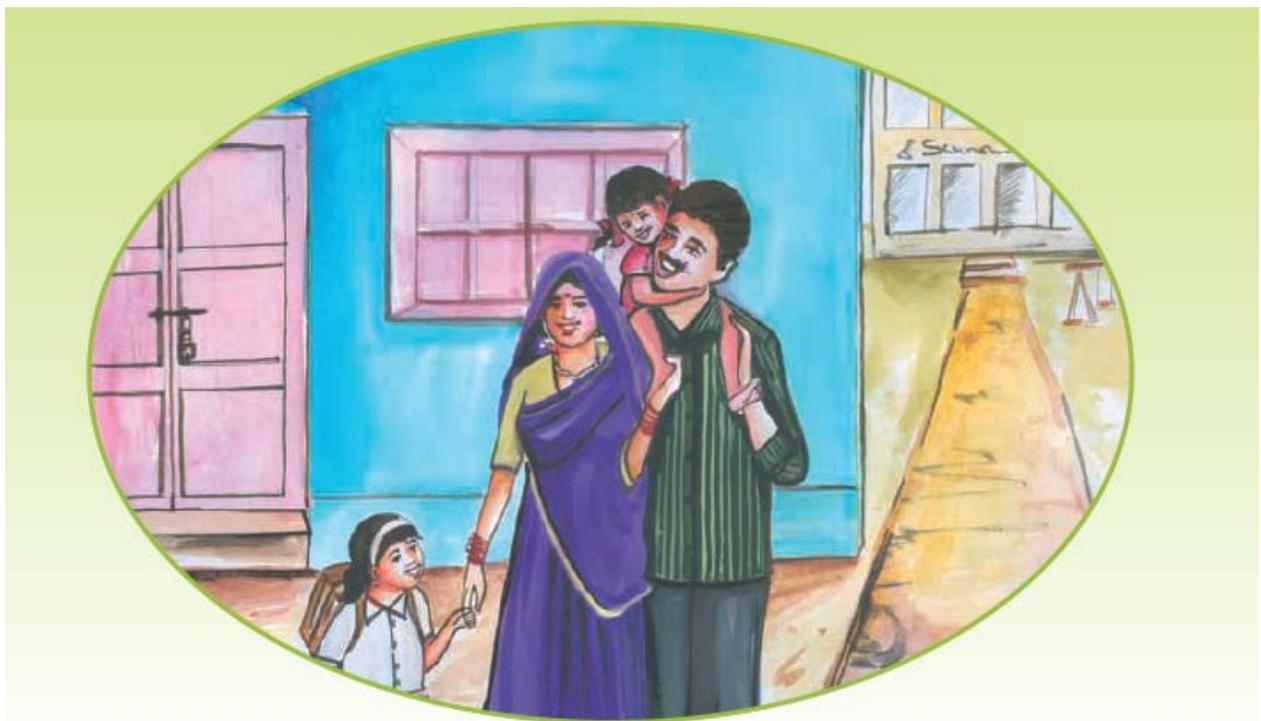


NEED's Village Health Guides

Delivering Family Planning Information and Referrals to Local Services



USAID
FROM THE AMERICAN PEOPLE



Trainer's Guide 2012

Acknowledgments

FHI 360/PROGRESS collaborated with the Network of Entrepreneurship and Economic Development (NEED), a local microfinance organization in India, and the Institute for Reproductive Health (IRH) in India to develop this training manual. This manual was used as part of a project to deliver basic family planning information to groups receiving NEED's microfinance services in Uttar Pradesh, India.

This manual has 12 sessions, with objectives, materials, methodology, and duration for each. The sessions cover the benefits of family planning and healthy timing and spacing of pregnancies, health service provider linkages, and separate sessions on seven contraceptive methods: male condoms, LAM, Standard Days Method, oral contraceptive pills, injectables, intrauterine devices, and sterilization.

The training manual was designed for low-skilled health outreach workers or peer educators, who work with microfinance or development organizations to complement their other services. The manual was used in conjunction with one-page reference guides for the outreach workers/peer educators and a flipchart for use with clients. The materials were part of a research project that sought to build on the existing relationships between the outreach workers and the women in the NEED microfinance groups to introduce and reinforce messages about family planning and overcome hesitancy to discuss sensitive topics. More information on the project and access to the other materials used in the project are available at: <http://www.fhi360.org/>

FHI 360 encourages others to use and adapt these materials to expand greater access to information about family planning. Please acknowledge FHI 360, IRH/India, and NEED.

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Session 1

Introduction

Objectives	By the end of the session, participants will: <ul style="list-style-type: none"> • Be familiar with each other • Have expressed their expectations regarding the training program • Know the objectives of the training program • Have established ground rules to be followed during the training program
Materials	Flip chart, markers, whiteboard and a large ball
Methodology	Discussions, brainstorming and games
Duration	Two hours

Activity 1: Make introductions.

Step 1

Greet the participants and ask them to sing a prayer song.

Step 2

Ask the participants to introduce themselves one by one by telling their name, educational qualifications and the number of years that they have been serving as a village health guide (VHG).

Step 3

Introduce yourself to the participants.

Activity 2: Describe expectations and objectives.

Step 1

Have the participants stand in a circle. Tell them that you will play a game together with a ball. You (the trainer) will throw a ball to the participants randomly and the participant who catches the ball will tell his or her expectations regarding this training program. Any participant who catches the ball a second time may share another expectation if he or she wishes to. The co-facilitator will write the participants' responses on a flip chart.

Step 2

Summarize the participants' expectations from Step 1.

Step 3

Present the objectives of the five-day training program (as below) and match them with the objectives as shared by the participants.

By the end of the training program, participants will

- Understand the importance of family planning
- Be knowledgeable about family planning methods for spacing pregnancies and limiting births
- Be able to communicate effectively on family planning in their respective communities with the target audiences

Step 4

Discuss with the participants why people who want help or more information related to family planning might hesitate to ask for it. The following are some possible reasons:

- They do not know where they can get more information.
- They are too shy to approach a doctor or any other health service provider.
- They are worried as to what will happen to them if they go to a health center or hospital.
- They are worried about side effects and health risks associated with using contraceptive methods.

Your role as a VHG is to

- Share information about the benefits of family planning and the availability of family planning options so that men and women can better assess their personal situations and think about what type of family planning services are appropriate for them
- Dispel myths and misconceptions related to family planning and the different methods
- Link individuals to health service providers for individual counseling in order to make informed choices regarding family planning

Please note that you are not expected to be an expert on family planning, nor are you expected to help members decide which method is appropriate for them. That is the role of the health service provider. Your role is to share information on family planning and to refer men, women and couples to the health service providers.

During this five-day training program, you will acquire knowledge on family planning methods as well as communication skills that will help you perform your roles effectively.

Activity 3: Establish ground rules.

Step 1

Tell participants that in order to make the training program most effective and productive, it is important to maintain discipline and follow some rules. Encourage the participants to formulate the rules themselves and note them down on the flip chart.

Also consider the following ground rules and add them to the ones suggested by the participants:

- Be punctual.
- Maintain time limits during activities and breaks for lunch and tea.
- Maintain confidentiality.
- Listen with respect to every participant's opinion, even if you don't agree with him or her.
- Do not interrupt when another person is speaking.
- Do not make personal comments.
- Switch off mobile phones during sessions.
- Participate fully.
- Ask questions.

Step 2

Ask participants if they have any questions. Answer their queries and move on to the next session.

Session 2

Family Planning — What and Why

Objectives	By the end of the session, participants will be able to: <ul style="list-style-type: none"> • Explain what family planning is • Discuss situations to avoid when planning a pregnancy • List five recommendations for timing and spacing a healthy pregnancy • Discuss how family planning benefits the mother and child, father and family
Materials	Flip chart, markers, whiteboard and handouts (the last two pages of this session), one for each participant
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Define the concept of family planning.

Step 1

Welcome participants and tell them what they will be discussing in this session:

- The concept of family planning
- Five situations to avoid when planning a pregnancy
- The many ways family planning benefits women, children, men and families

Step 2

Ask participants to divide themselves into small groups. Ask each group to spend about 15 minutes discussing and writing down their understanding of what family planning means.

Then invite the groups (one by one) to make their presentations on a flip chart. Summarize the groups' presentations and add the following points:

- *Family planning* means the husband and wife both discuss and decide together how many children they would like to have and when, so that they can give sufficient love, care, attention and a good education to each child.
- Family planning is achieved through the use of contraceptive methods and the treatment of infertility (inability to have children).

- Planning when and how many children to have is the couple's shared responsibility, not just the man or woman's responsibility.
- Family planning is just as important for newly married couples as it is for those who already have one or more children, because it enables young people to delay their first child until they are prepared for the responsibilities and expense of bringing up a child.

Activity 2: Present five situations that place a woman and baby's health at risk.

Step 1

Ask participants if they can think of anyone in their village who met or meets one or more of these circumstances (which should be presented on a flip chart):

- The woman was too young at the time of her first pregnancy.
- The woman was too old at the time of her pregnancy.
- The woman or couple had too many children.
- The woman or couple had children too close together.
- The woman became pregnant too soon after a miscarriage or abortion.

Wait for the participants to respond and then ask if they know of any problems these women or couples experienced. (Have the co-facilitator note down their responses on a flip chart.)

Step 2

Acknowledge the participants' answers and present the following five situations that might place a woman or baby's health at risk and that should be avoided when planning a pregnancy.

Five situations to avoid when planning a pregnancy
<p>Situation 1: When the woman is too young (less than 20 years of age)</p> <p>Reasons to avoid this situation:</p> <ul style="list-style-type: none"> • Young mothers face serious health risks because their bodies may not be physically mature enough to handle the stress of pregnancy and childbirth. • They are especially likely to <ul style="list-style-type: none"> - Be anemic - Have prolonged labor - Have complications during pregnancy and childbirth
<p>Situation 2: When the woman is too old (more than 35 years of age)</p> <p>Reasons to avoid this situation:</p> <ul style="list-style-type: none"> • Older women face serious health risks because their bodies may be less able to deal with the physical stress of pregnancy and childbirth. • The risk of babies with low birth weight or disabilities also increases for older women.
<p>Situation 3: When pregnancies are too close together (less than two to three years between the ages of two of the children)</p>

Reasons to avoid this situation:

- Mothers may die at childbirth.
- Babies may have low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five years.

Situation 4: When a pregnancy is too soon after a miscarriage or an abortion (less than six months)

Reasons to avoid this situation:

- The woman is more likely to be anemic and is at risk of having another miscarriage, premature birth or an underweight baby.
- Premature or small babies are more likely not to grow well and they have more health problems.

Situation 5: When the couple already has four or more children

Reasons to avoid this situation:

- Risk of the mother becoming anemic
- Possibility of the mother requiring blood transfusions during delivery
- Possibility of the mother's death due to bleeding

Step 3

Then explain to the group that because of all the risks that are associated with age, too many pregnancies or pregnancies that are too closely spaced, couples should follow these five recommendations:

- Wait until the woman is at least 20 years of age before having the first baby.
- Consider avoiding pregnancy if the woman is 35 years of age or older.
- After having a baby, wait at least two years before trying to get pregnant again.
- After a miscarriage or an abortion, wait at least six months before trying to get pregnant again.
- Consider limiting the number of children so that the parents can give each child enough love, care and attention to have a healthy and happy life.

Activity 3: Describe the benefits of family planning.

Step 1

Tell participants that we are going to talk about the benefits of family planning for women, men, children and families.

Ask participants what they believe to be the benefits of family planning for each of the following:

- Mothers
- Children

- Fathers
- The family as a unit

Step 2

Ask some of the participants to volunteer their answers. Thank them for their responses and add the information given below.

Benefits for the mother include the following:

- She is able to breastfeed longer, which is linked to a reduced risk of breast and ovarian cancer.
- She is at a lower risk of dying from complications during pregnancy and childbirth.
- She has more time to take care of the baby.
- She has more time to prepare physically, emotionally and financially for her next pregnancy.
- She has less risk of having a miscarriage, stillbirth (an infant born dead), preterm delivery or low birth-weight baby.
- She has more time for herself, her children and her husband; and she has more opportunity to participate in educational, economic and social activities.

Benefits for the children include the following:

- They are more likely to be born strong and healthy.
- They get more attention and care from their parents.
- They may be breastfed for a longer period of time, which allows them to experience the benefits of breastfeeding, including:
 - Better nutrition
 - Protection from childhood diseases
 - More attention from their mothers
 - Improved mother-child bonding

Benefits for the father include the following:

- They may feel an increased sense of satisfaction from safeguarding the health and well-being of their wives and children.
- They have more time between births, allowing them to plan finances before the next child.
- They have more time for their wives, which can contribute to a better relationship.

Benefits for families include more time and resources (such as food, clothing, housing and education) to meet the needs of the child.

Step 3

Tell participants that family planning can contribute to financial security for the family, which is an important message for microfinance clients in particular.

- Family planning may provide more financial security for the parents in their old age, because parents with fewer children can spend less money and build up savings over time.
- Family planning improves a family's financial well-being, which ensures that children have access to adequate food, clothing, housing, and educational opportunities, which allows them to take better care of their parents later in life.

- Family planning helps a woman become more financially secure because it gives her more time between children to participate in economic activities.
- Family planning allows a man to plan and prepare financially for another child.
- Family planning reduces maternal and child illnesses and thereby reduces the costs of treating illnesses. Money can be used for other constructive purposes. In addition, if the mother is healthy, she can participate in economic activities.

Activity 4: Role-playing.

Step 1

Tell participants that they will practice in pairs taking turns to communicate key messages you have discussed in this session.

Distribute the handout *Family Planning — What and Why* to the participants. Ask them to read over the handout for 15 minutes. Afterwards, ask participants if they experienced any problems or had any difficulties in understanding the information given in handouts.

Step 2

Divide the participants into five groups and give each group one of the following situations for role-playing. Tell them that one participant in each group will act as the Village Health Guide (VHG) and the other participants will play the role of husband, wife, mother-in-law, etc., depending on the situation given to them. Allow each group 10 minutes to prepare their role-play. Ask them to refer to the information given in the handouts.

1. Shyama got married two months ago. She is only 18 years old and does not want to become pregnant for at least one year, but she is being forced by her mother-in-law and her husband to have a child as soon as possible. What will you tell her husband and mother-in-law? (VHG explains the risks of having children before the age of 20 and the benefits of family planning.)
2. Sohan Lal and his wife Meena have two children. Meena is now 35 years old. Sohan Lal wishes to have one more child. (VHG explains the risks of having children after the age of 35 years, and presents the benefits of family planning.)
3. Asif and Rehana have two children, one is two-years-and-four-months old and another is about one-year old. Rehana looks very weak. Asif and Rehana are currently not using any family planning method. Asif says that he wants more children. (VHG explains the risks when pregnancies are too close together and presents the benefits of family planning.)
4. Simmi had a miscarriage two months ago. Ramesh (Simmi's husband) wants her to get pregnant again very soon and does not allow her to use any family planning method. He is of the opinion that only men have a right to plan their family. (VHG explains the risks of becoming pregnant soon after miscarriage, the meaning and importance of family planning and the role of both husband and wife in deciding together on when and how many children to have.)
5. Rekha and Mohan Lal have five children. Their economic situation is not good so they are unable to provide them with proper education, clothing and food. Rekha does not want to have more children, but her mother-in-law does not allow her to use any family planning

method or to talk to any health service provider. (VHG explains the risks of having too many pregnancies, especially to Mohan Lal and his mother.)

Step 3

Invite groups one by one to present their role-plays. While one group is presenting, the other groups should carefully observe the role being played by VHG and write down what information was missing or how the presentation could have been more effective. Let each group share their observations after each role-play and add your suggestions.

Afterwards, discuss how to handle difficult situations, such as mothers-in-law and husbands not letting VHGs meet their daughters-in-law and wives. Let other participants share their experiences on this.

- Did participants face any such situations in their community?
- How did participants handle these situations?
- Did participants seek help from any other community health workers, accredited social health activists (ASHAs) or auxiliary nurse midwives (ANM) in handling these situations?

Step 4

Ask participants if they have any questions on the topics covered in this session. Answer their queries and conclude the session.

HANDOUT: Key Information for Family Planning: What and Why

Educational session steps:

During your group meetings or one-to-one sessions with couples, men or women, consider asking these questions to facilitate the discussion:

- What do you understand by the term *family planning*?
- Do you know anyone who got pregnant too early or too late, had their children born too close to one another or had too many children?
- What do you think are the health risks for the mother and baby in each of these situations?
- What do you think women and couples can do to plan their pregnancies better?
- Can you think of examples of how family planning can benefit women and children?
- Do you think men can benefit from family planning? If yes, how?

What is family planning?	<ul style="list-style-type: none">• Family planning means that the husband and wife both discuss and decide together how many children they would like to have and when, so that they can give sufficient love, care, attention and education to each child.• It is achieved through the use of contraceptive methods and the treatment of infertility (inability to have children).• Planning when and how many children to have is the couple's responsibility, not just the man or woman's responsibility.• Family planning is just as important for newly married couples as it is for those who already have one or more children. It enables young people to delay their first child until they are prepared for the responsibilities of bringing up a child.
Five situations to avoid when planning a pregnancy	<ul style="list-style-type: none">• When the woman is too young (less than 20 years of age)• When the woman is too old (more than 35 years of age)• When pregnancies are too close together (less than two years difference between two children)• When a pregnancy is too soon after a miscarriage or an abortion (less than six months)• When the couple already has too many children

<p>What should couples do?</p>	<p>Because of all the risks associated with age, the number of pregnancies and how closely these pregnancies are spaced, couples are advised to follow these five recommendations:</p> <ul style="list-style-type: none"> • Wait until the woman is at least 20 years of age before having the first baby. • Consider avoiding a pregnancy if the woman is 35 years of age and older. • After having a baby, wait at least two years before trying to get pregnant again. • After a miscarriage or an abortion, wait at least six months before trying to get pregnant again. • Consider limiting the number of children so that each child can be given the love, care and attention required to lead a healthy and happy life.
<p>Benefits of family planning</p>	<p>Benefits for the mother include the following:</p> <ul style="list-style-type: none"> • The possibility of breastfeeding longer, which reduces risk of breast and ovarian cancer • A lower risk of dying from complications during pregnancy and childbirth • More time to take care of the baby • More time to be physically, emotionally and financially prepare for her next pregnancy • Less risk of a miscarriage, stillbirth, preterm delivery or low birth-weight baby • More time for herself (to participate in educational, economic and social activities) and more time to give to her children and husband <p>Benefits for children include the following:</p> <ul style="list-style-type: none"> • Greater likelihood of being born strong and healthy • More attention and care from parents • The possibility of being breastfed for a longer period of time, which allows them to experience the benefits of breastfeeding, including: <ul style="list-style-type: none"> - Better nutrition - Protection from childhood diseases - More attention from their mothers - Improved mother-child bonding <p>Benefits for the father include the following:</p> <ul style="list-style-type: none"> • An increased sense of satisfaction from safeguarding the health and well-being of his wife and children • More time between births, allowing him time to plan finances before the next child • More time with his wife, which contributes to a better relationship <p>Benefits for families include more time and resources to meet the needs of the child:</p> <ul style="list-style-type: none"> • Food

	<ul style="list-style-type: none">• Clothing• Housing• Education
	<p>A smaller, well spaced family contributes to a family's financial security by:</p> <ul style="list-style-type: none">• Helping families spend less money and build up savings over time• Making education for the children more affordable (Better-educated children can then take better care of their parents later in life.)• Reducing maternal and child illnesses, thereby reducing expenses for medical treatment and allowing the healthy mother to participate in economic activities

Session 3

Family Planning Goals and Contraceptive Methods

Objectives	By the end of the session, participants will be able to: <ul style="list-style-type: none"> • Understand three goals for family planning • Know the names of different types of contraceptive methods • Discuss factors that influence the choice of contraceptive method
Materials	The following materials are needed for this session: <ul style="list-style-type: none"> • Flip chart, markers and a whiteboard • Five case studies that describe individual situations of different women • Flip-book and handouts (last two pages of this session), one for each participant
Methodology	Brainstorming, presentations, situation analyses and group work
Duration	Two hours

Activity 1: Present and discuss various types of family planning goals and contraceptive methods.

Step 1

Welcome the participants and ask them about the circumstances of the people who seek information from them on family planning and contraceptive methods.

Tell participants that couples in the following situations need information on family planning:

- Soon to be married
- Newly married and desiring to delay the first pregnancy
- Already having one or two children and desiring to space pregnancies
- Already having desired family size and not wanting to have any more children

Their family planning goals may vary and can include the desire to:

- Delay the first pregnancy
- Space births (increase the time between births)
- Limit their family size (not have any more children)

Couples, men and women should seek a contraceptive method that will help them achieve their unique family planning goals.

Step 2

Ask participants which contraceptive methods are more popular and most widely used in their community and why.

Tell participants that various types of contraceptive methods are available for meeting different family planning goals. These methods have unique characteristics and are administered in different ways.

- The following methods are used for delaying the first pregnancy or spacing pregnancies:
 - Condoms
 - Lactational amenorrhea method (LAM)
 - Standard days method (SDM) (also called *Mala Chakra*)
 - Pills
 - Injectables
 - IUD (Copper-T), which is a long-acting method
- The following methods are used for limiting family size:
 - Female sterilization (tubectomy)
 - Male sterilization (vasectomy)
- The following methods are user-dependant:
 - Condoms, which the man uses every time the couple has sex
 - Pills, which the woman takes every day
 - *Mala chakra*, a method that requires the woman to move the black ring on the next bead every day
- The following methods require a trained health service provider to administer:
 - Injectables, which require an intramuscular injection
 - A surgical procedure, as in the case of male or female sterilization
- Some methods require a trained health service provider's help for both initiating and stopping the method, such as the Copper-T, which requires a trained health service provider for both insertion and removal.

Step 3

Tell participants that you are going to read aloud five short stories that are similar to the situations they see and hear in their villages. After each story, you are going to ask a question and they are going to have a few moments to discuss it with each other. Then you will call on a volunteer to answer it.

Read the first situation. Give the participants a few moments to discuss the situation or think about it. Then ask for a volunteer to answer the questions. Discuss the volunteer's answer with the whole group. Repeat the process for each story.

Situations	
Situation 1:	Shyama has only one child, who is four months old. She and her husband would like one more child, but only after three years. Which type of contraceptive method should they use to achieve their family planning goal?
Answer:	A contraceptive method for spacing pregnancies
Situation 2:	Sabina is 19 years old. She got married recently and is still pursuing her studies. She and her husband would like to wait for one to two more years so that she can finish her studies before getting pregnant. Which type of contraceptive method should they use to achieve their family planning goal?
Answer:	A contraceptive method to delay the first pregnancy
Situation 3:	Anjali is 26 years old and has a three-year-old child. She and her husband decided it was time for another baby, but three months ago she had a miscarriage. She and her husband are very sad about it and think that the best way to deal with their grief is to have another baby as soon as possible. Which type of contraceptive method should they use to achieve their family planning goal?
Answer:	A spacing method to delay the next pregnancy for at least six months after a miscarriage or abortion
Situation 4:	Seema is now 30 years of age and has three children. She and her husband have decided that they do not want any more children. Which type of contraceptive method should they use to achieve their family planning goal?
Answer:	A long-acting or limiting method
Situation 5:	Sudha is 37 years of age and has two children, a 13-year-old and a 9-year-old. Sudha has been anemic for the last few years, and she and her husband feel she should not take the risk of having more children. Which type of contraceptive method should they use to achieve their family planning goal?
Answer:	A long-acting or limiting method

Step 4

Tell participants that you will be discussing all these contraceptive methods in detail in subsequent sessions. In this session, you will discuss the factors that influence the choice of a contraceptive method.

Activity 2: Present and discuss factors that influence the choice of a method.

Step 1

Ask participants what other issues would be important for a couple to consider when they are deciding on a contraceptive method? (Their answers could include reliability, safety, cost, availability and ease of use, among others.)

Acknowledge all of participants' contributions and present the following questions:

- How well does the contraceptive method prevent a pregnancy?
- How easy is it to use?
- How willing is the couple to tolerate possible side effects?
- How much does the contraceptive method cost?
- How easy is it to obtain? Will the couple need to visit the health center often?

Step 2

Ask participants what information regarding contraceptive methods they might give a couple that would help the couple choose a suitable method to achieve their desired family planning goal?

Tell participants how they should present this information to couples:

- In the group meetings with men and women, cover information on all contraceptive methods in brief and address the queries and misconceptions of the group. Please remember to refer them to health service providers, such as the auxiliary nurse midwives (ANMs) and other trained health service providers, for more details and eligibility factors for using the various methods.
- In one-to-one meetings with couples, provide detailed information on contraceptive methods that correspond to the reproductive health goal of the couple, that is, whether they want a delaying/spacing method or a limiting method. At the same time, it might be necessary to talk to the mother-in-law, whose decision will influence whether or not the woman adopts a contraceptive method.
- While meeting with a couple, provide information on the contraceptive method they are considering and refer them to a health service provider so that they can make a voluntary and an informed choice.

Step 3

Ask participants if they have any questions regarding any of the previous activities. Answer their questions and move on to the next activity.

Activity 3. Practice in pairs.

Step 1

Tell participants that at this time they will practice presenting information from this session. Distribute the handout *Different Types of Contraceptive Methods*. Give them 15 minutes to read the handouts. Afterwards, ask participants if they experienced any problems or had any difficulties in understanding the information given in handouts.

Step 2

Divide participants into pairs and explain that each pair should take turns communicating key messages about the topic to each other.

Step 3

After participants finish practicing, ask if they experienced any problems in conveying information or using the handouts. Address any problem and answer all questions, then conclude the session.

HANDOUT: Key Information on Types of Contraceptive Methods

Educational session steps:

Present the following topics for discussion:

- Family planning goals of different individuals and couples
- Factors that influence choice of a contraceptive method

<p>Family planning goals and contraceptive methods</p>	<p>Family planning goals of individuals and couples may vary and can include:</p> <ul style="list-style-type: none"> • Delaying the first pregnancy • Spacing between births • Limiting family size (not having any more children) <p>Contraceptive methods include the following:</p> <ul style="list-style-type: none"> • Methods for delaying the first pregnancy or spacing pregnancies: <ul style="list-style-type: none"> - Condoms - Pills - Lactational amenorrhoea method (LAM) - Standard days method (SDM) (also called <i>Mala Chakra</i>) - Injectables - IUD (Copper-T) (long-acting method) • Methods for limiting family size: <ul style="list-style-type: none"> - Female sterilization or tubectomy - Male sterilization or vasectomy
<p>Factors that influence the choice of a contraceptive method</p>	<p>Effectiveness, usability, cost and availability factors:</p> <ul style="list-style-type: none"> • How well does the contraceptive method prevent a pregnancy? • How easy is it to use? • How willing is the couple to tolerate possible side effects? • How much does the contraceptive method cost?? • How easy is it to obtain? Will the couple need to visit a health center often?
<p>Future actions</p>	<p>In the coming months, we will:</p> <ul style="list-style-type: none"> • Highlight and provide information on contraceptive choices for spacing pregnancies or limiting family size • Help you identify your family planning goal • Refer you to local health service providers who can answer your questions about family planning, identify the best contraceptive options suitable for you and offer services as desired

Session 4

Male Condoms

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe what a condom is and how it prevents pregnancy • Understand other characteristics of the condom such as effectiveness, benefits and limitations • Explain how to use condoms consistently and correctly • Discuss ways to negotiate condom use with a partner (husband) • Know where to go for more information and supplies
Materials	<p>The VHG will require the following materials for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • Condoms for demonstration • <i>Chetna</i> apron for condom demonstration (male reproductive system) • Flip-book and handouts (last two pages of this session), one for each participant • List of locations from where condoms can be obtained (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Describe a condom and how it works.

Step 1

Welcome the participants and tell them that in this session they are going to learn about condoms, which are the only method of contraception that provides dual protection from pregnancy and sexually transmitted infections (STIs), including HIV.

Step 2

Explain what a male condom is and use pictures and samples to help describe it:

- The condom is a sheath made of thin rubber, which needs to be put over a man's erect penis just before sexual intercourse.
- During ejaculation, the man's semen is released into the condom and cannot enter the woman's vagina.
- A condom can be used by anyone who wants protection from pregnancy, STIs or HIV.

Step 3

Ask participants if they think condoms are effective in preventing pregnancy. Tell them that the effectiveness of condoms depends largely on the user, who must be motivated to use it every time and have the partner's cooperation in using it. Condoms are very effective if the couple uses a new condom *correctly at every act of sexual intercourse*. Out of 100 women, only three will become pregnant after a year of using condoms.

Activity 2: Describe the benefits and limitations of condoms.

Step 1

Tell participants that — as with any other method — condoms have both benefits and limitations. Ask participants to list some benefits and limitations of condoms and add the information given below.

The condom has the following benefits:

- It has no side effects or health risks.
- It is an easy method to use.
- It is effective if used consistently and correctly.
- Condoms are widely available.
- They are inexpensive (often free at government sites).
- They need to be used only at the time of sexual intercourse.
- It is the only method that provides protection from pregnancy and STIs, including HIV.

Condoms have the following limitations:

- In order to be effective, they must be used *every time* the couple has sexual intercourse.
- They require the active cooperation of the partner (spouse) *each time* the couple has sexual intercourse.
- There is a small possibility that the condom might slip off or break during sexual intercourse.
- A condom may reduce sensation. (Some may feel sex is less enjoyable.)
- A condom can be damaged by improper storage, such as exposure to excessive heat.

Activity 3: Describe how to use a condom correctly.

Step 1

With the help of a *Chetna* apron and the flip-book information given below, explain how to use condoms correctly:

1. Use a new condom for each act of sexual intercourse and check its expiry date before use.
2. Before intercourse, place the condom, with the rolled side out, on the tip of the man's erect penis.
3. Unroll the condom all the way to the base of penis.
4. After ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect.

5. Tie a knot and wrap the used condom properly. Dispose of it in a dustbin or bury it.

Note the following:

- Keep the condoms in a cool dry place.
- Be careful not to tear the condom while opening the condom packet or while putting the condom on.
- Use emergency contraceptive pills if the condom breaks. (Refer to a trained health provider for more information.)

Step 2

Give condom packets to the participants and teach them how to check the expiry date. Ask some volunteers to come up and explain — with the help of the *Chetna* apron — how to use condoms correctly.

Step 3

Tell participants that condoms are effective when they are used correctly every time a couple has sexual intercourse, which means:

- It is important for the couple to be able to talk about condoms and agree on using them.
- A woman should be able to negotiate condom use with her partner (husband). Some of the possible answers to convince her partner (husband) to use a condom are provided below:

Husband: Reason for not wanting to use a condom	Wife: Negotiating use
Sex may not be enjoyable.	It is only a thin rubber sheath. We may not feel any difference. Let's try and see if there is any difference.
I do not have any diseases! Why should I use condoms?	Using condoms does not mean you have an STI. It protects us from pregnancy as well as STIs.
Just this one time without a condom.	It only takes one time without protection to get pregnant or contract an STI or HIV. We are not ready for a pregnancy, and sex without a condom might put us at risk.
Condoms are for prostitutes. Why do you want one?	Condoms are for everyone who wants protection from pregnancy, STIs or HIV.

Activity 4: Practice in pairs.

Step 1

Tell participants that now they are going to practice in pairs taking turns communicating information about condoms to each other. They will use a flip-book and handouts containing key messages about the topic. Divide participants in pairs and distribute the handouts on condoms. Give the participants 15 minutes to familiarize themselves with the information in the handouts.

Each pair will have about 10 minutes to practice, so they can divide information on the handout (for example, one participant talks about condoms' advantages and limitations; and another about how to use condoms effectively).

Step 2

After participants finish practicing, ask if they experienced any problems in conveying information on condoms or using the handouts. Answer the participants' queries and provide them necessary guidance in case they faced any difficulties during the practice session.

HANDOUT: Key Information on Male Condoms

Educational session steps:

- Discuss key points as they appear in the table below.
- Use pictures to present information and discuss condom use for protection from pregnancy, STIs or HIV.
- Use provided examples to discuss condom negotiation.
- (Optional) Use pictures in the flip-book and the *Chetna* apron to explain the steps of using a male condom.

Consider asking these questions, as appropriate, to begin facilitating the discussion:

- What are condoms?
- Do you know how to use a condom?
- Do you know where to get condoms?

What are condoms?	<p>A condom is a sheath made of very thin rubber that:</p> <ul style="list-style-type: none"> • Is put over a man’s erect penis just before sexual intercourse • Prevents the man’s sperm from entering the woman’s vagina (the ejaculation happens in the condom)
Condoms for family planning	<p>If a couple uses condoms correctly <i>every time</i> they have sex, condoms are an effective method of delaying a pregnancy and spacing and limiting pregnancies.</p> <p>Note that condoms have to be used <i>every time</i> the couple has sex. If condoms are used to limit pregnancies, it requires motivation for a couple to use a condom over a long period of time. Other methods may be more effective and easier to use for long-term protection.</p>
How are condoms used?	<p>Follow these steps every time you have sexual intercourse:</p> <ol style="list-style-type: none"> 1. Use a new condom (check expiry date) for each act of sexual intercourse. 2. Before intercourse, place the condom, with rolled side out, on the tip of the erect penis. 3. Unroll the condom all the way to the base of the penis. 4. After ejaculation hold rim of condom in place, and withdraw the penis while it is still erect. 5. Tie a knot and wrap the used condom. Dispose in a dust bin or bury it. <p>Note the following:</p> <ul style="list-style-type: none"> • Keep the condoms in a cool dry place. • Be careful not to tear the condom when opening the packet or putting the condom on. • Emergency contraceptive pills can be used if the condom breaks (refer to a trained health service provider for more information).

Benefits	<ul style="list-style-type: none"> • Condoms have no side effects or health risks. • Condoms are easy to use and widely available. • Condoms are inexpensive (often free). • Condoms provide effective contraception if used consistently and correctly. • Condoms need to be used only at the time of sexual intercourse. • Condoms are the only method that provides protection from pregnancy and STIs, including HIV. 	
Limitations	<ul style="list-style-type: none"> • In order to be effective, a condom must be used <i>every time</i> the couple has sexual intercourse. • They require the active cooperation of the partner (spouse) <i>each time</i> the couple has sexual intercourse. • There is a small possibility that the condom might slip off or break during sexual intercourse. 	
Discussing condoms with the husband and/or wife	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • Condoms keep both partners safe and healthy. • Condoms are easy to try out for usability and satisfaction. • If the method is acceptable, the couple needs to use a new condom for <i>every</i> act of sexual intercourse. • If the method is not acceptable, the couple needs to decide on an alternative method. 	
Examples of negotiation responses	<i>Potential reasons for not wanting to use a condom</i>	<i>Potential responses</i>
	Sex may not be enjoyable.	It is only a thin rubber sheath. We may not feel any difference. Let's try and see if there is any difference.
	I do not have any diseases! Why should I use condoms?	Using condoms does not mean the person has STIs. It protects us from pregnancy as well as STIs.
	Just this one time without a condom.	It only takes one time without protection to get pregnant or acquire an STI or HIV. We are not ready for a pregnancy, and sex without a condom might put us at risk.
	Condoms are for prostitutes. Why do you want one?	Condoms are for everyone who wants to protect themselves from a pregnancy, STIs or HIV.

Where you can obtain condoms	Using the <i>Referral Resource Directory</i> , let the community members know where they can go in their village or close by, to get more information about condom supplies and costs.
Different people, different goals	<ul style="list-style-type: none"> • Condoms are not the only option and may not be the most appropriate method for everyone. • Some people may not agree on condom use and some people may desire to limit their family size. • They can choose from other contraceptive methods available.
Different options for each goal	<p>Other methods for spacing pregnancies include the following:</p> <ul style="list-style-type: none"> • LAM • SDM • Pills • Injectables • IUD <p>Methods for limiting family size include the following:</p> <ul style="list-style-type: none"> • Male sterilization • Female sterilization <p>Refer to a health service provider to discuss condoms or other contraceptive methods in more detail.</p>

Session 5

Lactational Amenorrhea Method (LAM)

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand LAM as an effective method of contraception • Understand the difference between LAM and breastfeeding • Name LAM's three criteria for being an effective method of contraception • Discuss the benefits and limitations of LAM
Materials	<p>The following materials are needed for this session:</p> <ul style="list-style-type: none"> • Flip chart, markers and whiteboard • Flip-book and handouts (the last two pages of this session), one for each participant • List of locations from where participants can obtain more information on LAM (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Define the lactational amenorrhea method and describe how it works.

Step 1

Welcome the participants and tell them that in this session they are going to learn about the lactational amenorrhea method, which is also called LAM. This is a natural and effective short-term contraceptive method that can be used by postpartum women who are breastfeeding. Because it works naturally, it has no side effects. For LAM to be effective, the woman must meet the three criteria outlined in the box below.

Three criteria required for LAM to be effective (must be fulfilled simultaneously)	
1. The woman has had no monthly bleeding (menstrual period) since childbirth.	As soon as her menstrual periods return, LAM is no longer effective and she must start using another contraceptive method to prevent a pregnancy.
AND	
2. The woman is breastfeeding the baby fully, both day and night.	When a woman is fully breastfeeding the baby and not giving it any other foods or liquids (including water), ovulation (release of egg) is suppressed and she cannot get pregnant. If any other foods or liquids (juices, milk, water, etc.) are introduced to the baby, then the baby will not breastfeed enough, which will result in ovulation. LAM will no longer be effective and the woman must start using another contraceptive method to prevent a pregnancy.
AND	
3. The baby is less than 6 months old.	As soon as the baby turns 6 months old, it must be given supplementary food. When supplementary food is initiated, the baby will not breastfeed enough, which could result in the mother ovulating and possibly becoming pregnant. LAM will no longer be effective and the woman must start using another contraceptive method to prevent a pregnancy.

PLEASE REMEMBER: If any of these three criteria are not met, LAM is no longer effective and the couple should choose another contraceptive method.

Step 2

Show the participants the images of the three criteria and ask them to identify each one and say each one aloud.

Activity 2: Explain the benefits and limitations of LAM.

Step 1

Tell participants that, as with any other method, LAM has some benefits and some limitations. Ask participants what they believe these benefits and limitations might be. Add the following information to their answers:

The benefits of LAM for the mother include the following:

- LAM is a safe and effective method of contraception for up to a maximum of six months or until any one of the three criteria is not being met.
- Because it is a natural method, it has no side effects.
- It requires no supplies or purchases, and it is in the mother's control.
- It provides time for the woman or couple to decide on the contraceptive method they would like to use when LAM is no longer effective.

The benefits of LAM for the child include the following:

- It encourages breastfeeding and therefore improves the baby's nutritional status.
- It decreases the occurrence of childhood illnesses.
- It increases the child's chances of survival.
- It strengthens mother-child bonding.

The limitations of LAM include the following:

- Appropriate breastfeeding patterns may be difficult to maintain. If the breastfeeding intervals are too long (for example, if the mother has to go to work), LAM may not be effective.
- Effectiveness is limited to a maximum of six months postpartum, during which time all three of the criteria must be fulfilled.
- It can be used only by postpartum woman who are breastfeeding.
- It provides no protection from STIs and HIV.

Step 2

Ask participants if they have any questions about LAM or need any clarification. Refer them to a trained health service provider if they have additional questions about LAM.

Activity 3. Describe LAM through situation analyses.

Step 1

Ask the group to share any incidents in which a woman in their village who was breastfeeding got pregnant. Tell them that some women think LAM does not work because they got pregnant while breastfeeding their babies. Explain the difference between breastfeeding and LAM.

- Breastfeeding is a method of infant feeding, not a contraceptive method.
- LAM is a method of contraception that includes three criteria that must be met simultaneously, one of which is breastfeeding (See Activity 1); but just breastfeeding the baby is not enough to prevent a pregnancy when the other criteria are not being met.

Step 2

Tell the participants that you are going to read aloud four stories about mothers who decided to use LAM. They will have a few minutes to discuss with each other the situations described in the stories and determine if the mothers can rely on LAM for family planning. Then a volunteer will answer the following questions for each situation:

- Can the mother in the story rely on LAM to protect her from getting pregnant?
- If yes, why or if no, why not?

Read the first story. Give the participants a few moments to discuss this story or think about it. Then ask two or three participants to share their answers. Discuss the answers with the whole group. Repeat the process for each situation given below.

Situations in which LAM would or would not provide protection from pregnancy	
Situation 1:	Simran has a 3-month-old baby whom she breastfeeds fully. Three days ago Simran started her first menstrual period since childbirth. Can Simran continue to rely on LAM to protect her from getting pregnant? If yes, why or if no, why not?
Answer:	No, Simran can no longer rely on LAM as a contraceptive method, because her monthly bleeding has returned.
Situation 2:	Manisha has been using LAM as a family planning method since her daughter was born. Now her daughter is 5 1/2 months old. Manisha continues to breastfeed her daughter fully. Her menstrual bleeding has not yet resumed. Can Manisha continue to rely on LAM to protect her from getting pregnant? If yes, why or if no, why not?
Answer:	Manisha has been using LAM successfully since the birth of her daughter. All of the three criteria for correct use of LAM are currently being met, but in two weeks' time, her daughter will be 6 months old and Manisha will have to initiate supplementary food for her. She cannot rely on LAM as a method of contraception after that, so she must talk with her husband about other contraceptive methods that they can use when LAM will no longer effective for her.
Situation 3:	Sakeena has a 5-month-old baby and her monthly menstrual bleeding has not yet resumed after childbirth. She goes to work in the fields for a few hours each day and leaves the baby with her mother-in-law. Sakeena gives the baby breast milk, but her mother-in-law occasionally gives other milk or liquids when Sakeena is out in the fields. Can Sakeena rely on LAM to protect her from getting pregnant? If yes, why or if no, why not?
Answer:	No, Sakeena cannot depend on LAM for protection from pregnancy. Because supplementary diet in the form of liquids has been initiated by her mother-in-law, one of the criteria for LAM is not being fulfilled. Sakeena must therefore immediately start using another method of contraception to protect her from a pregnancy.

Situation 4: Anita has a 4-month-old baby, and she has had no menstrual bleeding since childbirth. She breastfeeds her baby, but the baby fell ill and has been taking medication in the form of syrups for a few days. Anita continues to fully breastfeed the child throughout the illness. Can she rely on LAM to protect her from getting pregnant? If yes, why or if no, why not?

Answer: Yes, Anita can rely on LAM as an effective contraceptive method because she continues to breastfeed the baby during illness. The minimal doses of medicine will not be considered as supplementary food so all three of the criteria are being met.

Step 3

Ask participants what they think these mothers should do to protect themselves from a pregnancy? Facilitate the discussion and make sure the following two points are covered:

- These mothers should ensure that they are meeting all of the three criteria for LAM. The woman or couple must start using another method of contraception as soon as any one of the criteria is no longer being met, for example:
 - When the baby turns 6 months old
 - When the mother gives the baby any supplementary foods or liquids, or cannot breastfeed fully
 - When the mother's menstrual periods return
- There are several contraceptive choices available for breastfeeding women in the postpartum period and a health service provider can help them to choose the right option.

Activity 4: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate information about LAM to each other using the handout.

Step 2

Divide participants into pairs and distribute the handout for LAM. Give the participants 10 minutes to familiarize themselves with the information in the handouts.

Explain that each pair will now take turns communicating key messages about the topic. Each participant will have about 10 minutes to practice, so they can divide information on the handout (for example, one participant talks about LAM criteria and another about the benefits and limitations of LAM).

Step 3

After participants finish practicing, ask if they experienced any problems or had any difficulties conveying information or using the handouts. Answer the queries of participants and provide them with necessary guidance in case they faced any difficulties during the practice session.

Emphasize the need to refer women to health service providers if they want to learn more about LAM and explore what contraceptive methods they may want to use when they do not meet the three criteria of LAM.

HANDOUT: Key Information for the Lactational Amenorrhea Method (LAM)

Educational session steps:

1. Discuss key points as they appear in the table below. Refer to this handout for any key information.
2. Use a flip book to present information and discuss how LAM prevents a pregnancy.
3. Refer women to a trained health service provider if they have additional questions about LAM.

Consider asking these questions, as appropriate, to facilitate discussion:

- Have you heard about LAM as a contraceptive method for postpartum women who are breastfeeding? What have you heard?
- What are the benefits and limitations of LAM?

What is LAM?	<p>LAM is a very effective contraceptive method for postpartum women who are breastfeeding. In a natural way, it suppresses the release of an egg in breastfeeding women. Three criteria need to be met simultaneously for LAM to be effective:</p> <ul style="list-style-type: none"> • The woman’s monthly bleedings (menstrual periods) have not returned since childbirth. • The woman is fully breastfeeding the child, day and night. • The baby is less than 6 months old.
LAM for family planning	<ul style="list-style-type: none"> • LAM can be used to space pregnancies because it is effective for up to six months postpartum, as long as the three criteria are met. • LAM cannot be used for limiting family size, because it is only effective for a short while in the postpartum woman.
Benefits	<p>The benefits of LAM for the mother include the following:</p> <ul style="list-style-type: none"> • It is a safe and very effective method of contraception for up to six months or until the time the three criteria are no longer met together • It is natural and has no side effects. • It requires no supplies and no costs for using it. • It gives the couple time to decide on the next family planning method to use when LAM will no longer be effective. <p>The benefits of LAM for the child include the following:</p> <ul style="list-style-type: none"> • It encourages breastfeeding, which improves the baby’s nutritional status. • It decreases the occurrence of childhood illnesses. • It increases the child’s chances of survival. • It strengthens mother-child bonding.

Limitations	<ul style="list-style-type: none"> • LAM is useful only for breastfeeding women. • Its effectiveness is limited to the first six months postdelivery and only when all three criteria are fulfilled together. • LAM provides no protection from STIs or HIV.
Discussing LAM with the husband and/or wife	<ul style="list-style-type: none"> • Emphasize that LAM is a short-term contraceptive method for use immediately after childbirth. • Remind them of the need to think about what contraceptive method to use when any of the LAM criteria is not being met. • Encourage the woman to convince her husband to meet with the health service provider also.
LAM lessons learnt	<ul style="list-style-type: none"> • The baby should be breastfed day and night and whenever it wants. • The baby should not be given additional food or liquids (not even water) during the first six months. • Breastfeeding should not be stopped or interrupted even when the mother or baby is ill. • When any of the LAM criteria is no longer met, the woman must immediately start using another contraceptive method of her choice to prevent a pregnancy. • Since LAM is a user dependent method, it is more effective when practiced correctly and consistently by the user. • Breastfeeding after six months is good for the baby and should be continued; however, breastfeeding alone after six months will not prevent pregnancy.
Where you can get more information on LAM	Using the <i>Referral Resource Directory</i> , tell the community members where they can go in their village or close by to obtain more information about LAM and what methods to use when it is no longer effective in preventing a pregnancy.
Different people have different goals	<p>Remind community members that different people have different family planning goals and LAM may not be the best choice of contraception for everyone.</p> <ul style="list-style-type: none"> • A woman may not be postpartum or breastfeeding. • A woman may be unable to meet all three criteria for LAM use. • Some couples may wish to limit their family size.
Options for each goal	<p>Other methods for spacing pregnancies:</p> <ul style="list-style-type: none"> • Condoms • SDM • Oral contraceptive pills • Injectables • IUD <p>Methods for limiting family size include:</p>

	<ul style="list-style-type: none">• Male sterilization• Female sterilization <p>Refer to a health service provider to discuss LAM or other contraceptive methods in more detail.</p>
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Session 6

Standard Days Method (SDM)

Objectives	<p>By the end of the session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the Standard Days Method (SDM), which is also called <i>Mala Chakra Vidhi</i> 2. Explain how to use CycleBeads, which are also called <i>Mala Chakra</i> 3. Discuss the benefits and limitations of SDM
Materials	<p>The following materials are required for this session:</p> <p>Flip chart, whiteboard and markers</p> <ul style="list-style-type: none"> • CycleBeads for each participant • Flip-book and handouts (last two pages of this session), one for each participant • List of locations from where additional information on SDM and CycleBeads can be obtained (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Describe the Standard Days Method, who can use it and how to use it.

Step 1

Welcome the participants and tell them that in this session they are going to learn about the Standard Days Method (SDM), also known as *Mala Chakra Vidhi*. This method helps a woman to identify the days in her menstrual cycle when she is most likely to get pregnant (also called *fertile days*). The couple can prevent a pregnancy by either using condoms or abstaining from sex on all fertile days. The woman or couple uses a color-coded string of beads called the CycleBeads (also called *Mala Chakra*) to use the SDM correctly.

Step 2

Tell participants that you will now discuss the Standard Days Method (*Mala Chakra Vidhi*) and CycleBeads in more detail. Present the information given below using pictures and actual CycleBeads. Point to the appropriate beads as you explain. Also explain who can and cannot use the SDM.

Who can use the Standard Days Method?

SDM is most appropriate for women who have regular periods.

The woman has her period around the same time every month, and her two consecutive periods are a month apart.

- The couple agrees to manage fertile days, when pregnancy is most likely to occur, by either using condom or abstaining from sex.

Who cannot use Standard Days Method?

Women who do not have menstrual periods that are a month apart cannot use SDM. There are also some women in special circumstances, who cannot use SDM to prevent a pregnancy. For example, women who:

Recently gave birth or are breastfeeding

- Recently had an abortion or miscarriage
- Recently have stopped using injectables or oral contraceptive pills

How is the Standard Days Method used with CycleBeads?

The CycleBeads are a color-coded string of beads. The string of beads has a black ring that is moved from one bead to the next bead each day in the direction of the arrow.

- On the first day of her period, the woman places the black ring on the RED bead and also marks that date on the calendar (provided in the packet of CycleBeads).
- Each day, she moves the ring on the next bead in the direction of the arrow.
- All BROWN beads represent those days when pregnancy is most unlikely. The couple can have unprotected sex on these days.
- All WHITE beads represent days when pregnancy is most likely to occur. On all the WHITE-bead days the couple must either use a condom or abstain from sex.
- Her periods must return between the DARK BROWN bead and the LAST BROWN bead for her to continue using SDM.
- When she has her next period, she should again place the black ring on the RED bead, leaving the rest of the BROWN beads.

Additional important information:

If her period comes before the black ring reaches the DARK BROWN bead or after the LAST BROWN bead, she needs to visit her health service provider for advice and counseling on other contraceptive methods.

- If the couple has unprotected sex on any of the WHITE-bead days they must see a health service provider to get information on emergency contraception.

Step 3

Ask participants if they have any questions about the CycleBeads. Respond to their questions and move on to the next activity.

Activity 3. Explain the benefits and limitations of SDM

Step 1

Tell participants that, as with any other method, SDM has both benefits and limitations. Ask participants if they can think of any benefits and limitations of SDM. Add the following information to their answers:

The benefits of SDM include the following:

No side effects or health risks

- No impact on fertility
- Effective if used correctly
- No medical examination required to start use
- One time product that does not require resupply
- Simple and easy to learn and use

The limitations of SDM include the following:

Cannot be used by women with irregular menstrual cycles

- Requires both husband and wife's cooperation to manage fertile days
- Not suitable for use by women in special circumstances (such as breastfeeding women or OCP users)
- Provides no protection against STIs or HIV

Activity 4: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate information about SDM to each other using the handout. Divide participants in pairs and distribute the SDM handout. Give them 10 minutes to familiarize themselves with the information on the handouts.

Step 2

Explain that each pair is to take turns communicating key messages about the topic. Each participant will have about 15 minutes to practice, so the pair can divide information on the handout. (For example, one participant talks about who can use CycleBeads and how to use them, and another talks about the benefits and limitations of SDM.)

Step 3

After participants finish practicing, ask if they experienced any problem or had any difficulty conveying information or using the handouts. Answer the participants' queries and provide them with necessary guidance in case they faced any difficulties during the practice session.

Emphasize the need to refer men, women or couples to health service providers if they want to learn more about SDM and or other contraceptive methods.

HANDOUT: Key Information on the Standard Days Method

Educational session steps:

1. Discuss key points as they appear in the table below.
2. Use CycleBeads and the flip-book to present information and discuss how the Standard Days Method (SDM) prevents a pregnancy.

Consider asking these questions, as appropriate, to facilitate discussion:

Have you heard about SDM and CycleBeads? What have you heard?

- How do you manage fertile days to prevent a pregnancy?

What are SDM and CycleBeads?	<p>SDM is a simple, effective, fertility-awareness-based method of family planning based on the woman's menstrual cycle.</p> <ul style="list-style-type: none"> • SDM helps a woman identify which days in her menstrual cycle she is most likely to get pregnant. • SDM requires the couple to agree to manage the fertile days either by using condoms or by abstaining from sex to prevent a pregnancy. • SDM uses a color-coded string of beads, called CycleBeads.
Who can use SDM?	<p>Women who have predictable periods, about the same time every month with a month between two consecutive periods</p> <ul style="list-style-type: none"> • Couples who agree to manage fertile days (days when pregnancy is most likely to occur) by either using condoms or by abstaining from sex
How to use the Cyclebeads?	<p>The woman uses the CycleBeads to track her fertile days and cycle length: The CycleBeads have color-coded beads with a black ring that is moved from one bead to the next each day in the direction of the arrow.</p> <ul style="list-style-type: none"> • On the first day of her period, the woman places the black ring on the RED bead and marks that date on the calendar (provided in the packet). • Each day, she moves the ring to the next bead in the direction of the arrow. • All BROWN beads represent those days when pregnancy is most unlikely. The couple can have sex without using a condom on these days. • All WHITE beads represent days when pregnancy is most likely to occur. On all the WHITE-bead days, the couple must either use a condom or abstain from sex. • The woman's periods must return between the DARK BROWN bead and the LAST BROWN bead for her to continue using SDM. • When the woman has her next period, she should place the black ring again on the RED bead, leaving the rest of the BROWN beads. <p>Key Information:</p> <p>If her period comes before the DARK BROWN bead, or after the LAST BROWN bead, she needs to visit her health service provider for advice and counseling on other contraceptive methods.</p>

	<ul style="list-style-type: none"> • If the couple has unprotected sex on any of the WHITE-bead days they must see a health service provider for information on emergency contraception.
SDM for family planning	<p>If used correctly and consistently, SDM can be used effectively to delay a first pregnancy or space pregnancies.</p> <ul style="list-style-type: none"> • This method is not well suited for limiting pregnancies unless the couple is highly motivated.
Benefits	<p>No side effects or health risks</p> <ul style="list-style-type: none"> • Effective if used correctly • A one-time product (requires no re-supplies) • Requires no medical examination to start using • Involves the husband and improves couple's communication
Limitations	<p>Women with irregular menstrual cycles and in special circumstances, such as breastfeeding women, cannot use it or have to delay use respectively.</p> <ul style="list-style-type: none"> • The couple needs to agree to manage fertile days to prevent a pregnancy. • SDM offers no protection from STIs or HIV.
Discussing SDM with the husband and/or wife	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • The couple needs to discuss and agree on managing fertile days. • This method is easy to use, but requires the husband's cooperation: <ul style="list-style-type: none"> - If he is not willing to cooperate, the couple needs to think of an alternative contraceptive method. - If he is willing to cooperate, the couple needs to be consistent until they are ready for pregnancy. • The husband should also meet with the health service provider.
Obtaining CycleBeads and information	<p>Using the <i>Resource Referral Directory</i>, let the community members know where they can go in their village or close by to get more information about SDM and to obtain CycleBeads supplies.</p>
Different people, different goals	<p>Different people have different family planning goals, and SDM and CycleBeads may not be the best option for everyone.</p> <ul style="list-style-type: none"> • Some women may not be eligible to use SDM or the couple may not agree to manage fertile days. • Couples trying to limit family size might choose more effective options that are not user dependent.
Different options for each goal	<p>Other methods for spacing pregnancies include the following:</p> <p>Condoms</p> <ul style="list-style-type: none"> • Oral contraceptive pills • LAM • Injectibles • IUD

	<p>Methods for limiting family size include the following:</p> <p>Male sterilization</p> <ul style="list-style-type: none">• Female sterilization <p>Refer to a health service provider to discuss SDM or other contraceptive methods in more detail.</p>
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Session 7

Oral Contraceptive Pills (OCPs)

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe oral contraceptive pills and how they prevent pregnancy • Discuss the characteristics of OCPs • Explain the benefits and limitations of OCPs • Address some common misconceptions about OCPs • Refer to health service providers to obtain information and services related to OCPs
Materials	<p>The following materials are required for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • <i>Chetna</i> apron (female reproductive system) and packet of OCPs • Flip-book, handouts (the last two pages of this session), one for each participant • List of locations and providers where OCPs counseling and services can be provided (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Describe oral contraceptive pills.

Step 1

Welcome the participants and tell them that in this session they are going to learn about oral contraceptive pills (OCPs). Ask participants the following questions:

- What are OCPs?
- How do they prevent pregnancy?
- How do you use OCPs?
- Who can and who cannot take OCPs?

Step 2

Tell participants that you are now going to discuss OCPs in more detail and provide detailed answers to the questions above. Using pictures and an actual pack of pills, present the information given below.

What are OCPs and how do they prevent pregnancy?

- OCPs are pills that contain hormones like those in the woman's body.
- Each pack contains 28 pills: 21 white pills and 7 colored pills (red/ maroon).
- OCPs prevent pregnancy by stopping eggs from being released from the ovaries. OCPs also block sperm from making contact with an egg. (Demonstrate using *Chetna* apron.)
- OCPs can be taken for a long period of time without any adverse effects, and fertility returns quickly after discontinuation.

OCPs are a user-dependant method and therefore their effectiveness is dependant on correct and consistent use. When used correctly, this method is very effective. If 100 women use OCPs for a year, only about one woman will get pregnant.

How are OCPs used?

- The woman can start taking the pill anytime between the first and fifth day of her menstrual cycle. (Refer the client to the health service provider who will determine if the woman is eligible to use OCPs.)
- The woman must take one pill every day, following the direction of the arrow until the packet is finished. Taking the pill at the same (fixed) time of the day or night will help her to remember to take them. (*Show participants how to follow the directions on the packet for taking the pills.*)
- The woman will start a new packet the very next day after taking the last pill of the previous pack. She must continue to take one pill everyday to avoid pregnancy.

What should a woman do if she misses a day?

- If a woman forgets to take a pill one day, then she should take the missed pill as soon as she remembers, and then take the next pill at the usual time.
- If she forgets to take a pill on two or more days, then she should use a condom for the next seven days and continue taking the pills daily. She can also contact her health service provider for advice and guidance.

Who can and who cannot take OCPs?

OCPs can be used safely by the majority of women, regardless of age and number of children; however, there are some health conditions that might prevent a woman from using OCPs. These conditions include the following:

- High blood pressure
- Heart problems
- Cigarette smoking over the age of 35
- Diabetes
- Migraines or epilepsy

A trained health service provider will be able to determine if a woman can use OCPs or not. Tell participants to refer any woman who wants to take OCPs to a health service provider.

What are some common side-effects associated with taking OCPs?

- A woman who begins using OCPs might initially experience nausea, mild headaches, tender breasts, spotting between periods, irregular bleeding and mood changes.
- These side-effects are not signs of serious sickness. They usually diminish or stop within three months after starting the pills.
- Many women may never experience any of these side effects.

Step 3

Ask participants to name some brands of OCPs of which they are aware and to approximate the cost of a packet in a private health center or chemist's shop. Tell participants that Mala N/ Mala D is the brand of OCPs that is available at the government health centers. Other brands of OCPs can be obtained from private health clinics and chemists' shops.

Activity 2: Explain the benefits and limitations of OCPs.

Tell participants that, as with any other method, OCPs have both benefits and limitations. Ask them if they can describe any benefits and limitations of OCPs. Add the information given below:

Benefits of OCPs include the following:

- Very effective if used correctly
- Safe for the majority of women
- Easy to start and stop using
- Regular, lighter and less painful menstrual periods
- Protection against anemia
- Protection from certain cancers
- No partner participation required
- A woman's fertility is easily reversible — if a woman wants to get pregnant, she can stop taking the pills and her fertility returns soon after discontinuation.

Limitations of OCPs include the following:

- Requires daily use (less effective if not taken consistently and correctly)
- Cannot be used by some women with serious health conditions
- Causes side effects in some women, mostly in the first few months of use
- Cannot be used by breastfeeding women (for the first six months)
- Provides no protection from STIs or HIV
- Requires re-supply

Activity 3: Address misconceptions related to OCPs.

Ask participants if women in the communities have any apprehensions or misconceptions related to OCPs. Give participants the required facts so that they can address the misconceptions in their community. Include the following facts:

- OCPs **do not** cause cancer. In fact OCPs prevent women from developing cancer of the lining of the uterus and the ovaries.
- OCPs **do not** prevent pregnancy by causing an abortion. They prevent pregnancy by stopping eggs from being released from the ovaries and block the sperm from coming in contact with the eggs.
- OCPs **do not** make the woman infertile. A woman can get pregnant very soon when she discontinues taking OCPs. (This is why some women get pregnant when they forget to take several pills in a row.)
- OCPs **do not** build up in a woman's body, and women **do not** need a rest from taking OCPs. It takes little time for the hormones in OCPs to get out of the body completely. This is why it is important to take the next pill on time; otherwise a woman can get pregnant.

Activity 4: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate key information about OCPs to each other using the handout. Divide participants into pairs and distribute the OCPs handout. Give them 10 minutes to read the handouts.

Step 2

Explain that each pair is to take turns communicating key messages about the topic. Each participant will have about 10 minutes to practice, so the pair can divide information on the handout. (For example, one participant can talk about what oral contraceptive pills are, how they work, how effective they are, how to take them, who can and cannot take them; and the other can talk about OCPs' advantages and limitations, common side effects and facts about OCPs.)

Step 3

After participants finish practicing, ask if they experienced any problem or had any difficulty while conveying information or using the handouts. Answer the queries of participants and provide necessary guidance in case they faced any difficulties during the practice session.

Emphasize that participants are not expected to be able to give detailed information on OCPs, teaching women how to take them correctly, or addressing all concerns and rumors. They should refer women who are interested in OCPs or have more questions about them to their local health service providers.

HANDOUT: Key Information on Oral Contraceptive Pills (OCPs)

Educational session steps:

- Discuss key points as given below.
- Use a flip-book to present information and discuss how OCPs prevent a pregnancy.
- Refer women to trained health service providers if they have questions, need additional information on OCPs or want to determine if they are eligible to use OCPs.

Consider asking these questions, as appropriate, to facilitate discussion:

- What benefits or limitations of OCPs must a woman consider before initiating OCP use?
- Do you think a woman would be able to remember to take a pill every day?
- Do you know where you can obtain OCPs?

<p>What are OCPs and how they prevent pregnancy?</p>	<ul style="list-style-type: none"> • OCPs are pills that contain hormones like the natural hormones in a woman’s body. There are 28 pills in a packet: 21 white pills and 7 colored pills. • They prevent pregnancy by preventing the release of eggs and block sperm from coming in contact with an egg. (Demonstrate with <i>Chetna</i> apron.) • OCPs can be taken for a long time without any adverse effects, and there is a quick return of fertility after discontinuation. • OCPs’ effectiveness depends on the user. When used correctly, they are very effective. If 100 women use OCPs for a year, only about one will become pregnant.
<p>How to take OCPs?</p>	<ul style="list-style-type: none"> • The woman can start taking the pill anytime between the first and fifth day of her period. (The health service provider will first determine if the woman is eligible to start using OCPs.) • She must take one pill every day, in the direction of the arrow until the packet is finished. (Demonstrate how to follow the direction on the packet for taking the pills.) • When finished with the packet, the woman will start a new packet the very next day and continue to take one pill everyday. <p>Additional information for ensuring correct usage:</p> <ul style="list-style-type: none"> • The woman should take the pill at the same (fixed) time of the day or night as this will help her to remember to take them. • If a woman forgets to take a pill one day, then she should take the missed pill as soon as she remembers and then take the next pill at the usual time. • If she forgets to take two or more pills then the couple should use a condom during sex for seven days and contact her health service provider for guidance.

<p>Who can and who cannot take OCPs?</p>	<p>OCPs can be used safely by the majority of women regardless of age and number of children; however, there are some health conditions that might prevent a woman from using OCPs, such as:</p> <ul style="list-style-type: none"> • High blood pressure • Heart problems • Cigarette smoking over the age of 35 • Diabetes • Migraine or epilepsy <p>Any woman who wants to take OCPs should be referred to a health service provider, who will be able to determine if she can use OCPs or not.</p>
<p>OCPs for family planning</p>	<p>OCPs are a good option for spacing pregnancies because the method is easy to start and stop, and the return to fertility is immediate.</p> <p>OCPs can be used for limiting pregnancies as long as a woman has access to a regular supply of pills and is motivated to take the pills correctly.</p>
<p>Benefits</p>	<ul style="list-style-type: none"> • Very effective if used correctly • Safe for majority of women • Easy to start and stop use • Reversibility (If a woman wants to get pregnant, she can discontinue OCPs and her fertility returns soon.) • Regular, lighter and less painful menstrual periods • Prevention of anemia • Protection from certain cancers • No partner participation required
<p>Limitations</p>	<ul style="list-style-type: none"> • Required daily use • Inappropriate for some women with serious health conditions (See above.) • Side effects in some women, mostly in the first few months of use: • Irregular spotting (small amount of bleeding between menses) • Absence of monthly bleeding (less common, but may occur) • Headaches, dizziness • Nausea • Breast tenderness • Mood swings • Less effective if not taken consistently and correctly • Cannot be used by breastfeeding women (for the first six months) • Provides no protection against STIs or HIV • Requires resupply

<p>Discussing OCPs with the husband and/or wife</p>	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • Pills are a safe, effective way to delay pregnancy. • As long as the woman takes a pill each day, risk of pregnancy is very low. • Using pills will not increase her risk for other diseases or harm her next child.
<p>Obtaining OCPs and more information</p>	<p>From the <i>Referral Resource Directory</i> let the community members know where they can go in their village or close by to get more information about OCPs' availability and costs.</p>
<p>Different people, different goals</p>	<ul style="list-style-type: none"> • Different people have different family planning goals, and OCPs may not be the best option for everyone. • Some women may not be eligible to use OCPs. The health service provider will determine if the woman can use them or advise her on other contraceptive choices. • Couples desiring to limit their family size may want to choose more effective non user-dependent methods.
<p>Options for each goal</p>	<p>Other contraceptive methods for spacing pregnancies:</p> <ul style="list-style-type: none"> • Condoms • LAM • SDM • Copper-T • Injectables <p>Methods for limiting family size:</p> <ul style="list-style-type: none"> • Male sterilization • Female sterilization <p>Refer to a trained health service provider to discuss OCPs or other options in more detail.</p>

Session 8

Injectable Contraceptives

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe injectable contraceptives (injectables) and how they work to prevent pregnancy • Discuss the characteristics of injectables • Explain the benefits and limitations of injectables • Address some common misconceptions about injectables • Refer to a health service provider to obtain more information and services related to injectables (<i>Referral Resource Directory</i>)
Materials	<p>The following materials are required for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • Flip-book, handouts (the last two pages of this session), one for each participant • List of locations that provide counseling and services for injectables (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Describe injectables.

Step 1

Welcome participants and tell them that in this session they are going to learn about injectables as a contraceptive method. Ask participants the following questions:

- What are injectables?
- How do they prevent pregnancy?

Step 2

Tell participants that you are now going to discuss injectables in more detail and provide detailed answers to the questions above. Use the *Chetna* apron while explaining how injectables prevent pregnancy.

What are injectables?

- Injectables are a contraceptive method in which a hormone is injected into the muscles of the upper arm or hip. This hormone is also found in the woman's body.
- The most widely used injectable is depot-medroxyprogesterone acetate (DMPA). Depo-Provera is a name brand of the generic drug DMPA.
- Injectables are currently not available at government clinics or hospitals. This method is available only at the private clinics and hospitals at a cost.

How do injectables prevent pregnancy?

- Injectables prevent eggs from being released from the ovaries.
- Injectables also make the cervical mucus thick, which blocks the entrance of sperm into the uterus and makes it difficult for the sperm to enter.
- Both of these mechanisms prevent sperm from uniting with an egg, so pregnancy cannot occur. (Demonstrate using the *Chetna* apron.)

When can a woman start using injectables?

- The first injection is usually given within seven days (counting from the first day) of her monthly menstrual period.
- Breastfeeding women can start using injectables six weeks after childbirth.
- A woman can start using injectables immediately after an abortion.
- A trained health service provider will be able to determine if a woman can use this method safely or not.

When does the woman get her next injection?

- The woman must return to get her next injection after three months and get another injection every three months thereafter for as long as she wants to prevent pregnancy.
- If she is late for her next injection, she can still get an injection up to four weeks past the three-month mark.

This method of contraception is very effective if the woman returns for re-injection on time every three months.

Step 3

Explain that injectables may be a good choice for women who want to stop having children altogether (limiting their family size) and also for those who want to delay their next pregnancy (spacing their children). There is no limit to how long a woman can use injectables. Injectables are safe for the majority of women regardless of their age, number of children or marital status. Breastfeeding women should ideally postpone the use of injectables until their baby is at least six weeks old.

Refer women who wish to use injectables to a trained health service provider who will determine if this method is right for them.

Activity 2. Explain the benefits and limitations of injectables.

Step 1

Tell participants that, as with any other method, injectables have both benefits and limitations. Ask participants if they can think of any advantages and limitations. Add the following information to their responses:

Benefits of injectables include the following:

- Very effective
- Safe for majority of women and very effective
- Easy to use — nothing to remember other than to return for re-injection on time
- Long-acting — one injection provides protection from pregnancy for three months
- Can be discontinued without a health service provider's help
- Does not interfere with sex
- Can be used by breastfeeding women (six weeks after child birth)

Limitations of injectables include the following:

- Side effects — which are not harmful, but may be unpleasant — such as irregular bleeding, spotting or amenorrhea
- Return of fertility may be delayed after stopping injectables — a few months or longer. (Women who want to use injectables for spacing should know before they decide to use this method that it may take them some time to get pregnant after stopping use.)
- No protection against STIs or HIV

Activity 3: Address misconceptions related to Injectables.

Step 1

Ask participants if women in the communities have any apprehensions or misconceptions related to injectables. Give participants the required facts so that they can address the misconceptions in their community. Be sure to include the following facts:

- Injectables **do not** cause cancer. In fact, they prevent women from developing cancer of the lining of the uterus.
- Injectables **do not** prevent pregnancy by causing an abortion. They prevent pregnancy by stopping eggs from being released from the ovaries. No eggs, no pregnancy.
- Injectables **do not** prevent a woman from having more babies after she stops injections. The return to fertility is not immediate. In most women, pregnancy can occur within a few months after stopping injectables. For some, it may take a few months longer to conceive, but injectables **do not** make a woman infertile.
- Women **do not** need a rest from using injectables and can use them as long as they want to prevent a pregnancy. Health risks associated with an unplanned pregnancy are high, while side effects of the injectables are not harmful for a woman's health.
- Injectables **do not** cause menstrual blood to build up inside the body. While it is true that many women who use injectables stop having menses, this is not harmful. After injectables are stopped, menses resume (although it could take a few months).

Step 2

Ask participants if they have any questions related to injectables. Answer their questions and introduce the participants to the next activity.

Activity 4: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate information about injectables to each other using a handout. Divide the participants into pairs and distribute the handouts on injectables. Give them 10 minutes to familiarize themselves with the information on the handouts.

Step 2

Explain that each pair is to take turns communicating key messages about the topic. Each participant will have about 10 minutes to practice, so the pair can divide information on the handout (For example, one participant can talk about what injectables are, how they work, how effective they are and when an injection can be given; and the other can talk about common side effects, symptoms that require medical attention, advantages and limitations of using injectables, as well as misconceptions.)

Step 3

After participants finished practicing, ask if they experienced any problem or had any difficulties while conveying information or using the handouts. Answer the queries of participants and provide necessary guidance in case they faced any difficulties during the practice session.

Emphasize that participants are not expected to be giving detailed information on injectables or addressing all concerns or rumors. They should refer women who are interested in injectables or have more questions about them to local health service providers.

HANDOUT: Key Information on Injectable Contraceptives

Educational session steps:

- Discuss key points as they appear in the table below.
- Use the handout and flip-book to discuss the use of injectables to prevent pregnancy.
- Refer women to a trained health service provider if they have additional questions about injectables.

Consider asking these questions, as appropriate, to facilitate discussion:

- What have you heard about injectables?
- Are there any misconceptions related to injectables?
- Do you know where to refer women for injectables?

What are injectables?	<ul style="list-style-type: none"> • Injectables are a hormonal contraceptive method given by injection into the muscles of the upper arm or hip. • The most widely used injectable contraceptive is called DMPA or Depo-Provera. • The DMPA injection is given once every three months. • It is safe and very effective method if the woman continues to return for her re-injections every three months.
Injectables for family planning	<p>Injectables are a good option for spacing pregnancies because it is easy to start and stop, although return of fertility is not immediate.</p> <p>Injectables are also a good option for limiting pregnancies, as long as the woman takes the re-injection every three months.</p>
Benefits	<ul style="list-style-type: none"> • Safe for majority of women • Very effective • Easy to use — nothing to remember other than return for re-injection on time • Long acting — one injection provides protection from pregnancy for three months • Easy to stop — can be discontinued without a provider’s help • Private and requiring no participation from partner • Appropriate for breastfeeding women (six weeks after childbirth)
Limitations	<ul style="list-style-type: none"> • Side effects (possible, but not always), including irregular or heavy bleeding in first few months of use, then spotting or no bleeding at all • Delayed fertility upon stopping (varies and may take a few months or longer) • Necessity of returning for re-injection every three months to continue protection

<p>Discussing injectables with the husband and/or wife</p>	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • Injectables are a safe, effective way to prevent a pregnancy. • If the woman gets an injection every three months, the risk of pregnancy is extremely low. • Using injectables will not increase a woman’s risk for other diseases or harm the next child.
<p>Obtaining injectables and more information</p>	<ul style="list-style-type: none"> • Injectables are not available at government clinics and hospitals. This method is available only at private clinics and hospitals at a cost. • Consult the <i>Referral Resource Directory</i> to inform the community members where they can go in their village or close by to get more information about the availability of injectables and the cost of services.
<p>Different people, different goals</p>	<ul style="list-style-type: none"> • Different people have different family planning goals, and injectables may not be the best option for everyone. • Couples wanting to space pregnancies have other method choices. • Couples wanting to limit family size may also choose other methods that do not require a return to the provider.
<p>Presenting other options for each goal</p>	<p>Other contraceptive methods for spacing pregnancies:</p> <ul style="list-style-type: none"> • Condoms • Oral contraceptive pills • LAM • SDM • Copper-T <p>Other contraceptive methods for limiting family size:</p> <ul style="list-style-type: none"> • Male sterilization • Female sterilization <p>Refer to a health service provider to discuss injectables or other contraceptive methods in more detail.</p>

Session 9

Copper-T Intrauterine Device (IUD)

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe Copper-T and how it prevents pregnancy • Discuss the basic characteristics of Copper-T, including effectiveness, benefits, limitations and common side effects • Explain the benefits and limitations of Copper-T • Refer to a health service provider to obtain information and services related to Copper-T
Materials	<p>The following materials are needed for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • <i>Chetna</i> apron (female reproductive system) • Copper-T (pictures and device) • Flip-book, handouts (the last two pages of this session), one for each participant • List of locations that provide counseling and services for Copper-T (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Describe the Copper-T and how it prevents pregnancy.

Step 1

Welcome participants and tell them that in this session they are going to learn about the Copper-T, which is a device inserted into a woman's uterus. It is a long-acting method of contraception that women can use to space pregnancies or to limit their family size. (Show the device.)

Ask participants the following questions:

- What is a Copper-T?
- How does it prevent a pregnancy?

- For how many years is it effective in preventing a pregnancy?

Step 2

Tell participants that you are now going to discuss the Copper-T in more detail and explain how it prevents pregnancy. Use the *Chetna* apron and the Copper-T device to demonstrate and let the participants take the Copper-T in their hand to feel and see it.

What is a Copper-T (IUD)?

- It is a small, flexible plastic frame shaped like the letter T. It has copper wire wrapped around it. The shape of a Copper-T is similar to the shape of the uterus, so when inserted, it fits well and stays in place.
- The two strings attached to its base hang through into the vagina.
- Only a trained health service provider should insert or remove the Copper-T.

How does a Copper-T prevent pregnancy?

- Copper-T works by preventing the sperm and the egg from making contact. The copper reduces the mobility of the sperm, making it difficult for them to reach the egg. Since the sperm cannot unite with the egg, pregnancy cannot occur. (Use the *Chetna* apron for demonstration.)

How effective is the Copper-T in preventing a pregnancy?

- The Copper-T is one of the most effective methods of contraception.
- It is effective in preventing a pregnancy for as long as 10 years. The woman can, however, get it removed from a trained provider any time she wants.
- In rare cases, the woman might get pregnant even after the insertion of the Copper-T. If she misses her monthly period then she needs to meet her health service provider immediately.

For whom is the Copper-T suitable?

The Copper-T can be used safely and effectively by many women for both spacing and limiting pregnancies, including women in the following situations:

- Have just delivered a baby
- Are breastfeeding
- Have just had an abortion or miscarriage
- Have breast cancer, high blood pressure or diabetes

Refer women who are interested in using the Copper-T to a trained health service provider, who will screen them for eligibility.

Activity 2: Explain the benefits and limitations of the Copper-T.

Step 1

Tell participants that, as with any other method, the Copper-T has both benefits and limitations. Ask participants if they can think of any benefits and limitations. Add the following information:

Benefits of the Copper-T include the following:

- Appropriate for many women and highly effective
- Easy to use — nothing to do or remember after insertion
- Long-acting — can be used for as long as 10 years
- No re-supply requirement
- Immediate return to fertility — a woman who wants to get pregnant can have the Copper-T removed by a trained health service provider whenever she desires a pregnancy
- No interference with sex
- No effect on the quality or quantity of breastmilk
- Usable immediately after childbirth or after an induced abortion

Limitations of the Copper-T include the following:

- Only a trained health service provider for can insert and remove the Copper-T
- Some common side effects — which may be unpleasant, but are not harmful — such as spotting in between periods, longer and heavier bleeding and cramping during periods
- Rare but serious complications may occur, mostly when device is inserted by an untrained provider
- No protection from STIs or HIV

Activity 3: Address misconceptions related to the Copper-T.

Step 1

Ask participants if women in the communities they serve have any apprehensions or misconceptions related to Copper-T. Give participants the required facts so that they can address the misconceptions in their community.

- The Copper-T **does not** travel to other parts of a woman's body. It stays within the uterus like a seed within a pod. On very rare occasions the Copper-T can fall out of the uterus into the vagina. In such cases the woman should immediately visit a trained health service provider.
- The Copper-T **does not** prevent pregnancy by causing an abortion. It prevents pregnancy by reducing the mobility of the sperm, which prevents the sperm from making contact with the egg.
- The Copper-T **does not** prevent a woman from future pregnancies after it is removed. It prevents pregnancy only as long as the woman has the Copper-T inside her uterus. She can get pregnant soon after the Copper-T is taken out.

- The Copper-T **does not** cause birth defects in babies. Nevertheless, it is important for a woman to see a health service provider if she misses her period while the Copper-T is in place.
- The Copper-T **does not** cause any gastric problems. It is inserted inside the uterus and has no interaction with the stomach and digestion.

Step 2

Ask participants if they have any questions related to the Copper-T. Answer their questions and introduce the participants to the next activity.

Activity 4: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate information about the Copper-T to each other using a handout. Divide the participants into pairs and distribute the handouts on the Copper-T. Give them 10 minutes to familiarize themselves with the information in the handouts.

Step 2

Explain that each pair is to take turns communicating key messages about the topic. Each participant will have about 10 minutes to practice, so the pair can divide information on the handout. (For example, one participant can talk about what a Copper-T is, how it works and how effective it is; and the other can talk about benefits, limitations and other facts related to the Copper-T.)

Step 3

After participants finish practicing, ask if they experienced any problem or had any difficulties while conveying information or using the handouts. Answer the participants' queries and provide necessary guidance in case they faced any difficulties during the practice session.

Emphasize that VHGs are not expected to provide detailed information on the Copper-T or address all concerns and rumors about the method in the community. They should refer women who are interested in using this method or have more questions about it to the local health service providers as per the *Referral Resource Directory*.

HANDOUT: Key Information on the Intrauterine Device (Copper-T)

Educational session steps:

- Discuss key points as they appear in the table below.
- Use the handout and flip-book to present information and explain how the Copper- T prevents a pregnancy.
- Refer women to a trained health service provider if they have additional questions about the Copper-T.

Consider asking these questions, as appropriate, to facilitate discussion:

- Do you know anyone who uses the Copper-T?
- If you do, is the person satisfied with the Copper-T? Why or why not?
- What advantages or limitations of the Copper-T would be important for a couple if they were considering its use?
- Do you know where to go for getting a Copper-T inserted?

What is the Copper-T and how is it used?	<ul style="list-style-type: none"> • The Copper-T is a small, flexible plastic frame shaped as letter <i>T</i>. It has copper wire wrapped around it. • It is one of the most effective methods of contraception. • It is inserted into the uterus by a trained provider only. • It is a safe and easy method to use — nothing to do or remember once it is inserted. • It is effective in preventing a pregnancy for as long as 10 years. • A woman can have it removed any time she wants.
How Copper-T prevents pregnancy?	<ul style="list-style-type: none"> • The Copper-T prevents the sperm from coming into contact with the egg by reducing the mobility of the sperm. • If the sperm cannot unite with the egg, pregnancy cannot occur.
Copper-T for family planning	<p>The Copper-T is a good option for spacing pregnancies because it is easy to start and stop at any time (that is, have the device inserted and removed by a trained provider), and return to fertility is immediate.</p> <p>It is also a good option for limiting pregnancies because it is long acting and provides protection from pregnancy for 10 years after insertion.</p>
Benefits	<p>The benefits of the Copper-T include the following:</p> <ul style="list-style-type: none"> • Appropriate for use by many women • Highly effective • Easy to use — nothing to do or remember after insertion • Long-acting — can be used for 10 years • Removable by a trained health service provider at any time

	<ul style="list-style-type: none"> • Immediate return to fertility once removed • No negative effect on breast-milk
Limitations	<ul style="list-style-type: none"> • Insertion and removal by a trained provider only • Possible side effects, such as longer, heavier bleeding and more cramping. These side effects may be unpleasant, but they are not harmful. They often diminish or disappear after a few months of use. • Rare but serious complications may occur, mostly when inserted by an untrained provider • No protection from STIs or HIV
Discussing the Copper-T with the husband and/or wife	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • The Copper-T is a safe and effective method to prevent a pregnancy. • The risk of pregnancy is minimal. • Using a Copper-T will not increase health risk for other diseases or harm the next child (if used for spacing). • The husband needs to meet with the health service provider for more information on the Copper-T.
Obtaining the Copper-T and more information	<p>Consult the <i>Referral Resource Directory</i> to inform community members where they can go in their village or close by to obtain more information about the Copper- T (including costs for services) and begin using this device (insertion).</p>
Different people, different goals	<ul style="list-style-type: none"> • Different people have different family planning goals, and the Copper- T may not be the best contraceptive choice for everyone. • Some woman with STIs may not be eligible to use the Copper-T. • Couples who want to space pregnancies and limit their family size have other method choices as well.

Other options for each goal	<p>Other contraceptive methods for delaying/spacing pregnancies:</p> <ul style="list-style-type: none">• Condoms• Oral contraceptive pills• LAM• SDM• Injectables <p>Other contraceptive methods for limiting family size:</p> <ul style="list-style-type: none">• Male sterilization• Female sterilization <p>Refer to a health service provider to discuss the Copper-T or other contraceptive methods in more detail.</p>
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Session 10

Sterilization

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain what sterilization is and how it prevents pregnancy • Explain the benefits and limitations of sterilization • Address some common myths and misconceptions about sterilization • Refer to health service providers to receive additional information and services related to sterilization
Materials	<p>The following materials are needed for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • <i>Chetna</i> apron (male and female reproductive systems) • Flip-book, handouts (the last two pages of this session), one for each participant • List of locations that provide counseling and services for sterilization (<i>Referral Resource Directory</i>)
Methodology	Brainstorming, presentations and group work
Duration	Two hours

Activity 1: Explain the option of sterilization for limiting family size (having no more pregnancies).

Step 1

Welcome participants and tell them that until now they have mostly learnt about contraceptive methods for spacing pregnancies. In this session, they are going to learn about two different contraceptive methods for limiting family size: male and female sterilization.

Step 2

Ask participants if they know any man or woman in their village or community who has had a sterilization procedure? Do you know what his or her experience was with sterilization? What did he or she like or not like about it?

Acknowledge all the answers and emphasize that experiences may vary, and different women and men may perceive the same procedure in a different way. It has been shown that if people

have all of the key information about the method before they decide to use it, they are better prepared as to what to expect and are more satisfied with their choice.

Add the following information to the discussion:

- Only those couples who have decided that their family size is complete and who do not want any more children should opt for sterilization.
- Sterilization involves a safe and simple surgical procedure.
- The procedure is performed only by a trained doctor.
- Complete, quality counseling is especially important because the procedure is not easily reversible.
- The decision about sterilization should always be voluntary and informed (without pressure from anyone).

Tell participants that a woman or a man who is considering sterilization should ask her or himself the following questions:

- Could I want more children in the future?
- What if my situation changes?
- What if one of my children dies?

If the person cannot be certain how to answer these questions, sterilization is not the best contraceptive method for him or her at this time. Proper counseling of couples who are considering sterilization is extremely important so that they do not regret their choice later.

Step 3

Tell participants that in the next two activities you will discuss first female and then male sterilization.

Activity 2: Describe female sterilization.

Step 1

Ask participants the following questions:

- What have you heard about female sterilization?
- How does it prevent pregnancy?

Step 2

With the help of a *Chetna* apron (for female reproductive system) explain and demonstrate the following information about female sterilization:

- A trained doctor makes a small incision in the abdomen and cuts, ties or blocks both fallopian tubes, which carry eggs from the ovaries to the uterus. (Female sterilization can be performed either by closing both the tubes with a ring or by tying and cutting the tubes.) The uterus is not removed.
- Because the tubes are blocked, the sperm and egg cannot make contact and pregnancy cannot occur.

- It is not necessary to put the woman to sleep during the procedure.
- The woman can return home a few hours after the procedure.
- The woman can resume her daily chores in a few days when the soreness has gone away.
- The woman continues to have her menstrual periods as before.

How effective is female sterilization?

- Female sterilization is a highly effective method in preventing a pregnancy, and it works immediately after the procedure is completed.
- In very rare cases, female sterilization might fail. (Stress that no contraceptive method is 100 percent effective.) This happens because sometimes tubes can untie and allow the sperm to reach the egg, which could lead to a pregnancy.

When can female sterilization be performed?

- Just after the woman's monthly period, when it is certain that she is not pregnant
- Just after childbirth, while she is still in the hospital
- When she is not found to be pregnant after her medical checkup
- Just after an abortion, if the couple does not desire any future pregnancies

Use the *Referral Resource Directory* to refer community members to a trained health service provider for more information and services.

Activity 3: Describe male sterilization.

Step 1

Ask participants the following questions:

- What have you heard about male sterilization?
- How does it prevent a pregnancy?

Step 2

With the help of a *Chetna* apron (for male reproductive system), describe and demonstrate male sterilization.

Include the following information:

- A trained doctor makes a small puncture in the scrotum and cuts and ties the tubes that carry the sperm from the testicles to the penis. The testicles are not removed.
- After the procedure, the man will continue to have erections as before and produce and ejaculate semen during sex, but it will not contain any sperm. Without the sperm, pregnancy cannot occur.
- The procedure is very safe and brief and the man is not put under general anesthesia during the procedure.
- The man can return home a few hours after the procedure and can resume his daily chores in a few days, when the bruising and soreness has gone away.

How effective is male sterilization?

- Male sterilization, unlike female sterilization is not immediately effective. It takes three months for the method to be effective. The couple must use another contraceptive method during these three months. After the three months, sterilization is very effective.
- In very rare cases, male sterilization might fail. (Stress that no contraceptive method is 100 percent effective.) This happens because sometimes the tubes can re-unite and sperm can once again get mixed in with the semen.

When can male sterilization be performed? At any time, as long as the couple does not desire any future pregnancies.

Use the *Referral Resource Directory* to refer community members to a trained health service provider for more information and services.

Activity 4: Explain the benefits and limitations of sterilization.

Step 1

Tell participants that, as with any other method, male and female sterilization have both benefits and limitations. Ask participants if they can think of any benefits and limitations. Add the following information to their answers:

Benefits of male or female sterilization:

- Safe when performed by a trained doctor
- Highly effective
- Easy to use — nothing to do or remember after procedure for female sterilization. (In the case of male sterilization, another contraceptive method must be used for three months after the procedure.)
- Lifelong protection from pregnancy, with minimal risk of failure
- No long-term side effects
- Free of cost when performed at government health centers
- No interference with sex
- No effect on breastfeeding

Limitations of male and female sterilization include the following:

- Both are limiting methods and therefore the couple choosing it should be sure that no more pregnancies are desired in future.
- It provides no protection from STIs or HIV.
- Male sterilization takes three months to become effective, which means the couple must use another contraceptive method during this period.

Activity 5: Address misconceptions related to sterilization.

Step 1

Ask participants if men and women in the communities they serve have any myths or misconceptions related to sterilization. Give participants the required facts so that they can address any misconceptions in their community. Include the following information:

- Sterilization **does not** make women or men weak or decrease their sex drive.
- It **does not** involve the removal of a woman's uterus or a man's testicles. It only involves blocking the tubes that carry eggs in women and sperm in men.
- It **does not** change a woman's menstrual cycle or make periods irregular or heavier.
- Male sterilization **does not** cause any changes in erections or ejaculation, except that the ejaculated semen has no sperm.
- Sterilization **does not** cause any illness later in life.

Activity 6: Practice in pairs.

Step 1

Tell participants that they are now going to practice in pairs, taking turns to communicate information about male and female sterilization to each other using a handout. Divide the participants into pairs and distribute the handouts for male and female sterilization. Give them 10 minutes to familiarize themselves with the information on the handouts.

Step 2

Explain that each pair is to take turns communicating key messages about the topic. Each participant will have about 10 minutes to practice, so they can divide information on the handout. (For example, one participant can talk about male sterilization and another about female sterilization, and then both can discuss the benefits and limitations and facts with each other.)

Step 3

After participants finish practicing, ask if they experienced any problem or had any difficulties while conveying information or using the handouts. Answer the participants' queries and provide necessary guidance in case they faced any difficulties during the practice session.

Emphasize that Village Health Guides (VHG) are not expected to give detailed information on sterilization, such as checking for eligibility. They should use the *Referral Resource Directory* to refer men and women who are interested in sterilization or have questions about it to a trained health service provider for more information and services.

HANDOUT: Key Information on Sterilization (Male and Female)

Educational session steps:

- Discuss key points as they appear in the table below.
- Use the flip-book to discuss how sterilization helps in preventing a pregnancy.
- Refer men and women to a trained health service provider if they have additional questions about sterilization and are interested in this option.

Consider asking these questions, as appropriate, to facilitate discussion:

- Do you know any man or woman who had the sterilization procedure done?
- If you do, is this person satisfied with the method? Why or why not?
- Do you know where one can get more information about sterilization and have the procedure done?

What is sterilization?	<ul style="list-style-type: none"> • Sterilization is a contraceptive method for women and men who want to limit their family size, that is, not have any more children. • It involves a safe, simple surgical procedure. • The procedure is done by a trained doctor only.
How female sterilization prevents pregnancy	<ul style="list-style-type: none"> • In female sterilization, both fallopian tubes (which carry eggs from the ovaries to the uterus) are cut and tied or blocked through a small incision in the abdomen. • Because the tubes are blocked, the sperm and egg are not able to meet and therefore pregnancy cannot occur. • The woman continues to have menstrual periods as before. • It is effective as soon as the procedure is done.
How male sterilization prevents pregnancy	<ul style="list-style-type: none"> • In male sterilization, the tubes that carry the sperm from the testicles to the penis are cut and tied through a small puncture in the scrotum. • After the procedure, men continue to have erections as before and ejaculate semen during sex, but the semen has no sperm. Without sperm, pregnancy cannot occur. • Male sterilization, takes three months to be effective and the couple therefore must use another contraceptive method during these three months.
Sterilization for family planning	<p>Sterilization is a very good choice for limiting family size for couples who are sure that they do not want any more children. Reversing the procedure is very difficult, expensive and rare — successful results cannot be guaranteed.</p>

Benefits	<ul style="list-style-type: none"> • Safe and very effective • Easy to use — nothing to do or remember after procedure (except for male sterilization, must continue to use another contraceptive method for three months) • Good choice for limiting family size by a single procedure • No long-term side effects • No interference with sex • No effect on breastfeeding in either case
Limitations	<ul style="list-style-type: none"> • Requires a trained doctor to perform the procedure • Is a limiting method, therefore the couple needs to be sure that no more pregnancies are desired in the future • Provides no protection from STIs or HIV • In male sterilization, requires couple to use another contraceptive method during the first three months after the procedure
Discussing sterilization with the husband and/or wife	<p>Issues to discuss:</p> <ul style="list-style-type: none"> • Either the man or woman can be sterilized. • Sterilization will not make the person weak or alter the person's sex drive. • Sterilization does not increase risk for other diseases. • The woman continues to have menstrual periods as before. • The man continues to have erections and ejaculate semen as before, except the semen does not have any sperm.
Where to have sterilization performed or to obtain more information about it	<p>Consult the <i>Referral Resource Directory</i> to inform community members where they can go in their village or close by to obtain more information about sterilization, including costs for services, or to have the procedure.</p>
Different people, different goals	<ul style="list-style-type: none"> • Different people have different family planning goals and sterilization may not be the best choice of contraception for everyone. • Some men or women may not be eligible for sterilization. • Some couples may not be sure that they do not want any more pregnancies.

Options for each goal	<p>For couples who are not ready for sterilization, there are contraceptive methods for delaying/spacing pregnancies:</p> <ul style="list-style-type: none">• Condoms• LAM• SDM• Oral contraceptive pills• Injectables• IUD <p>Refer to a health service provider to discuss sterilization or other options in more detail at any time.</p>
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Session 11

Communication Skills

Objectives	By the end of the session, participants will know how to: <ul style="list-style-type: none"> • Communicate effectively on family planning • Conduct one-to-one meetings on family planning and communicate information on contraceptive methods effectively during meetings • Conduct a group meeting on family planning and communicate information on contraceptive methods effectively during meetings
Materials	Flip chart, markers and whiteboard
Methodology	Brainstorming, presentations, role-playing and games
Duration	Five hours

Activity 1: Explain how to communicate effectively.

Step 1

Ask participants what the purpose of communication is. Tell them that there are various reasons for communication, such as:

- To interact and associate with others
- To convey our feelings or thoughts
- To inform, educate or entertain
- To build relationships
- To change an attitude and behavior in others

Step 2

Explain that in communication the sender sends a message or information with a purpose to others (receivers). The message needs to be received by the receivers, and the sender must get feedback from the receiver on the same.

Ask participants to give a few examples of how communication takes place and how the feedback is given at home, in the market or in a hospital.

Step 3

Ask participants to play the game *Chinese whisper* to demonstrate how a message gets lost and distorted in transmission. Ask them to sit in a circle. Whisper a sentence in the ear of one of the participants and ask that person to repeat the message in a whisper to the next person sitting on their right side. The message is passed from one person to another, all around the circle until it reaches the last person, who then says the message out loud. The message whispered to the first person is usually totally different from the message received by the last person.

Tell participants that in real life a message gets distorted as a result of the way it is communicated and the way the receiver processes the message. It is important to develop effective communication skills in order to preserve the integrity and accuracy of the message.

Step 4

Ask participants the following questions:

- How can we communicate effectively with others?
- What is the difference between verbal and nonverbal communication?

Tell participants that effective communication involves:

- Verbal communication, in which one person talks and others listen to be able to react. Long sentences, speaking too softly, hearing problems, listener interruptions, loud external noises and other disturbances hamper effective verbal communication.
- Nonverbal communication, which is communicating through actions, facial expressions, sitting posture and other signals
- Positive nonverbal signals include:
 - Leaning forward
 - Smiling
 - Maintaining eye contact
 - Nodding one's head
- Negative nonverbal signals include:
 - Yawning or looking at papers or elsewhere
 - Frowning
 - Not maintaining eye contact
 - Glancing at one's watch or cell phone

Step 5

Tell participants that communicating with community members is not easy. People are generally shy in discussing family planning or contraceptive methods. Therefore for communicating effectively on family planning methods, the Village Health Guides (VHG) must take care to make the community members feel comfortable by following some of the pointers below:

- Use short sentences, simple words.
- Have a sense of humor, but do not hurt the feelings of others.
- Listen carefully for questions, feedback and suggestions.
- Be alert to the changing moods of the receivers and be sensitive to their concerns, feelings and opinions.
- Make eye contact with everyone in the group.

- React to what others say by nodding, smiling and showing that you are listening.

Activity 2: Explain how to conduct one-to-one meetings.

Step 1

Ask participants what points they keep in mind while conducting one-to-one meetings with men, women or couples on family planning and contraceptive methods. Ask a few participants to volunteer their answers.

Tell participants to keep the following points in mind in order to have effective one-to-one meetings:

- Meet in a place where there is privacy so that the person (man, woman, couple or mother-in-law) can share his or her needs and feelings, queries and concerns related to family planning and contraceptive methods without any hesitation.
- Provide enough time so the person's concerns and family planning needs can be discussed thoroughly.
- Maintain confidentiality — keep the information shared by the person with you private. Do not share it with others. Also tell the person that whatever he or she tells you will be kept confidential.
- Show respect to everyone. There should be no discrimination based on caste, religion, age, sex or status of the person with whom you are having a one-to-one session.
- Be nonjudgmental, polite and patient.
- Use simple language.
- Use handouts to refer to additional information on family planning and contraceptive methods. Also use the flip-book for explaining family planning or any specific contraceptive method that the community member is interested to know more about.
- Ask the person to repeat the important instructions you gave to ensure that he or she has understood what you said.
- Refer the community member to a trained service provider for any additional information that he or she may require and offer to accompany him or her.

Step 2

Explain the steps VHGs need to follow to have an effective one-to-one meeting with a husband, wife or couple:

- Greet the person(s) in a friendly manner.
- Ask about his or her family planning goals and previous use of contraceptive methods. Assess their present needs. Do they want a limiting or a spacing method?
- Tell him or her about different family planning methods, provide an overview of the characteristics, effectiveness and side effects of the methods that she or he is interested in, including protection against HIV and STIs. Show them samples of methods.
- Provide as much information on all methods as you are aware of. For additional information and details, refer community members to a trained health service provider who will screen for eligibility and help them make an informed choice and obtain services. Refer to the *Referral Resource Directory*.

- Explain that the health service provider will determine whether she or he will be eligible to use a contraceptive method.
- Follow up with them and ask how they feel about using the method, their satisfaction with use and if they have any concerns.
- Where required, you may accompany community members to the health center or health service provider and help them obtain the family planning services.

Activity 3: Explain how to conduct group meetings.

Step 1

Ask participants what points they keep in mind or consider while conducting group meetings with men, women, couples or mothers-in-law on family planning and different contraceptive methods. Ask a few participants to volunteer their answers.

Tell participants to consider the following points in order to have an effective group meeting:

- Meet in a place that provides comfortable seating, proper ventilation and some privacy so that people do not feel shy in discussing family planning and contraceptive methods.
- Schedule enough time so that important information on family planning can be covered and attendees' queries and concerns can be addressed.
- Show respect to everyone. There should be no discrimination based on caste, religion, age, sex or status of the person.
- Be nonjudgmental, empathetic, polite and patient.
- Speak clearly and loud enough so that everyone can hear.
- Use short sentences and straightforward language.
- Make the discussion interactive and interesting.
- Use the flip-book while explaining family planning.
- In group meetings, try to give general information about family planning methods. When people ask specific questions about a method, answer their questions based on the information you are confident about and the time available, or else fix a one-to-one meeting with that person, or suggest he or she visits a trained health service provider.

Step 2

Explain the steps VHGs need to follow to have an effective group meeting:

- Greet the people in a friendly manner.
- Introduce the topic. Make the people comfortable if you feel they are hesitant to discuss this sensitive issue, which is sometimes the case with family planning.
- Provide an overview of different family planning methods. Use a flip-book to show how different family planning goals require different contraceptive methods. If possible, show samples of the methods (for example, condoms, OCPs or a Copper-T).
- Address their concerns and questions and dispel any myths and misconceptions they have regarding the different contraceptive methods. Handle the questions related to side effects or method failure method carefully. (For example, community members might say that they have seen many women get pregnant after female sterilization or gain weight after taking OCPs).

- Refer to the *Referral Reference Directory* to tell members the location of health centers and health service providers where they can obtain more information on contraceptive methods as well as related services.
- Offer to accompany them, when required, to the health center and help them obtain the family planning services.

Step 3

Tell participants that occasionally during group meetings a conflict may arise because of differences in opinions on family planning and related issues between members of the group. If such a case arises, follow these recommendations:

- Remain neutral.
- Thank all members for their contributions to the discussion. You can also say, “There are no correct or incorrect answers or points of view when it comes to how we feel about family planning. People may have different opinions about these issues.”
- Encourage members to discuss their concerns with a trained health service provider that you can refer them to. (Use the *Referral Resource Directory*.)

If anyone ever asks a difficult question on family planning or any contraceptive method to which you do not know the appropriate answer, be careful of the limits of your knowledge. Rumors can be started or spread when someone attempts to respond to questions without adequate knowledge or information. Do not hesitate to say that you do not know the answer, and he or she must discuss that with the health service provider.

Activity 4: Practice communication in groups (role-play).

Step 1

Divide the participants into eight groups. Give each group one of the following situations. Ask each group to prepare a role-play on the given situation.

Situations
<p>Group 1: Conduct a group meeting with mothers-in-law and tell them about the following:</p> <ul style="list-style-type: none"> • The purpose of family planning • Five risky situations for a woman and baby’s health • Benefits of family planning <p>Group 2: Conduct a group meeting with couples and tell them about the following:</p> <ul style="list-style-type: none"> • Different contraceptive methods for spacing and limiting pregnancies • Different people and different reproductive goals • Factors to consider while choosing a method <p>Group 3: Conduct a group meeting with married women between the ages of 20 and 35 years, and tell them about methods for spacing pregnancies and limiting births.</p>

Group 4: Conduct a group meeting with married men and tell them about methods available specifically for men to use, such as condoms or a vasectomy.

Group 5: Moni is 18 years old and she got married 3 months back. Her mother-in-law, Susheela, wants her to become pregnant as soon as possible. When you go to meet Moni, Susheela and Moni's husband do not allow you to meet her. How will you handle such a situation?

Group 6: Sakeena and Arif have two children. Their second child is only 2 months old. They do not want any more children, but are not willing to get the sterilization so early. Give them information about family planning methods to help them choose an appropriate method based on their needs.

Group 7: Suman and Sohan have two children. Their second child is 1 year old. The difference between their two children is less than one and a half years. Suman is pregnant again. Make this couple understand the risks involved in having so many pregnancies and so closely spaced. Explain how they can limit their family size.

Group 8: Parveen has four daughters and is 35 years old. She looks very weak. Her husband, Roshan, wants to have a son, so he refuses to use any family planning method and does not let Parveen use any contraception. He often abuses Parveen and holds her responsible for giving birth to four girls. Make Roshan understand the importance of girl-children and why he should limit his family size and how.

Tell the groups:

- They will be given 30 minutes to prepare their role-play.
- Each group will get a maximum of 15 minutes to present, followed by 5 minutes discussion. All group members will have to take part in the role-play.
- Refer to the handouts given during the previous sessions.
- While groups 1–4 are presenting, all other participants should act like community people — mothers-in-law; married men and married women between the ages of 20 and 35 with one, two or three children; and married couples (depending on the situation of the role-play).
- During the presentation of groups 5–8, all other participants will be observers and will carefully observe the role of VHG in giving information in one-to-one meetings.

Step 2

Invite the groups one by one to present their role-plays. Ensure that all members of the group are involved in the role-play. After the presentation of each group, hold a discussion based on the following questions:

- What did the group do well?
- Did the participant playing the role of VHG use good communication skills?
- What could have been done differently to make it more effective?
- Were any important points omitted from the content?

Step 3

End the session by asking the participants how they felt doing these role-plays. Do they need more help or practice to enhance their communication skills? Give them necessary guidance and ask the participants to applaud themselves for their good performances in the role-plays.

Session 12

Health Service Provider Linkages

Objectives	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe health service provider linkages and their benefits • Discuss the steps needed to create linkages with family planning service facilities • Begin applying the steps by working on the activities for the session
Materials	<p>The following materials are needed for this session:</p> <ul style="list-style-type: none"> • Flip chart, whiteboard and markers • Pencils and erasers for each participant Two blank pieces of flip chart paper for each VHG to map out catchment area • One copy of the blank <i>Referral Resource Directory</i> for each VHG
Methodology	Brainstorming, presentations, group work and role-play
Duration	Two hours

Activity 1: Describe the benefits of creating linkages with health service providers.

Step 1

Tell participants that in this session you are going to describe health service provider linkages and why they are important. There are no contracts or costs related to the provider linkage — it is an informal relationship with trained health service providers. You will introduce the steps for creating linkages with health service providers and referring men, women and couples from villages to them. You are also going to provide participants the opportunity to begin applying these steps to their own village(s).

The type of linkages you are creating with health service providers in this program requires that Village Health Guides (VHG):

- Establish relationships with health service providers in the area they serve
- Offer men and women in their villages basic information about health service providers
- Make informal referrals to visit those providers for family planning counseling and services, as appropriate

Step 2

Ask participants what do they think would be the benefits of establishing good relations with the health service providers. Then discuss and include the following:

Creating linkages with the health service providers:

- Allows VHGs to build relationships with providers and learn the latest information about what family planning services are offered and when they are offered, so they can provide this information to the men and women in your community
- Increases VHGs' knowledge and understanding of the services available within the community and in nearby areas
- Sensitizes providers to the health concerns and needs of men and women of their village
- Helps the men and women of their villages obtain quality services

Activity 2: Explain how to create linkages in this program.

Step 1

Tell participants:

For creating linkages in this program they will have to take following five actions:

1. Define the catchment area.
2. Begin to document available family planning services.
3. Meet with service providers.
4. Complete documentation of available family planning services.
5. Conduct family planning education sessions and refer men, women and couples to health service providers to obtain family planning services.

You will complete actions 1 and 2 in this session and think through actions 3 and 4, but they will not be implemented until *after* the training session. Discuss each action.

Action 1: Defining the catchment area:

- A catchment area is where you meet and interact with men and women to discuss health and family planning issues. In this project, their catchment area is the two villages in which they provide information and services.
- Knowing their catchment area will help them identify the location of the nearest family planning services.

Give each participant two blank pieces of flip-chart paper to map out their catchment area. Show them how to sketch out a map of each of their villages and instruct them to draw one village map per piece of paper. They do not have to be exact. Indicate locations on the maps where they usually provide health messages to the community. Then mark the nearest service sites that provide family planning.

Include the following:

- Government hospitals/health centers that provide contraceptive methods (HSC, PHC, CHC and higher levels as appropriate), including any info on IUD camps, health *mela*, and sites for Village Health and Nutrition Days (VHND)
- NGO clinics and other private hospitals/health centers that provide services related to contraceptive methods
- Chemist shops where contraceptive methods can be purchased
- Other depot holders in the villagers that stock some contraceptive methods at subsidized prices

Be sure to label all facility sites. The nearest facilities for IUDs or sterilization may actually be located outside of your village, in a neighboring village. Please also show that facility on your map, outside of the village boundaries

It's ok if you don't know where all the family planning service sites are. You will be asked to find out more after the training

Action 2: Begin to document available family planning services:

- Consider what services are currently available and how much is known about them.
- Create a directory based on available services so that they can make referrals for family planning counseling and contraceptive methods

Tell participants to look at how much information they already have about the available family planning services and then pair off the participants who are covering neighboring villages. Tell them to identify any higher-level facilities they have in common and discuss the issues related to documenting available services in their village:

- Which facilities currently provide family planning? Which contraceptive choices do they offer? Is there a fee for the methods? Will individuals have to go to different facilities for different methods?
- What are the hours of the facilities? Which days of the week and hours of the day are the facilities open for providing family planning counseling and services?
- Do they have any personal contacts at the facility?
- How will people obtain the services?
- Are there any challenges to physically getting to the facility?
- Are women are embarrassed to go to a chemist shop for contraceptive pills, or they feel uncomfortable going to a clinic alone. Are there ways to address these challenges?

Encourage the group to think through solutions. The purpose of this exercise is to get participants thinking about the information they already have, and how much more they'll need to collect. It will also get them thinking about how to address any challenges, such as distances, that men or women may have in accessing services.

After they discuss in pairs, ask the pairs to summarize their discussions and present them to the whole group. Be sure to include challenges as well as solutions in the presentation so that the group can learn from each other.

Actions 3 and 4: Meet with health service providers and complete the *Referral Resource Directory*.

Give one form of *Referral Resource Directory* to each participant and tell them they are going to learn to fill it out. Assure them it is ok if they do not know all the information at this point in time. They will complete the directory at a later date. Remind them to double check all information with the providers when they meet them — even if they know some or even all of the information.

Explain the procedure to participants as follows:

- Begin by identifying the facility and key staff member(s) who either oversees or provides family planning services at the facility. The key staff member could be the medical officer in-charge, the facility manager, a nurse or an ANM.
- Call the facility to introduce the program and request a one-on-one meeting with the appropriate person. The Development Coordinator from NEED can help initiate these meetings, and recommend the person to talk to. The goal of the meeting is to:
 - Describe NEEDs SHG/JLGs activities in the village and the new goal of meeting the broader health needs of members of the community, including family planning.
 - Describe how VHGs will be providing more information on family planning to the members of the community and will be making informal referrals for services.
 - Get information about their services. Bring your resource directory and fill in the information for that site.
 - Extend an invitation to a health service provider to be present at some of the group meetings conducted by VHGs to answer questions and provide more information. Discuss the logistics of their participation in the meeting. Take notes for follow up
- Contact facilities only in your own villages. Notify the Development Coordinator at NEED if there is a higher-level facility that is located outside of your catchment area, but that should be included in the directory because it is the nearest place to access the full range of contraceptive methods. The Development Coordinator will ensure that the information is provided to complete your directory. If several VHGs will be referring to the same higher-level facilities and would like to arrange a group visit to the clinic, they should coordinate it with the Development Coordinator.

Ask participants to pair off and discuss the following issues related to holding a meeting with the health service provider:

- Which people from which facilities would you include?
- How would you contact them?
- What messages would you discuss? Do you have anything to add to the meeting agenda?
- Are there any potential challenges to working with these organizations in your area? What are some solutions to these challenges?

After they discuss in pairs, ask the pairs to summarize their discussions and make presentations to the whole group. Remind them to include challenges as well as solutions in their presentations so that the group can learn from each other.

Actions 5: Conduct family planning sessions and make referrals to family planning services.

Tell participants that once they have their meeting with the health service provider and complete the *Referral Resource Directory*, they will be ready to conduct family planning sessions and provide more information to the men, women and in their villages.

At the end of each family planning education session, VHGs should use the *Referral Resource Directory* that they created to tell the group — and any individuals who approach them after the session — where they can access contraceptive methods for spacing or limiting family size.

Please remind VHGs that they are not expected to be experts on family planning, nor are they expected to provide all services to the couples. That is the role of the health service provider. The role of the VHG is to:

- Share information about the benefits of family planning and available contraceptive choices so that men, women and couples can better assess their personal situations and decide if they want to use family planning services
- Link men, women and couples to health service providers who can counsel them and help them make informed choices regarding the timing, spacing and number of children they want to have

Step 2

Tell participants that now they are going to practice conducting a meeting with a provider with the help of role-play. Ask them to divide into small groups. In each group, one participant will act as a VHG, the other participants as the Medical Officer, nurse, ANM, etc., of a health facility. Make them practice Actions 3 and 4 mentioned above. Give them 15 minutes to prepare answers that describe NEEDs SHG/JLGs activities in the village and the new goal of meeting the broader health needs of the men and women in the community, including family planning needs.

- Describe how VHGs will be providing more information on family planning to the men and women in the community and will make informal referrals to health services.
- Get information about the site's services and put it in the resource directory.
- Extend an invitation to the health service provider to be present at some of the group meetings conducted by you to answer questions and provide more information. Discuss the logistics of their participation in the meeting.

Step 3

Invite the groups one by one to present their role-plays. After each-role play, encourage other groups to provide feedback. Afterwards, sum up the information given by the participants in the role-plays and offer the VHGs further guidance in conducting effective meetings while creating linkages with health service providers.

Ask participants if they have any questions from this session. Answer their queries and close the session.

This module incorporates information from the following materials:

- 1) *Establishing Referral Networks for Comprehensive HIV Care in Low-Resource Settings*, FHI 2005.
- 2) *Developing Linkages with Health Service Providers: A Technical Guide for MFIs*, Freedom From Hunger, 2010.

