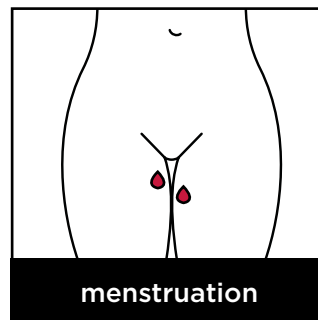
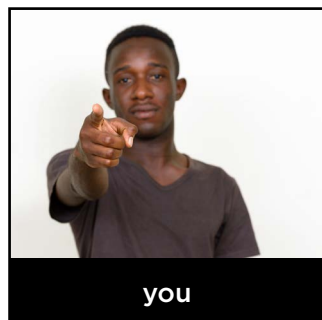
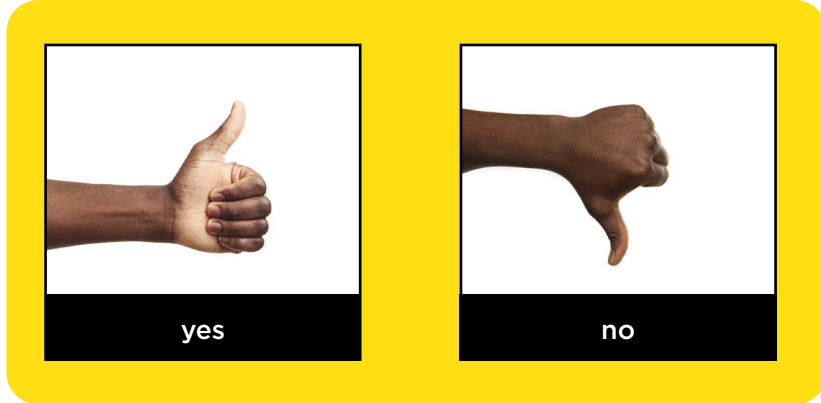
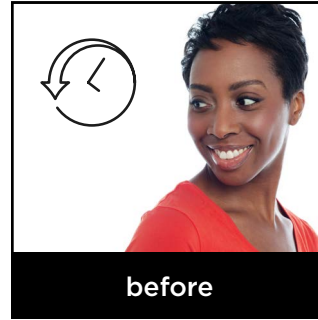
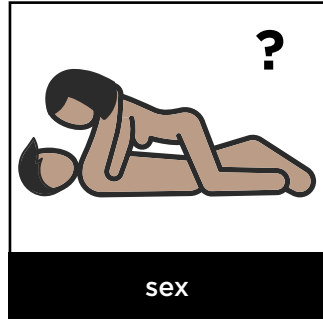
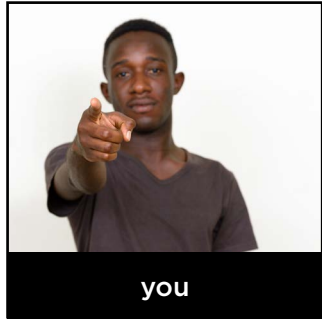


Family Planning

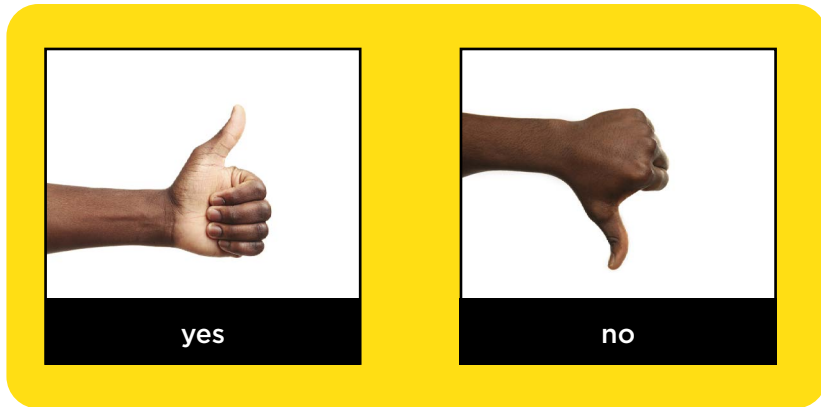
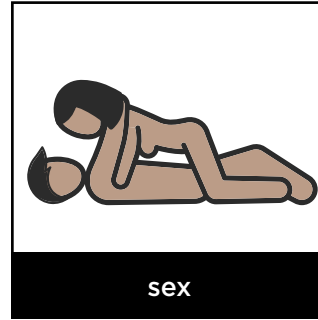
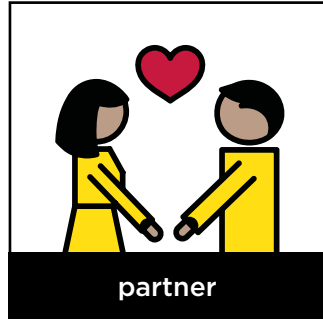
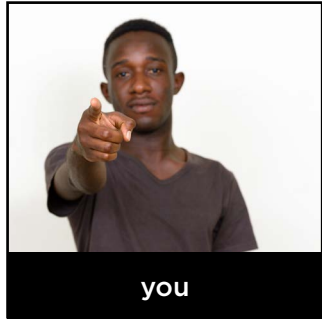
Have you had your first menstruation?



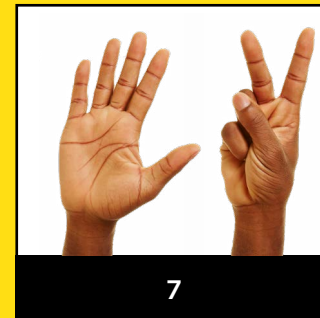
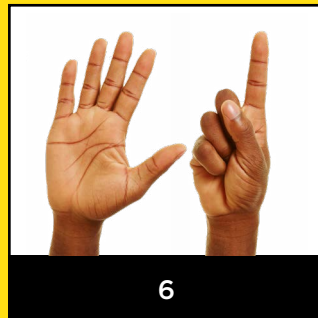
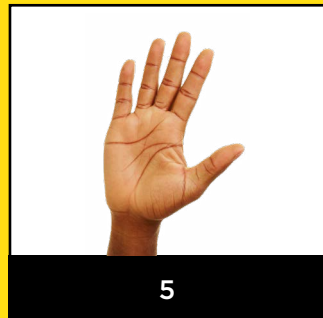
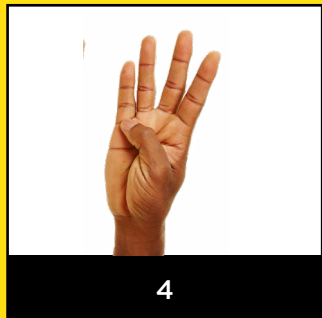
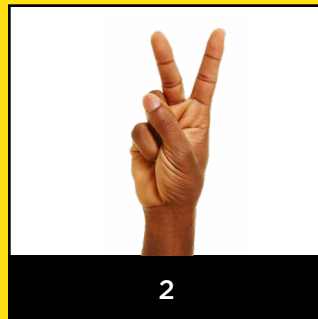
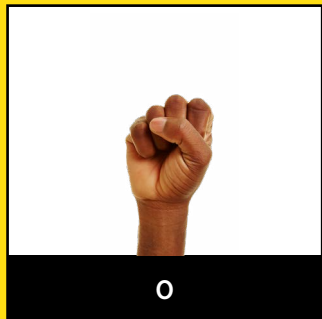
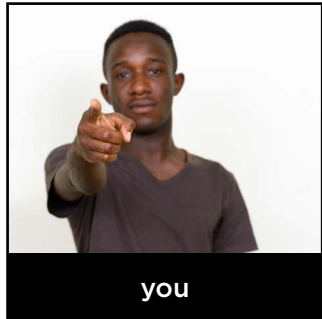
Have you had sexual intercourse already?



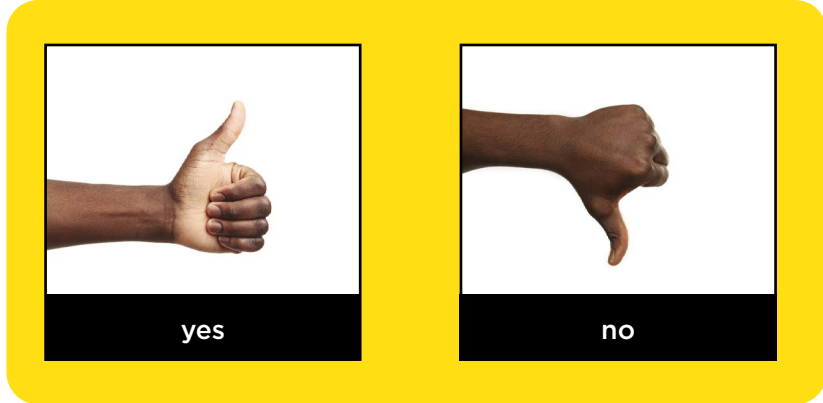
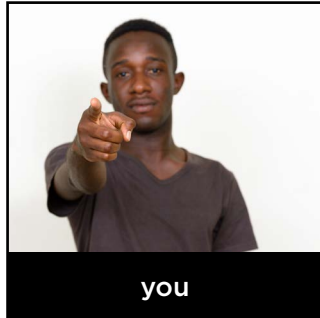
Are you currently sexually active?



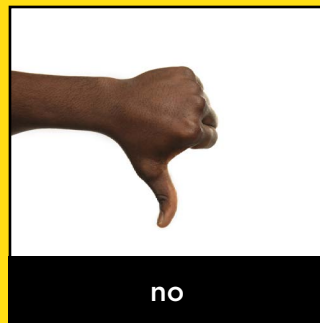
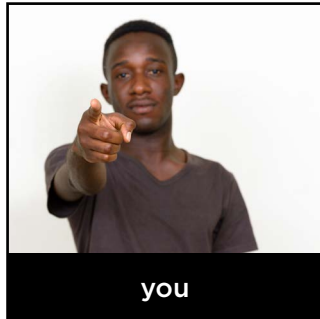
How many sexual partners have you had?



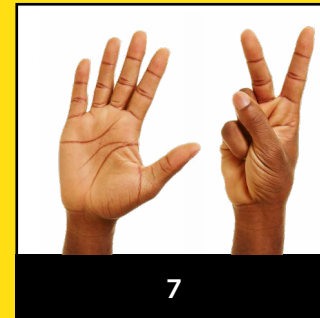
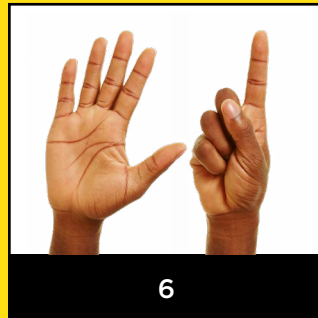
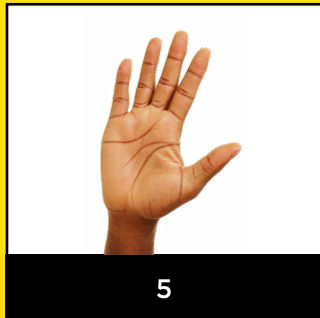
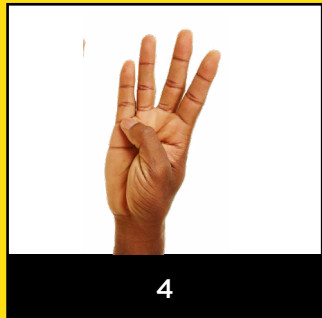
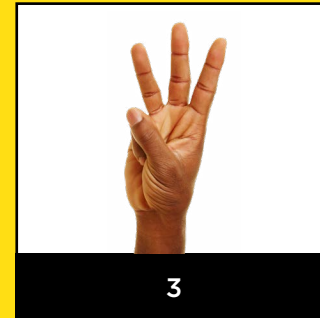
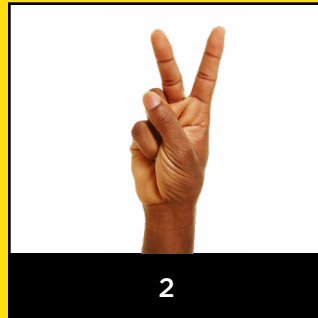
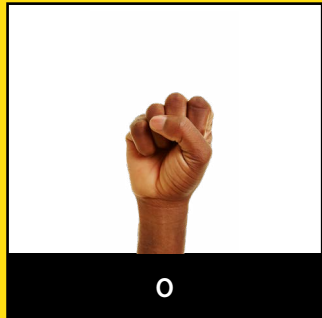
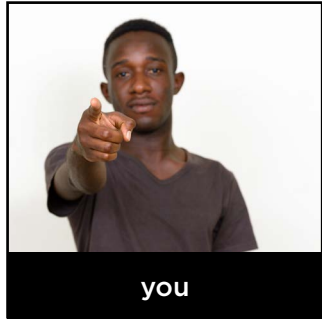
Are you concerned about sexually transmitted diseases or HIV/AIDS?



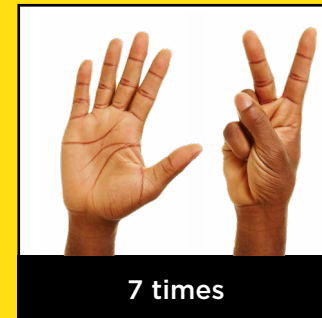
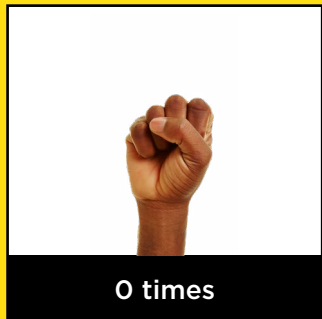
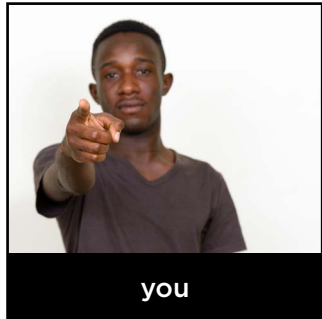
Do you want to prevent pregnancy now?



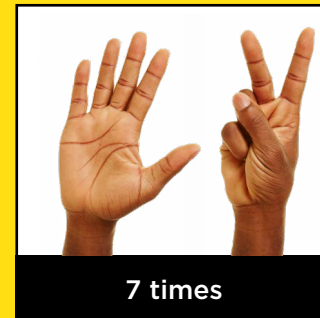
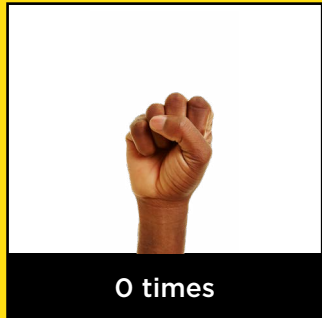
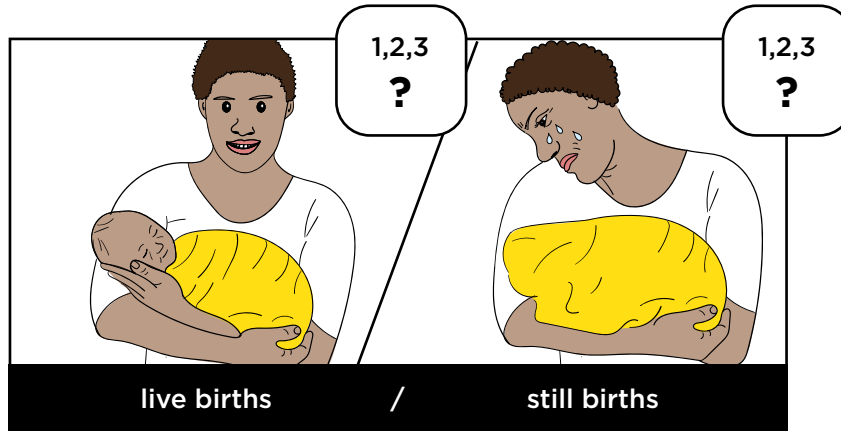
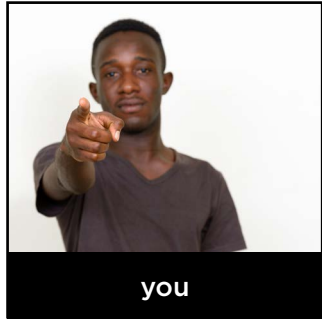
Do you have any children?



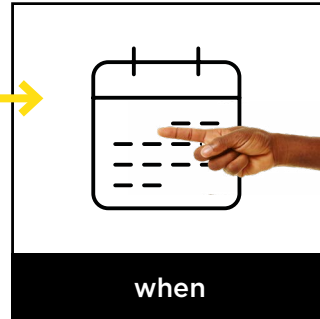
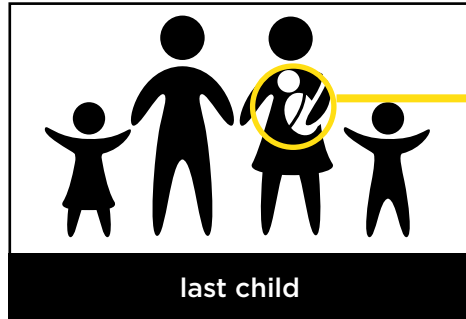
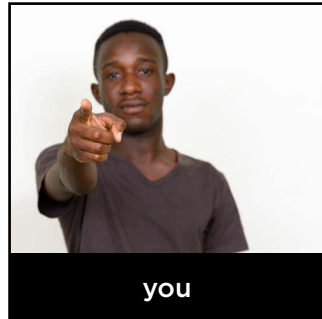
How many times have you been pregnant?



How many live births have you had?

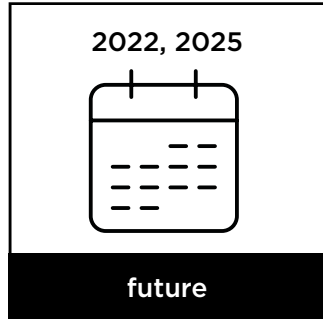
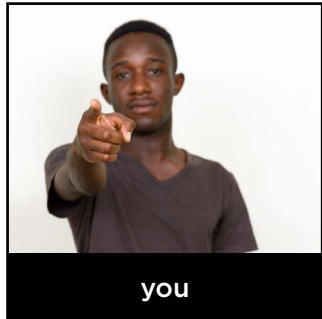


How old is your last child?



2019	2018	2017	2016	2015	2014						
2013	2012	2011	2010	2009	2008						
January	February	March	April	May	June						
July	August	September	October	November	December						
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

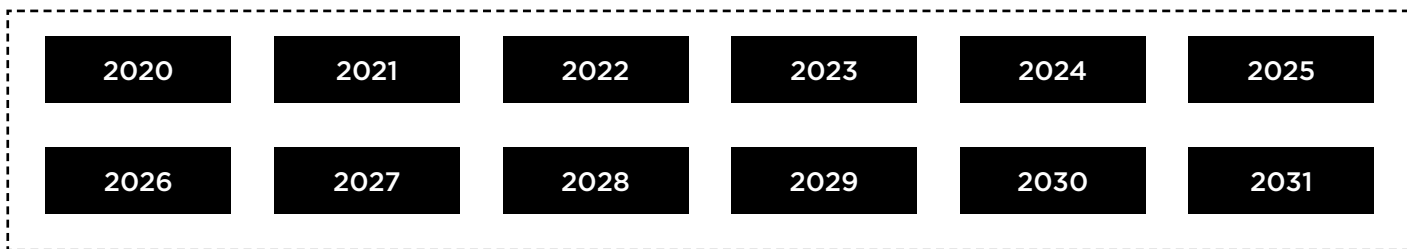
Do you want more children in the future?



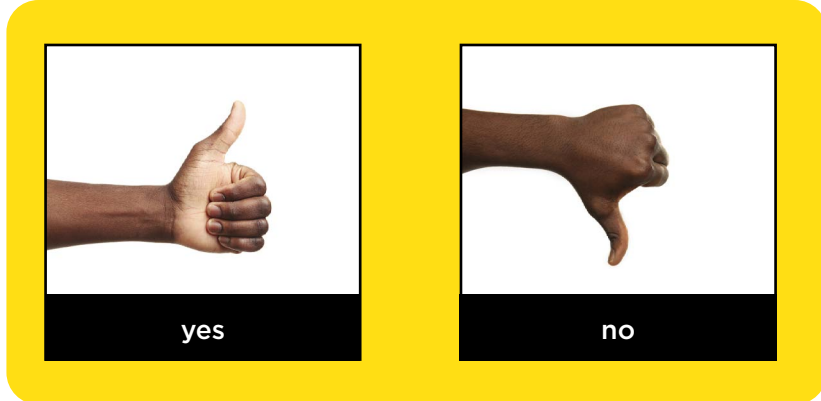
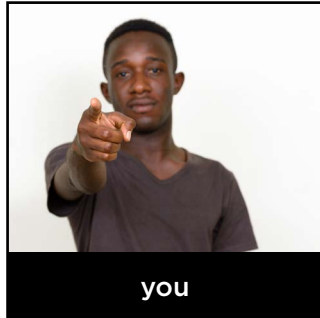
yes

no

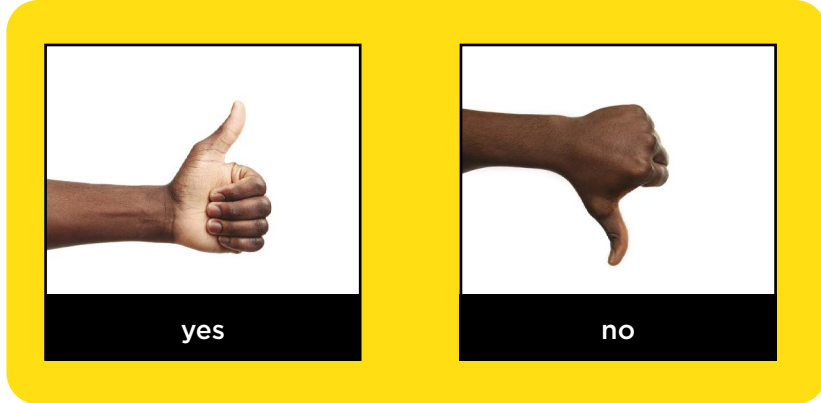
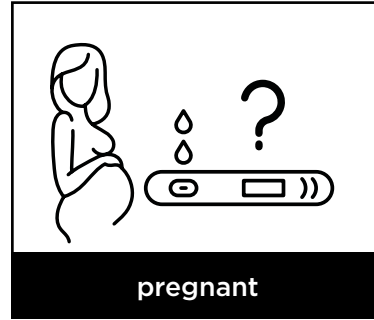
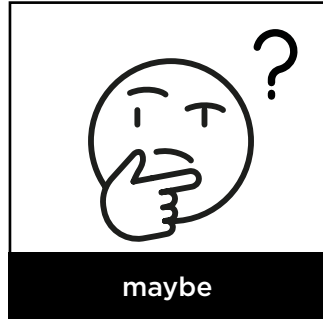
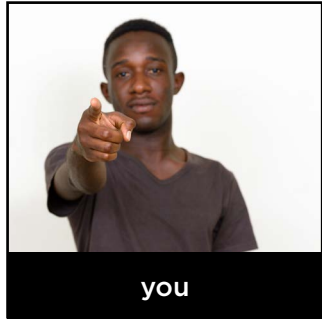
I don't know



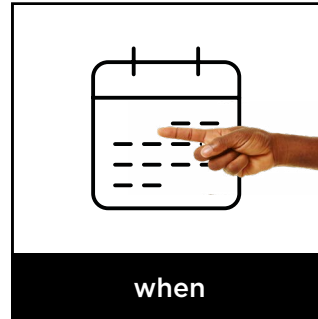
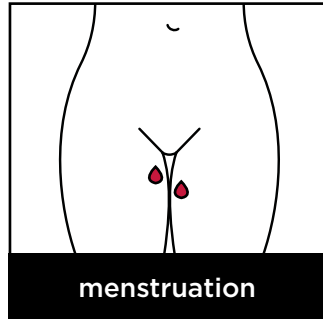
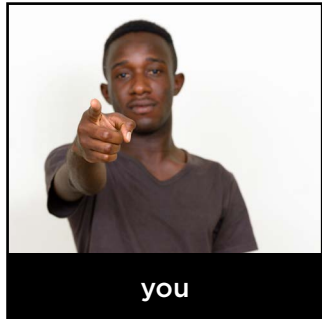
Are you currently breastfeeding a baby less than six months old?



Do you think you could be pregnant?

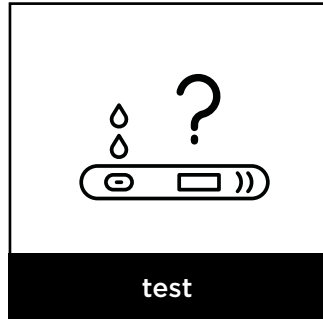


When was your last menstruation?

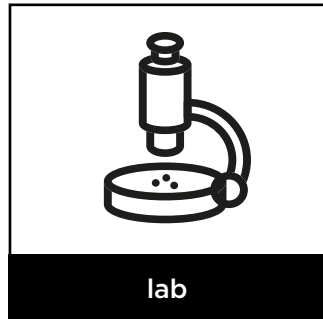
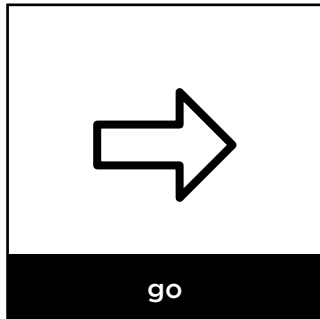


January	February	March	April	May	June						
July	August	September	October	November	December						
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

I need to test for pregnancy.



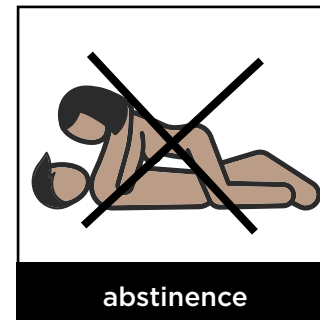
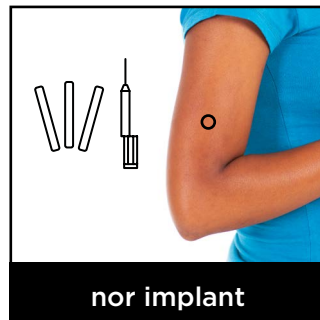
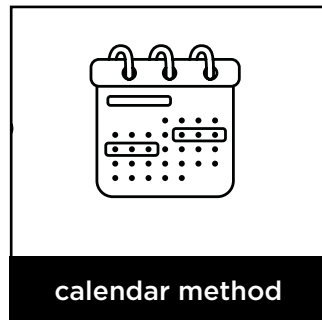
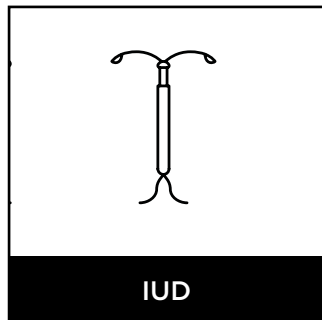
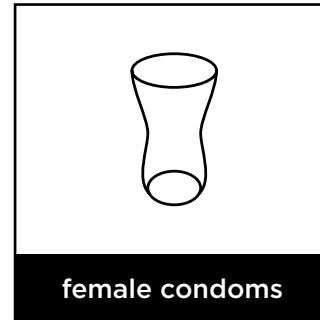
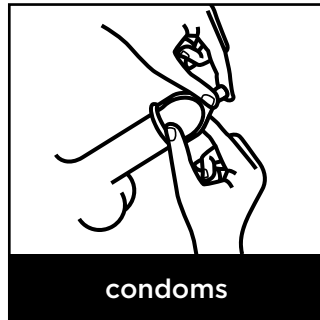
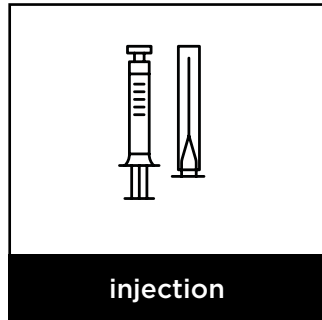
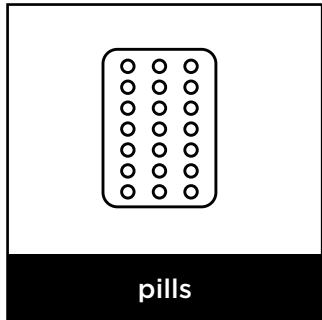
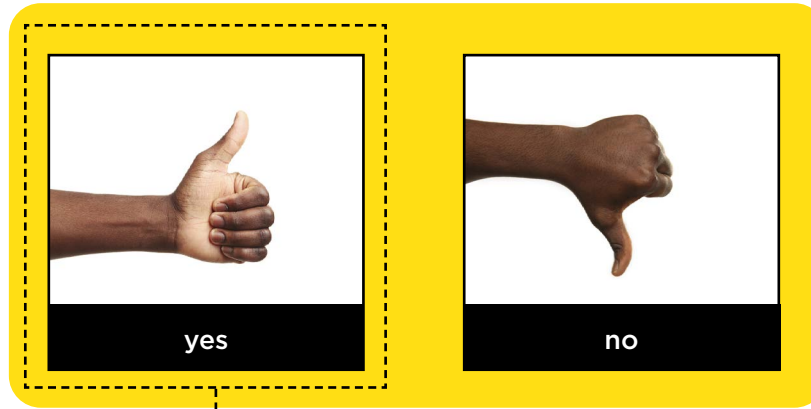
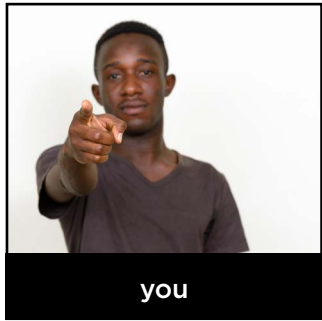
Go to the lab.



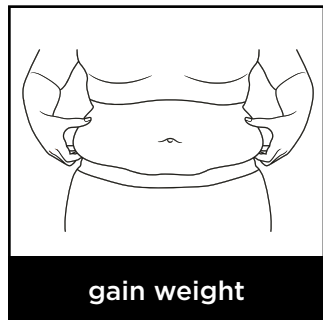
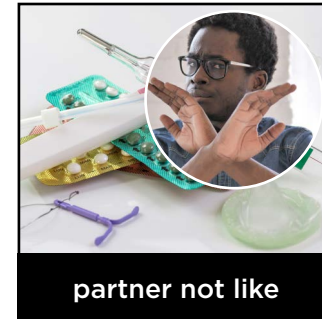
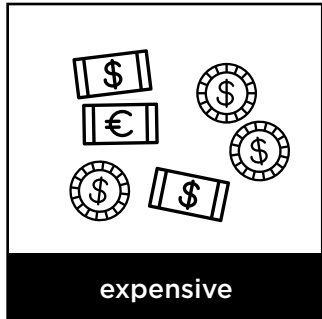
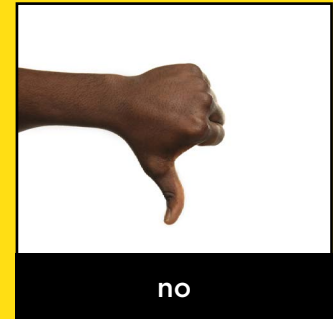
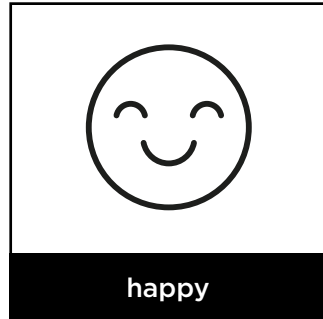
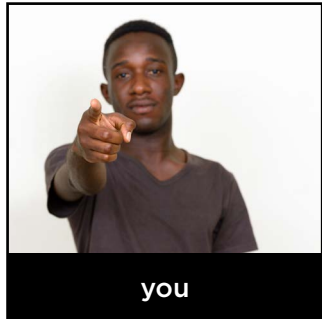
Provide some urine.


















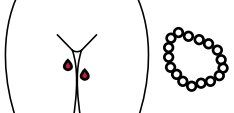

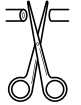
















Have you ever taken any contraceptives before?



Were you happy with that method?



 method	 how to use	 effective against pregnancy	 effective against HIV/STD	 need to get at clinic	 how often
 IUD		✓		✓	Every 3 years
 Implant		✓		✓	Every 3-5 years
 Pills		✓			Every day
 Injection		✓		✓	Every 3 months
 Condoms		✓	✓		Every time at intercourse
 Calendar method					Every day
 Sterilization		✓		✓	Once
 Abstinence		✓	✓		Every day
 Breastfeeding method					Every day

 which do you like?










Types of contraceptives

Do you want to keep your contraceptive private from your partner?

