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FROM THE AMERICAN PEOPLE

Introduction to the *Usapan* series Facilitator's Guide



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Acronyms

BHW	Barangay Health Worker
BTL	Bilateral Tubal Ligation
DOH	Department of Health
EINC	Essential Intrapartum and Newborn Care
FP	Family Planning
FP-CBT	Family Planning Competency-Based Training
GBV	Gender-Based Violence
IUD	Intrauterine Device
LA/PM	Long-Acting/Permanent Method
MCH	Maternal and Child Health
MLLA	Mini-Laparotomy under Local Anesthesia
NSV	No-Scalpel Vasectomy
PPM	Private Practicing Midwives

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Overview

This is the complete set of instructions and discussion points for facilitating the four modules of the *Usapan* series:

1. *Usapang Pwede Pa* (promoting/facilitating choice and use of spacing methods)
2. *Usapang Kuntento Na* (promoting/facilitating choice and use of long-acting/permanent methods (LA/PM))
3. *Usapang Buntis* (promoting/facilitating essential behaviors for ensuring healthy pregnancy, safe delivery, and family planning (FP))
4. *Usapang Bagong Maginoo* (promoting/facilitating male participation in Family Planning and Maternal and Child Health (FP-MCH))

Objectives of *Usapan*

Usapan has four purposes:

1. Create demand for FP-MCH services to increase the revenues of PPMs;
2. Meet the new demand and enhance the business practice of PPMs;
3. Help clients of PPMs to think through their hopes for their future and their family's future and to envision how FP (and/or good antenatal, delivery, and postpartum care) can help turn those hopes into reality; and
4. Introduce clients of PPMs to the role of gender in relationships and how this and gender-based violence (GBV) can interfere with accessing and using FP-MCH services and products.

WHO CAN USE THIS GUIDE

The accompanying facilitator's guide is intended specifically for private practicing midwives (PPMs) who aim to widen their client base and thereby increase revenues by conducting service marketing activities such as the *Usapan* series.

Although *Usapan* has been well-tested as a user-friendly approach, there are certain technical aspects that can only be learned by PPMs. Therefore, it is recommended that this guide be used only by those who possess the criteria listed below:

1. Must have attended the Family Planning Competency-Based Training (FP-CBT) Level I; preferably have also completed FP-CBT 2
2. Have attended the *Usapan* Facilitator's Training
3. Preferably working in or operating a PhilHealth accredited birthing facility

Usapan compared to health classes

Health classes are generally used to provide health information or raise awareness about certain health concerns. They typically use mostly top-down lectures to impart new knowledge and often are not very participatory. In many cases, the health class does not include facilitation to help participants make a choice and take action.

The *Usapan* series, on the other hand, is a carefully structured process for a facilitated group discussion on FP and maternal health care. The design is more conversational, as opposed to being a class/lecture type of session. It seeks to educate participants by providing only the amount of information that adults can process in one sitting (based on the adult education literature), rather than going into multiple complex details in one session. Instead, *Usapan* aims to promote FP and maternal health care by providing essential information that is emotionally appealing, so that at the end of the session participants can link a particular method or service as possibly being responsive to their needs. At the end of an *Usapan* group session, the participant who has a method/service in mind receives a one-on-one counseling session with a trained service provider for a more thorough discussion of the method or service s/he is interested in.

Based on the *Usapan* participant's wishes and medical assessment, PPMs provide the desired method/service on site (e.g., pills, Standard Days Method (SDM), IUD insertion, antenatal care, etc.). However, the *Usapan* also makes it clear to the participants that they have the option NOT to choose a method, if they are not ready for one or don't see themselves needing FP at the current time.

***Usapan* should be viewed as a process that leads to immediate service provision** and not just health education. As such, conducting *Usapan* involves prior identification of clients with unmet need, segmentation according to unmet need for spacing vs. LA/PM, group counseling, one-on-one counseling, service provision/referral, follow-up and monitoring.

The four absolute conditions for an activity to qualify as *Usapan* are as follows:

1. No more than 15 participants (potential FP clients and/or MCH patients) per session at any given time.
2. FP-CBT 1-trained midwives or nurses must be available to provide one-on-one counseling and the chosen FP method in the actual session, and FP-CBT 2-trained midwives or nurses for those who will provide IUD insertion.
3. All temporary FP commodities must be available and ready for actual use or dispensing at the *Usapan* session venue.
4. The immediate forthcoming schedule of bilateral tubal ligation (BTL) and/or no-scalpel vasectomy (NSV) services (within the week) at a specific referral hospital or partner must be arranged and finalized prior to conducting the *Usapan* variant that promotes LA/PM.

Sequence of *Usapan* Topics

It is important to note that the sequence of structured processes in all modules is the same. **The significant difference lies in the technical inputs that are presented and discussed for each specific module.** For instance, in *Usapang Buntis* the gender inputs come after the MCH technical inputs. In *Usapang Pwede Pa* and *Usapang Kuntento Na*, the gender inputs come after the FP technical inputs. This is to emphasize that FP-MCH behaviors are more likely to be performed and sustained within a gender responsive spousal/family environment.

However, in the *Usapang Bagong Maginoo* module, the gender inputs come before the MCH technical inputs. This is to ensure that men understand the benefits of a gender responsive spousal/family environment. With this understanding, it is anticipated that men will be more receptive to the technical inputs on how they can better perform their roles in FP-MCH.

Steps in organizing your *Usapan* session

1. Decide what variant of *Usapan* you will conduct and remember the correct target segment (for that variant). The specific *Usapan* variant you choose to conduct should be based on what is the common need among women in the community (spacing methods or permanent methods) because this will give you the highest likelihood of generating new clients. As much as possible, avoid mixing those who need spacing methods with those needing a permanent method. *Usapan* may be less effective if you mix them because organizing and making arrangements for service providers and facilities for permanent methods can be difficult. For instance, some private facilities that provide BTL services ask that at least 10 clients be available for a single BTL day so that they can profit from the activity. On the other hand, providing the spacing methods such as pills, injectables, and IUD is very straightforward. So, in effect, the results are better if you provide separate sessions for clients who want spacing and another session for those who want a permanent method.
2. Link up with BHWs and members of the Community Health Team (CHT) in your barangay to get information on women and men who belong to your target segment (women with unmet need for spacing methods or permanent methods, pregnant women) and can be invited. You can request data on women with unmet need for FP from your friends who are in public health, e.g., Public Health Nurse, Rural Health Midwife, or even from the BHW/CHT member. These health workers may have access to information from past surveys which then allows them to identify women who are not yet FP users but might be interested to use modern FP methods. Examples of these local sources of information are as follows:
 - Community Health Team survey
 - Field Health Services Information System (FHSIS)
 - Community-based Management Information System
3. Select and set up your venue, preferably your own clinic; you may also conduct outreach *Usapan*.
 - If you are going to use a public facility, make sure to obtain permission first before making definite plans and preparations

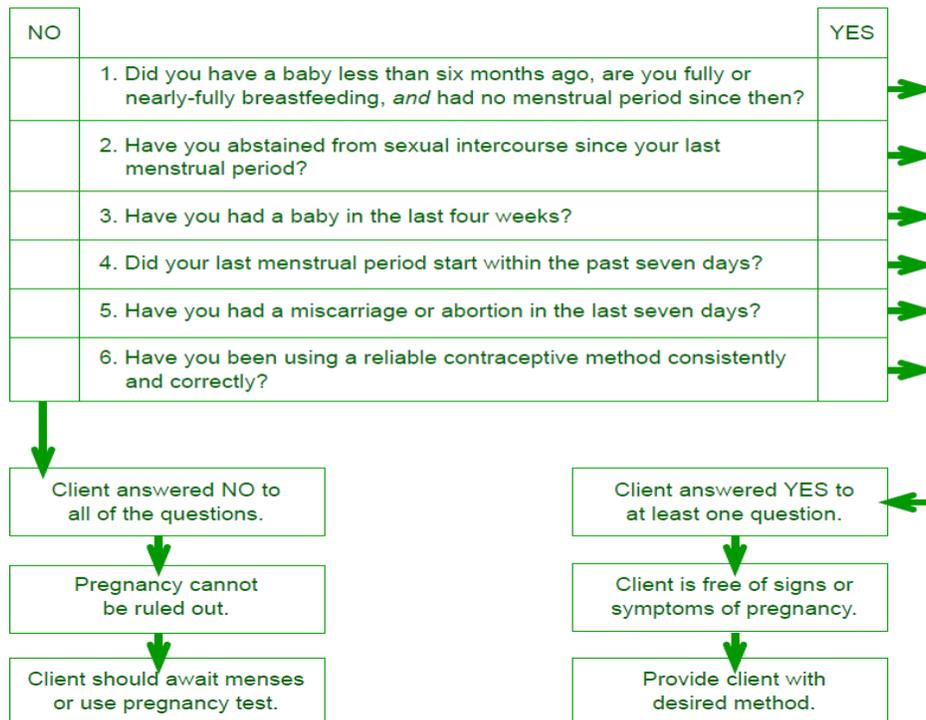
4. Prepare the supplies and materials
5. Prepare yourself and your co-facilitators
6. Conduct the *Usapan* activity
 - Group session
 - One-on-one counseling
 - Immediate service provision to participants who express interest in a method/service

It is quite common among FP service providers not to provide hormonal methods or insert an IUD when the client does not have her menses. In these cases, FP providers routinely advise the client to return to the clinic when she (client) has her monthly period.

The DOH recommended practice is that if a woman is already interested to use a FP method, FP service providers do not have to wait for that woman to have her menses before giving her the method she has chosen if it can be reasonably ascertained that the client is not pregnant. DOH (and WHO) recommends asking a set of six (6) questions to rule out pregnancy. (Please see below).

How to be Reasonably Sure a Client is Not Pregnant

If the client answers YES to any question, proceed to the first box directly below the YES column



Structured flow of *Usapan*

Whichever *Usapan* module is conducted, there are 12 distinct steps that the facilitator should follow. Doing so will create an environment where *Usapan* participants can voluntarily indicate their interest in a particular method(s) or behaviors that they find responsive to their needs.

Important reminders for facilitators:

- I. Familiarize yourself with the sequence and content of the 12 steps, as indicated below. Visualize yourself walking through the sequence of structured exercises by reviewing these steps and then practicing with the Job Aid version of the Visioning/Action Card. This will help you memorize the Visioning/Action Card images in relation to the *Usapan* steps.

Structured Flow of Usapan: 12 NUDGE Points

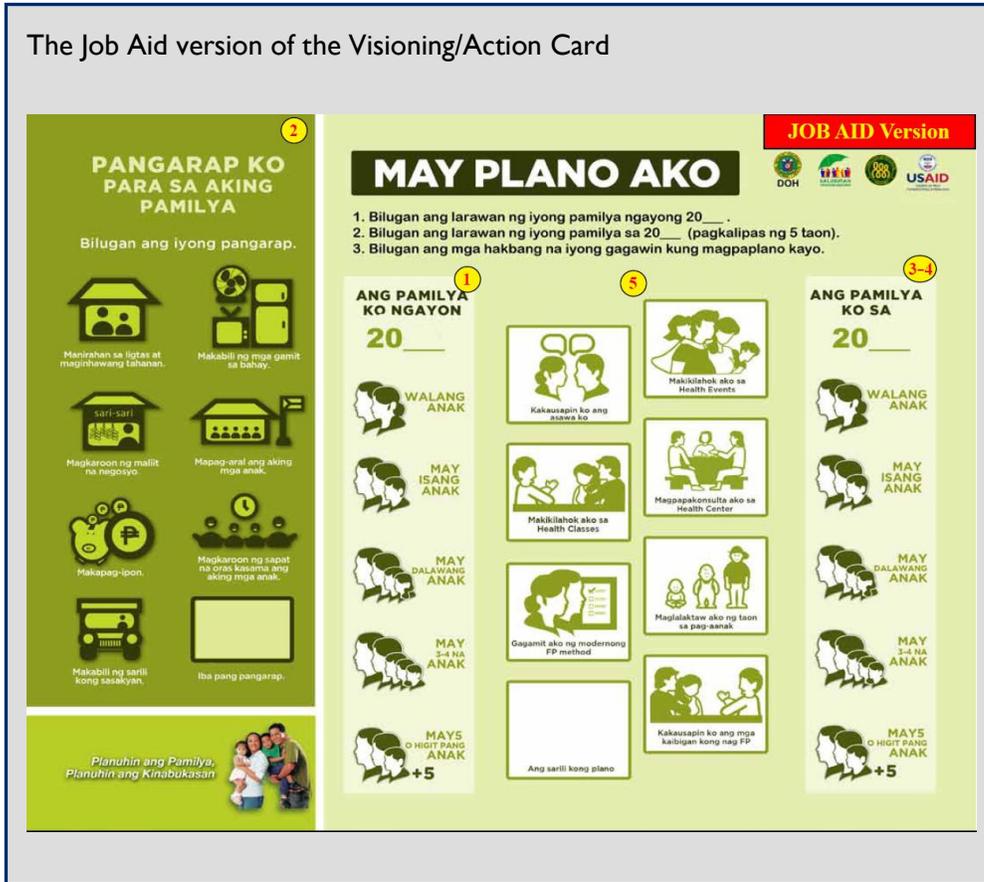
1. Structured exercise to establish the family “baseline”
2. Structured exercise to formulate a vision for the family (moving forward from the baseline)
3. Brief individual reflection
4. Structured exercise to visualize the family size 5 years hence, in relation to the participant’s vision for the family
5. Structured exercise to formulate steps (action plan)
6. BRANCH POINT for the specific Usapan Modules (*each will run through separate Steps 7 to 10*)
 - ✓ Usapang Pwede Pa
 - ✓ Usapang Kuntento Na
 - ✓ Usapang Buntis Na
 - ✓ Usapang Bagong Maginoo

LOOP BACK 

11. Briefly present Clients Rights (base on Rights of FP Clients) for Pwede Pa and Kuntento Na
12. Ending the Session and obtaining behavioral commitment from participants

2. Do not discuss detailed mechanisms of action and use of FP methods – this is one of the major differences between *Usapan* and health classes. During the group session participants cannot possibly absorb all the detailed information about each of the more than 10 FP methods presented. It’s simply a case of overloading the brains of the participants with so much information. **Therefore, detailed information is a waste of time** of both the speaker and the *Usapan* participants.

The Job Aid version of the Visioning/Action Card



3. The keys to success in facilitating *Usapan* are the following:
 - a. Stick to 2.15 hours or less. This is the average duration for the *Usapan*;
 - b. Maintain group interest; make it a fun experience;
 - c. Maintain a brisk, energetic pace (not too slow, not too fast);
 - d. Show genuine enthusiasm; and
 - e. As you facilitate more *Usapan* sessions, you will get a feel of how to apply all of the above. Therefore, the more you facilitate, the better a facilitator you become.

IF YOU DO ALL the above-listed “keys to success” (items a-e), your participants will not notice the time elapsed.

Below is a table showing the 12-steps and corresponding content, estimated duration, and the materials/supplies needed.

The 12 Steps of *Usapan*

With corresponding content, estimated duration

Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
	Let's get to know each other	10 minutes	None. You may want to substitute another, different icebreaker for this one
1	What I Like about My Family Today (Structured exercise to establish the family "baseline")	12 minutes	<ul style="list-style-type: none"> • 1 sheet of Visioning/Action Card; do step 1 Under <i>May Plano Ako</i> column • Ballpoint pens or pencils • Metacards • Masking tape • Pentel pens • Board or wall to post the metacards on
2	My vision for my family (Structured exercise to formulate a vision for the family, moving forward from the baseline)	2 minutes	<ul style="list-style-type: none"> • Same sheet of Visioning / Action Card; do "<i>Pangarap Ko Para sa Aking Pamilya</i>" • Ballpoint pens or pencils
3	Can I still afford to have another child at this time? (Brief individual reflection)	2 minutes	None
4	Structured exercise to visualize the family size 5 years hence , in relation to the participant's vision for the family	2 minutes	<ul style="list-style-type: none"> • Same sheet of Visioning/ Action Card; do Step 2 under <i>May Plano Ako</i> column • Ballpoint pens or pencils
5	Structured exercise to formulate an "Action Plan" (The steps that I will take)	2 minutes	<ul style="list-style-type: none"> • Same sheet of Visioning/ Action Card; do step 3 under <i>May Plano Ako</i> column • Ballpoint pens or pencils
SUB-TOTAL OF ESTIMATED TIME ELAPSED: 30 minutes			
6	BRANCH POINT for the specific <i>Usapan</i> Modules <ul style="list-style-type: none"> • <i>Usapang Pwede Pa</i> • <i>Usapang Kuntento Na</i> • <i>Usapang Buntis</i> • <i>Usapang Bagong Maginoo</i> 		

BRANCH from Step 6 to Usapang Pwede Pa			
Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
7.1	<p><i>Bata, bata, paano ka ginagawa?</i> (simplified illustration /discussion of human fertility)</p> <p>Discussion on spacing methods</p> <p>Clarifying method-specific health concerns and fear of side effects</p>	1 hour	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Screen or wall to flash the presentation on • ALTERNATIVE: HealthPRO tarpaulin flipchart • FP methods demonstration/viewing kit
8.1	Discussion of Gender/GBV	20 minutes	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Metacards (2 colors; 3 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
9.1	Testimony of satisfied FP users (current users)	5 minutes	None
10.1	If you were to choose now, what method would you be interested to use? (“Closing the deal” and structured exercise to select a method)	5 minutes	<ul style="list-style-type: none"> • Flipside, same sheet of Visioning/Action Card used in Step 2 My vision for my family • Ballpens or pencils
SUB-TOTAL OF ESTIMATED TIME ELAPSED: 1 Hour + 30 minutes			

BRANCH from Step 6 to Usapang Kuntento Na			
Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
7.2	<i>Bata, bata, paano ka ginagawa?</i> (simplified illustration/discussion of human fertility) Discussion on LAPM + clarifying method-specific health concerns and fear of side-effects	1 hour	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Screen or wall to flash the presentation on • ALTERNATIVE: HealthPRO tarpaulin flipchart • FP methods demonstration/viewing kit
8.2	Discussion of Gender/GBV	20 minutes	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Metacards (2 colors; 3 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
9.2	Testimony of satisfied FP users (current users)	5 minutes	None
10.2	If you were to choose now, what method would you be interested to use? (“Closing the deal” and structured exercise to select a method)	5 minutes	<ul style="list-style-type: none"> • Flipside, same sheet of Visioning/Action Card used in Step 2 My vision for my family • Ballpens or pencils
SUB-TOTAL OF ESTIMATED TIME ELAPSED: 1 Hour + 30 minutes			

BRANCH from Step 6 to Usapang Buntis			
Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
7.3	Discussion of essential behaviors for ensuring healthy pregnancy, safe delivery and FP	1 hour	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Screen or wall to flash the presentation on • ALTERNATIVE: Flip Tarp, “Mas Ligtas Kung Handa”
8.3	Discussion of Gender and GBV: <i>Relasyong Mag-asawa</i>	20 minutes	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Metacards (2 colors; 3 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
9.3	Testimony of satisfied mother	5 minutes	None
10.3	<i>Mga Hakbang na Gagawin ni Misis?</i> (“Closing the deal” and structured exercise to select a method)	5 minutes	<ul style="list-style-type: none"> • Flipside, same sheet of Visioning/Action Card used in Step 2 My vision for my family • Ballpens or pencils
SUB-TOTAL OF ESTIMATED TIME ELAPSED: 1 Hour + 30 minutes			

BRANCH from Step 6 to Usapang Bagong Maginoo			
Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
7.4	Discussion of Gender and GBV: <i>Relasyong Mag-asawa</i>	20 minutes	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Metacards (2 colors; 3 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
8.4	Discussion of men's role and participation in FP-MCH as: <ul style="list-style-type: none"> • Client • Supportive spouse/partner (essential behaviors for ensuring healthy pregnancy, safe delivery and FP) • Responsible Father • Change agent 	1 hour	<ul style="list-style-type: none"> • Standard PowerPoint file • LCD projector • Screen or wall to flash the presentation on • ALTERNATIVE: Use "Mas Ligtas Kung Handa" flip tarp
9.4	Testimony of satisfied <i>bagong maginoo</i>	5 minutes	None
10.4	<i>Mga hakbang na gagawin ni mister?</i> ("Closing the deal" and structured exercise to select a method)	5 minutes	<ul style="list-style-type: none"> • Flipside, same sheet of Visioning/Action Card used in Step 2 My vision for my family • Ballpens or pencils
SUB-TOTAL OF ESTIMATED TIME ELAPSED: 1 Hour + 30 minutes			

BRANCH from Step 10 to MAIN LOOP

11	Presentation of FP clients' rights (What to expect when you consult a health provider about FP)	10minutes	FP flip tarp/flipchart
12	Ending the Session and obtaining behavioral commitment from participants	5 minutes	<ul style="list-style-type: none"> • ANOTHER sheet of Visioning/Action Card used in Step 3 My vision for my family • Ballpoint pens or pencils

SUB-TOTAL OF ESTIMATED TIME ELAPSED: 15 minutes

TOTAL ESTIMATED TIME ELAPSED for the whole group session: 2 HOURS + 15 MINS

Module I: Usapang Pwede Pa

SLIDE 1



Usapang Pwede Pa

Ano ang nasa isip ninyo?
PAG-USAPAN NATIN!

TITLE SLIDE

Greet the participants and briefly introduce yourself and your co-facilitator/s.

Ask: What comes into your mind when we say *Usapang Pwede Pa*?

Acknowledge 2-3 responses from the participants that relate to their and their spouse being able to have more children according to their reproductive intentions.

Then say: Yes, today, we will discuss what you have said and more!

SLIDE 2

Magkakilanlan tayo

- Sabihin ang iyong pangalan at kung sino ang artista na kamukha mo.
- Sabihin sa grupo kung bakit siya ang iyong napili.

OBJECTIVE: Get people to relax, encourage openness, interact and share information. Create an atmosphere for learning and participation.

TIPS

A. Do this part if the participants do not know each other. However, you may use other getting-to-know-you ice breakers that you are familiar with.

B. If the participants are already familiar with each other, do a short energizer that ranges from 10-15 minutes.

C. Icebreakers and energizers should:

- Be quick and easy to do. Timing is important.
- Help you to stimulate cooperation and participation.

- Help you to get everyone warmed up and ready to participate.
- Not cause embarrassment to participants.

D. Be enthusiastic and project energy when you are leading icebreakers or energizers.

IMPORTANT note to facilitator: **Stepping Stones**

Slides 3 to 7 below are guides for facilitating brief, but structured exercises. They are all designed to produce an effect in the minds of the participants. These desired effects are described in the guide column opposite the slide. Imagine that you are guiding a person from Point A to Point B. You lay down stones along the way so that the participant can step on them and move forward. Without these stepping stones, your participants may find it difficult to follow the topics onward. Therefore, it is important that each structured exercise be performed the right way to attain the desired results. Do not skip, do not rush, do not change the order of slides, and do not prompt the participants for their responses.

SLIDE 3

Ang iyong pamilya ngayon



STEP I. What I Like about My Family Today

Exercise I: This aims to allow participants to assess their current family situation (family baseline).

OBJECTIVE: Guide the participants towards establishing a “baseline” of their family situation.

Structured Exercise I.a

Distribute the *May Plano Ako* Action Card to each participant. Direct participants' attention to the “*May Plano Ako*” section of the Action Card. Guide participants through Step I as listed in the section.

SLIDE 4**Ang iyong pamilya ngayon**

- Ano ang nagugustuhan mo ngayon sa iyong pamilya?

Structured exercise I.bSteps:

1. Facilitate a brief discussion on what is/are positive about their family situation.
2. Link: Point to Step I, "*May Plano Ako*" section of Action Card and say: "This is your family now and you have ___ (number of children)." Let participants circle current family size – "*Ang pamilya ko ngayon.*"
3. Ask the focus question: "*Ano ang mga nagugustuhan mo ngayon sa iyong pamilya?*" ("What do you like about your present family situation?")
4. Distribute metacards and pentel pens and ask each participant to write their responses on the card and post these on the board.
5. Discuss/process the responses by clustering and highlighting the ideas that are related to themes, e.g., health and wellness, family welfare, etc. Responses will typically revolve around the following themes:
 - Harmonious, loving relationship within the family
 - Happy with the children
 - Financial stability/success
 - Health
 - Spiritual: God in the family

NOTE: It is possible that some may not be able to identify what they like about their current family situation. If this happens, reassure the participant(s) by saying, **“It’s all right. The reason why we are here is to help you make a plan on how to improve your family situation.”**

6. **Say:** “This may be your current family situation, but of course we wouldn’t want to be in this situation for the rest of our lives. We all have visions and dreams for our family, don’t we?”
7. **Ask:** “From your current family situation, what is your vision for your family in the NEXT 5 years?”
8. Go to the next slide.

SLIDE 5

Pangarap mo para sa iyong pamilya

PANGARAP KO PARA SA AKING PAMILYA

Bilugan ang iyong pangarap.

May Plano Ako Action Card, Column 1

STEP 2: My vision for my family

Structured Exercise 2

This builds on the participants’ state of mind that was created from the previous exercise. It is important that you link this up with the previous structured exercise.

OBJECTIVE: To guide the participants to move forward from acknowledging their current situation to formulating their vision for the next 5 years.

Steps:

1. Direct participants to the *May Plano Ako* Action Card again and show them where the “*Pangarap Ko Para sa Aking Pamilya*” column is.
2. This is also displayed on screen. You may ask

participant-volunteers to take turns reading the options.

3. Ask them to circle their choice of icons in the “*Pangarap Ko Para sa Aking Pamilya*” column.
4. Tell participants they can circle as many icons/visions as they want. Tell them they should be **REALISTIC** in circling icons they think they can attain within 5 years.
5. Tell participants that if they have other visions not included in the choices, they may write it down on the blank box labeled, “*Iba pang pangarap.*”
6. Summarize by saying: “We started by identifying your current family situation, and now you have just written down your visions or dreams for your family to achieve in the next 5 years.”

SLIDE 6

Sariling pagmumuni-muni

- Sa ngayon, kaya ninyo bang magdagdag ng isa pang anak?

STEP 3: Brief Individual Reflection

Structured Exercise 3

Can I still afford to have another child at this time?

This brief exercise will facilitate individual reflection (internal dialogue). This builds up participants' experience in planning/setting visions for the family based on the previous structured exercises. In the previous structured exercises, participants should have realized that they can still improve their current situation by setting goals and visions, and eventually taking action to fulfill them.

The current focus question aims to trigger self-reflection on whether the participant can still

support an additional child in the family. This is expected to eventually lead to realization among the participants of the need to use modern FP method/s because the size of the family is critical in achieving the vision for the family.

OBJECTIVE: To nudge participants to self-examine their current capability or incapability to support another child in relation to their vision for their family.

Reflection process:

- 1. The Focus Question:** “Can I still afford to have another child at this point, considering my plans and vision for my family?”
- 2. The possible mental responses would be:**
 - “*Hindi na kaya. Ok na.*” (*Kuntento na*)
 - “*Kaya pa. Pero, huwag muna ngayon.*”
 - “*Kaya pa at ngayon na.*”

Steps:

1. Direct participants' attention to the question by reading it aloud.
2. Say: “You don't have to tell us your answer to this question. Just keep it to yourself.”
3. Give participants a minute or two to reflect.
4. Say: “Whatever your response is to this question, it is your personal decision. Everyone will respect that and you don't have to tell anybody about it. But you need to have a plan of action so that you have a chance to realize your vision that you formulated in the previous exercise.”
5. Go to the next slide.

SLIDE 7

Nais na bilang ng anak

May Plano Ako
Action Card,
Column 2

STEP 4. Structured exercise to visualize the family size 5 years from now, (in relation to the participant’s vision for the family)

Again, this builds on the participants’ mindset and thinking process that has been building up continually through the previous structured exercises.

OBJECTIVE: To facilitate concrete expression of the desired family size 5 years from now in relation to the participant’s vision for the family.

Steps:

Direct participants’ attention to the “*May Plano Ako*” section of Action Card. Guide participants through Step 4, as listed in the section

1. Say: “You have noted earlier in this section your current family size. Based on your reflection whether you can still support another child with the family vision that you have formulated, indicate now your desired family size in the next 5 years.”
2. Let participants encircle intended family size in the next 5 years – “*Ang pamilya ko sa 20__*”
3. Make sure that the participants have followed your instructions correctly. Remind the participants to place the year in the space provided for “*Ang pamilya ko sa 20__*” after 5 years.

INTRODUCTION TO MODERN FAMILY PLANNING METHODS

This section presents FP information in a way that incorporates elements of behavior change communication and marketing. Thus, this part should not be delivered as a lecture.

- We discuss less of the technical aspects of FP and FP methods.
- We focus more on the positive aspects of FP and FP methods.
- In compliance with Informed Choice Voluntarism (ICV), we will present **(through a slide or the ICV wall chart)** all the FP methods recommended by DOH, but we only discuss those that are relevant to the information needs of the participants, based on their reproductive intentions.
- Findings from behavioral economics show that people cannot make good choices if the choices are too many or too complex.
- We make sure that when we present FP options, potential clients can easily make a choice (Choice Architecture).

SLIDE 9

Tanong

- Para sa inyo, ano ang ibig sabihin o kahulugan ng family planning?

STEP 6. Brief discussion of how planning the family can help the participant realize her/his vision and clarifying health concerns about FP

OBJECTIVE: To surface the participants' concepts about FP and identify what needs to be discussed more or clarified.

5 minutes

First Part: Begin with what they already know or believe about FP.

Say: What you have just done reflects your concern for your family, your plan and what you want to do to accomplish your plan, (point to Action Card "May Plano Ako").

OR

Say: As a health worker, I have heard many women saying different things about FP. So with your group, I would like to ask:

“What does family planning mean to you?”

Ask participants to write their responses on metacards and post them on the board.

SLIDE 10

Ano ang family planning?

- Pagkakaroon ng ninanais na bilang ng mga anak
- Pag-aagwat ng tama (3 hanggang 5 taon ang hustong pagitan)
- Paggamit ng mga ligtas, epektibo, at modernong pamamaraan



Ask: What can you say about the meanings of FP? Do any of these make sense to you?

Connect or qualify the participants' definition of FP (based on answers in metacards) with the standard definition of FP of the DOH. Be careful not to make them feel that their answers are wrong or do not make sense.

SLIDE 11**Mga dulot na kabutihan ng family planning****Sa ina:**

- Pagbalik ng lakas at pagbuti ng kalusugan
- Sapat na panahon para sa pamilya- anak, asawa at sarili
- Maayos na pag-aalaga at pagpapalaki ng mga anak

Sa ama:

- Ginhawa sa kabuhayan
- Sapat na panahon para sa pamilya – anak, asawa at sarili
- Pagkakataong makapag-ipon
- Mas magaan na responsibilidad



Ask participants (likely mothers) if they can think of other benefits, or have heard of benefits that other women have experienced with FP.

SLIDE 12**Mga dulot na kabutihan ng family planning****Sa sanggol at mga anak:**

- Mas mabuting pag-aalaga
- Pagkakataong mabigyan ng edukasyon at matugunan ang iba pang pangangailangan

Sa buong pamilya:

- Ginhawa sa kabuhayan
- Sapat na panahon para sa isa't-isa
- Pagtugon sa pangangailangang pang-kalusugan, pang-edukasyon at iba pa



Clarify and discuss thoroughly health concerns and fears of side effects that have no medical basis.

1. At this point, **DIRECT** the attention of participants to the metacards that they placed on the board.
2. Pick an obvious misconception (from the medical point of view) about FP (**Do NOT** touch method specific issues and concerns yet even if these have been posted. They will be handled later as you discuss each method.)
3. Ask, “Where did you learn this?” **LISTEN TO THE RESPONSES** (if no one volunteers, ask for the person who placed the metacard). The responses may reveal the root or origin of this local knowledge.
4. **SAY**: “According to our discussion about what FP is and what its benefits are, do we still agree with this?”
5. **WAIT** for the participants’ response(s). If they say **NO**, then **SAY**, “OK, we will eliminate this one.” Set the metacard aside.

DO the same process with each metacard that have no medical basis. Through this process, you are eliminating the beliefs that are not medically sound. Do this until only metacards with medical basis remain.

SUMMARY

1. Ask: Based on our discussion so far, what can you say about FP as it relates to your vision for your family?
 2. Listen to up to 3-5 answers from participants.
 3. Summarize by emphasizing these points:
 - Some of you may have heard from various sources about the different meanings of family planning.
 - Some of you may even have your own idea of what FP is and we respect that.
 - The main point in what we have just discussed is that FP may also be viewed as a way of reaching our goals and aspirations for ourselves and for our family.
-

FERTILITY AWARENESS AND JOINT FERTILITY

OVERVIEW

Having a child or several children is a central theme in Filipino families. Consequently, use or non-use of contraceptives or FP is closely linked to the number of children that couples already have or do not have. This is supported by data from the 2008 National Demographic and Health Survey (NDHS):

1. Twenty-two percent of women began using contraception after the birth of their first child, whereas, only 5 percent of women first used contraception before having any children.
2. Among married women respondents who were not using family planning at the time of the survey, 15 percent cited "Want as many children as possible."

Another important point: according to the 2008 NDHS, only about one in three women (35 percent) correctly identified **the fertile period in a woman's menstrual cycle as falling halfway between two menstrual periods**. As such, it is important for Filipino men and women to have correct knowledge and understanding of key physiological processes that lead to pregnancy.

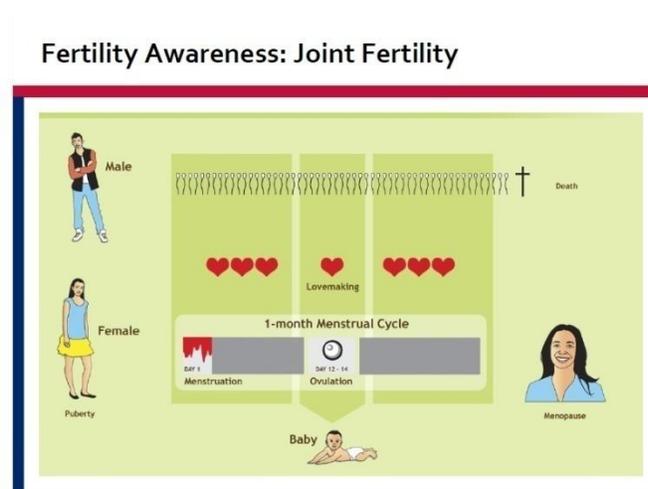
OBJECTIVES:

1. To provide simple and practical information on five (5) important concepts/events related to the menstrual cycle and human reproduction (ovulation, fertile period, menstruation, fertilization, and implantation)
2. To enable the participants to understand (in a visual manner) how human reproduction begins with the union of the ovum and sperm (fertilization).
3. To enable participants to realize that without fertilization, there can be no pregnancy. Without pregnancy in the first place, there can be no abortion. All FP methods promoted by DOH act to prevent fertilization. Therefore, FP is NOT abortion.

STEPS:

1. Begin by saying: "Having children and caring for their welfare is very important to all of you and to all of us Filipinos. At this point, we will learn how babies are made in the womb of their mother."
 2. Ask, "*Paano nga ba NABUBUO ang isang bata?*" or "*Bata-bata, paano ka ginawa?*" (Child, how are you conceived?)
-

3. Get initial responses from participants. Meanwhile, on the board, a co-facilitator will post the following metacards in random circular manner:
 - Menstruation/menstrual cycle
 - Ovulation
 - Fertile period
 - Fertilization
 - Implantation
4. Ask participants to help you define each of the four terms. Say, *Ano ang pagkaka-intindi ninyo sa mga salitang ito?* (show the metacards) The co-facilitator writes responses on a metacard and posts it around each of the “words.”
5. Ask participants to help you arrange the stages in the right sequence. Since the metacards are already posted, you may use a PEN to write numbers indicating the sequence, or you can arrange them to follow the correct sequence.
6. Start your presentation using the FP Flipchart.

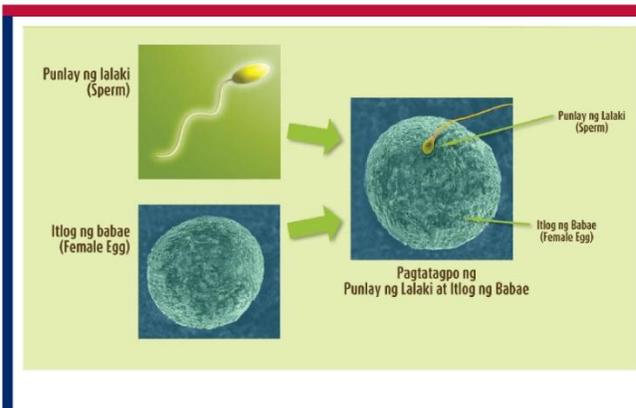
SLIDE 13**Discuss:**

1. Joint fertility involves the united and equal contribution of the man and the woman in the decision and ability to have a child.
2. Fertility in males starts during puberty (11-14) and is continuous for the rest of their lives. Males who have reached puberty have the ability to make a woman pregnant at any time. At the onset of puberty, the increase in the hormone testosterone causes deepening of the voice, growth of facial and body hair, growth of the penis, rapid spurts of increase in height, broadening of the chest and shoulders. Sperm production also begins. Sperm is the male contribution to conception.

3. Sperm cells from the male have a lifespan of 5 days in a fertile environment, that is, inside a woman's body.
4. In females, fertility begins at the onset of menses or *menarche* (12-16) and ends at menopause, usually between the ages of 45 and 55. Females have menstrual cycles and are fertile only for a few days in a month. During puberty, the increase in the hormone estrogen causes growth of body hair, breast enlargement and contouring of the hips. The eggs in the ovary also begin to mature. The eggs, plus the nurturing environment of the uterus, are the female contribution to conception.
5. A mature egg or "ovum" from the female lives only for one day.

SLIDE 14

Pagsasanib ng itlog ng babae at punlay ng lalake

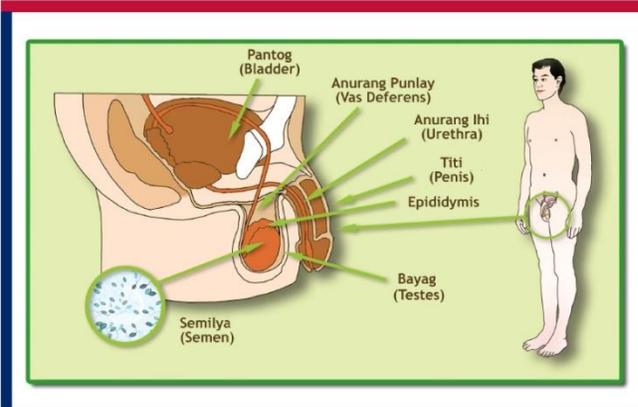


Discuss:

1. **The fertilization process.** Fertilization occurs when there is a union between a sperm cell and an egg cell. With the aid of the cervical mucus, millions of sperm swim through the uterus to the fallopian tube but usually, only one sperm fertilizes the egg. We call the fertilized egg an embryo.
2. **Implantation.** After fertilization, the embryo journeys for around 6 days towards the uterus where it implants in the endometrium, or uterine lining, so that it can get its nutrients. From here, it will develop into a full-grown fetus until it is born and becomes a child.

SLIDE 15

Bahagi ng Reproductive System ng lalake



Discuss:

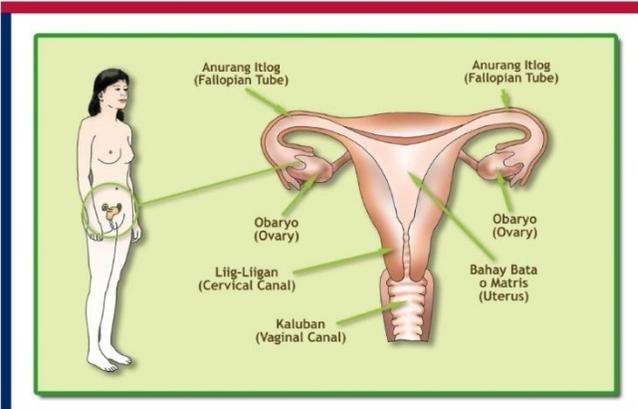
Parts of the male reproductive system and their roles

Parts	Role
Testes	Produce sperm cells and the male hormone testosterone
Epididymis	Where the maturing sperm cells develop
Vas Deferens	Act as the ducts for the sperm coming from the testes passing to the urethra
Penis	Male organ for copulation, primary part of the male reproductive system

Ejaculation. Secretion of seminal fluid with sperm. The sperm quality and quantity are factors in being able to impregnate a female.

SLIDE 16

Bahagi ng Reproductive System ng babae



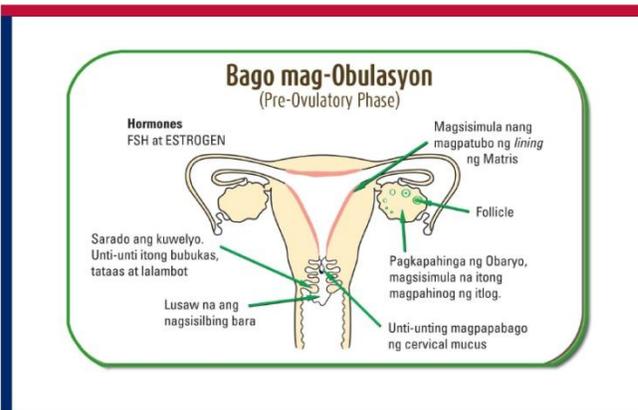
Discuss:

Parts and their roles of the female reproductive system

Parts	Role
Ovary	Produces the eggs and the female hormones estrogen and progesterone
Fallopian Tube	Transports the ovum (egg cell) released from the ovary to the inside of the uterus
Uterus	Receives the fertilized ovum. It expands as the fetus grows inside.
Placenta	Develops during pregnancy to supply nutrients to the growing fetus from the mother's body.
Cervical Canal	The passage to the uterus

SLIDE 17

Ang siklo ng pagreregla

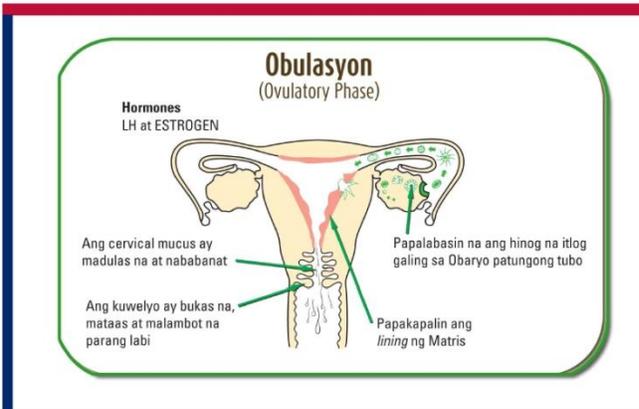


Discuss:

The first menstrual cycle is the beginning of the female's ability to become pregnant.

Before Ovulation

During each monthly menstrual cycle, the ovary releases hormones (estrogen and progesterone) that cause the thickening of the womb lining and increase its supply of blood. The thickening of the womb lining is in preparation for the coming of a fertilized egg.

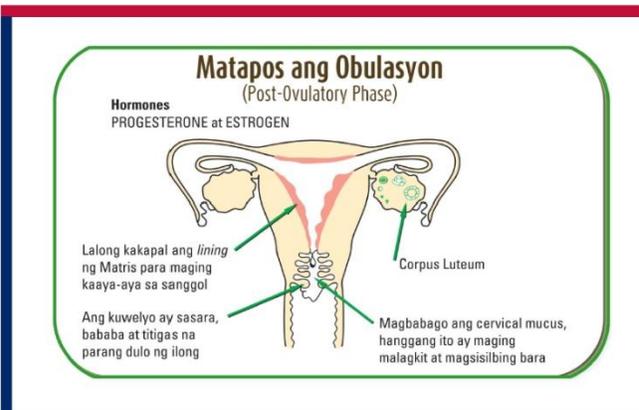
SLIDE 18**Ang siklo ng pagrereglá**

Discuss:

Ovulation

Ovulation is the release of a mature egg from the ovary into the fallopian tube. This occurs from 12-16 days after the first day of menstruation. Ovulation almost always occurs only once during the 26-32 day menstrual cycle. The egg cell survives for about 24 hours in the fallopian tube.

The ovum will travel to the uterus through the fallopian tube. If there are sperm cells in the fallopian tube, the egg may be fertilized.

SLIDE 19**Ang siklo ng pagrereglá**

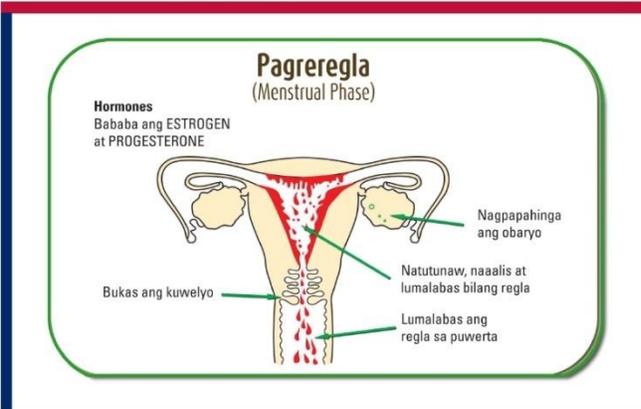
Discuss:

After Ovulation

The womb lining continues to thicken and produces nutrients in preparation for pregnancy. If the egg is not fertilized, it will dissolve and reabsorb in the body and in about **10-16 days**, the uterine lining is shed in the form of menstruation.

SLIDE 20

Ang siklo ng pagrereglá



Discuss:

Menstruation

Because there was no meeting of egg and sperm, the unused womb lining will be shed with bleeding so that a new menstrual cycle can start.

The first day of menstruation is the start of the new cycle

SLIDE 21

Modernong paraan ng family planning

Family Planning Method	% Effectiveness	Kasama sa Benepisyo ng PhilHealth?
NSV	99.9	OO
BTL	99.5	OO
Injectables: CIC	99.9	Hindi
POI (DMPA)	99.7	Hindi
Pills: Low Dose COC	99.7	Hindi
POP	99.5	Hindi
IUD	99.4	OO
LAM	99.5	Hindi
Condom	98	Hindi
Fertility Awareness-based Methods		
• Basal Body Temperature (BBT)	99	Hindi
• Sympto-thermal Method	98	Hindi
• Billings Ovulation Method (BOM)	97	Hindi
• Standard Days Method (SDM)	95	Hindi

STEP 8. Discussion on the relevant FP methods based on need for LA/PM and clarifying method-specific health concerns and fear of side effects

NOTE to facilitator: The possible choices in this slide are arranged from the most effective at the top to the least effective at the bottom for easy reference by clients. All effectiveness figures are derived from the DOH. Make sure that you present all choices but indicate any that are currently unavailable from any source in your area. Spend less time on those methods.

Say: Here are the FP methods that can be provided by your midwife or through referral.

Point out that all the modern methods in the list are effective. Direct participants' attention to the "% effectiveness" column and point out the most effective methods at the top of the list.

	<p>NOTE:</p> <ol style="list-style-type: none"> 1. In the absence of an LCD projector, the equivalent of this slide is the ICV Wall Chart. The effectiveness rates of these methods are derived from DOH. 2. PhilHealth has approved reimbursement for IUD insertion by midwives.
<p>SLIDE 22</p>	
<p>Mga modernong pamamaraan sa pag-aagwat ng panganganak</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>DAPAT TANDAAN: Maliban sa condom ang mga pamamaraang pag-uusapan natin ay hindi magbibigay ng proteksyon sa mga sakit na nakukuha sa pagtatalik (STI, HIV at AIDS)</p> </div>	<p>OBJECTIVE: To discuss briefly all the spacing methods that PPMs can promote and supply to their clients</p> <p>Say: We just presented to you a list of the various modern FP methods and their effectiveness. However, since all of you have indicated that you still plan to have a child or more children in the future, we are going to discuss the different methods for spacing pregnancies. From this, you may be able to choose the method that you like and that suits your needs.</p> <p>NOTE: Remember to tell participants about all methods. But if you know that a method is not currently available in your area, do not discuss it in full detail and do advise participants of its unavailability. This will avoid creating demand that cannot be satisfied that would consequently undermine their faith in you.</p>

SLIDE 23**FERTILITY AWARENESS-BASED METHODS**

- Iniiwasan ang pagtatalik sa panahong "fertile" ang babae
- Epektibo kung tama at hindi pumapalya sa paggamit
- Walang pisikal na "side effects"
- Hindi kailangan ng reseta ng doktor
- Hindi magastos; walang gamot na kailangan

Discuss only the contents of the slide, and then go to the next slide.

SLIDE 24**FERTILITY AWARENESS-BASED METHODS****STANDARD DAYS METHOD**

- 95% epektibo kung tama ang pagsasagawa
- Ginagamit ang "cycle beads" upang matukoy ang panahong fertile ang babae



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 25**FERTILITY AWARENESS-BASED METHODS****BILLINGS OVULATION****o CERVICAL MUCUS**

- 97% epektibo kung tama ang pagsasagawa
- Binabantayan ang uri ng mucus na lumalabas sa pwerta ng babae

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Mucus																												
Temp																												
Sex																												
Conc.																												

Discuss only the contents of the slide, and then go to the next slide.

SLIDE 26**FERTILITY AWARENESS-BASED METHODS****SYMPTO-THERMAL METHOD**

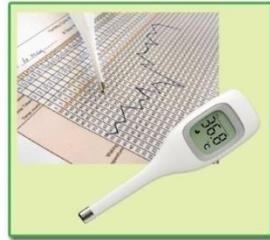
- 98% epektibo kung tama ang pagsasagawa
- Binabantayan ang:
 - ✓ Temperatura
 - ✓ Mucus
 - ✓ Pagkirot ng puso ng babae

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Mucus																												
Temp																												
Sex																												
Conc.																												

Discuss only the contents of the slide, and then go to the next slide.

SLIDE 27**FERTILITY AWARENESS-BASED METHODS****BASAL BODY TEMPERATURE**

- 99% epektibo kung tama ang pagsasagawa
- Kinukuha ang temperatura ng babae pagkatapos ng hindi bababa sa 3 oras na tuloy-tuloy na tulog



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 28**Tanong**

- May mga tanong ba kayo tungkol sa FERTILITY AWARENESS-BASED METHODS?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but remember that these may be meaningful to the participants, so do not be dismissive or patronizing about their concerns. Recognize that this information may make sense, even though it has no medical basis.

SLIDE 29**LACTATIONAL AMENORRHEA METHOD (LAM)**

- 99.5% epektibo kung wasto ang pagsasagawa
- Upang maging mabisa, dapat mayroon lahat nitong sumusunod na mga kondisyon:

1. Tanging gatas ng ina ang ipinapasuso (ekslusibong pagpapasuso)
2. Hindi pa muling bumabalik ang regla ng ina
3. Wala pang anim na buwan ang sanggol



Pamamaraan upang pansamantalang pigilan ang pagbubuntis sa pamamagitan ng ekslusibong pagpapasuso sa sanggol

Discuss only the contents of the slide, and then go to the next slide.

SLIDE 30**Tanong**

- **May mga tanong ba kayo tungkol sa LACTATIONAL AMENORRHEA METHOD (LAM)?**

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis. Remember not to disparage any participant or her opinions, even if they are not medically sound. Calmly agree that the participant's information sounds correct, but in fact medicine has shown that... (*cite the medically correct information*). Then make sure that everyone understands the medical information and remembers it.

SLIDE 31**CONDOM**

- 98% epektibo kung tama ang paggamit
- Manipis na supot na yari sa goma na isinusuot sa matigas na ari ng lalake bago magtalik
- Mabibili sa maraming botika, grocery, tindahan at private clinics (kumpanya, kumadrona o doktor)
- Proteksyon laban sa sakit na maaaring makuha sa pakikipagtalik (STI, HIV at AIDS)



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 32**Tanong**

- May mga tanong ba kayo tungkol sa Condom?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

SLIDE 33**PILLS**

- Mabisa at ligtas na pamamaraan kung tama ang paggamit
- Pinipigilan ang obulasyon (o ang paglabas ng hinog na itlog mula sa obaryo ng babae
- Pwedeng itigil anumang oras na gusto muling magka-anak



OBJECTIVE: To understand the participants' knowledge or what they may have heard from various sources about pills and injectables, and identify what needs to be addressed or clarified.

First part: Begin with what they already know about pills and injectables.

SAY: According to surveys, most women have knowledge about FP or some FP methods. Can you share with the group what you have heard or know about pills and injectables?

OR

SAY: As a health worker, I have heard many women say different things about pills and injectables.

ASK: "What do you know or have heard about pills and injectables?"

(Participants will write their responses on metacards and post them on the board)

SLIDE 34**Dalawang uri ng PILLS****Combined Oral Contraceptives (COCs)**

- 99.7 mabisa
- Iniinom ng babae araw-araw
- Hindi angkop sa nagpapasuso

**Progestin Only Pills (POPs)**

- 99.5 mabisa
- Iniinom ng babae araw-araw sa parehong oras
- Angkop sa nagpapasuso dahil hindi nababawasan ang daloy at dami ng gatas ng ina

Discuss only the contents of the slide, and then go to the next slide.

In preparing for this session (while you are still at home or in your office), think about how you will explain hormones, estrogen, and progestin in a manner that clients will understand.

SLIDE 35**Tanong**

- May mga tanong ba kayo tungkol sa Pills?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

SUMMARIZE your discussion on pills with these important facts:

- Over **200 million** women around the world have used the pill for the past 50 years
- Up to **70 million** women around the world take the pill daily
- More than **2 million** women take the pill everyday here in the Philippines

ENDING STATEMENT: Every time you take your pill, just remember **YOU'RE NOT ALONE** because millions of other women around the world and in the Philippines are also taking the pill at the same time that you are.

SLIDE 36**INJECTABLES****Combined Injectable Contraceptives**

- 99.95% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Isang ineksyon lang kada buwan
- Nagiging regular ang pagdating ng regla
- Pwedeng itigil anumang oras na gusto muling magka-anak



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 37**INJECTABLES****Progestin Only Injectables (DMPA)**

- 99.7% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Isang ineksyon lang kada 3 buwan
- Walang epekto sa pagpapasuso at pakikipagtalik



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 38**Tanong**

- May mga tanong ba kayo tungkol sa Injectables?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

SUMMARIZE your discussion on INJECTABLES with these important facts:

- Injectables have been used by over 90 million women around the world
- Up to 363,000 women here in the Philippines are using injectables

SLIDE 39**Pamamaraan sa pag-aagwat sa mahabang panahon****Intra-Uterine Device (IUD)****INTRODUCTORY STATEMENT:**

If you want to space your pregnancies for 3-5 years or more, the IUD is for women like you.

SLIDE 40**Intra-Uterine Device (IUD)****Ano ito?**

Inilalagay sa matris ng babae ang maliit at malambot na plastik



- 99.4% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Hanggang 12 taon ang bisa (Copper -TCu 380A)
- Hindi maapektuhan ang dami at kalidad ng gatas ng nagpapasusong ina
- Madaling ilagay, at madali ring ipatanggal kung nais nang magbuntis

Discuss only the contents of the slide, and then go to the next slide.

Show a sample of the device and pass it around to participants for them to inspect (see and touch). Make sure that you explain that only the small IUD is inserted into the body and that the rest are just packaging and the IUD inserter.

SLIDE 41**Tanong**

- May mga tanong ba kayo tungkol sa IUD?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

INPUTS on GENDER AND ADDRESSING GENDER-BASED VIOLENCE (GBV)

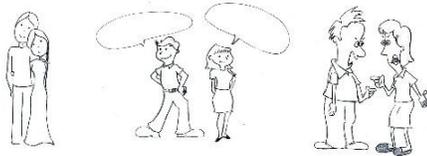
This part of the *Usapan* tackles the principles and the manner of improving or transforming male-female relations towards family health and wellness, as well as the available services for those experiencing GBV, including intimate partner violence. The following pages provide an overview of the topic, followed by the training guide

Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
Entry of the gender part	After the interactive lecture on safe FP and before action planning.		
1	Linking Statement (Introduce this gender portion by stressing the relevance and importance of the nature of the husband-and-wife relationship to FP)	1 minute	<ul style="list-style-type: none"> • PowerPoint presentation cover page
2	Exercise: Differences between Two Types of Husband-and-Wife Relationship (Ask participants to write on a set of metacards the characteristics of the first type of husband-wife relationship, and on another set of metacards the characteristics of the second type of husband-wife relationship)	4 minutes	<ul style="list-style-type: none"> • Metacards (2 colors; 2 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
3	Sharing of Reflections on the Two Types of Husband-and-Wife Relationship (Let the participants share their comparison of the effects of the two types of husband-and-wife relationship on FP and family well-being)	10 minutes	<ul style="list-style-type: none"> • PowerPoint presentation (slide containing the guide questions)
4	Lecture-discussion (Enrich the participants' understanding of the effects of the quality of their relationship with their spouses on FP and family well-being, and of the importance of preventing and addressing GBV.)	5 minutes	<ul style="list-style-type: none"> • Visual aids (PowerPoint presentation)
TOTAL TIME: 20 minutes			

SLIDE 42

Kumusta ang relasyon nating mag-asawa?

**Paano nakaka-apekto
ang relasyon nating mag-asawa sa
pagpapalano ng aming pamilya?**

**Instructions**

1. While showing this picture, say: "At this point, the *Usapan* will move to the discussion of husband-wife relationship because the quality of this kind of relationship is important to effective FP." Invite the participants to assess the quality of their relationship with their respective spouses.
2. Let the participants read the title: "*Kumusta ang relasyon ko sa aking asawa? Paano ito nakaka-apekto sa pagpapalano namin ng aming pamilya?*"
3. Say that to assess their relationships with their husbands, you will ask them to analyze two pictures representing two types of husband-and-wife relationship.
4. Show the first picture/image.

SLIDE 43

Unang larawan ng relasyon ng mag-asawa



1. While showing this first picture/image, ask them to closely look at the characteristics of the relation of the husband and wife.
2. Give each participant one metacard. Ask them to write on their metacards the characteristics of the relationship of the husband and wife as shown in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on a designated part of the wall or board.
4. Put together the metacards with the same contents or themes.

5. Don't read the metacards yet. Move to the next part, that is, show the second picture.

SLIDE 44**Ikalawang larawan ng relasyon ng mag-asawa****Instructions for the second image**

1. Similar to the first image, ask them to closely look at the relation of the husband and wife in this second image.
2. Give each participant one metacard. Ask them to write on their metacards the characteristics of the relationship of the husband and wife as shown in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on the designated part of the wall or board.
4. Put together the metacards with the same contents.

Show both pictures:

5. Let the participants read the contents of the metacards for the first picture while showing this first picture. Then let them also read the contents of the metacards for the second picture while showing this second picture.
6. Focus on the first picture. Ask the participants: *“Kung ganito ang relasyon ng mag-asawa, ano ang kakayahan nilang mag-plano ng pamilya? Ano ang malamang na nangyayari?”*
7. Then focus on the second picture. Ask the participants: *“Kung ganito naman ang relasyon ng mag-asawa, ano ang kakayahan nilang mag-plano ng pamilya? Ano ang malamang na nangyayari?”*

	<ol style="list-style-type: none"> 8. Focusing on both pictures, ask the participants: “<i>Ano ang gagawin ng mag-asawa upang maiwasan o matigil ang unang uri ng relasyon</i> (raise the first picture) <i>at maitaguyod ang pangalawang uri ng relasyon?</i>” (raise the second picture) 9. Summarize the answers of the participants to your questions.
SLIDE 45	
<p>Paghahambing ng dalawang larawan</p> <ul style="list-style-type: none"> • Ano ang katangian ng relasyon ng mag-asawa sa unang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya? • Ano ang katangian ng relasyon ng mag-asawa sa sa ikalawang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya? • Ano ang gagawin ng mag-asawa upang maiwasan ang unang uri ng relasyon at maitaguyod ang pangalawang uri? 	<ol style="list-style-type: none"> 1. Read the first question on the slide. For the answer, let one participant read the contents of the metacards for the first picture/image. Then ask the sub-question, “<i>Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya?</i>” 2. Read the second question. For the answer, let another participant read the contents of the metacards for the second picture/image. Then ask the sub-question, “<i>Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya?</i>” 3. Focusing on both images, ask the participants: “<i>Ano ang gagawin ng mag-asawa upang maiwasan o matigil ang unang uri ng relasyon at maitaguyod ang pangalawang uri ng relasyon?</i>” 4. Summarize the answers of the participants to your questions. 5. Then say that you will deepen this discussion by sharing the results of studies on the effects of the relation of husband and wife on FP and maternal and child health care. Proceed to your lecture.

SLIDE 46**Relasyon ng babae at lalaki sa Pilipinas****Sang-ayon sa mga batas ng Pilipinas:**

- Pantay ang babae at lalaki sa pamilya at sa lahat ng larangan ng lipunan.
- Dapat na parehong nag-dedesisyon ang mag-asawa sa anumang usapin sa pamilya, kasama na sa pagpapalano ng pamilya.
- Sa panahon ng hindi pagkakasundo, ang desisyon ng may katawan (gagamit ng FP method) ang masusunod. Kagaya ng kanyang asawa, hindi kailangan ng babae ang nakasulat na pagsang-ayon (written consent) ng asawa para sa paggamit ng anumang uri ng FP method.

Instructions

1. Say that the equality of women and men is promoted and protected by Philippine laws.
2. If asked what these laws are, mention the following as examples:
 - Philippine 1987 Constitution
 - Family Code of the Philippines
 - Women in Development and Nation Building Act
 - Magna Carta of Women
 - Responsible Parenthood and Reproductive Health Law
3. Ask for another volunteer to read the slide.
4. Stress the importance of decision-making of husband and wife. Say that there are, however, times when conflict or disagreement between them happens. In this situation, it is important for the man to respect the decision of the woman if she is the one going to use an FP method. This is her legal right, and violence should not be committed against her if her choice or decision conflicts with that of her husband.

To promote equality between women and men in the households/families and stop intimate partner violence, it is important to do the actions listed in the next two slides.

<p>SLIDE 47</p> <p>Ano ang maaaring gawin ng mag-asawa upang mapaulad ang kanilang relasyon?</p> <p>Mahinahon at buong pagmamahal na pag-usapan ang:</p> <ul style="list-style-type: none"> • Magkatuwang na pagdedesiyon sa pamilya; • Pagtutulungan sa gawaing bahay at pangangalaga ng mga anak. • Masinop na paraan ng paglutas ng alitan o problema. Hindi gagamit ng anumang uri ng karahasan. Dapat may paggalang sa dignidad at karapatan ng bawat isa. <p>Humingi ng payo (o family counseling) sa mga eksperto at kinaaukulan kung hindi sapat ang pakikipag-usap sa asawa.</p>	<p>Instructions</p> <ol style="list-style-type: none"> 1. Ask the participants to read the slide. 2. You may say that if participants need more information or guidance on how to enhance her relationship with her spouse, then they may consult you. In addition, they may also approach government organizations such as the Department of Social Welfare and Development or the Women's Desk (if any) of the barangay, and other organizations, such as (the Church) or NGOs for counseling.
<p>SLIDE 48</p> <p>Para sa mga nakararanas ng karahasan</p> <p>Humingi ng tulong sa kinaaukulan:</p> <ul style="list-style-type: none"> • Barangay Council para sa protection order • DSWD para sa serbisyong psycho-social (counseling, temporary shelter, livelihood, tulong pinansiyal sa panahon ng paglutas ng problema.) • DOH/PHO/CHO/MHO o ng Women and Children Protection Unit para sa serbisyong medikal at serbisyong mediko-legal; • NBI/PNP Women and Children Protection Desk para sa investigation, rescue at proteksiyon ng biktima; • DOJ/Public Attorney's Office/Prosecutor's Office para sa serbisyong legal/prosecution. 	<p>Instructions</p> <ol style="list-style-type: none"> 1. Ask for a participant to read the slide. 2. It will help if you have prior knowledge of the contact information of the government agencies mentioned here. If you do, share the information with the participants. 3. After this, say you will proceed to the next steps of the <i>Usapang Pwede Pa</i>. 4. When the process reaches the part where the participants will be asked to fill up the back part of the Action Card, bring to their attention the part of the action card that is meant to improve their relationship with their spouses.

SLIDE 49**Mga pagpapatotoo ng...**

- Mga taong kuntento sa kanilang ginagamit na pamamaraan sa pagpapalano ng pamilya

STEP 9. Testimony of satisfied FP users

Since the onset of the government's FP communication program in the 1970s, it has been widely accepted that testimonials given by satisfied users of FP methods produce a positive effect on the listeners. These testimonies provide a form of social support, an assurance that the FP methods are reliable, safe, and ultimately beneficial to the whole family. This may then alleviate remaining concerns in the minds of *Usapan* participants.

IMPORTANT NOTE: Since the NDHS data show that a high percentage of MWRAs do not use FP because of fear of side effects and health concerns, organizers/facilitators should ensure that FP users who will give testimonials as acceptors are healthy looking, and have a happy and positive disposition.

Avoid selecting FP users who may be perceived as matching the common negative beliefs about FP. For example, if you present a plump/overweight acceptor, participants may believe that indeed pills or injectables cause weight gain.

OBJECTIVE: To provide proof/evidence that using FP methods can be a positive experience and leads to a more satisfying quality of life.

This should be given by at least one invited speaker (not a participant). Recommend the following outline to your speaker in organizing his/her talk:

1. Relate your need for FP (why I sought FP).
2. What you did to meet your FP need (e.g., talked to a midwife, went to the rural health unit, etc.).
3. What made you decide to choose the method

you are using?

- Cite 2-3 positive experiences or consequences arising from your using your method of choice.

SLIDE 50

Buod ng mga napag-usapan natin

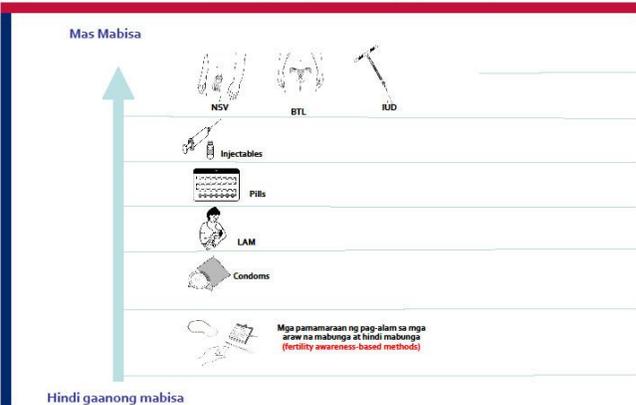
- Inyong napag-isip-isip ang inyong mga pangarap para sa pamilya
- Kung ano ang Family Planning at kung ano ang mga kabutihang dulot nito
- Ang pinaka praktikal na mga modernong pamamaraan sa Family Planning na makakatugon sa inyong sitwasyon at pangangailangan
- Ang epekto ng relasyon ng mag-asawa sa pagpa-plano ng pamilya
- Narinig natin ang mga personal na mga kwento ng mga taong kuntento na sa ginagamit nilang pamamaraan sa Family Planning. Ang kanilang mga karanasan ay nagpapatunay na epektibo ang mga nasabing pamamaraan

After a lengthy discussion, it is always necessary to summarize the important points. Do this in proper sequence. Mention the 1st step, 2nd step, 3rd step or major topic you discussed.

In doing this, you are refreshing the short-term memory of the participants by reviewing the recent data that they have heard, said, saw and experienced. It prepares them for the next step.

SLIDE 51

Pagkukumpara sa bisa ng mga iba’t ibang pamamaraan ng pagpapalano ng pamilya



OBJECTIVE: To REITERATE all the program methods that midwives can provide to their clients or that are available in the area

This is important for ICV compliance.

PROCESS: Again, you are refreshing participants’ memory by reviewing information and preparing them for action.

Ask the NUDGE question: “Kung ikaw ang tatanungin, alin ang pipiliin mo – ang hindi gaanong mabisa o ang mas mabisa?”

SLIDE 52

Ngayon, ano ang nasa isip mo?

Kung ikaw ang papipiliin, anong pamamaraan ang iyong gagamitin?

INTERESADO AKO SA...	PAKI TSEK (✓)
No-scalpel Vasectomy (NSV)	
Bilateral Tubal Ligation (BIL)	
Intra Uterine Device (IUD)	
Injectables (IWP/3)	
Injectables/Combined Injectable Contraceptive (CIC)	
Pills - Low Dose Combined Oral Contraceptive (COC)	
Pills - Progestin Only Pills (POP)	
Condom	
Lactational Amenorrhea Method (LAM)	
Menses Only Method (MOM)	
Basal Body Temperature (BBT)	
Sympto Thermal Method (STM)	
Billings Ovulation Method (BOM)	

INTERESADO AKO, PERO...	PAKI TSEK (✓)
... hindi pa desidido ngayon kung anong pamamaraan ang gagamitin	
... may mga agam agam pa	
... ayaw sumagay ng araw ko	

HINDI INTERESADO...	PAKI TSEK (✓)
Walang balak gumamit ng pamamaraan sa Pagplano ng Pamilya	

Pangalan: _____
 Address: _____
 Cellphone Number: _____

OBJECTIVE: To NUDGE participants into making a mental choice of the FP method that can meet their need as reflected in their plan.

Have you noticed how sales persons often attempt to close the deal by asking you, “What time would you like me to deliver the product?” or “Should I pack this item already?” or “Should I prepare the contract now?” That is part of what is called “closing the deal.”

In this step, we are facilitating the clients’ decision-making process through this gentle nudge question.

TO USAPAN FACILITATOR:

1. Ask participants to flip the FP Action Card to see the prepared checklist of methods (printed on the left side of the back of the action card)
2. **Read focus question:** “If you were to choose now, what method would you be interested in using?” Direct them to the first group of listed methods and ask them to check the desired method, or check the appropriate item if interested but not yet decided or not interested

Participants with no method in mind—If the participant does not have a method in mind or is not sure about using FP, do not be alarmed. Do not direct attention to the person or single him/her out. Indecision is part of life, and facilitators need to respect that.

In courtship, it is perfectly all right for a woman to say, “No” to a suitor. This does not mean that there is something wrong with the suitor or with the woman. For a variety of reasons, it is simply the woman’s choice not to accept what the man is offering. It is the same in FP. It is perfectly

acceptable for a man/woman to say, “No” to FP, and *Usapan* facilitators should not feel discouraged if s/he gets this kind of response. This is the essence of informed choice.

Often, deciding to use FP is a process, not a one-time decision. The participant may be in the earlier part of the process and not ready to commit to FP. Such participant may benefit from follow up or, as in the case of the woman and the suitor, she may already have decided and the answer is ‘No’. Either case is fine.

A BHW or you, if you have the time, can have a follow-up discussion with this person a week or so later. Determination of the need for a follow-up visit will be based on the participants’ responses indicated in the Action Card.

SLIDE 53

Ano ang maasahan ng isang kliyente na komukonsulta tungkol sa Family Planning?

1. Paggalang
2. Wastong kaalaman
3. Ligtas at maasahan na mga serbisyo
4. Sariling pagpili ayon sa sariling desisyon
5. Paggalang at pag-seguro na ang mga impormasyon tungkol sa kliyente ay hindi ikakalat o ikukwento sa ibang tao
6. Maginhawang pakiramdam sa pakikipag-usap sa doktor, nars, o midwife
7. Malayang pagpapahayag ng opinyon
8. Pagkilala sa pantay na karapatan ng babae at lalaki sa Family Planning

OBJECTIVE: To create a positive mental picture among participants of what they can expect from a health facility/provider

Do not discuss these extensively. The information provided here is to give you, the facilitator, a better understanding of each item.

Basic rights of all FP clients

1. Information – Clients have the right to accurate, appropriate, understandable, and clear information related to reproductive health and sexuality, and to health overall. Information materials for clients need to be available in all parts of the health care facility.
2. Access to service – Clients have the right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no

inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, and sexual orientation.

3. **Informed Choice** – Is the right of individuals or couples to make a voluntary, well-considered decision that is based on options, information, and understanding. It is the responsibility of the service provider to confirm that a client has made an informed choice or to help the client reach an informed choice.
 4. **Safe services** – Clients have the right to safe services, which require skilled providers attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical practice.
 5. **Privacy** – Clients have the right to a private environment during services and counseling. This means that a facility must have an area where clients cannot be seen or heard during counseling, physical examinations, and clinical procedures. There should be privacy concerning handling of clients' medical records and other personal information.
 6. **Confidentiality** – Clients have the right to be assured that personal information will not be disclosed. This includes maintaining secrecy about the client's history, results of examinations and counseling, and other records.
 7. **Dignity** – Clients have the right to be treated with courtesy, respect, and consideration. The
-

	<p>service provider must give utmost attention to the client's need.</p> <p>8. Comfort – Clients have the right to be at ease and relaxed while in a health facility for services. Service providers need to ensure that clients are as comfortable as possible during the procedures.</p> <p>9. Express Opinion – Clients have the right to express their views on the services being offered. Clients should be encouraged to express their views freely, even if their views differ from those of the service providers.</p> <p>10. Continuity of Care – All clients have the right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health. Clients have the right to receive services and supplies for as long as they need them. This can either be through the service provider or by referral. This is one of the reasons that is crucial to tell <i>Usapan</i> participants when a method is not currently available in the area.</p>
<p>SLIDE 54</p>	
 <p style="text-align: center;">SALAMAT!</p>	<p>Finally, ask the participants if their entries in the visioning cards are final. Once everyone says, “Yes,” give each one of them another blank sheet of Visioning Card and ask each one to copy all their entries into the new sheet (in other words, make a duplicate).</p> <p>Remind participants to put their name and signature, address, and cell phone number on the designated space at the back of the action card.</p> <p>She will keep one copy for her file or bring it to the midwife or health center if she decides to do so.</p> <p>EMPHASIZE that it is THEIR document of their</p>

plan for their family. Therefore, they should keep it in a safe place similar to other important family documents.

ENCOURAGE participants to discuss their Action Card with their spouse and tell them that you or somebody from your team will make a visit or follow-up call/text. Get participants' consent to do this. If someone does not give his/her consent, make sure you respect that and do not follow up.

Facilitators will collect the other (duplicate) copy. This is for your reference in scheduling follow-up visits with the participants. Make sure you note clearly and in big letters 'NO FOLLOW UP!' if the woman has not consented to a follow up.

Module 2: Usapang Kuntento Na

SLIDE 1



Usapang Kuntento Na

Ano ang nasa isip ninyo?
PAG-USAPAN NATIN!

TITLE SLIDE

Greet the participants and briefly introduce yourself and your co-facilitator/s.

Ask: What comes to mind when you hear *Usapang Kuntento Na*?

Acknowledge 2-3 responses from the participants that relate to them and their spouse being satisfied or content with the number of children they already have.

Then say: Yes, today we will discuss your responses and more.

SLIDE 2

Magkakilanlan tayo

- Sabihin ang iyong pangalan at kung sino ang artista na kamukha mo.
- Sabihin sa grupo kung bakit siya ang iyong napili.

OBJECTIVE: Get people to relax, encourage openness, interact and share information. Create an atmosphere for learning and participation.

TIPS

- Do this part if the participants do not know each other.** However, you may use other getting-to-know-you ice breakers that you are familiar with.
- If the participants are already familiar with each other, do a short energizer that ranges from 10-15 minutes.**
- Icebreakers and energizers should:**
 - Be quick and easy to do. Timing is important.
 - Help you to stimulate cooperation and participation.
 - Help you to get everyone warmed up and

ready to participate.

- Not cause embarrassment to participants.

D. Be enthusiastic and project energy when you are leading icebreakers or energizers.

IMPORTANT note to facilitator: **Stepping Stones**

Slides 3 to 7 below are guides for facilitating brief, but structured exercises. They are all designed to produce an effect in the minds of the participants. These desired effects are described in the guide column opposite the slide. Imagine that you are guiding a person from Point A to Point B. You lay down stones along the way so that the participant can step on them and move forward. Without the stepping stones, your participants may find it difficult to follow the topics onward. Therefore, it is important that each structured exercise be performed the right way to attain the desired results. Do not skip, do not rush, do not change the order, and do not prompt the participants for their responses.

SLIDE 3

Ang iyong pamilya ngayon



STEP I. What I Like about My Family Today

Exercise I: This aims to allow participants to assess their current family situation (family baseline).

OBJECTIVE: Guide the participants towards establishing a “baseline” of their family situation.

Structured Exercise I.a

Distribute the *May Plano Ako* Action Card to each participant. Direct participants' attention to the “*May Plano Ako*” section of the Action Card. Guide participants through Step I as listed in the section.

SLIDE 4**Ang iyong pamilya ngayon**

- Ano ang nagugustuhan mo ngayon sa iyong pamilya?

Structured exercise I.bSteps:

1. Facilitate a brief discussion on what is/are positive about their family situation.
2. Link: Point to Step I, "*May Plano Ako*" section of Action Card and say: "This is your family now and you have ___ (number of children)." Let participants encircle current family size – "*Ang pamilya ko ngayon.*"
3. Ask the focus question: "*Ano ang mga nagugustuhan mo ngayon sa iyong pamilya?*" ("What do you like about your present family situation?")
4. Distribute metacards and pentel pens and ask each participant to write his/her response on the cards and post these on the board.
5. Discuss/process the responses by clustering and highlighting the ideas that are related to themes, e.g., health and wellness, family welfare, etc. Responses will typically revolve around the following themes:
 - Harmonious, loving relationship within the family
 - Happy with the children
 - Financial stability and/or success
 - Health
 - Spiritual: God in the family

NOTE: It is possible that some may not be able to identify what they like about their current family situation. If this happens, reassure the participant(s) by saying, **“It’s all right. The reason why we are here is to help you make a plan on how to improve your family situation.”**

6. **Say:** “This may be your current family situation, but of course we wouldn’t want to be in this situation for the rest of our lives. We all have visions and dreams for our family, don’t we?”
7. **Ask:** “From your current family situation, what is your vision for your family in the NEXT 5 years?”
8. Go to the next slide.

SLIDE 5

Pangarap mo para sa iyong pamilya

STEP 2: My vision for my family

Structured Exercise 2

This builds on the participants’ state of mind that was created from the previous exercise. It is important that you link this with the previous structured exercise.

OBJECTIVE: To guide the participants to move forward from acknowledging their current situation to formulating their vision for the next 5 years.

Steps:

1. Direct participants to the *May Plano Ako Action Card* again and show them where the “*Pangarap Ko Para sa Aking Pamilya*” column is.

2. This is also displayed on screen. You may ask participant-volunteers to take turns reading the options.
3. Ask them to encircle their choice of icons in the “*Pangarap Ko Para sa Aking Pamilya*” column.
4. Tell participants they can encircle as many icons/visions as they want. Tell them they should be REALISTIC in circling icons they think they can attain within 5 years.
5. Tell participants that if they have other visions not included in the choices, they may write it down on the blank box labeled, “*Iba pang pangarap.*”
6. Summarize by saying: “We started by identifying your current family situation, and now you have just written down your visions or dreams for your family to achieve in the next 5 years.”

SLIDE 6**Sariling pagmumuni-muni**

- Sa ngayon, kaya ninyo bang magdagdag ng isa pang anak?

STEP 3: Brief Individual Reflection**Structured Exercise 3****Can I still afford to have another child at this time?**

This brief exercise will facilitate individual reflection (internal dialogue). This builds up participants' experience in planning/setting visions for the family based on the previous structured exercises. In the previous structured exercises, participants should have realized that they can still improve their current situation by setting goals and visions, and eventually taking action to fulfill them.

The current focus question aims to trigger self-reflection on whether the participant can still

support an additional child in the family. This is expected to eventually lead to realization among the participants of the need to use modern FP method/s because the size of the family is critical in achieving the vision for the family.

OBJECTIVE: To nudge participants to self-examine their current capability or incapability to support another child in relation to their vision for their family.

Reflection process:

1. **The Focus Question:** “Can I still afford to have another child at this point, considering my plans and vision for my family?”
2. **The possible mental responses would be:**
 - “Hindi na kaya. Ok na.” (*Kuntento na*)
 - “Kaya pa. Pero, huwag muna ngayon.”
 - “Kaya pa at ngayon na.”

Steps:

1. Direct participants' attention to the question by reading it aloud.
2. Say: “You don't have to tell us your answer to this question. Just keep it to yourself.”
3. Give participants a minute or two to reflect.
4. Say: “Whatever your response is to this question, it is your personal decision. Everyone will respect that and you don't have to tell anybody about it. But you need to have a plan of action so that you have a chance to realize your vision that you formulated in the previous exercise.”
5. Go to the next slide.

SLIDE 7

Nais na bilang ng anak

May Plano Ako
Action Card,
Column 2

STEP 4. Structured exercise to visualize the family size 5 years from now, (in relation to the participant's vision for the family)

Again, this builds on the participants' mindset and thinking process that has been building up continually through the previous structured exercises.

OBJECTIVE: To facilitate concrete expression of the desired family size 5 years from now in relation to the participant's vision for the family.

Steps:

Direct participants' attention to the "May Plano Ako" section of Action Card. Guide participants through Step 4, as listed in the section

1. Say: "You have noted earlier in this section your current family size. Based on your reflection on whether you can still support another child with the family vision that you have formulated, indicate now your desired family size in the next 5 years."
2. Let participants encircle intended family size in the next 5 years – "Ang pamilya ko sa 20__"
3. Make sure that the participants have followed your instructions correctly. Remind the participants to place the year in the space provided for "Ang pamilya ko sa 20__" after 5 years.
4. Go to the next slide.

INTRODUCTION TO MODERN FAMILY PLANNING METHODS

This section presents FP information in a way that incorporates elements of behavior change communication and marketing. Thus, this part should not be delivered as a lecture.

- We discuss less of the technical aspects of FP and FP methods.
- We focus more on the positive aspects of FP and FP methods.
- In compliance with Informed, Choice Voluntarism (ICV), we will present **(through a slide or the ICV wall chart)** all the FP methods recommended by DOH, but we will only discuss those that are relevant to the information needs of the participants, based on their reproductive intentions.
- Findings from behavioral economics show that people cannot make good choices if the choices are too many or too complex.
- We make sure that when we present FP options, potential clients can easily make a choice (Choice Architecture).

SLIDE 9

Tanong

- Para sa inyo, ano ang ibig sabihin o kahulugan ng family planning?

STEP 6. Brief discussion of how planning the family can help the participant realize her/his vision and clarifying health concerns about FP

OBJECTIVE: To surface the participants' concepts about FP and identify what needs to be explained more or clarified.

5 minutes

First Part: Begin with what they already know or believe about FP.

Say: What you have just done reflects your concern for your family, your plan and what you want to do to accomplish your plan, (point to Action Card "May Plano Ako").

OR

Say: As a health worker, I have heard many women saying different things about FP. So with your group, I would like to ask:

Ask participants: "What does family planning mean to you?"

Let participants write their responses on metacards and post them on the board.

SLIDE 10

Ano ang family planning?

- Pagkakaroon ng ninanais na bilang ng mga anak
- Pag-aagwat ng tama (3 hanggang 5 taon ang hustong pagitan)
- Paggamit ng mga ligtas, epektibo, at modernong pamamaraan



Ask: What can you say about these meanings of FP? Do any of these make sense to you?

Connect or qualify the participants' definition of FP (based on answers in metacards) with the standard definition of FP of the DOH. Be careful not to make them feel they are wrong or do not make sense.

SLIDE 11**Mga dulot na kabutihan ng family planning****Sa ina:**

- Pagbalik ng lakas at pagbuti ng kalusugan
- Sapat na panahon para sa pamilya- anak, asawa at sarili
- Maayos na pag-aalaga at pagpapalaki ng mga anak

Sa ama:

- Ginhawa sa kabuhayan
- Sapat na panahon para sa pamilya – anak, asawa at sarili
- Pagkakataong makapag-ipon
- Mas magaan na responsibilidad



Ask participants (likely mothers) if they can think of other benefits, or have heard of benefits that other women have experienced with FP.

SLIDE 12**Mga dulot na kabutihan ng family planning****Sa sanggol at mga anak:**

- Mas mabuting pag-aalaga
- Pagkakataong mabigyan ng edukasyon at matugunan ang iba pang pangangailangan

Sa buong pamilya:

- Ginhawa sa kabuhayan
- Sapat na panahon para sa isa't-isa
- Pagtugon sa pangangailangang pang-kalusugan, pang-edukasyon at iba pa



Clarify and discuss thoroughly health concerns and fears of side effects that have no medical basis.

1. At this point, **DIRECT** the attention of participants to the metacards that they placed on the board.
2. Pick an obvious misconception (from the point of view of medicine) about FP (Do NOT touch method specific issues and concerns yet even if these have been posted. They will be handled later as you discuss each method.)
3. Ask, "Where did you learn this?" **LISTEN TO THE RESPONSES** (if no one volunteers, ask for the person who posted the metacard). The responses may reveal the root or origin of this local knowledge.
4. **SAY**: "According to our discussion about what FP is and what its benefits are, do we still agree with this?"
5. **WAIT** for the participants' response(s). If they say **NO**, then **SAY**, "OK, we will eliminate this one." Set the metacard aside.

DO the same process with each metacard that have no medical basis. Through this process, you are eliminating the beliefs that are not medically sound. Do this until only metacards with medical basis remain.

SUMMARY

1. Ask: Based on our discussion so far, what can you say about FP as it relates to your vision for your family?
 2. Listen to up to 3-5 comments from participants.
 3. Summarize by emphasizing these points:
 - Some of you may have heard from various sources in the past different meanings about what FP is.
 - Some of you may even have your own meaning of what FP is and we respect that.
 - The main point in what we have just discussed is that FP may also be viewed as a way of reaching our goals and aspirations for ourselves and for our family.
-

FERTILITY AWARENESS AND JOINT FERTILITY

OVERVIEW

Having a child or several children is a central theme in Filipino families. Consequently, use or non-use of contraceptives or FP is closely linked to the number of children that couples already have or do not have. This is supported by data from the 2008 National Demographic and Health Survey (NDHS):

1. Twenty-two percent of women began using contraception after the birth of their first child. Whereas, only 5 percent of women first used contraception before having any children.
2. Among married women respondents who were not using FP at the time of the survey, 15 percent cited “Want as many children as possible.”

Another important point: according to the 2008 NDHS, only about one in three women (35 percent) correctly identified **the fertile period in a woman’s menstrual cycle as falling halfway between two menstrual periods**. As such, it is important for Filipino men and women to have correct knowledge and understanding of key physiological processes that lead to pregnancy.

OBJECTIVES:

1. To provide simple and practical information on five important concepts/events related to the menstrual cycle and human reproduction (ovulation, fertile period, menstruation, fertilization, and implantation)
2. To enable the participants to understand (in a visual manner) how human reproduction begins with the union of the ovum and sperm (fertilization).
3. To enable participants to realize that without fertilization, there can be no pregnancy. Without pregnancy in the first place, there can be no abortion. All FP methods promoted by DOH act to prevent fertilization. Therefore, FP is NOT abortion.

STEPS:

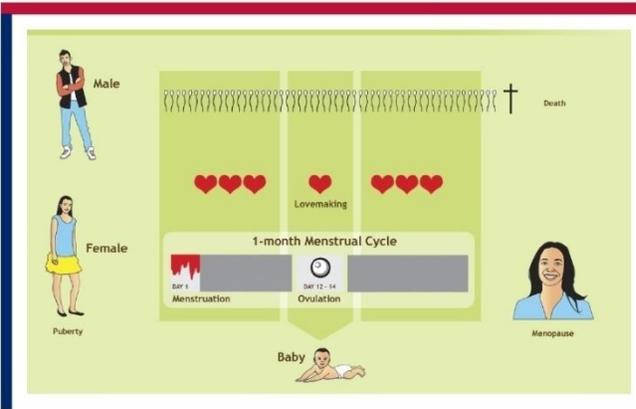
1. Begin by saying: “Having children and caring for their welfare is very important to all of you and to all of us Filipinos. At this point, we will learn how babies are made in the womb of their mother.”
 2. Ask, “Paano nga ba NABUBUO ang isang bata?” or “Bata-bata, paano ka ginawa?” (Child, how are you
-

conceived?)

3. Get initial responses from participants. Meanwhile, on the board, a co-facilitator will post the following metacards in random circular manner:
 - Menstruation/menstrual cycle
 - Ovulation
 - Fertile period
 - Fertilization
 - Implantation
 4. Ask participants to help you define each of the four terms. Say, *Ano ang pagkaka-intindi ninyo sa mga salitang ito?* (show the metacards) The co-facilitator writes responses on a metacard and posts it around each of the “words.”
 5. Ask participants to help you arrange the stages in the right sequence. Since the metacards are already posted, you may use a PEN to write numbers indicating the sequence or you can arrange them to follow the correct sequence.
 6. Start your presentation using the FP Flipchart.
-

SLIDE 13

Fertility Awareness: Joint Fertility

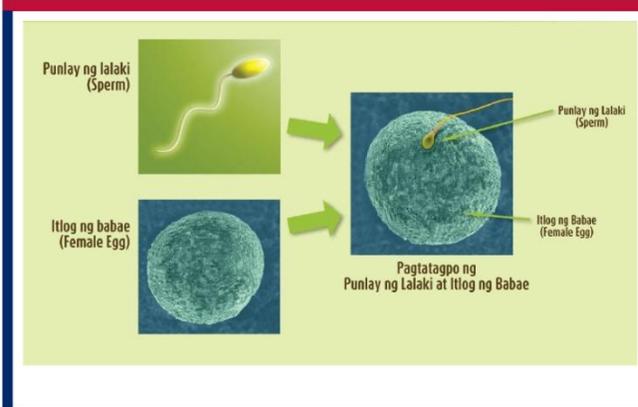


Discuss:

1. Joint fertility involves the united and equal contribution of the male and female in the decision and ability to have a child.
2. Fertility in males starts during puberty (11-14) and continues on for the rest of their lives. Males who have reached puberty have the ability to make a woman pregnant at any time. At the onset of puberty, the increase in the hormone testosterone causes deepening of the voice, growth of facial and body hair, growth of the penis, rapid spurts of increase in height, broadening of the chest and shoulders. Sperm production also begins. Sperm is the male contribution to conception.
3. Sperm cells from the male have a lifespan of 5 days in a fertile environment, that is, inside a woman's body.
4. In females, fertility begins at the onset of menses or *menarche* (12-16) and ends at menopause, usually between the ages of 45-55. Females have menstrual cycles and are fertile only for a few days in a month. During puberty, the increase in the hormone estrogen causes the growth of body hair, breast enlargement and contouring of the hips. The eggs in the ovary also begin to mature. The eggs, plus the nurturing environment of the uterus, are the female contribution to conception.
5. A mature egg or "ovum" from the female lives only for one day.

SLIDE 14

Pagsasanib ng itlog ng babae at punlay ng lalake

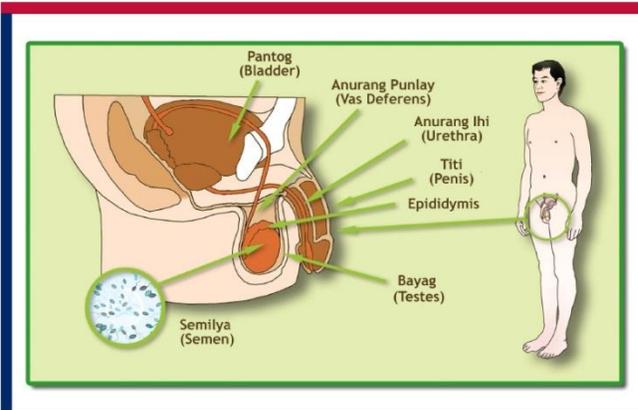


Discuss:

- 1. The fertilization process.** Fertilization occurs when there is a union between a sperm cell and an egg cell. With the aid of the cervical mucus, millions of sperm swim through the uterus to the fallopian tube but usually, only one sperm fertilizes the egg. We call the fertilized egg an embryo.
- 2. Implantation.** After fertilization, the embryo journeys for around 6 days towards the uterus where it implants in the endometrium, or uterine lining so that it can get its nutrients. From here, it will develop into a full-grown fetus until it is born and becomes a child.

SLIDE 15

Bahagi ng Reproductive System ng lalake



Discuss:

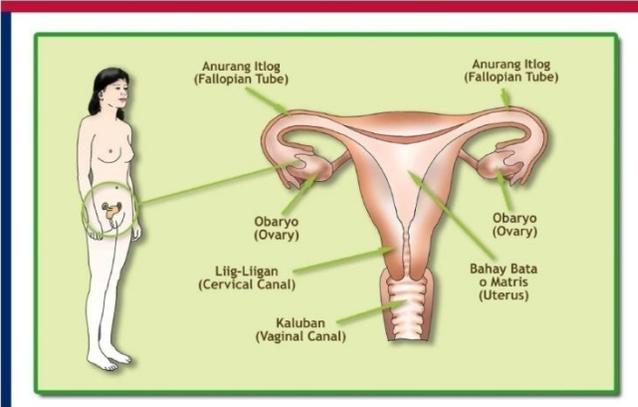
Parts of the male reproductive system and their roles

Parts	Role
Testes	Produce sperm cells and the male hormone testosterone
Epididymis	Where the maturing sperm cells develop
Vas Deferens	Act as the ducts for the sperm coming from the testes passing to the urethra
Penis	Male organ for copulation, primary part of the male reproductive system

Ejaculation. Secretion of seminal fluid with sperm. The sperm quality and quantity are factors in being able to impregnate a female.

SLIDE 16

Bahagi ng Reproductive System ng babae



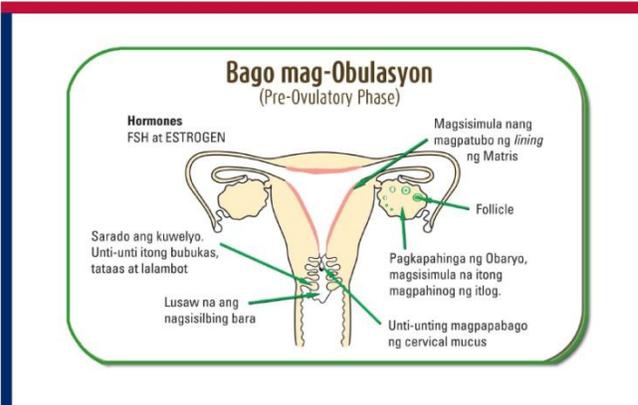
Discuss:

Parts and their roles of the female reproductive system

Parts	Role
Ovary	Produces the eggs and the female hormones estrogen and progesterone
Fallopian Tube	Transports the ovum (egg cell) released from the ovary to the inside of the uterus
Uterus	Receives the fertilized ovum. It expands as the fetus grows inside.
Placenta	Develops during pregnancy to supply nutrients to the growing fetus from the mother's body.
Cervical Canal	The passage to the uterus

SLIDE 17

Ang siklo ng pagrereгла



Discuss:

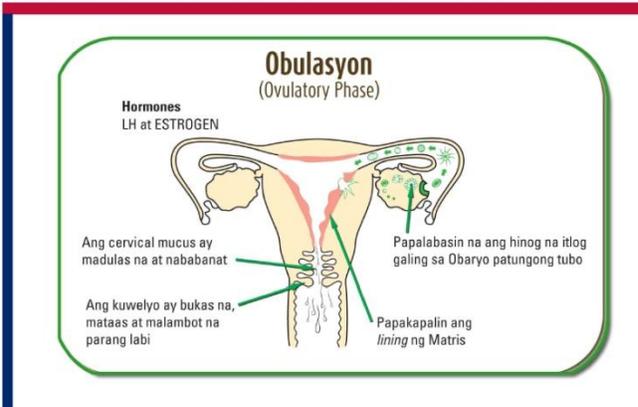
The first menstrual cycle is the beginning of the female's ability to become pregnant.

Before Ovulation

During each monthly menstrual cycle, the ovary releases hormones (estrogen and progesterone) that cause the thickening of the womb lining and increase its supply of blood. The thickening of the womb lining is in preparation for the coming of a fertilized egg.

SLIDE 18

Ang siklo ng pagreregla



Discuss:

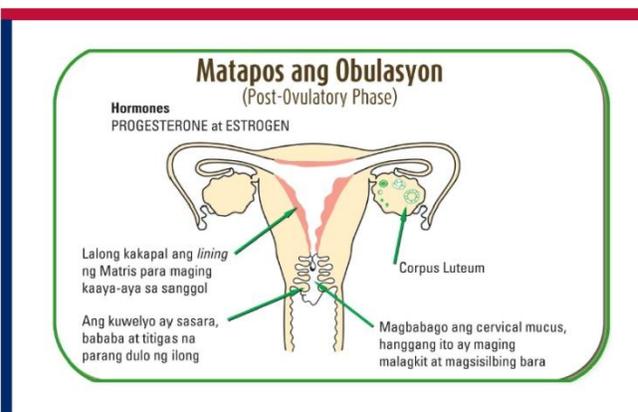
Ovulation

Ovulation is the release of a mature egg from the ovary into the fallopian tube. This occurs from 12-16 days after the first day of menstruation. Ovulation almost always occurs only once during the 26-32 day menstrual cycle. The egg cell survives for about 24 hours in the fallopian tube.

The ovum will travel to the uterus through the fallopian tube. If there are sperm cells in the fallopian tube, the egg may be fertilized.

SLIDE 19

Ang siklo ng pagreregla



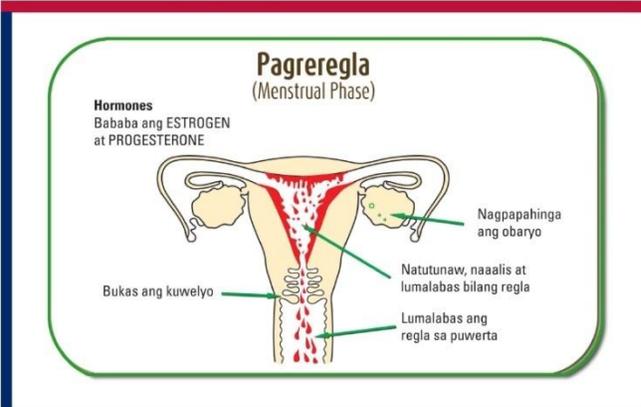
Discuss:

After Ovulation

The womb lining continues to thicken and produces nutrients in preparation for pregnancy. If the egg is not fertilized, it will dissolve and be reabsorbed in the body, and in about **10-16 days**, the uterine lining is shed in the form of menstruation.

SLIDE 20

Ang siklo ng pagrereglá



Discuss:

Menstruation

Because there was no meeting of egg and sperm, the unused womb lining will be shed with bleeding so that a new menstrual cycle can start.

The first day of menstruation is the start of the new cycle.

SLIDE 21

Modernong paraan ng family planning

Family Planning Method	% Effectiveness	Kasama sa Benepisyo ng PhilHealth?
NSV	99.9	OO
BTL	99.5	OO
Injectables: CIC	99.9	Hindi
POI (DMPA)	99.7	Hindi
Pills: Low Dose COC	99.7	Hindi
POP	99.5	Hindi
IUD	99.4	OO
LAM	99.5	Hindi
Condom	98	Hindi
Fertility Awareness-based Methods		
• Basal Body Temperature (BBT)	99	Hindi
• Sympto-thermal Method	98	Hindi
• Billings Ovulation Method (BOM)	97	Hindi
• Standard Days Method (SDM)	95	Hindi

STEP 8. Discussion on the relevant FP methods based on need for LA/PM and clarifying method-specific health concerns and fear of side effects

NOTE to facilitator: The possible choices in this slide are arranged from the most effective at the top to the least effective at the bottom for easy reference by clients. All effectiveness figures were derived from the DOH. Make sure that you present all choices but indicate any that are currently unavailable from any source in your area. Spend less time on those methods.

Say: Here are the FP methods that can be

provided by your midwife or through referral.

Point out that all the modern methods in the list are effective. Direct participants' attention to the "% effectiveness" column and point out the most effective methods at the top of the list.

NOTE: In the absence of an LCD projector, the equivalent of this slide is the ICV Wall Chart. The effectiveness rates of these methods are derived from DOH.

NOTE: PhilHealth has approved reimbursement for IUD insertion by midwives.

SLIDE 22

Pamamaraan sa pag-aagwat sa mahabang panahon

Intra-Uterine Device (IUD)



INTRODUCTORY STATEMENT:

Although it is not a permanent method, couples who no longer want to have children may consider the IUD as an option because it is effective for many years.

The IUD can also be an option for couples who no longer want to have another child at the moment, but are concerned that they might change their mind in the future, especially when their family situation is much improved.

SLIDE 23**Intra-Uterine Device (IUD)**Ano ito?

Inilalagay sa matris ng babae ang maliit at malambot na plastik



- 99.4% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Hanggang 12 taon ang bisa (Copper -TCu 380A)
- Hindi maapektuhan ang dami at kalidad ng gatas ng nagpapasusong ina
- Madaling ilagay, at madali ring ipatanggal kung nais nang magbuntis

Discuss only the contents of the slide, and then go to the next slide.

Show a sample of the device and pass it around for participants to inspect (see and touch). Make sure that you explain that only the small IUD is inserted into the body; the rest are just the packaging and IUD inserter.

SLIDE 24**Tanong**

- **May mga tanong ba kayo tungkol sa IUD?**

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

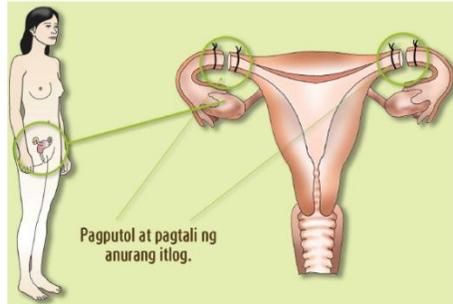
SLIDE 25**Para sa mga mag-asawa na wala nang planong madagdagan ang mga anak**

- Pinaka epektibo, moderno, at permanenteng pamamaraan ng family planning
 - Bilateral Tubal Ligation (BTL)
 - No-Scalpel Vasectomy (NSV)

Discuss only the contents of the slide, and then go to the next slide.

SLIDE 26**Bilateral Tubal Ligation (BTL)**Ano ito?

Tinatalian at pinuputol ang dalawang anurang-itlog (fallopian tubes) ng babae



Discuss the contents of the slide

Explain what happens after BTL:

Because the fallopian tube has been tied and cut, the mature egg from the ovary and the man's sperm can no longer meet and unite after sexual intercourse.

Go to the next slide.

SLIDE 27**Bilateral Tubal Ligation (BTL)**

- 99.5% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Permanenteng pamamaraan
- Madaling isagawa (mga 15 hanggang sa 30 minutos lamang)
- Hindi nakakaapekto sa pakikipagtalik kay mister, mas enjoy dahil nawawala ang pangambang mabuntis ng wala sa plano



Discuss only the contents of the slide, and then go to the next slide.

NOTE: Before conducting this *Usapan*, you should make sure that BTL services will be available in the public or private sectors within 2 weeks following the *Usapan* session.

SLIDE 28**Tanong**

- May mga tanong ba kayo tungkol sa BTL?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Keep in mind not to make participants feel they are wrong or do not make sense.

SLIDE 29**No-Scalpel Vasectomy (NSV)**Ano ito?

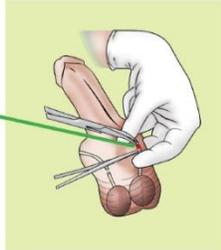
Tinatalian at pinuputol ang anurang-punlay (vas deferens) na dinadaan ng punlay (sperm) ng lalaki



1. In NSV, the vas deferens is tied and cut.
2. Explain what happens after NSV
 - a. NSV blocks the sperm and prevents them from mixing with the semen. The blocked sperm are absorbed back by the body. This does not cause any harmful effects on the man's health.
 - b. The man can still have erections. During intercourse, the man can still ejaculate semen. However, his semen no longer contains sperm. Thus, he can no longer make a woman pregnant.

SLIDE 30**No-Scalpel Vasectomy (NSV)**

- 99.9% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Madaling isagawa (isang maliit na butas lamang ginagawa, hindi na kailangang tahiin)
- Hindi nakakaapekto sa pakikipagtalik kay misis at sa pagkalalaki ni mister



Discuss only the contents of the slide, and then go to the next slide.

SLIDE 31**Tanong**

- May mga tanong ba kayo tungkol sa NSV?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

INPUTS on GENDER and ADDRESSING GENDER-BASED VIOLENCE

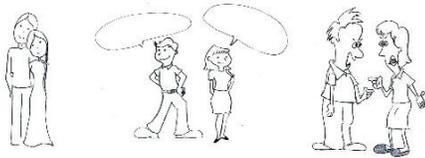
This part of the *Usapan* tackles the principles and the manner of improving or transforming man-woman relations towards family health and wellness, as well as the available services for those experiencing GBV, including intimate partner violence. The following pages serve as this section's overview. The training steps follow.

Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
Entry of the gender part	After the interactive lecture on safe FP and before action planning.		
1	Linking Statement (Introduce this gender portion by stressing the relevance and importance of the nature of the husband-and-wife relationship to FP)	1 minute	<ul style="list-style-type: none"> • PowerPoint presentation cover page
2	Exercise: Differences between Two Types of Husband-and-Wife Relationship (Ask participants to write on a set of metacards the characteristics of the first type of husband-wife relationship, and on another set of metacards the characteristics of the second type of husband-wife relationship)	4 minutes	<ul style="list-style-type: none"> • Metacards (2 colors; 2 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
3	Sharing of Reflections on the Two Types of Husband-and-Wife Relationship (Let the participants share their comparison of the effects of the two types of husband-and-wife relationship on FP and family well-being)	10 minutes	<ul style="list-style-type: none"> • PowerPoint presentation (slide containing the guide questions)
4	Lecture (Enrich the participants' understanding of the effects of the type of their relationship with their spouses on FP and family well-being, and of the importance of preventing and addressing GBV.)	5 minutes	<ul style="list-style-type: none"> • Visual aids (PowerPoint presentation)
TOTAL TIME: 20 minutes			

SLIDE 32

Kumusta ang relasyon naming mag-asawa?

**Paano nakaka-apekto
ang relasyon naming mag-asawa sa
pagpapalano ng aming pamilya?**

**Instructions**

1. While showing this picture, say: "At this point, the Usapan will now move to the husband-wife relationship because the quality of this kind of relationship is important for effective FP." Invite the participants to assess the quality of their relationship with their respective spouses.
2. Let the participants read the title: "*Kumusta ang relasyon ko sa aking asawa? Paano ito nakaka-apekto sa pagpapalano namin ng aming pamilya?*"
3. Say that to assess their relationships with their husbands, you will ask them to analyze two pictures representing two types of husband-and-wife relationship.
4. Show the first picture/image.

SLIDE 33

Unang larawan ng relasyon ng mag-asawa



1. While showing this first picture/image, ask them to closely look at the characteristics of the relation of the husband and wife.
2. Give each participant one metacard. Ask them to write on their metacards the characteristics of the relationship of the husband and wife as shown in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on a designated part of the wall or board.
4. Put together the metacards with the same or similar contents.
5. Don't read the metacards yet. Move to the next part, that is, show the second picture.

SLIDE 34**Ikalawang larawan ng relasyon ng mag-asawa****Instructions for the second image**

1. Similar to the first image, ask them to closely look at the relation of the husband and wife in this second image.
2. Give each participant one metacard. Ask them to write on their metacards the characteristics of the relationship of the husband and wife as shown in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on the designated part of the wall or board.
4. Put together the metacards with the same or similar contents.

Show both pictures:

5. Let the participants read the contents of the metacards for the first picture while showing this first picture. Then let them also read the contents of the metacards for the second picture while showing this second picture.
6. Focus on the first picture. Ask the participants: *“Kung ganito ang relasyon ng mag-asawa, ano ang kakayahan nilang mag-plano ng pamilya? Ano ang malamang na nangyayari?”*
7. Then focus on the second picture. Ask the participants: *“Kung ganito naman ang relasyon ng mag-asawa, ano ang kakayahan nilang mag-plano ng pamilya? Ano ang malamang na nangyayari?”*
8. Focusing on both pictures, ask the participants: *“Ano ang gagawin ng mag-asawa upang maiwasan o matigil ang unang uri ng relasyon (raise the first picture) at maitaguyod ang pangalawang uri ng relasyon?”* (raise the second picture)

SLIDE 35	9. Summarize the answers of participants.
<p>Paghahambing ng dalawang larawan</p> <ul style="list-style-type: none"> • Ano ang katangian ng relasyon ng mag-asawa sa unang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya? • Ano ang katangian ng relasyon ng mag-asawa sa sa ikalawang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya? • Ano ang gagawin ng mag-asawa upang maiwasan ang unang uri ng relasyon at maitaguyod ang pangalawang uri? 	<ol style="list-style-type: none"> 1. Read the first question on the slide. For the answer, let one participant read the contents of the metacards for the first picture/image. Then ask the sub-question, <i>“Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya?”</i> 2. Read the second question. For the answer, let another participant read the contents of the metacards for the second picture/image. Then ask the sub-question, <i>“Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya?”</i> 3. Focusing on both images, ask the participants: <i>“Ano ang gagawin ng mag-asawa upang maiwasan o matigil ang unang uri ng relasyon at maitaguyod ang pangalawang uri ng relasyon?”</i> 4. Summarize the answers of participants. 5. Then say that you will deepen this discussion by sharing the results of studies on the effects of the relation of husband and wife on FP and maternal and child health care. Proceed to your lecture.

SLIDE 36**Relasyon ng babae at lalaki sa Pilipinas****Sang-ayon sa mga batas ng Pilipinas:**

- Pantay ang babae at lalaki sa pamilya at sa lahat ng larangan ng lipunan.
- Dapat na parehong nag-decision ang mag-asawa sa anumang usapin sa pamilya, kasama na sa pagpapalano ng pamilya.
- Sa panahon ng hindi pagkakasundo, ang desisyon ng may katawan (gagamit ng FP method) ang masusunod. Kagaya ng kanyang asawa, hindi kailangan ng babae ang nakasulat na pagsang-ayon (written consent) ng asawa para sa paggamit ng anumang uri ng FP method.

Instructions

1. Say that the equality of women and men is promoted and protected by Philippine laws.
2. If asked on what these laws are, mention the following as examples:
 - Philippine 1987 Constitution
 - Family Code of the Philippines
 - Women in Development and Nation Building Act
 - Magna Carta of Women
 - Responsible Parenthood and Reproductive Health Law
3. Ask for another volunteer to read the slide.
4. Stress the importance of joint decision-making of husband and wife. Say that there are, however, times when conflict or disagreement between them happens. In this situation, it is important for the man to respect the decision of the woman if she is the one who will use an FP method. This is her legal right. And violence should not be committed against her if her choice conflicts with that of her husband.

To promote equality between women and men in the households/families and stop intimate partner violence, it is important to follow the actions listed on the next two slides.

SLIDE 37**Ano ang maaaring gawin ng mag-asawa upang mapaunlad ang kanilang relasyon?**

Mahinahon at buong pagmamahal na pag-usapan ang:

- Magkatuwang na pagdedesisyon sa pamilya;
- Pagtutulungan sa gawaing bahay at pangangalaga ng mga anak.
- Masinop na paraan ng paglutas ng alitan o problema. Hindi gagamit ng anumang uri ng karahasan. Dapat may paggalang sa dignidad at karapatan ng bawat isa.

Humingi ng payo (o family counseling) sa mga eksperto at kinaaukulan kung hindi sapat ang pakikipag-usap sa asawa.

Instructions

1. Ask all the participants to read the slide.
2. You may say that if any participant needs more information or guidance on how to enhance their relationship with their spouse, then she may consult you. In addition, they may also approach government organizations such as the Department of Social Welfare and Development or the Women's Desk (if any) of the barangay, and other organizations, such as (the Church) or NGOs for counseling.

SLIDE 38**Para sa mga nakararanas ng karahasan**

Humingi ng tulong sa kinaaukulan:

- **Barangay Council** para sa protection order
- **DSWD** para sa serbisyong psycho-social (counseling, temporary shelter, livelihood, tulong pinansiyal sa panahon ng paglutas ng problema.)
- **DOH/PHO/CHO/MHO** o ng **Women and Children Protection Unit** para sa serbisyong medikal at serbisyong mediko-legal;
- **NBI/PNP Women and Children Protection Desk** para sa investigation, rescue at proteksiyon ng biktima;
- **DOJ/Public Attorney's Office/Prosecutor's Office** para sa serbisyong legal/prosecution.

Instructions

1. Ask a volunteer-participant to read the slide.
2. It will help if you have prior knowledge of the contact information of the government agencies mentioned here. If you do, share the information with the participants.
3. After this, say you will proceed to the next steps of *Usapang Kuntento Na*.

SLIDE 39**Mga pagpapatotoo ng...**

- Mga taong kuntento sa kanilang ginagamit na pamamaraan sa pagpapalano ng pamilya

STEP 9. Testimony of satisfied FP users

Since the onset of the government's FP communication program in the 1970s, it has been widely accepted that testimonials given by satisfied users of FP methods produce a positive effect on the listeners. These testimonies provide a form of social support, an assurance that the FP methods are reliable, safe, and ultimately beneficial to the whole family. This may then alleviate remaining concerns in the minds of *Usapan* participants.

IMPORTANT NOTE: Since the NDHS data show that a high percentage of MWRAs do not use FP because of fear of side effects and health concerns, organizers/facilitators should ensure that FP users who will give testimonials as acceptors are healthy looking, and have a happy and positive disposition.

Avoid selecting FP users who may be perceived as matching the common negative beliefs about FP. For example, if you present a plump/overweight acceptor, participants may believe that indeed pills or injectables cause weight gain.

OBJECTIVE: To provide proof/evidence that using FP methods can be a positive experience and leads to a more satisfying quality of life.

This should be given by at least one invited speaker (not a participant). Recommend the following outline to your speaker in organizing his/her talk:

5. Relate your need for FP (why I sought FP).
6. What you did to meet your FP need (e.g., talked to a midwife, went to the rural health unit, etc.).

7. What made you decide to choose the method you are using?
8. Cite 2-3 positive experiences or consequences arising from your using your method of choice.

SLIDE 40

Buod ng mga napag-usapan natin

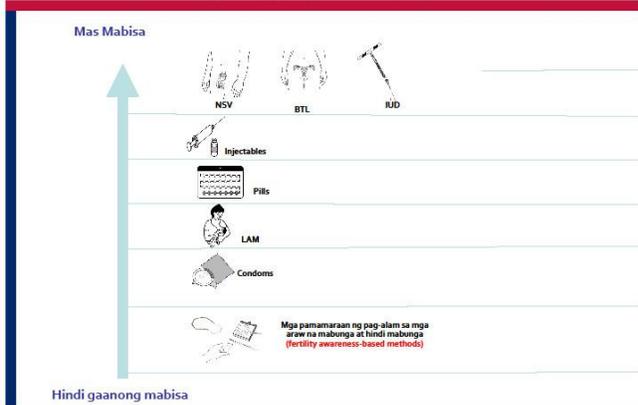
- Inyong napag-isip-isip ang inyong mga pangarap para sa pamilya
- Kung ano ang Family Planning at kung ano ang mga kabutihang dulot nito
- Ang pinaka praktikal na mga modernong pamamaraan sa Family Planning na makakatugon sa inyong sitwasyon at pangangailangan
- Ang epekto ng relasyon ng mag-asawa sa pagpa-plano ng pamilya
- Narinig natin ang mga personal na mga kwento ng mga taong kuntento na sa ginagamit nilang pamamaraan sa Family Planning. Ang kanilang mga karanasan ay nagpapatunay na epektibo ang mga nasabing pamamaraan

After a lengthy discussion, it is always necessary to summarize the important points. Do this in proper sequence. Mention the 1st step, 2nd step, 3rd step or major topic you discussed.

In doing this, you are refreshing the short-term memory of the participants by reviewing the recent data that they have heard, said, saw and experienced. It prepares them for the next step.

SLIDE 41

Pagkukumpara sa bisa ng mga iba’t ibang pamamaraan ng pagpapalano ng pamilya



OBJECTIVE: To REITERATE all the program methods available from the midwife or by referral

This is important for ICV compliance.

PROCESS: Again, you are refreshing memory by reviewing information and preparing for action.

Ask the NUDGE question: “Kung ikaw ang tatanungin, alin ang pipiliin mo, ang hindi gaanong mabisa o ang mas mabisa?”

SLIDE 42

Ngayon, ano ang nasa isip mo?

Kung ikaw ang papipiliin, anong pamamaraan ang iyong gagamitin?

INTERESADO AKO SA...	PAKI-TSEK (✓)
No-Surgical Vasectomy (NSV)	
Retrograde Intra-Uterine Insemination (RIU)	
Intra-Uterine Device (IUD)	
Injectables: (DMPA)	
Injectables: Combined Injectable Contraceptive (CIC)	
Pills: Low Dose Combined Oral Contraceptive (COC)	
Pills: Progestin-Only Pills (POP)	
Condom	
Lactational Amenorrhea Method (LAM)	
Menstrual Cycle Method (MCM)	
Basal Body Temperature (BBT)	
Sympto-Thermal Method (STM)	
Bilings Ovulation Method (BOM)	
INTERESADO AKO, PERO...	PAKI-TSEK (✓)
... hindi pa desisyon agayon kung anong pamamaraan ang gagamitin	
... may mga agam agam pa	
... ayaw sumagay ng araw ko	
HINDI INTERESADO...	PAKI-TSEK (✓)
Walang balak gumamit ng pamamaraan sa Pagplano ng Pamilya	
Pangalan:	
Address:	
Cellphone Number:	

OBJECTIVE: To NUDGE participants into making a mental choice of the FP method that can meet their need as reflected in their plan.

Have you noticed how sales persons often attempt to close the deal by asking you, “What time would you like me to deliver the product?” or “Should I pack this item already?” or “Should I prepare the contract now?” That is part of what is called “closing the deal.”

In this step, we are facilitating the clients’ decision-making process through this gentle nudge question.

TO USAPAN FACILITATOR:

1. Ask participants to flip the FP Action Card to see the prepared checklist of methods (printed on the back of the action card, left side)
2. **Read focus question:** “If you were to choose now, what method would you be interested in using?” Direct them to the first group of listed methods and ask them to check the desired method; or check the appropriate item if interested but not yet decided or not interested.

Participants with no method in mind – If the participant does not have a method in mind or is not sure about using FP, do not be alarmed. Do not direct attention to the person or single him/her out. Indecision is part of life, and facilitators need to respect that.

In courtship, it is perfectly all right for a woman to say, “No” to a suitor. This does not mean that there is something wrong with the suitor or with the woman. For a variety of reasons, it is simply the woman’s choice not to accept what the man is offering. It is the same in FP. It is perfectly

acceptable for a man/woman to say, “No” to FP, and *Usapan* facilitators should not feel let down if s/he gets this kind of response. This is the essence of informed choice.

Often, deciding to use FP is a process, not a one-time decision. The participant may be in the earlier part of the process and not ready to commit to FP. Such participant may benefit from follow up or, as in the case of the woman and the suitor, she may already have decided and the answer is ‘No’. Either case is fine.

A BHW or you, if you have the time, can have a follow-up discussion with this person a week or so later. Determination of the need for a follow-up visit will be based on the participants’ responses indicated in the Action Card.

SLIDE 43

Ano ang maasahan ng isang kliyente na komukonsulta tungkol sa Family Planning?

1. Paggalang
2. Wastong kaalaman
3. Ligtas at maasahan na mga serbisyo
4. Sariling pagpili ayon sa sariling desisyon
5. Paggalang at pag-seguro na ang mga impormasyon tungkol sa kliyente ay hindi ikakalat o ikukwento sa ibang tao
6. Maginhawang pakiramdam sa pakikipag-usap sa doktor, nars, o midwife
7. Malayang pagpapahayag ng opinyon
8. Pagkilala sa pantay na karapatan ng babae at lalaki sa Family Planning

OBJECTIVE: To create a positive mental picture among participants of what they can expect from a health facility/provider

Do not discuss these extensively. The information provided here is to give you, the facilitator, a better understanding of each item.

Basic rights of all FP clients

1. Information – Clients have the right to accurate, appropriate, understandable, and clear information related to reproductive health and sexuality, and to health overall. Information materials for clients need to be available in all parts of the health care facility.
2. Access to service – Clients have the right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no

inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, and sexual orientation.

3. **Informed Choice** – Is the right of individuals or couples to make a voluntary, well-considered decision that is based on options, information, and understanding. It is the responsibility of the service provider to confirm that a client has made an informed choice or to help the client reach an informed choice.
 4. **Safe services** – Clients have the right to safe services, which require skilled providers attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical practice.
 5. **Privacy** – Clients have the right to a private environment during services and counseling. This means that a facility must have an area where clients cannot be seen or heard during counseling, physical examinations, and clinical procedures. There should be privacy concerning handling of clients' medical records and other personal information.
 6. **Confidentiality** – Clients have the right to be assured that personal information will not be disclosed. This includes maintaining secrecy about the client's history, results of examinations and counseling, and other records.
 7. **Dignity** – Clients have the right to be treated with courtesy, respect, and consideration. The
-

service provider must give utmost attention to the client's need.

8. Comfort – Clients have the right to be at ease and relaxed while in a health facility for services. Service providers need to ensure that clients are as comfortable as possible during the procedures.
9. Express Opinion – Clients have the right to express their views on the services being offered. Clients should be encouraged to express their views freely, even if their views differ from those of the service providers.
10. Continuity of Care – All clients have the right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health. Clients have the right to receive services and supplies for as long as they need them. This can either be through the service provider or by referral. This is one of the reasons that is crucial to tell *Usapan* participants when a method is not currently available in the area.

SLIDE 44

SALAMAT!

Finally, ask the participants if their entries in the visioning cards are final. Once everyone says, "Yes," give each one of them another blank sheet of Visioning Card and ask each one to copy all her entries into the new sheet (in other words, make a duplicate).

Remind participants to put their name and signature, address, and cell phone number on the designated space at the back of the action card.

She will keep one copy for her file or bring this to the midwife or health center should she so decides.

EMPHASIZE that it is **THEIR** document of their plan for their family. Therefore, they should keep it in a safe place similar to other important family documents.

ENCOURAGE participants to discuss their Action Card with their spouse and tell them that you or somebody from your team will make a visit or follow-up call/text. Get participants' consent to do this. If someone does not give his/her consent, make sure you respect that and do not follow up.

Facilitators will collect the other (duplicate) copy. This is for your reference in scheduling follow-up visits with the participants. Make sure you note clearly and in big letters 'NO FOLLOW UP!' if the woman has not consented to a follow up.

Module 3: Usapang Buntis

SLIDE 1



Usapang Buntis

Ano ang nasa isip ninyo?

PAG-USAPAN NATIN!

TITLE SLIDE

Greet the participants and briefly introduce yourself and your co-facilitator/s.

Ask: What comes to mind when you hear *Usapang Buntis*?

Acknowledge 2-3 responses from the participants.

Then say: Yes, today, we will discuss what you have said and more.

SLIDE 2

Magkakilanlan tayo

- Sabihin ang iyong pangalan at kung sino ang artista na kamukha mo.
- Sabihin sa grupo kung bakit siya ang iyong napili.

OBJECTIVE: Get people to relax, encourage openness, interact and share information. Create an atmosphere for learning and participation.

TIPS

C. Do this part if the participants do not know each other. However, you may use other getting-to-know-you ice breakers that you are familiar with.

D. If the participants are already familiar with each other, do a short energizer that ranges from 10-15 minutes.

C. Icebreakers and energizers should:

- Be quick and easy to do. Timing is important.
- Help you to stimulate cooperation and participation.
- Help you to get everyone warmed up and

ready to participate.

- Not cause embarrassment to participants.

D. Be enthusiastic and project energy when you are leading icebreakers or energizers.

IMPORTANT note to facilitator: **Stepping Stones**

Slides 3 to 7 below are guides for facilitating brief, but structured exercises. They are all designed to produce an effect in the minds of the participants. These desired effects are described in the guide column opposite the slide. Imagine that you are guiding a person from Point A to Point B. You lay down stones along the way so that the participant can step on them and move forward. Without the stepping stones, your participants may find it difficult to follow the topics onward. Therefore, it is important that each structured exercise be performed the right way to attain the desired results. Do not skip, do not rush, do not change the order, and do not prompt the participants for their responses.

SLIDE 3

Ang iyong pamilya ngayon



May Plano Ako
Action Card,
Column 2

STEP I. What I Like about My Family Today

Exercise 1: This aims to allow participants to assess their current family situation (family baseline).

OBJECTIVE: Guide the participants towards establishing a “baseline” of their family situation.

Structured Exercise 1.a

Distribute the *May Plano Ako* Action Card to each participant. Direct participants' attention to the “*May Plano Ako*” section of Action Card. Guide participants through Step I as listed in the section.

SLIDE 4**Ang iyong pamilya ngayon**

- Ano ang nagugustuhan mo ngayon sa iyong pamilya?

Structured exercise I.b**STEPS:**

1. Facilitate a brief discussion on what is/are positive about their family situation.
2. Link: Point to Step I, "*May Plano Ako*" section of Action Card and say: "This is your family now and you have __ (number of children)." Let participants encircle current family size – "*Ang pamilya ko ngayon.*"
3. Ask the focus question: "*Ano ang mga nagugustuhan mo ngayon sa iyong pamilya?*" ("What do you like about present family situation?")
4. Distribute metacards and pentel pens and ask each participant to write their responses on the cards and post these on the board.
5. Discuss/process the responses by clustering and highlighting the ideas that are related to health and wellness, family welfare, etc. Responses will typically revolve around the following themes:
 - Harmonious, loving relationship within the family
 - Happy with the children
 - Financial stability and/or success
 - Health
 - Spiritual: God in the family

NOTE: It is possible that some may not be able to identify what they like about their current family situation. If this happens, reassure the participant(s) by saying, **“It’s all right. The reason why we are here is to help you make a plan on how to improve your family situation.”**

6. **Say:** “This may be your current family situation, but of course we wouldn’t want to be in this situation for the rest of our lives. We all have visions and dreams for our family, don’t we?”
7. **Ask:** “From your current family situation, what is your vision for your family in the next 5 years?”
8. Go to the next slide.

SLIDE 5

Pangarap mo para sa iyong pamilya

PANGARAP KO PARA SA AKING PAMILYA

Bilugan ang iyong pangarap.

May Plano Ako Action Card, Column 1

STEP 2: My vision for my family

Structured Exercise 2

This builds on the participants’ state of mind that was created from the previous exercise. It is important that you link this with the previous structured exercise.

OBJECTIVE: To guide the participants to move forward from acknowledging their current situation to formulating their vision for the next 5 years.

Steps:

1. Direct participants to the *May Plano Ako* Action Card again and show them where the “*Pangarap Ko Para sa Aking Pamilya*” column is.

2. This is also displayed on screen. You may ask participant-volunteers to take turns reading the options.
3. Ask them to encircle their choice of icons in the “*Pangarap Ko Para sa Aking Pamilya*” column.
4. Tell participants they can encircle as many icons/visions as they want. Tell them they should be **REALISTIC** in encircling icons they think they can attain within 5 years.
5. Tell participants that if they have other visions not included in the choices, they may write it down on the blank box labeled, “*Iba pang pangarap.*”
6. Summarize by saying: “We started by identifying your current family situation, and now you have just written down your vision or dreams for your family in the next 5 years.”

SLIDE 6

Sariling pagmumuni-muni

- Sa ngayon, kaya ninyo bang magdagdag ng isa pang anak?

STEP 3: Brief Individual Reflection**Structured Exercise 3****Can I still afford to have another child at this time or (if pregnant at present) after giving birth?**

This brief exercise will facilitate individual reflection (internal dialogue). This builds on participants' experience in planning/setting visions for the family based on the previous structured exercises. In the previous structured exercises, participants should have realized that they could still improve their current situation by setting goals and visions, and eventually taking action to fulfill them.

The current focus question aims to trigger self-reflection on whether the participant can still

support another child in the family. This is expected to eventually lead to realization among the participants of the need to use modern FP method/s because the size of the family is critical in achieving the vision for the family.

OBJECTIVE: To nudge participants to self-examine their current ability or inability to support another child and still achieve their vision for their family.

Reflection process:

1. **The Focus Question:** “Can I still afford to have another child at this point, considering my plans and vision for my family?”
2. **The possible mental responses would be:**
 - “Hindi na kaya. Ok na pagkatapos nito.”
(Kuntento na.)
 - “Kaya pa. Pero, huwag muna ngayon.”
 - “Kaya pang magdagdag pagkatapos nito.”

Steps:

1. Direct participants' attention to the question by reading it aloud.
2. Say: “You don't have to tell us your answer to this question. Just keep it to yourself.”
3. Give participants a minute or two to reflect
4. Say: “Whatever your response is to this question, it is your personal decision. Everyone will respect that and you don't have to tell anybody about it. But you need to have a plan of action so that you will have a chance to realize the vision for your family that you formulated in the previous exercise.”
5. Go to next slide.

SLIDE 8

Mga hakbang na gagawin

May Plano Ako
Action Card,
Column 2

STEP 5. Structured exercise to formulate an “Action Plan” (The steps that I will take)

This is the action planning part and provides participants a menu of activities that they can undertake in managing their family size.

OBJECTIVE: To facilitate action planning and introduce “to-do-things” that will help them achieve their desired family size.

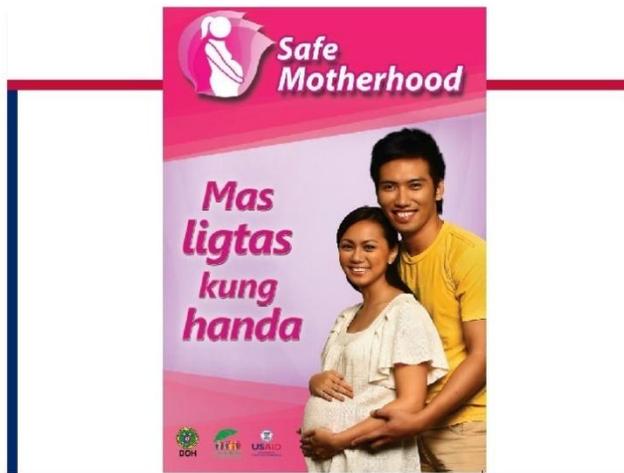
STEPS:

1. Continue by saying: “To achieve the desired family size and achieve your vision for your family, you need to have an action plan. Your vision will not just happen--you need to actively do something to make it happen. Remember the saying ‘*Nasa Diyos ang awa, nasa tao ang gawa*’ (Mercy comes from God, actions come from humans).”
2. Guide participants through the final step listed in the section, encircling the steps they would like to undertake.

INTRODUCTION TO ESSENTIAL MATERNAL AND CHILD HEALTH BEHAVIORS

The section presents essential behaviors to ensure a healthy pregnancy and safe delivery (*Mas Ligtas Kung Handa*). The technical contents in this section come from a flipchart developed by the USAID-funded HealthPRO project and the DOH-National Center for Health Promotion.

SLIDE 9



Title slide for the section

Use a linking statement from the previous section (Action Plan) to this point.

SLIDE 10

Maging handa para mas ligtas

Para sa mas malusog na pagbubuntis at mas ligtas na panganganak:

- Magpa-prenatal check-up nang hindi bababa sa apat na beses
- Mag-birth plan
 - ✓ Pumunta agad sa ospital, kung may emergency signs
 - ✓ Manganak, sa tulong ng midwife, nars o doktor, sa health center, ospital o lying-in clinic



This slide emphasizes the importance of having 4 pre-natal check-ups and having a birth and emergency plan for danger signs of pregnancy and transportation for delivery.

Methodology:

1. Ask for a volunteer to read each bullet in this slide
2. Ask which statements are unclear before proceeding to the next slide

SLIDE 11**Magpa-prenatal nang hindi bababa sa apat na beses**

Bilang ng check-up	Buwan ng pagbubuntis
Una	Mula pagtigil ng regla hanggang 3 buwan
Pangalawa	Mula 4 hanggang 6 na buwan
Pangatlo at Pang-apat	Dalawang beses mula 7 hanggang 9 na buwan

For a woman to know how well she and her baby are doing, she needs to visit the midwife or health center regularly.

Ask participants: “*Kailan ba dapat magpa-check up kung malamang buntis na?*” (When should a woman go for a prenatal check-up?)

Write responses on the board. After exhausting all the answers, discuss the contents of this slide.

Ask participant to show hands

How many have followed this schedule? Has anyone heard of this schedule before? Does it sound like something you could do? If not, what would get in the way?

Summarize responses on the board.

NOTE: Remember to be supportive and non-judgmental because each person lives in different circumstances. However, you do not need to reinforce medically incorrect information. Just be careful not to make participants feel they are wrong or do not make sense.

SLIDE 12**Pahalagahan ang prenatal check-up**

Para masuri, malaman at malunasan ang mga kondisyon na posibleng magdulot ng panganib sa iyo o kay baby, gagawin ng midwife, nars o doktor ang mga sumusunod:



- Kukunin ang iyong health history at susuriin ang iyong katawan



- Kukunin ang iyong blood pressure (BP) at timbang



- Gagawan ka ng mga laboratory tests tulad ng pagsusuri ng dugo o ihi

Emphasize the **importance of regular pre-natal visits**. They enable the mother to know:

- If the baby is growing well
- If her blood pressure is normal
- If she has high blood pressure, her midwife/doctor can give her advice to avoid complications to her and the baby
- About adequate nutrition for adequate birth weight (since the baby's low birth weight is highly correlated with the mother's malnutrition, poor growth of the fetus, and the mother's poor health in general); adequate nutrition is crucial also for the mother's own health and energy during pregnancy and nursing; it also helps to maintain normal pregnancy body weight, and helps some to keep blood pressure within normal limits
- What is going on inside her body – through the results of blood and urine tests. This will serve as baseline to protect her from complications brought about by anemia and hypertension.

SLIDE 13**Pahalagahan ang prenatal check-up**

Para mapanatiling malusog kayo ni baby, gagawin ng midwife, nars o doktor ang sumusunod:

- Bibigyan ka ng iron na may folic acid
- Babakunahan ka laban sa tetano
- Papayuhan ka tungkol sa malusog na pamumuhay, paggawa ng birth plan, pagpapasuso at pagpapalano ng pamilya pagkapanganak



Ask for a volunteer to read each bullet. Highlight the importance of the following MCH services:

1. Iron and folic acid promote healthy red blood cells; iron is crucial in preventing anemia and folic acid prevents a congenital malformation of the spine of the fetus.
2. Tetanus toxoid vaccine is given to prevent tetanus infection of the mother and the newborn. Tetanus infection is prevented if the mother delivers with a doctor or midwife, or in a health facility.
3. Guidance on the preparation of a birth plan that allows the prospective parents to have enough savings to deliver with a midwife or doctor or in a health facility, and plan where and who will be with the mother during delivery and how she will get to the facility to deliver.
4. Guidance on how to practice exclusive breastfeeding.
5. Advice on FP methods. Exclusive breastfeeding offers protection from pregnancy for the first 6 months after delivery. The woman may opt to use an IUD or Progestin Only Pills even while breastfeeding.

SLIDE 14**Gumawa kayong mag-asawa ng birth plan**

- Siguraduhing naka-enroll sa Philhealth
- Alamin ang mga pasilidad na accredited ng Philhealth
- Alamin kung saan manganganak, kailan at paano pupunta doon at kung sino ang makakasama mo
- Maghanda ng mga gamit na kakailanganin ninyo ni baby
- Magsimulang mag-ipon
- Alamin ang emergency signs, emergency contact numbers, mga dapat gawin, at kumilos agad

**Why prepare a birth plan?**

SAY: You and your husband should prepare a birth plan. Your midwife, doctor or nurse is ready to assist you in developing a plan with the following information:

1. Nearest health facility where you can deliver or go in case of emergency and how to get there;
2. Emergency signs that should prompt you to go to a doctor during pregnancy or hospital during delivery;
3. Things to prepare and bring during delivery:
 - PhilHealth card
 - Proof of PhilHealth updated payment of contributions
 - Personal belongings and things that the baby will need
 - Money that you saved
 - Blood donor (in case blood transfusion is required)

Encourage participants to discuss how they will do this before leaving this slide and also how they will get to the facility—including paying for transportation.

SLIDE 15

Bantayan ang emergency signs

Pumunta agad sa ospital, kung mangyari ang alinman sa mga sumusunod na emergency signs:



- Pagdurugo sa pwerta
- Kombulsyon o pagkawala ng malay
- Matinding pananakit ng ulo na may kasamang panlalabo ng paningin
- Mataas na lagnat at panghihina
- Matinding pagsakit ng tiyan
- Mabilis o mahirap na paghinga
- Maagang pagputok ng panubigan

Recognizing emergency signs

SAY: With regular prenatal check-ups, you and your midwife or doctor will be able to detect and respond in time to danger signs of pregnancy.

1. **Ask** for volunteers to share any related experiences of the danger signs listed on the slide. Ask the following questions:
 - What did you do?
 - If she went to a facility or midwife/doctor: what did the provider do?
2. **ASK:** What do you think a pregnant woman should do to avoid these emergency conditions?
3. Mention that most of these problems can be prevented with regular prenatal check-ups.

SLIDE 16

Manatiling malusog habang buntis

Mahalaga para sa iyo at iyong baby na manatili kang malusog habang ikaw ay buntis:

- Kumain ng sapat at masustansyang pagkain
- Uminom nang mula 8 hanggang 10 basong tubig araw-araw
- Iwasan ang kumain ng maaalat
- Mag-ehersisyo nang angkop sa buntis at maglakad-lakad
- Maging malinis sa pangangatawan at ngipin
- Huwag uminom ng alak o manigarilyo
- Huwag uminom ng gamot na hindi kumukonsulta sa midwife, nars o doktor



Self care and proper nutrition (emphasize that during ANC, proper self-care is taught)

1. **Give** each participant several metacards and a pentel pen.
2. **Ask** participants the question, "What can you do to ensure a healthy pregnancy?"
3. **Write** their responses on a metacard and post them on your chosen spot on the board or wall.
4. **Group** the responses together that have the

same or similar content.

5. Emphasize the following:

- The guiding principle in maintaining good nutrition should be: enough and not too much.
- Avoid salty and fatty foods. Eat plenty of vegetables, including green leafy vegetables and yellow/orange vegetables, and fruits. Ask: “What are some examples of salty and fatty foods that you are accustomed to eating?”
- Make sure to take iron folate tablets, as directed by your midwife or doctor
- Make sure to take a good multi-vitamin for pregnancy, as directed by your midwife or doctor
- Water is important to rehydrate the body, utilize nutrients from food and facilitate proper elimination of body wastes.
- Regular exercise will keep your pregnant body fit.
- Avoid alcoholic beverages and smoking.

SLIDE 17**Manganak lang sa health center,
ospital o lying-in**

Mas ligtas doon dahil mayroong:



- Mga dalubhasang midwife, nars o doktor na tutulong sa iyong panganganak
- Kumpleto at malinis (sterile) na mga gamit at supplies
- Wasto at agarang lunas, at referral sakaling magkaroon ng emergency
- Bakuna laban sa Hepatitis B at BCG para kay baby, na ibinibigay sa loob ng 24 oras pagkapanganak

Benefits of Facility-Based Delivery

Discuss the slide contents

SLIDE 18**Alamin ang gagawin kapag ikaw
ay manganak**

Bago manganak:



- Pumili at sabihan ang gusto mong makasama para masuportahan ka habang nagle-labor at nanganganak
- Uminom, maglakad-lakad at maupo o tumayo sa posisyon na gusto mo habang nagle-labor

Things To Do Before and After Delivery

Discuss the slide contents

SLIDE 19**Alamin ang gagawin kapag ikaw
ay manganak**

Pagkatapos manganak:



[Manood Tayo:
Unang Yakap](#)

- Hilingin na ilagay agad nang padapa si baby sa iyong tiyan, balat-sa-balat (skin-to-skin), at kumutan para di ginawin
- Sa loob ng isang (1) oras pagkapanganak, hayaang kusang sumuso si baby at kusa ring tumigil
- Hilingin na laging nasa tabi mo si baby at huwag kayong paghiwalayin

Discussion points

1. Discuss the slide contents.
2. Show the video, “*Unang Yakap*”
3. Ask how many have experienced this process?
4. How did they feel?
5. Process dominant feelings that represent their experiences with skin-to-skin contact with their baby. Allow mothers who have experienced this to convince those who have not to give it a try.
6. Emphasize that knowing what to do before and

after delivery will enable the participants to demand appropriate services from their midwives or doctors.

SLIDE 20

Gatas mo lang ang ipasuso kay baby



- Gatas mo lang ang ipasuso kay baby mula pagkapanganak hanggang anim na buwan para siya ay maging mas malusog at matalino
- Ang eksklusibong pagpapasuso ay pagbibigay kay baby ng tanging gatas mo lamang at:
 - ✓ Walang tubig, juice o katas
 - ✓ Walang vitamins na hindi inireseta ng doktor
 - ✓ Walang gatas sa bote

Importance of Exclusive Breastfeeding

1. Ask the group what exclusive breastfeeding means to them. Then define Exclusive Breastfeeding: only breast milk is given with no supplementation of any type (i.e., no juice, no vitamins, no water, etc.)

NOTE: Make sure you do this in a tactful, respectful way that does not make participants feel they are wrong, especially if they gave incorrect answers.
2. Ask why women want to breastfeed and encourage discussion.
3. Discuss this slide and emphasize the benefits of breast milk:
 - Contains exactly the kind and amount of nutrients that the baby needs.
 - Easily digested and efficiently used by the baby's body.
 - Contains colostrum (yellowish first secretion) that contains millions of antibodies to protect the baby against infection.
4. Emphasize the importance of breastfeeding:
 - Promotes bonding and is free.
 - The contraction of the uterus stimulated by breastfeeding effectively controls bleeding.
 - No danger of contamination.
 - Exclusive breastfeeding on demand can prevent return to fertility for up to six months after giving birth.

The more you breastfeed, the more milk you will have.

SLIDE 21**Gatas mo lang ang ipasuso kay baby**

Kung ikaw ay nagpapasuso, maaari ding maantala ang iyong pagbubuntis kung:

- Eksklusibo ang pagpapasuso nang anim (6) na buwan
- Ang iyong baby ay wala pang anim (6) na buwan
- Hindi pa bumabalik ang iyong regla

Discuss the slide contents, which present the three conditions for Lactational Amenorrhea Method (LAM) to be effective.

SLIDE 22**Magpacheck-up pagkatapos manganak**

- Magpacheck-up kung sa loob ng 48 oras ay makaranas ka ng emergency signs gaya ng matinding pagdurugo, lagnat, o iba pa
- Magkaroon ng check-up sa loob ng isang linggo pagkatapos manganak kahit walang kakaibang nararamdaman

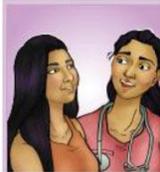
Postpartum Care

Discuss the importance of postpartum care.

Encourage mothers to have her baby undergo newborn screening. *(Para malaman kung may “congenital metabolic disorder” na maaring maging sanhi ng mental retardation. Kapag maagang nakita ito ay maagapan o malulunasan kaagad.)*

SLIDE 23**Magpacheck-up pagkatapos manganak**

Ito ang mga gagawin ng midwife, nars o doktor:



- Susuriin ang katawan mo at ni baby, lalo na ang kanyang pusod
- Babakunahan si baby, kung kailangan
- Bibigyan ka ng iron na may folic acid at bitamina A para sa mabilisang panunumbalik ng lakas
- Papayuhan ka tungkol sa:
 - ✓ emergency signs
 - ✓ pag-alaga ng sanggol
 - ✓ pagpapasuso
 - ✓ malusog na pamumuhay, at
 - ✓ family planning

Discuss only the contents of the slide, then go to next slide

SLIDE 24**Planuhin ang pamilya, planuhin ang kinabukasan**

Mag-agwat nang **3-5 taon** sa pagitan ng pagbubuntis:

- Makatutulong ito para manumbalik ang iyong lakas at kalusugan pagkapanganak
- Makatutulong din ito upang maibigay ang pangangailangan para sa tamang kalusugan, nutrisyon at edukasyon ng inyong mga anak

**Benefits of 3-5 year birth spacing**

Methodology

1. Ask participants what the benefits of 3-5 years of birth spacing are. Write their responses on the board.
2. Emphasize each bullet in the slide
3. Ask for questions and clarifications
4. Emphasize that it is important to see their providers soon after delivery for counselling on the most suitable FP method, based on how many children they would like to have and when to have them.

SLIDE 25**Planuhin ang pamilya, planuhin ang kinabukasan**

Mag-agwat nang **3-5 taon** sa pagitan ng pagbubuntis:

- Kausapin ang midwife, nars o doktor kung sapat na ang laki ng inyong pamilya
- May mga pansamantala't permanenteng paraan ng family planning para sa iyong pangangailangan
- Maliban sa LAM, may lima (5) pa na mga pamamaraan para sa mga babaeng bagong nanganak (post-partum)
- Ligtas, mabisa at maaasahan ang mga pamamaraang ito



While discussing with participants the contents of the last page of the “*Mas Ligtas Kung Handa*” tarpaulin flipchart (see *image on the left column*), incorporate information on the following FP methods for postpartum women to consider:

- Condom
- IUD
- BTL
- Progestin-only pills (POP)
- Progestin-only injectables (DMPAs)

IMPORTANT NOTE: As standard recommended practice when discussing FP, the ICV wall chart should be prominently displayed in the *Usapan* venue.

Make sure that you spend more time discussing methods that are currently available in your area and indicate which method(s) are not currently available in your area. Tell participants to check back with you, since availability can vary.

SLIDE 26**Condom**

- 98% epektibo kung tama ang paggamit
- Manipis na supot na yari sa goma na isinusuot sa matigas na ari ng lalake bago magtalik
- Mabibili sa maraming botika, grocery, tindahan at private clinics (kumpanya, kumadrona o doktor)
- Proteksyon laban sa sakit na maaaring makuha sa pakikipagtalik (STI, HIV at AIDS)



Male Condoms – couples may use the male condom as a temporary method. A variety of male condoms is available in many retail outlets. Some midwives also sell condoms.

SLIDE 27**Progestin Only Pills (POPs)**Ano ito?

- 99.5 mabisa
- Pinipigilan ang obulasyon (o ang paglabas ng hinog na itlog mula sa obaryo ng babae)
- Iniinom ng babae araw-araw sa parehong oras
- Angkop sa nagpapasuso dahil hindi nababawasan ang daloy at dami ng gatas ng ina



Progestin-only Pills (POP) – Postpartum non-breastfeeding women may start on POP immediately OR at any time within the first six weeks after giving birth. For postpartum women who are breastfeeding, POP can be started six weeks after giving birth.

SLIDE 28**Progestin Only Injectables (DMPA)**Ano ito?

- 99.7% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Isang ineksyon lang kada 3 buwan
- Walang epekto sa pagpapasuso at pakikipagtalik



Progestin-only injectables (DMPA) – Postpartum non-breastfeeding women may start on DMPA immediately OR at any time within the first six weeks after giving birth. For postpartum women who are breastfeeding, DMPA can be started six weeks after giving birth.

SLIDE 29**Intra-Uterine Device (IUD)**Ano ito?

Inilalagay sa matris ng babae ang maliit at malambot na plastik

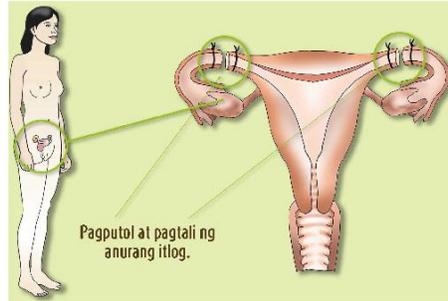


- 99.4% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Hanggang 12 taon ang bisa (Copper -TCu 380A)
- Hindi maapektuhan ang dami at kalidad ng gatas ng nagpapasong ina
- Madaling ilagay, at madali ring ipatanggal kung nais nang magbuntis

IUD – The IUD can be inserted at any time within 48 hours after childbirth or from 4 weeks postpartum.

SLIDE 30**Bilateral Tubal Ligation (BTL)**Ano ito?

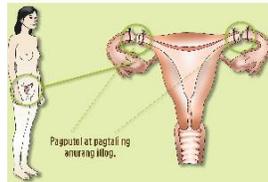
Tinatalian at pinuputol ang dalawang anurang-itlog (fallopian tubes) ng babae



Discuss the slide contents.

SLIDE 31**Bilateral Tubal Ligation (BTL)**

- 99.5% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Permanenteng pamamaraan
- Madaling isagawa (mga 15 hanggang sa 30 minutos lamang)
- Hindi nakakaapekto sa pakikipagtalik kay mister, mas enjoy dahil nawawala ang pangambang mabuntis ng wala sa plano



BTL – Postpartum BTL can be done within 7 days or more than 42 days after giving birth. The midwife can discharge the client 24 hours after a normal spontaneous delivery and then have her brought directly to the facility where the BTL can be performed.

INPUTS on GENDER AND ADDRESSING GENDER-BASED VIOLENCE

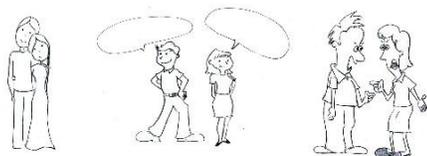
This part of the *Usapan* tackles the principles and manner of improving or transforming husband-wife relationships as these affect family health and wellness, as well as the available services for those experiencing GBV, including intimate partner violence. The first few pages present the section overview followed by the training steps.

Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
Entry of the gender part	This gender part begins after the interactive lecture on safe motherhood and before action planning.		
1	Linking Statement (Introduce this gender portion by stressing the relevance and importance of the nature of husband-and-wife relationship to safe motherhood)	1 minute	<ul style="list-style-type: none"> • PowerPoint presentation cover page
2	Exercise: Differences between Two Types of Husband-and-Wife Relationship (Ask participants to write on a set of metacards the characteristics of the first type of husband-wife relationship, and on another set of metacards the characteristics of the second type of husband-wife relationship)	4 minutes	<ul style="list-style-type: none"> • Metacards (2 colors; 2 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
3	Sharing of Reflections on the Two Types of Husband-and-Wife Relationship (Let the participants share their comparison of the effects of the two types of husband-and-wife relationship on safe motherhood and family well-being)	10 minutes	<ul style="list-style-type: none"> • PowerPoint presentation (slide containing the guide questions)
4	Lecture (Enrich the participants' understanding of the effects of the quality of their relationship with their spouses on safe motherhood and family well-being, and the importance of preventing and addressing GBV.)	5 minutes	<ul style="list-style-type: none"> • Visual aids (PowerPoint presentation)
TOTAL TIME: 20 minutes			

SLIDE 32

Kumusta ang relasyon naming mag-asawa?

Paano nito naapektuhan ang aking pagbubuntis?



Instructions (subtitle slide on the other side of this page):

While showing this picture, say that in this “*Usapan*,” the focus of discussion is on the relationship of the husband and wife because the quality of this relationship is important to support safe pregnancy and safe motherhood. You would like to invite the participants to assess the quality of their relationship with their respective spouses.

1. Let the participants read the title: “*Kumusta ang relasyon naming mag-asawa? Paano nito naapektuhan ang aking pagbubuntis?*”
2. Say that to assess their relationships with their husbands, you will ask them to analyze two pictures representing two types of husband-and-wife relationship.
3. Show the first picture/image.

SLIDE 33

Unang larawan ng relasyon ng mag-asawa



Instructions for the first image (other side of this page):

1. While showing this first picture/image, ask them to closely look at the characteristics of the relation of the husband and wife.
2. Give each participant two metacards. Ask them to write on their metacards the characteristics of the relation of the husband and wife in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on a designated part of the wall or board.
4. Put together the metacards with the same

contents.

5. Do not read the metacards yet. Move to the next part, that is, show the second picture.

SLIDE 34

Ikalawang larawan ng relasyon ng mag-asawa



Instructions for the second image (other side of this page)

1. Similar to the first image, ask them to closely look at the relation of the husband and wife in this second image.
2. Give each participant two metacard in a color different from the first part of this exercise. Ask them to write on their metacards the characteristics of the relation of the husband and wife in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on the designated part of the wall or board.
4. Put together the metacards with the same or similar contents.

SLIDE 35**Paghahambing ng dalawang larawan**

- Ano ang katangian ng relasyon ng mag-asawa sa unang larawan?
 - Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya, pagbubuntis at kalusugan ng ina at sanggol?
- Ano ang katangian ng relasyon ng mag-asawa sa sa ikalawang larawan?
 - Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya, pagbubuntis at kalusugan ng ina at sanggol?
- Ano ang gagawin ng mag-asawa upang maiwasan ang unang uri ng relasyon at maitaguyod ang pangalawang uri?

1. Read the first question on the slide. For the answer, let one participant read the contents of the metacards for the first picture/image. Then ask the sub-question, *“Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya, pagbubuntis at kalusugan ng ina at sanggol?”*
2. Read the second question. For the answer, let another participant read the contents of the metacards for the second picture/image. Then ask the sub-question, *“Ano ang epekto ng ganitong relasyon sa pagpapalano ng pamilya, pagbubuntis at kalusugan ng ina at sanggol?”*
3. Focusing on both images, ask the participants: *“Ano ang gagawin ng mag-asawa upang maiwasan o matigil ang unang uri ng relasyon (raise the first picture) at maitaguyod ang pangalawang uri ng relasyon (raise the second picture)?”*
4. Summarize the answers of the participants.
5. Then say that you will deepen this discussion by sharing the results of studies on the effects of the relation of husband and wife on FP and maternal and child health care. Proceed to your lecture.

SLIDE 36**Relasyon ng Babae at Lalaki sa Pilipinas****Sang-ayon sa mga batas ng Pilipinas:**

- Pantay ang babae at lalaki sa pamilya at sa lahat ng larangan ng lipunan.
- Dapat na parehong nag-dedesisyon ang mag-asawa sa anumang usapin sa pamilya, kasama na sa pagpapalano ng pamilya.
- Sa panahon ng hindi pagkakasundo, ang desisyon ng may katawan (gagamit ng FP method) ang masusunod. Kagaya ng kanyang asawa, hindi kailangan ng babae ang nakasulat na pagsang-ayon (written consent) ng asawa para sa paggamit ng anumang uri ng FP method.

Instructions:

1. Say that the equality of women and men is promoted and protected by Philippine laws.
2. *If* asked on what these laws are, then mention the following as examples:
 - Philippine 1987 Constitution
 - Family Code of the Philippines
 - Women in Development and Nation

	<p>Building Act</p> <ul style="list-style-type: none"> • Magna Carta of Women • Responsible Parenthood and Reproductive Health Law <p>3. Ask another participant to read the slide.</p> <p>4. Ask participants to spend about a minute thinking about what kind of relationship they have with their spouse or partner. Tell participants that they do not need to share their thoughts, but this may be of use to them if they want to take steps to change their relationship in positive ways and it will prepare them for filling up a portion of the Family Action Card.</p> <p>To promote equality between women and men in the households/families and stop intimate partner violence, it is important to do the actions listed in the next two slides.</p>
<p>SLIDE 37</p> <p>Ano ang maaaring gawin ng mag-asawa upang mapaunlad ang kanilang relasyon?</p> <p>Mahinahon at buong pagmamahal na pag-usapan ang:</p> <ul style="list-style-type: none"> • Magkatuwang na pagdedesisyon sa pamilya; • Pagtutulungan sa gawaing bahay at pangangalaga ng mga anak. • Masinop na paraan ng paglutas ng alitan o problema. Hindi gagamit ng anumang uri ng karahasan. Dapat may paggalang sa dignidad at karapatan ng bawat isa. <p>Humingi ng payo (o family counseling) sa mga eksperto at kinaukulan kung hindi sapat ang pakikipag-usap sa asawa.</p>	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Let all the participants read the slide. 2. You may say that if any participant needs more information or guidance on how to enhance her relationship with her spouse, then they may consult you. In addition, they may also approach government organizations, such as the Department of Social Welfare and Development or the Women's Desk (if any) of the barangay, and other organizations, such as the Church or NGOs, for counseling.

SLIDE 38**Para sa mga nakararanas ng karahasan****Humingi ng tulong sa kinaaukulan:**

- Barangay Council para sa protection order
- DSWD para sa serbisyong psycho-social (counselling, temporary shelter, livelihood, tulong pinansiyal sa panahon ng paglutas ng problema.)
- DOH/PHO/CHO/MHO o ng Women and Children Protection Unit para sa serbisyong medikal at serbisyong mediko-legal;
- NBI/PNP Women and Children Protection Desk para sa investigation, rescue at proteksiyon ng biktima;
- DOJ/Public Attorney's Office/Prosecutor's Office para sa serbisyong legal/prosecution.

Instructions

1. Ask another participant to read the slide.
2. It will help if you have prior knowledge of the contact information of government agencies mentioned here and of NGOs providing help. If you do have this information, share it with the participants. This is in case there is a GBV victim survivor among participants who would like to directly contact these agencies or organizations.
3. After this, say you will proceed to the next steps of the *Usapang Buntis*.
4. When the process reaches the part where the participants will be asked to fill up the back part of their Action Card, bring to their attention the part of the action card that is meant to improve their relations with their respective husbands.

SLIDE 39**Pagpapatotoo ng mga babaeng...**

- Kuntento sa kanilang mga ginawa upang maging ligtas ang kanilang pagbubuntis at panganganak

O kaya ay,
- Isang survivor ng karahasan o gender-based violence

STEP 9. Testimony of Satisfied MCH clients

OBJECTIVE: To provide living proof/evidence that using the recommended MCH behaviors can be a positive experience that leads to a more satisfying quality of life.

This should be given by at least one invited speaker who is not a participant.

SLIDE 40**Buod ng mga napag-usapan natin**

- Napag-isip-isip ang inyong kasalukuyang kalagayan at mga pangarap para sa pamilya
- Ang epekto ng relasyon ng mag-asawa sa kalusugan ng pamilya

After a lengthy discussion, it is always necessary to summarize the important points. Do this in proper sequence. Mention the 1st step, 2nd step, 3rd step or major topic you discussed.

In doing this, you are refreshing the short-term memory of participants by reviewing the recent data that they heard, saw and experienced. It prepares them for the next step.

SLIDE 41**Buod ng mga napag-usapan natin**

- Ano ang mga nararapat na gawin upang maging malusog sa pagbubuntis at ligtas sa panganganak:
 - Kailangan ng hindi bababa sa apat (4) na beses ang prenatal check-up
 - Kumain ng wasto at magpabakuna kontra tetano
 - Manganak sa facility o sa tulong ng doktor o midwife
 - Ipa-newborn screening si baby
 - Magpabreastfeed at pabakunahan si baby
 - Magpacheck-up at humingi ng payo para sa tamang pag-aagwat ng pagbubuntis.

Discuss the slide contents.

SLIDE 42**Buod ng mga napag-usapan natin**

- Narinig natin ang mga personal na mga pagpapatunay ng mga babaeng kuntento at masaya sa kanilang ginawa upang maging malusog sa pagbubuntis at ligtas sa kanilang panganganak
- Ang kanilang mga karanasan ay nagpapatunay sa mga kabutihang dulot ng mga napag-usapan natin.
- Ang mga asal at gawa na napag-usapan natin ay nararapat ninyong gawin upang magkaroon ng katuparan ang inyong mga pangarap.

Discuss the slide contents.

SLIDE 43

Ang aking Health Plan

- Lagyan ng tsek ang mga dapat gawin upang mapanatili iyong kalusugan at ni baby
- Gumawa ng dalawang kopya. Itago ang isa at ibigay ang isa sa facilitator
- Huwag kaligtaang isulat ang pangalan, address at cellphone number.

Paalaala:
May libreng pre-natal check up sa mga buntis pagkatapos ng usapan.

Mga Hakbang na Gagawin ni Nanay		PAKI-TSEK (✓)
Ang plano ko upang maaging ligtas at maayos kami ni Baby		
Magpa-remedyo sa mga sakit sa buong katawan		<input type="checkbox"/>
1. Mula pangilang ng mga hinagang ako-3 besera		<input type="checkbox"/>
2. Mula ita-4 hinagang ako-4 na buwan		<input type="checkbox"/>
3. 4-7 besera mula ita-7 hinagang ako-9 na buwan		<input type="checkbox"/>
Manginapay sa kanyang mga doktor sa midwife		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-3 besera		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-4 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-7 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-9 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-12 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-15 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-27 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-30 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-36 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-42 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-84 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-90 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-96 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-216 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-222 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-228 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-234 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-246 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-252 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-258 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-264 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-270 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-282 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-288 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-294 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-300 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-306 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-336 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-342 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-348 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-354 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-360 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-366 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-372 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-378 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-384 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-390 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-396 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-402 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-414 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-474 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-480 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-504 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-570 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-576 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-582 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-588 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-594 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-600 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-606 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-612 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-618 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-624 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-630 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-636 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-642 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-684 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-696 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-732 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-738 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-744 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-750 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-756 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-762 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-768 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-780 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-786 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-792 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-798 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-804 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-828 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-834 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-840 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-846 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-852 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-858 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-864 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-870 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-876 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-888 na buwan		<input type="checkbox"/>
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Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-906 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-912 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-918 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-924 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-930 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-936 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-942 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-948 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-954 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-960 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-966 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-972 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-978 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-984 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-990 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-996 na buwan		<input type="checkbox"/>
Magkaroon ng plano ng mga serbisyo sa mga hinagang ako-1000 na buwan		<input type="checkbox"/>

Pangalan: _____
 Address: _____
 Cellphone Number: _____

OBJECTIVE: To NUDGE participants into making a mental choice of the action that can meet their need as reflected in their plan.

Have you noticed how sales persons often attempt to close the deal by asking you, “What time would you like me to deliver the product?” or “Should I pack this item already?” or “Should I prepare the contract now?” That is part of what is called “closing the deal.”

In this step, we are facilitating participants’ decision-making process through this gentle nudge question.

TO USAPAN FACILITATOR:

- Ask participants to flip the FP Action Card to see the prepared checklist of actions (printed on the back of the action card).
- Read the focus question.

SLIDE 44

Ano ang maasahan ng isang kliyente na komukonsulta tungkol sa Family Planning?

- Paggalang
- Wastong kaalaman
- Ligtas at maasahan na mga serbisyo
- Sariling pagpili ayon sa sariling desisyon
- Paggalang at pag-seguro na ang mga impormasyon tungkol sa kliyente ay hindi ikakalat o ikukwento sa ibang tao
- Maginhawang pakiramdam sa pakikipag-usap sa doktor, nars, o midwife
- Malayang pagpapahayag ng opinyon
- Pagkilala sa pantay na karapatan ng babae at lalaki sa Family Planning

To create a positive mental picture among participants of what they can expect from a health facility/provider if they consult for FP after giving birth

Do not discuss these extensively. The information provided here is to give you, the facilitator, a better understanding of each item.

Basic rights of all FP clients

- Information – Clients have the right to accurate, appropriate, understandable, and clear information related to reproductive

health and sexuality, and to health overall. Information materials for clients need to be available in all parts of the health care facility.

2. Access to service – Clients have the right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, and sexual orientation.
 3. Informed Choice – Is the right of individuals or couples to make a voluntary, well-considered decision that is based on options, information, and understanding. It is the responsibility of the service provider to confirm that a client has made an informed choice or to help the client reach an informed choice.
 4. Safe services – Clients have the right to safe services, which require skilled providers attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical practice.
 5. Privacy – Clients have the right to a private environment during services and counseling. This means that a facility must have an area where clients cannot be seen or heard during counseling, physical examinations, and clinical procedures. There should be privacy concerning handling of clients' medical records and other personal information.
 6. Confidentiality – Clients have the right to be
-

assured that personal information will not be disclosed. This includes maintaining secrecy about the client's history, results of examinations and counseling, and other records.

7. Dignity – Clients have the right to be treated with courtesy, respect, and consideration. The service provider must give utmost attention to the client's need.
 8. Comfort – Clients have the right to be at ease and relaxed while in a health facility for services. Service providers need to ensure that clients are as comfortable as possible during the procedures.
 9. Express Opinion – Clients have the right to express their views on the services being offered. Clients should be encouraged to express their views freely, even if their views differ from those of the service providers.
 10. Continuity of Care – All clients have the right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health. Clients have the right to receive services and supplies for as long as they need them. This can either be through the service provider or by referral. This is one of the reasons that are crucial to tell *Usapan* participants when a method is not currently available in the area.
-

SLIDE 45

Finally, ask the participants if their entries in the visioning cards are final. Once everyone says, “Yes,” give each one of them another blank sheet of Visioning Card and ask them to copy all their entries into the new sheet (in other words, make a duplicate).

Remind participants to put their name and signature, address, and cell phone number on the designated space at the back of the action card.

Each participant will keep one copy for her file or bring this to the midwife or provider if she so decides.

EMPHASIZE that it is **THEIR** document of their plan for their family. Therefore, they should keep it in a safe place similar to other important family documents.

ENCOURAGE participants to discuss their Action Card with their spouse and tell them you or somebody from your team will make a visit or follow-up call/text. Get participants’ consent to do this. If someone does not consent, make sure you respect that and do not follow up.

Facilitators will collect the other (duplicate) copy. This is for your reference in scheduling follow-up visits with the participants. Make sure you note clearly and in big letters ‘**NO FOLLOW UP!**’ if the woman has not consented to follow up.

Module 4: Usapang Bagong Maginoo

SLIDE 1



Bagong Maginoo

Ano ang nasa isip nyo?
PAG-USAPAN NATIN!

TITLE SLIDE

Greet the participants and briefly introduce yourself and your co-facilitator/s.

Ask: What comes into your mind when we say “*Usapang Bagong Maginoo?*”

Acknowledge 2-3 responses from the participants.

Then say: Yes, today, we will discuss all that you said and more.

SLIDE 2

Magkakilanlan tayo

- Sabihin ang iyong pangalan at kung sino ang artista na kamukha mo.
- Sabihin sa grupo kung bakit siya ang iyong napili.

OBJECTIVE: Get men to relax, encourage openness, interact and share information. Create an atmosphere for learning and participation.

TIPS

- E. Do this part if the participants do not know each other.** However, you may use other getting-to-know-you ice breakers that you are familiar with.
- F. If the participants are already familiar with each other, do a short energizer that ranges from 10-15 minutes.**
- C. Icebreakers and energizers should:**
 - Be quick and easy to do. Timing is important.
 - Help you to stimulate cooperation and participation.
 - Help you to get everyone warmed up and

ready to participate.

- Not cause embarrassment to participants.

D. Be enthusiastic and project energy when you are leading icebreakers or energizers.

IMPORTANT note to facilitator: **Stepping Stones**

Slides 3 to 7 below are guides for facilitating brief, but structured, exercises. They are all designed to produce an effect in the minds of the participants. These desired effects are described in the guide column opposite the slide. Imagine that you are guiding a person from Point A to Point B. You lay down stones along the way so that the participant can step on them and move forward. Without the stepping stones, your participants may find it difficult to follow the topics onward. Therefore, it is important that each structured exercise be performed the right way to attain the desired results. Do not skip, do not rush, do not change the order, and do not prompt the participants for their responses.

SLIDE 3

Ang iyong pamilya ngayon



May Plano Ako
Action Card,
Column 2

STEP I. What I Like about My Family Today

Structured exercise #1: This is a priming exercise to allow participants’ minds to situate their current family situation—their family baseline.

OBJECTIVE: To guide the participants towards establishing a “baseline” of their family situation.

Structured exercise #1.a

Distribute the *May Plano Ako* Action Card to each participant. Direct participants’ attention to the “*May Plano Ako*” section of Action Card. Guide participants through Step I as listed in the section.

SLIDE 4**Ang iyong pamilya ngayon**

- Ano ang nagugustuhan mo ngayon sa iyong pamilya?

Structured exercise I.bSteps:

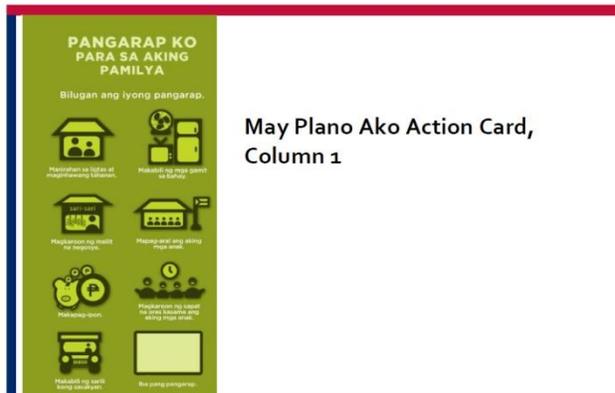
1. Facilitate a brief discussion on what is/are positive about their family situation.
2. Link: Point to Step I, "*May Plano Ako*" section of Action Card and say: "This is your family now and you have ___ (number of children)." Let participants encircle current family size – "*Ang pamilya ko ngayon.*"
3. Ask the focus question: "*Ano ang mga nagugustuhan mo ngayon sa iyong pamilya?*" ("What do you like about your present family situation?")
4. Distribute metacards and pentel pens and ask each participant to write their response on the card and post these on the board.
5. Discuss/process the responses by clustering and highlighting the ideas that are related to health and wellness, family welfare, etc. Responses will typically revolve around the following themes:
 - Harmonious, loving relationship within the family
 - Happy with the children
 - Financial stability and/or success
 - Health
 - Spiritual: God in the family

NOTE: It is possible that some may not be able to identify what they like about their current family situation. If this happens, reassure the participant(s) by saying, **“It’s all right. The reason we are here is to help you to make a plan on how to improve your family situation.”**

6. **Say:** “This may be your current family situation, but of course we wouldn’t want to be in this situation for the rest of our lives. We all have visions and dreams for our family, don’t we?”
7. **Ask:** “From your current family situation, what is your vision for your family in the NEXT 5 years?”
8. Go to the next slide.

SLIDE 5

Pangarap mo para sa iyong pamilya



STEP 2: My vision for my family

Structured Exercise 2: This builds on the participants’ state of mind that was created from the previous exercise. It is important that you link this with the previous structured exercise.

OBJECTIVE: To guide the participants to move forward from acknowledging their current situation to formulating their vision for the next 5 years.

Steps:

1. Direct participants to the *May Plano Ako Action Card* again and show them where the “*Pangarap Ko Para sa Aking Pamilya*” column is.
2. This is also displayed on screen. You may ask for volunteers who will read the options.

3. Ask them to encircle their choice of icons in the “*Pangarap Ko Para sa Aking Pamilya*” column.
4. Tell participants they can encircle as many icons/visions as they want. Tell them they should be **REALISTIC** in encircling icons they think they can attain within 5 years.
5. Tell participants that if they have other visions not included in the choices, they may write them down on the blank box labeled, “*Iba pang pangarap.*”
6. Summarize by saying: “We started by identifying your current family situation and you have just written down your vision or dreams for your family for the next 5 years.”

SLIDE 6

Sariling pagmumuni-muni

- Sa ngayon, kaya ninyo bang magdagdag ng isa pang anak?

STEP 3: Brief Individual Reflection**Structured Exercise 3: Can I still afford to have another child at this time?**

This brief exercise will facilitate individual reflection (internal dialogue). This builds up participants' experience in planning/setting visions for the family based on the previous structured exercises. In the previous structured exercises, participants should have realized that they can still improve their current situation by setting goals and visions, and eventually taking actions to fulfill them.

The current focus question aims to trigger self-reflection on whether the participant can still support another child in the family. This is expected to eventually lead to realization among the participants of the need to use modern FP method/s because the size of the family is critical in achieving the vision for the family.

OBJECTIVE: To nudge participants to self-examine their current ability or inability to support another child in relation to their vision for their family.

Reflection process:

1. The Focus Question: "Can I still afford to have another child at this point considering my plans and vision for my family?"

2. The possible mental responses would be:

"Hindi na kaya. Ok na." (Kuntento na.)

"Kaya pa. Pero, huwag muna ngayon."

"Kaya pa at ngayon na."

Steps:

1. Direct participants' attention to the question by reading it aloud.
2. Say: "You don't have to tell us your answer to this question. Just keep it to yourself."
3. Give participants a minute or two to reflect
4. Say: "Whatever your response is to this question, it is your personal decision. Everyone will respect that and you don't have to tell anybody about it. But you need to have a plan of action so that you may have a chance to realize your vision that you formulated in the previous exercise."
5. Go to the next slide.

SLIDE 7

Nais na bilang ng anak



STEP 4. Structured exercise to visualize the family size 5 years from now (in relation to the participant's vision for the family)

Again, this builds on the participants' mindset and thinking process that has been building up through the previous structured exercises.

OBJECTIVE: To facilitate concrete expression of the desired family size 5 years from now in relation to the participant's vision for the family.

Steps:

Direct participants' attention to the "May Plano Ako" section of Action Card. Guide participants through Step 4, as listed in the section.

1. Say: "You have noted earlier in this section your current family size. Based on your reflection whether you can still support another child with the family vision that you have formulated, indicate now your desired family size in the next 5 years."
2. Let participants encircle intended family size in the next 5 years – "Ang pamilya ko sa 20__"
3. Make sure that the participants have followed your instructions correctly. Remind the participants to place the year in the space provided for "Ang pamilya ko sa 20__" after 5 years.
4. Go to the next slide.

SLIDE 8

Mga hakbang na gagawin

May Plano Ako
Action Card,
Column 2

STEP 5. Structured exercise to formulate an “Action Plan” (The steps that I will take)

This is the action planning part of the exercise and provides participants with a menu of activities that they can undertake in managing their family size.

OBJECTIVE: To facilitate action planning and introduce “to-do-things” that will help them achieve their desired family size.

Steps:

1. Continue by saying: “To achieve the desired family size and achieve your vision for your family, you need to have an action plan. Your vision will not just happen if you do not do something. Remember the saying ‘*Nasa Diyos ang awa, nasa tao ang gawa*’ (Mercy comes from God, actions come from humans).”
2. Guide participants through the final step listed in the section, encircling the steps they would like to undertake.

INPUTS on GENDER AND ADDRESSING GENDER-BASED VIOLENCE

This part of the *Usapan* tackles the principles and manner of improving or transforming man-woman relations towards family health and wellness, as well as the available services for those experiencing GBV, including intimate partner violence. The first part is the section overview followed by the training steps.

Step	Topic / Content	Indicative Time Allocations	Materials/Supplies Needed
Entry of the gender part	The gender portion begins after Step 5 where the participants accomplished the front portion of their "May Plano Ako" Action Card		
1	Linking Statement (Introduce this gender portion by stressing the importance of the influence of the characteristics/attitudes of men in a husband-wife relationship on FP-MCH)	1 minute	<ul style="list-style-type: none"> • PowerPoint presentation cover page
2	Exercise: Differences between Two Types of Men in a Husband-and-Wife Relationship (Ask participants to write on a set of metacards the characteristics of the husband in the first type of husband-wife relationship, and on another set of metacards the characteristics of the husband in the second type of husband-wife relationship)	4 minutes	<ul style="list-style-type: none"> • Metacards (2 colors; 2 pieces per color per participant) • Permanent markers • Masking tape • Manila paper (2 pieces) • Board or wall
3	Sharing of Reflections on the Two Types of Husband/Male Partner (Let the participants share their comparison of the effects of the two types of husband/male partner on FP-MCH)	12 minutes	<ul style="list-style-type: none"> • PowerPoint presentation (slide containing the guide questions) or PRINTED job aid
4	Lecture (Enrich the participants' understanding of the role of men in FP-MCH and the effects of the quality of their relationship with their spouses on family health and well-being, and of the importance of preventing and addressing GBV).	5 minutes	<ul style="list-style-type: none"> • Visual aids (PowerPoint presentation)
TOTAL TIME: 22 minutes			

SLIDE 9**Sino ang Bagong Maginoo?**

**Kumusta ang kanyang
relasyon sa kanyang
asawa at mga anak?**

**Instructions (subtitle slide on the other side of this page):**

1. While showing this picture, say that, at this point, the “*Usapan*” will move to a discussion of the characteristics of a man because these characteristics affect the quality of the husband-and-wife relationship, and that the quality of relationship affects smooth/effective decision-making on FP methods as well as safe pregnancy and safe motherhood. Because of its importance, you would like each of the participants at this point of the *Usapan* to assess the quality of his relationship with his spouse.
2. Let the participants read the title: “*Sino ang bagong maginoo? Kumusta ang kanyang ugnayan sa kanyang asawa at mga anak?*”
3. Say, that to discuss the characteristics of the new gentleman, you will begin by asking them to analyze two pictures depicting two types of men in a husband-and-wife relationship.
4. Show the first picture/image.

SLIDE 10

Isang larawan ng lalaki

**Instructions for the first image (other side of this page):**

1. While showing this first picture/image, ask them to look closely at the characteristics of the man or husband.
2. Give each participant one metacard (using one color for all). Ask them to write on their metacards characteristics of the man in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on designated part of the wall or board.
4. Put together the metacards with the same or similar contents.
5. Don't read the metacards yet. Move to the next part, that is, show the second picture.

SLIDE 11

Isa pang larawan ng lalaki

**Instructions for the second image (other side of this page)**

1. Similar to the first image, ask them to look closely at the characteristics of the husband in this second image.
2. Give each participant one metacard (of a different color that that used in the first image). Ask them to write on their metacards the characteristics of the man in the picture. Tell them to write only one characteristic per metacard.
3. Ask them to post their metacards on the designated part of the wall or board.

	4. Put together the metacards with the same or similar contents.
SLIDE 12	
<div data-bbox="224 369 824 819"> <p>Paghambing sa dalawang lalaki</p> <ul style="list-style-type: none"> • Ano ang katangian ng lalaki sa unang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong katangian sa pagpapalano ng pamilya at pangangalaga ng kalusugan ng ina? • Ano ang katangian ng lalaki sa ikalawang larawan? <ul style="list-style-type: none"> ➢ Ano ang epekto ng ganitong katangian sa pagpapalano ng pamilya at pangangalaga ng kalusugan ng ina? • Sino sa dalawang lalaking ito ang bagong maginoo? Bakit? </div>	<ol style="list-style-type: none"> 1. Read the first question on the slide. For the answer, let the participants read the contents of the metacards for the first picture/image. And then ask them the sub-question, “<i>Ano ang epekto...?</i>” 2. Read the second question. For the answer, let the participants read the contents of the metacards for the second picture/image. And then ask them the sub-question, “<i>Ano ang epekto...?</i>” 3. Ask the participants: “<i>Sino sa dalawang lalaking ito ang bagong maginoo? Bakit?</i>” Summarize the answers of the participants to your questions. <p>Making it personal</p> <ol style="list-style-type: none"> 1. Tell the participants that we will do a brief exercise that will give them a chance to think about how all of this affects them personally. 2. Ask the participants to spend a minute reflecting honestly on which card is closer to describing their own relationship with their spouse or partner. Ask them to think about some examples from their lives with their spouses or partners that reflect why this is so. They do not need to share this with anyone. 3. Stop them after one minute. Say that all of us can improve our relationships to be more equitable. Ask participants to spend another minute reflecting on what they can do to make their relationships more equitable so that they can better support their wives or spouses in FP and maternal and child health, and so they themselves will benefit from a better relationship.

	<p>4. Then say that you will deepen this discussion by presenting the characteristics of the new gentleman. Proceed to your lecture.</p>
<p>SLIDE 13</p>	
<p>Ang bagong maginoo</p> <ul style="list-style-type: none"> • Dati, ang lalaki ay itinuturing na maginoo kung siya ay: <ul style="list-style-type: none"> – Macho – Mas mataas ang estado sa buhay kaysa sa babae – Tagapag-decision – Dominante (hindi raw "under the saya") • Ngayon, ang lalaking itinuturing na bagong magino ay ang lalaking: <ul style="list-style-type: none"> – Katuwang ng babae – Kliyente ng pagpapalano ng pamilya – Tagapag-sulong ng pagbabago 	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Ask a participant to read the slide. 2. Then you may say that we hope that this <i>bagong maginoo</i> is present in all families because this kind of man is needed to ensure family health through FP and safe pregnancy/motherhood. 3. Say that you will discuss each of these characteristics of a <i>bagong maginoo</i>. Go to the next slide.
<p>SLIDE 14</p>	
<p>Ang maginoong lalaki: Bilang katuwang</p> <p>Itinuturing niyang katuwang ang babae – kapantay niya sa kahalagahan, karapatan at kakayahan:</p> <ul style="list-style-type: none"> • Pinapakita niya ito sa larangan ng magkasamang pagdedesiyon at bahaginan ng gampanin sa pamilya, kasama na ang gawaing-bahay. • Mahinahon nilang nilulutas ang kanilang alitan. Hindi kailan man gumagamit ng dahas. 	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Ask a participant to read the slide. 2. Say that if there are hindering factors to becoming a partner, then it is important to remove or overcome these factors for the sake of the health and well-being of their families.

SLIDE 15**Ang maginoong lalaki: Bilang kliyente****Itinuturing niyang kapwa responsibilidad nilang mag-asawa ang pagpapalano ng pamilya. Kaya:**

- Siya din ay lumalahok sa mga konsultasyon ukol sa pagpapalano ng pamilya.
- Sinusuri din niya kung ano ang angkop na FP method ang gagamitin nila.
- Hindi sinasaktan ang asawa kung hindi siya sang-ayon sa FP method.

Instructions:

1. Ask a participant to read the slide.
2. Say that the FP methods for men will be discussed later (either by you or one of the resource persons in this *Usapan*).

SLIDE 16**Ang maginoong lalaki: Bilang taga-pagsulong ng pagpabago****Itinataguyod niya ang pagpapalano ng pamilya at pangangalaga ng kalusugan. Kaya, nakikilahok siya sa:**

- Pagtaas ng kamulatan ng mga lalaki ukol sa pantay na halaga, dignidad, karapatan at kakayahan ng lalaki at babae, at sa kahalagahan ng magkatuwang na partisipasyon ng lalaki at babae sa pagpapalano ng pamilya.
- Pagtigil sa lahat ng uri ng karahasan laban sa babae, kapwa lalaki, at mga bata.
- Pagbibigay impormasyon ukol sa mga nakalaang serbisyo para sa mga biktima ng karahasan.

Instructions:

1. Ask a participant to read the slide.
2. Stress that if this kind of man (with these characteristics) is more common in families and society, then we will have healthy families and communities.
3. Then, you may say the following as a linking statement to the next slide:

For further discussion of the importance of adopting the qualities of the new gentleman, let us discuss the results of a study on the effects of husband-and-wife relationship on FP-MCH.

SLIDE 17**Relasyon ng babae at lalaki sa Pilipinas**

Sang-ayon sa mga batas ng Pilipinas:

- Pantay ang babae at lalaki sa pamilya at sa lahat ng larangan ng lipunan.
- Dapat na parehong nagdedesisyon ang mag-asawa sa anumang usapin sa pamilya, kasama na sa pagpapalano ng pamilya.
- Sa panahon ng hindi pagkakasundo, ang desisyon ng may katawan (gagamit ng FP method) ang masusunod. Kagaya ng kanyang asawa, hindi kailangan ng babae ang nakasulat na pagsang-ayon (written consent) ng asawa para sa paggamit ng anumang uri ng FP method.

Instructions:

1. Say that the equality of women and men is promoted and protected by Philippine laws. If asked what these laws are, then mention the following as examples:
 - Philippine 1987 Constitution
 - Family Code of the Philippines
 - Women in Development and Nation Building Act
 - Magna Carta of Women
 - Responsible Parenthood and Reproductive Health Law
2. Ask another participant to read the slide.
3. Stress the importance of joint decision-making of the husband and wife. Say that there are, however, times when conflict or disagreement between them happens. In this situation, it is important for the man to respect the decision of the woman if she is the one who will use an FP method. This is her legal right. And violence should not be committed against her if her choice or decision conflicts with that of her husband's.

To promote equality between women and men in households/families and to stop intimate partner violence, it is important to follow the actions listed on the next two slides.

SLIDE 18**Ano ang maaaring gawin ng mag-asawa upang maitaguyod ang kalusugan at kagalingan ng pamilya?**

Mahinahon at buong pagmamahal na pag-usapan ang:

- Magkatuwang na pagdedesisyon sa pamilya;
- Pagtutulungan sa gawaing bahay at pangangalaga ng mga anak.
- Masinop na paraan ng paglutas ng alitan o problema. Hindi gagamit ng anumang uri ng karahasan. Dapat may paggalang sa dignidad at karapatan ng bawat isa.

Humingi ng payo (o family counseling) sa mga eksperto at kinauukulan kung hindi sapat ang pakikipag-usap sa asawa.

Instructions:

1. Let all the participants read the slide.
2. You may say that if a participant needs more information or guidance on how to enhance their relationship with their spouse, then they may consult you. In addition, they may also approach government organizations, such as the Department of Social Welfare and Development or the Women's Desk (if any) of the barangay, and other organizations, such as the Church or NGOs, for counseling.

SLIDE 19**Para sa mga nakararanas ng karahasan**

Humingi ng tulong sa kinauukulan:

- **Barangay Council** para sa protection order
- **DSWD** para sa serbisyong psycho-social (counselling, temporary shelter, livelihood, tulong pinansiyal sa panahon ng paglutas ng problema.)
- **DOH/PHO/CHO/MHO o ng Women and Children Protection Unit** para sa serbisyong medikal at serbisyong mediko-legal;
- **NBI/PNP Women and Children Protection Desk** para sa investigation, rescue at proteksiyon ng biktima;
- **DOJ/Public Attorney's Office/Prosecutor's Office** para sa serbisyong legal/prosecution.

Instructions

1. Ask another participant to read the slide.
2. It will help if you have prior knowledge of the contact information of government agencies mentioned here and of non-governmental organizations providing help. If you have this information, share it with the participants. This is, in case they know of a GBV survivor who would like to directly contact these agencies or organizations.
3. After this, say that you will proceed to the next steps of the *Usapang Bagong Maginoo*: Their roles in promoting safe pregnancy/motherhood, and FP methods that they can use.
4. When the process reaches the part where the participants are asked to fill up the back part of their Action Card, bring to their attention the part of the action card that is meant to improve their relationship with their spouses.

INTRODUCTION TO ESSENTIAL MCH BEHAVIORS and the supportive role of men to ensure that their spouse/partner performs the recommended actions

The section presents essential behaviors to ensure a healthy pregnancy and safe delivery (*Mas Ligtas Kung Handa*). The technical contents in this section were derived from a flipchart developed by the USAID-funded project (HealthPRO) and the DOH-National Center for Health Promotion.

SLIDE 20



Title slide for this section.

SLIDE 21

Maging handa para mas ligtas

Para sa mas malusog na pagbubuntis at mas ligtas na panganganak ni Misis:

- Dapat magpa-prenatal check-up siya nang hindi bababa sa apat na beses
- Mag-birth plan kayo
 - ✓ Dalhin agad sa ospital kung may emergency signs si Misis
 - ✓ Dapat manganak si Misis, sa tulong ng midwife, nars o doktor, sa health center, ospital o lying-in clinic



This slide emphasizes the importance of having at least 4 prenatal check-ups and having a birth plan and emergency plan for danger signs of pregnancy

Methodology:

1. Ask for a volunteer to read each bullet of this slide
2. Ask what statements are unclear before proceeding to the next slide

SLIDE 22

Samahan si Misis na magpa-prenatal nang hindi bababa sa apat (4) na beses



Bilang ng check-up	Buwan ng pagbubuntis
Una	Mula pagtigil ng regla hanggang 3 buwan
Pangalawa	Mula 4 hanggang 6 na buwan
Pangatlo at Pang-apat	Dalawang beses mula 7 hanggang 9 na buwan

For a woman to know how well she and her baby are doing, the mother needs to visit the midwife or health center regularly.

1. Ask the participants: “*Kailan ba dapat magpa-check up ang isang babae upang malaman kung buntis sya?*” (When should a woman go for her first prenatal check-up?)
2. Write responses on the board. After exhausting all the answers, discuss the contents of this slide.

3. DISCUSSION QUESTIONS

- Has anyone heard of this schedule before?
- Do you think your wife/partner can follow the schedule? If not, what would get in the way?
- Will you be able to find time to accompany your wife/partner for these checkups? If not, what would get in the way?

SLIDE 23

Pahalagahan ang prenatal check-up ni Misis

Para masuri, malaman at malunasan ang mga kondisyon na posibleng magdulot ng panganib sa Kanya o kay baby, gagawin ng midwife, nars o doktor ang mga sumusunod:



- Kukunin ang kanyang health history at susuriin ang kanyang katawan



- Kukunin ang kanyang blood pressure (BP) at timbang



- Gagawan siya ng mga laboratory tests tulad ng pagsusuri ng dugo o ihi

Emphasize the importance of regular prenatal visits. They enable the mother to know:

- If the baby is growing well
- If her blood pressure is normal
- If she has high blood pressure, her midwife/doctor can give her advice on how to avoid complications for the mother and baby.
- Proper nutrition to maintain her health and the health of her fetus

- What's going on inside her body – through the results of blood and urine tests. This will serve as her baseline to protect her from complications brought about, for example, by anemia and hypertension.

SLIDE 24**Pahalagahan ang prenatal check-up ni Misis**

Para mapanatiling malusog sila ni baby, gagawin ng midwife, nars o doktor ang sumusunod:

- Bibigyan siya ng iron na may folic acid
- Babakunahan siya laban sa tetano
- Papayuhan siya tungkol sa malusog na pamumuhay, paggawa ng birth plan, pagpapasuso at pagpapalano ng pamilya pagkapanganak



Ask for a volunteer to read each bullet. Highlight the importance of the following MCH services:

1. Iron and folic acid promote healthy red blood cells and prevent anemia. Folic acid can prevent a congenital malformation of the spine in the baby.
2. Tetanus toxoid vaccine is given to prevent tetanus infection in the mother and the newborn. Tetanus infection is prevented if the mother delivers with a doctor or midwife or in a health facility.
3. Guidance on the preparation of a birth plan that allows the prospective parents to have enough savings to deliver with a midwife or doctor or in a health facility and plan where and who (e.g., you, mother-in-law, sister) will be with the mother during delivery and how she will get to the facility.
4. Guidance on how to practice exclusive breastfeeding.
5. Advice on FP methods. Exclusive breastfeeding offers protection for the first 6 months after delivery. The woman may also opt to use an IUD or Progestin Only Pills while breastfeeding.

SLIDE 25

Gumawa kayong mag-asawa ng **birth plan**

- Siguraduhing naka-enroll sa Philhealth
- Alamin ang mga pasilidad na accredited ng Philhealth
- Alamin kung saan siya manganganak, kailan, at paano pupunta doon at kung sino ang makakasama niya
- Maghanda ng mga gamit na kakailanganin nila ni baby
- Magsimulang mag-ipon
- Alamin ang emergency signs, emergency contact numbers at mga dapat gawin

**Why prepare a birth plan?**

SAY: You and your wife should prepare the birth plan. Her midwife, doctor or nurse is ready to assist you in developing a plan with the following information:

1. Nearest health facility where she can deliver or go to in case of emergency
2. Emergency signs that should prompt you to bring her to a doctor during pregnancy, or a hospital during delivery.
3. Things to prepare and bring during delivery
 - PhilHealth card
 - Proof of PhilHealth updated payment of contributions
 - Personal belongings and things that the baby will need
 - Money that you saved
 - Blood donor (if blood transfusion may be required)
 - Transportation plan to midwife or facility for birth and to facility in case of danger signs.

Encourage participants to discuss how they will do this, before leaving this slide.

SLIDE 26**Bantayan ang emergency signs**

Dalhin agad sa ospital si Misis, kung mangyari sa kanya ang alinman sa mga sumusunod na emergency signs:



- Pagdurugo sa pwerta
- Kombulsyon o pagkawala ng malay
- Matinding pananakit ng ulo na may kasamang panlalabo ng paningin
- Mataas na lagnat at panghihina
- Matinding pagsakit ng tiyan
- Mabilis o mahirap na paghinga
- Maagang pagputok ng panubigan

Recognizing emergency signs

SAY: During regular prenatal check up, your wife's midwife or doctor will be able to detect and respond to the danger signs of pregnancy.

Mention that most of these problems can be prevented with regular prenatal check-ups.

SLIDE 27**Suportahan si Misis upang manatili siyang malusog habang buntis**

Mahalaga para sa kay Misis at sa inyong baby na manatili siyang malusog habang siya ay buntis. Mga dapat gawin:

- Kumakain siya ng sapat at masustansyang pagkain
- Uminom nang mula 8 hanggang 10 basong tubig araw-araw
- Iniiwasan ang kumain ng ma-aalat
- Nag-ehersisyo nang angkop sa buntis at naglalakad-lakad
- Malinis sa pangangatawan at ngipin
- Hindi uminom ng alak o manigarilyo
- Hindi uminom ng gamot na hindi kumukonsulta sa midwife, nars o doktor

**Self care and proper nutrition (emphasize that during ANC, proper self-care is taught)**

SLIDE 28**Hikayating manganak lang sa health center, ospital o lying-in clinic**

Mas ligtas doon dahil mayroong:



- Mga dalubhasang midwife, nars o doktor na tutulong sa kanyang panganganak
- Kumpleto at malinis (sterile) na mga gamit at supplies
- Wasto at agarang lunas, at referral sakaling magkaroon ng emergency
- Bakuna laban sa Hepatitis B at BCG para kay baby, na ibinibigay sa kanya sa loob ng 24 oras matapos sya ipanganak

Benefits of Facility-Based Delivery

Discuss the slide.

SLIDE 29**Alamin ang gagawin kapag si Misis ay manganganak na**

Bago manganak si misis:



- Pumili at sabihan ang gusto mong makasama para masuportahan ka habang nagle-labor at nanganganak
- Uminom, maglakad-lakad at maupo o tumayo sa posisyon na gusto mo habang nagle-labor

Things to Do Before and After Delivery

Before delivery (while in labor):

1. If your wife wants you to go, then accompany and support her.
2. Your wife may drink, walk, sit and choose any position in which she is comfortable.

SLIDE 30**Alamin ang gagawin kapag si Misis ay manganganak na**

Pagkatapos niya manganak:



[Manood Tayo: Unang Yakap](#)

- Hilingin na ilagay agad nang padapa si baby sa tiyan ni Misis, balat-sa-balat (skin-to-skin), at kumutan para di ginawin
- Sa loob ng isang (1) oras pagkapanganak, hayaang kusang sumuso si baby at kusa ring tumigil
- Hilingin na laging nasa tabi ni Misis si baby at huwag silang paghiwalayin

After delivery

Discuss the content of the slide

If you and your wife have agreed on this, ensure that the midwife puts your baby on your wife's tummy for skin-to skin contact.

- Also ensure that a bonnet is placed on your baby's head.
- Make sure that the midwife does NOT dry the baby's hands because the baby's hands will retain the smell of the fluid the baby was floating in inside the uterus. This smell will help guide the baby to find the mother's breast.

SLIDE 31**Suportahan si Misis sa eksklusibong pagpapasuso kay Baby**

- Pinakamainam kung gatas lang ni Misis ang ipapasuso kay baby mula pagkapanganak hanggang anim na buwan para siya ay maging mas malusog at matalino
- Ang eksklusibong pagpapasuso ay pagbibigay kay baby ng tanging gatas ng ina lamang at:
 - ✓ Walang tubig, juice o katas
 - ✓ Walang vitamins na hindi inireseta ng doktor
 - ✓ Walang gatas sa bote

Discuss the content of the slide.

In addition, emphasize the importance of breastfeeding:

- Promotes bonding between mother and baby
- It is free
- No chance of contamination directly from the breast
- The contraction of the uterus stimulated by breastfeeding effectively controls bleeding.
- Exclusive breastfeeding on demand can prevent return to fertility for up to six months after giving birth.
- The more your wife breastfeeds your baby, the more milk she will produce.

SLIDE 32**Suportahan si Misis sa eksklusibong pagpapasuso kay Baby**

Kung si Misis ay nagpapasuso kay baby, maaari ding maantala ang kanyang pagbubuntis kung:

- Eksklusibo ang pagpapasuso nang anim (6) na buwan
- Ang inyong baby ay wala pang anim (6) na buwan
- Hindi pa bumabalik ang kanyang regla

Discuss the content of the slide.

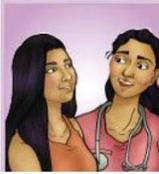
SLIDE 33**Samahan si Misis na magpacheck-up pagkatapos manganak**

- Samahan siyang magpacheck-up kung sa loob ng 48 oras ay makaranas siya ng emergency signs gaya ng matinding pagdurugo, lagnat, o iba pa
- Samahan siyang magpacheck-up sa loob ng isang linggo pagkatapos niyang manganak kahit walang kakaibang nararamdaman

Discuss the content of the slide.

SLIDE 34**Samahan si Misis na magpacheck-up pagkatapos manganak**

Ito ang mga gagawin ng midwife, nars o doktor:



- Susuriin ang katawan niya at ng inyong baby, lalo na ang kanyang pusod
- Babakunahan si baby, kung kailangan
- Bibigyan si Misis ng **Iron** na may Folic Acid at **Bitamina A** para sa mabilisang panunumbalik ng kanyang lakas
- Papayuhan kayo tungkol sa:
 - ✓ emergency signs
 - ✓ pag-aalaga ng sanggol
 - ✓ pagpapasuso
 - ✓ malusog na pamumuhay, at
 - ✓ family planning

Discuss the content of the slide.

SLIDE 35**Planuhin ang pamilya, planuhin ang kinabukasan**

Mag-agwat nang 3-5 taon sa pagitan ng pagbubuntis:

- Makatutulong ito para manumbalik ang lakas ni Misis pagkapanganak
- Makatutulong din ito upang maibigay ang pangangailangan para sa tamang kalusugan, nutrisyon at edukasyon ng inyong mga anak

**Benefits of 3-5 year birth spacing**

Methodology

1. **Ask participants:** What do you think are the benefits of 3-5 years birth spacing?
2. Acknowledge and write their responses on the board.
3. Discuss the contents of the slide and relate them to the participants' responses
4. Ask for questions and clarifications

SLIDE 36**Planuhin ang pamilya, planuhin ang kinabukasan****Mag-agwat nang 3-5 taon sa pagitan ng pagbubuntis:**

- Kausapin ang midwife, nars o doktor kung sapat na ang laki ng inyong pamilya
- May mga pansamantala't permanenteng paraan ng family planning para sa iyong pangangailangan
- Ligtas, mabisa at maaasahan ang mga paraang ito



Discuss the content of the slide, and then go to next slide.

INTRODUCTION TO MODERN FAMILY PLANNING METHODS

This section presents FP information in a way that incorporates elements of behavior change communication and marketing. Thus, this part should not be delivered as a lecture.

- We should discuss less of the technical aspects of FP and FP methods.
- We should focus more on the positive aspects of FP and FP methods.
- In compliance with ICV, we will present **(through the first slide or the ICV wall chart)** all the FP program methods recommended by DOH, but we will only discuss the male-specific methods since one of our objectives is to get the men to be FP clients themselves. Make sure that you know whether NSV is available, and where in your area before holding this *Usapan*.
- Findings from behavioral economics show that people cannot make good choices if choices are too many or too complex.

- We should make sure that when we present FP options, potential clients can easily make a choice (Choice Architecture).

SLIDE 37

Modernong mga pamamaraan ng family planning

Family Planning Method	% Pagka-epektibo	Kasama sa Benepisyo ng PhilHealth?
NSV	99.9	OO
BTL	99.5	OO
Injectables: CIC DMPA	99.9	Hindi
	99.7	
Pills : Low Dose COC POP	99.7	Hindi
	99.5	
IUD	99.4	OO
LAM	99.5	Hindi
Condom	98	Hindi
Fertility Awareness-based Methods		
• Basal Body Temperature (BBT)	99	=
• Sympto-thermal Method	98	=
• Billings Ovulation Method (BOM)	97	=
• Standard Days Method (SDM)	95	=

NOTE to facilitator: The possible choices in this slide are arranged from the most effective at the top to the least effective at the bottom, for easy reference by clients. The effectiveness rates are derived from the DOH. **Point** out that all the modern methods in the list are effective. Direct participants' attention to the "% effectiveness" column and point out the most effective methods at the top of the list.

Say: Here are the FP methods that are supported by the DOH.

However, for this session, we will discuss only two methods that are suited for men

NOTE: If you are not using an LCD projector during the *Usapan* session, the equivalent of this slide is the ICV Wall Chart, titled "*Alamin ang mga Pamamaraan ng Pagpapalano ng Pamilya.*"

SLIDE 38

Condom

- 98% epektibo kung tama ang paggamit
- Manipis na supot na yari sa goma na isinusuot sa matigas na ari ng lalake bago magtalik
- Mabibili sa maraming botika, grocery, tindahan at private clinics (kumpanya, kumadrona o doktor)
- Proteksyon laban sa sakit na maaaring makuha sa pakikipagtalik (STI, HIV at AIDS)



Discuss the contents of the slide but emphasize that **only** CONDOMS provide DUAL PROTECTION:

1. Against unplanned pregnancy, and
2. Sexually Transmitted Infections

Go to the next slide.

SLIDE 39

Tanong

- May mga tanong ba kayo tungkol sa Condom?

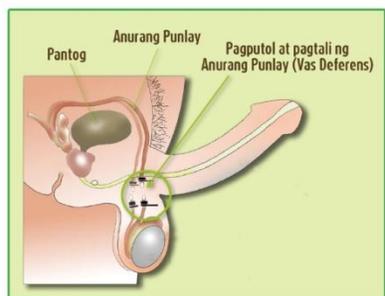
Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

SLIDE 40

No-Scalpel Vasectomy (NSV)

Ano ito?

Tinatalian at pinuputol ang anurang-punlay (vas deferens) na dinadaan ng punlay (sperm) ng lalaki



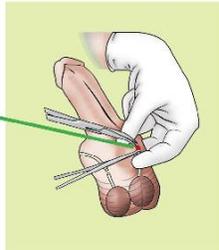
1. In NSV, the vas deferens is tied and cut.
2. Explain what happens after NSV
 - a. NSV blocks the sperm and prevents them from mixing with the semen. The blocked sperm are absorbed back by the body. This does not cause any harmful effects to the man's health
 - b. The man can still have erections. During intercourse, the man can still ejaculate semen. However, his semen no longer contains sperm. Thus, he can no longer

make a woman pregnant.

SLIDE 41

No-Scalpel Vasectomy (NSV)

- 99.9% mabisa at ligtas na pamamaraan kung tama ang paggamit
- Madaling isagawa (isang maliit na butas lamang ginagawa, hindi na kailangang tahiin)
- Hindi nakakaapekto sa pakikipagtalik kay misis at sa pagkabalalaki ni mister



Discuss the content of the slide, and then go to next slide.

SLIDE 42

Tanong

- May mga tanong ba kayo tungkol sa NSV?

Clarify and thoroughly discuss health concerns and fears of side effects that have no medical basis, but may be meaningful to participants. Be careful not to make them feel they are wrong or do not make sense.

SLIDE 43**Mga pagpapatotoo ng...**

Mga bagong maginoo na masaya at kuntento sa kanilang mga ginagawa para sa kanilang asawa, pamilya at para sa sarili.

STEP 9. Testimony of Satisfied Bagong Maginoo

OBJECTIVE: To provide proof/evidence that performing the recommended behaviors can be a positive experience for men and leads to a more satisfying quality of life for the man and his family.

This should be given by at least one invited speaker (who is not a participant).

SLIDE 44**Buod ng mga napag-usapan natin**

- Inyong napag-isip-isip ang kasalukuyang kalagayan at ang mga pangarap para sa inyong pamilya
- Ang epekto ng relasyong mag-asawa sa kalusugan ng pamilya
- Ang mga nararapat na gawin (katuwang si misis) upang maging malusog, masaya, at maunlad ang pamilya

After a lengthy discussion, it is always necessary to summarize the important points. Do this in proper sequence, where you mention the 1st step, 2nd step, 3rd step or major topic you discussed.

In doing this, you are refreshing the short-term memory of participants by reemphasizing the recent data that they heard, saw and experienced. It prepares them for the next step.

SLIDE 45**Buod ng mga napag-usapan natin**

- Narinig natin ang mga personal na kwento ng mga bagong maginoo na kuntento at masaya sa kanilang ginagawa.
- Ang kanilang mga karanasan ay nagpapatunay sa mga kabutihang dulot ng mga napag-usapan natin.
- Ang mga asal at gawa na napag-usapan natin ay nararapat ninyong gawin upang magkaroon ng katuparan ang inyong mga pangarap.

Discuss the slide content.

SLIDE 48**Mga karapatan ng buntis**

1. Hindi kailanman kailangan ng pahintulot ng asawa upang makakuha ng alagang medikal.
2. May karapatang tumanggi na suriin ng sinuman bagkus ay pumili ng mag-aasikas sa kanya tulad ng nurse, doctor o midwife.
3. May karapatang tumanggi sa anumang panggagamot o gamot tulad ng caesarian section at anesthesia. Maari lamang itong gamitin kung ito ay kanyang pinahihintulutan.
4. Ang babaeng kapapanganak lamang at ang kanyang sanggol ay may karapatang manatili sa ospital o lying-in clinic sa loob ng 48 oras pagkapanganak.

Discuss the slide contents.

SLIDE 49**Ano ang maaasahan ng isang kliyente na nagpa-pakonsulta sa isang midwife, nurse o doktor?**

1. Paggalang
2. Wastong kaalaman
3. Ligtas at maasahan na mga serbisyo
4. Sariling pagpili ayon sa sariling desisyon
5. Paggalang at pag-seguro na ang mga impormasyon tungkol sa kliyente ay hindi ikakalat o ikukwento sa ibang tao
6. Maginhawang pakiramdam sa pakikipag-usap sa doktor, nars, o midwife
7. Malayang pagpapahayag ng opinyon
8. Pagkilala sa pantay na karapatan ng babae at lalaki

OBJECTIVE: To create a positive mental picture among participants of what they can expect from a health facility/provider

Do not discuss these extensively. The information provided here is to give you, the facilitator, a better understanding of each item.

Basic rights of all FP clients

1. Information – Clients have the right to accurate, appropriate, understandable, and clear information related to reproductive health and sexuality, and to health overall. Information materials for clients need to be available in all parts of the health care facility.
2. Access to service – Clients have the right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, and sexual

orientation.

3. **Informed Choice** – Is the right of individuals or couples to make a voluntary, well-considered decision that is based on options, information, and understanding. It is the responsibility of the service provider to confirm that a client has made an informed choice or to help the client reach an informed choice.
 4. **Safe services** – Clients have the right to safe services, which require skilled providers attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical practice.
 5. **Privacy** – Clients have the right to a private environment during services and counseling. This means that a facility must have an area where clients cannot be seen or heard during counseling, physical examinations, and clinical procedures. There should be privacy concerning handling of clients' medical records and other personal information.
 6. **Confidentiality** – Clients have the right to be assured that personal information will not be disclosed. This includes maintaining secrecy about the client's history, results of examinations and counseling, and other records.
 7. **Dignity** – Clients have the right to be treated with courtesy, respect, and consideration. The service provider must give utmost attention to the client's need.
 8. **Comfort** – Clients have the right to be at ease
-

and relaxed while in a health facility for services. Service providers need to ensure that clients are as comfortable as possible during the procedures.

9. Express Opinion – Clients have the right to express their views on the services being offered. Clients should be encouraged to express their views freely, even if their views differ from those of the service providers.
10. Continuity of Care – All clients have the right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health. Clients have the right to receive services and supplies for as long as they need them. This can either be through the service provider or by referral. This is one of the reasons that is crucial to tell *Usapan* participants when a method is not currently available in the area.

SLIDE 50



Finally, ask the participants if their entries in the visioning cards are final. Once everyone says “Yes,” give each of them another blank sheet of the Visioning Card and ask them to copy all their entries into the new sheet (in other words, make a duplicate).

Remind participants to put their name and signature, address, and cell phone number on the designated space at the back of the action card.

EMPHASIZE that it is THEIR document of their plan for their family. Therefore, they should keep it in a safe place similar to other important family documents. They may review their plan after 3-5 years and assess whether they are still in the process or have already achieved their vision

ENCOURAGE participants to discuss their Action

	<p>Card with their wife.</p> <p>Facilitators will collect the other (duplicate) copy. This is for your reference in scheduling a follow-up should the participant choose NSV.</p>
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