absence of other long-term options, and decisions made under pressure. Thus pre-sterilization counseling is critical.

Counseling: Free and informed choice calls for "two-way" counseling. It should address: sterilization's intended permanence; the availability and characteristics of alternative methods; the client's reasons for her choice; screening and discussion of risk indicators for regret; details of the procedure; the possibility of failure; and the completion of the informed consent (authorization) process. Younger women may need extra time to consider their future life goals and other options for long-term contraception, such as implants or the IUD. The counseling required for sterilization may require more time than counseling for temporary methods, but it helps to foster greater client satisfaction and community support, as well as to reduce myths and misunderstandings.

Programmatic Considerations

Female sterilization must be provided by well-trained and motivated providers in properly equipped health facilities where full attention is given to good surgical technique, infection prevention, and counseling. There should not be any unjustified policy or practice barriers to provision of these services, including legal restrictions, age and parity restrictions, marriage requirements, spousal or parental consent requirements, and provider bias.

Lessons learned: There are a number of ways to improve access and assure quality of female sterilization services, all of which entail a holistic approach, with a focus on the fundamentals of service delivery:

- Center program effort on the client by providing effective counseling and communication.
- Assure informed choice by providing accurate information and a range of methods.
- Train, equip, supervise, and support providers to offer locally acceptable, feasible, safe and effective female sterilization services.
- Identify, nurture and sustain "champions"
  - Involve influential and committed providers or institutions who provide high quality sterilization services and can advocate for and help to expand services.
  - Involve men as supportive partners, community opinion leaders, potential advocates, and potential alternative sterilization (vasectomy) clients.
  - Strengthen the role of community-based advocates (e.g., satisfied clients, community health workers) for outreach, counseling, and/or demand creation.
- Build "ownership" within communities by ensuring that clinical services are client-responsive and of good quality.
- Collect and use data for program design, to identify champions and to focus program efforts.
- Tailor the program to its local context by developing post-partum and post-abortion, private sector, and mobile outreach services, using appropriate technologies and methodologies.

Where to get more information: www.maqweb.org

References

Contraceptive Sterilization: Global Issues and Trends. EngenderHealth, New York, NY, 2002.
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