

PN-ARH 511  
70512

**CLINICAL**  
**FAMILY HEALTH/FAMILY PLANNING**  
**CURRICULUM**  
**FOR HEALTH PROFESSIONALS**

**SOMALI DEMOCRATIC REPUBLIC**  
**FAMILY HEALTH/FAMILY PLANNING DIVISION**  
**MINISTRY OF HEALTH**

**FEBRUARY 1990**  
**Funded by USAID Project 649-0131**  
**Under contract with**  
**University Research Corporation**

**A FAMILY HEALTH/FAMILY PLANNING  
COURSE CURRICULUM  
FOR HEALTH PROFESSIONALS**

**TABLE OF CONTENTS**

Acknowledgements	iii
Medical Review Panel Committee Member	iv
Introduction	vii
Structure of the FH/FP Division	ix
<b>Section I: Benefits of Childspacing</b>	
Lesson Plan 1 -Benefits of Childspacing	1
<b>Section II: Islamic Position on Family Health</b>	
2 -Islamic Position on Childspacing	5
3 -Islamic Position on Female Circumcision	11
<b>Section III: Government Policy</b>	
4 -General Policy Guidelines	17
<b>Section IV: Reproductive Anatomy and Physiology</b>	
5 -Female Anatomy and Physiology Menstrual Cycle and Conception	23
6 -Breast Anatomy and Physiology	33
7 -Male Anatomy and Physiology	39
<b>Section V: Physical Assessment of the FH Client</b>	
8 -History Taking and Charting	45
9 -Physical Assessment	51
10 -Pelvic Examination	59
11 -Laboratory Tests	67
<b>Section VI: Traditional and Natural Methods of Childspacing</b>	
12 -Breastfeeding in Relationship to Childspacing	73
13 -Abstinence and Withdrawal	79
14 -Natural Family Planning	83
-Cervical Mucus	
-Calendar - Rhythm	
-Basal Body Temperature	

## Section VII: Modern Methods of Childspacing

Lesson Plan 15	-Condoms	93
16	-Spermicides	99
17	-Diaphragm/Sponges	107
18	-Oral Contraceptives	113
	Combined Oral Contraceptives	
	Progestin Only Contraceptives	
19	-Intrauterine Devices	123
20	-Injectable Contraceptives	131
21	-Implantable Contraceptive	137
22	-Female and Male Sterilization	141
23	-Rumors and Realities of Family Planning	145

## Section VIII: Sexually Transmitted Diseases

24	-Common Sexually Transmitted Diseases in Somalia:	149
	Monilia	
	Trichomonas	
	Genital Warts	
	Gonorrhoea	
	Chlamydia	
	Bacterial Vaginosis	
25	-AIDS	159
26	-Pelvic Inflammatory Disease	165

## Section IX: Infertility

27	-Infertility	169
----	--------------	-----

## Section X: Information, Education, Communication and Counseling

28	-An Educational Talk	177
29	-Interpersonal Communication Skills in Counseling in Family Health	181
30	-Female Circumcision	187

## Section XI: Management

31	-Personnel Management	195
32	-Logistics and Statistics	205

## Appendixes

A.	References	213
B.	Pre-Post test	214
C.	Answers to Pre-Post test	220
D.	A Training session Evaluation Form	222
E.	A Participant Reaction Form	223
F.	Performance Checklist	225

## ACKNOWLEDGEMENTS

I am pleased to express my sincere appreciation to the many professionals whose contribution have facilitated the publication of this Clinical Family Health Curriculum. It is not possible to list all those who contributed but the following names are worth mentioning:-

1. Mrs. Halima Abdi Sheikh  
Head of Public Sector, FH/FP Division, MOH  
Coordinator and organizer
2. Mrs. Adar Abdi Fidow  
Regional Coordinator, FH/FP Division, MOH
3. Mrs. Maryan Mohamed Abdulle  
Head of Private Sector, FH/FP Division, MOH
4. Mrs. Mana Osman Ghedi  
Head of General Services, FH/FP Division, MOH
5. Mrs. Zahra Aden Hussein  
Head of Resource Center, FH/FP Division, MOH
6. Dr. Omar Yusuf Ashir  
Head of FH/FP Administration
7. Ms. Shukri Abdi Jama  
IEC Director, SFHCA
8. Ms. Faduma Hagi Mohamed  
IEC Trainer Officer, SFHCA
9. Ms. Zeinab Mohamud Afrah  
Principal, Post Basic - HETC
10. Mr. Hassan Muse Khalif  
Trainer Officer, National MCH
11. Mr. Abbas Ahmed Mao  
Secretary of the FH/FP Division, MOH

I gladly express my thanks to the Medical Review Panel Committee who, with exceeding courtesy, have shared the fruits of their experience and their expertise in their field. I extend my sincere thanks to Ms. Linda S. Andrews, the long term URC Clinical Adviser, for her valuable contribution by putting all her efforts to the production of this material.

  
Dr. Mohamed Warsame Ali  
Director of the FH/FP Division,  
Ministry of Health

### Medical Review Panel Committee Members

1. Dr. Osman Mohamed Ahmed  
Senior Pediatric, Lecturer Faculty of Medicine  
Head of Community Health Department, MOH
2. Dr. Ruqiya Mohamed Seif  
Senior OB/GYN  
Former Director of the FH/FP Division, MOH
3. Dr. Asha Abdullahi Mohamoud  
Pediatric  
Deputy Director of the FH/FP Division, MOH
4. Dr. Faduma Haji Mohamed  
Senior OB/GYN, Board member SFHCA  
Head of OBST Ward
5. Dr. Mohamed Haddi Ahmed  
Senior OB/GYN  
Head of Post/Partum ward
6. Dr. Abdulkadir Mohamed Hussein  
OB/GYN, Lecturer Faculty of Medecine
7. Dr. Muhubo Ahmed Gure  
Senior OB/GYN  
Head of labour ward
8. Salah Abdalla Omar  
Senior OB/GYN  
Head of Family Health Center, Benadir Hospital
9. Dr. Abdiaziz Haji Ga'al  
Senior OB/GYN  
Director Benadir Hospital
10. Dr. Abdiaziz Ahmed Hassan  
Senior OB/GYN  
Deputy Director Benadir Hospital
11. Dr. Ali Mungana Maye  
Senior Urology, Lecturer Faculty of Medecine  
Head of Urology ward, General Hospital
12. Dr. Maryan Haji Aweys  
Senior Endocronoly, Lecturer Faculty of Medecine  
Head of Medical Ward
13. Asli Aden Ashkir  
RN. BSC MPH  
Deputy Director National MCH

14. Shukri Abdi Jama  
RN. BSC  
IEC Director
15. Zeinab Mohamoud Afrah  
RN. BSC  
Principal tutor Post-Basic HETC
16. Halima Abdi Sheikh  
Senior Nurse Midwife MCH/FP clinical trainer  
Head of Public Sector, FH/FP Division, MOH
17. Maryan Mohamed Abdulle  
RN. MCH/FP Trainer  
Head of Private Sector, FH/FP Division, MOH
18. Ms. Linda S. Andrews  
RN. BSC MPH  
Long term URC Clinical Adviser

## INTRODUCTION

The Family Health/Family Planning Division of the Somali Ministry of Health has been the primary provider of Family Planning Services in Somalia since 1982 with funding from USAID under different Family Health Projects . In order to provide quality health services to eligible couples, the FH/FP Division trains several categories of FH/FP providers.

The objectives of this curriculum are to:

1. Standardize the knowledge and skills that is taught to the FH/FP clinical service providers.
2. Improve the training capability of the FH/FP trainers.
3. Assist FH/FP trainers to plan, conduct and evaluate their trainings.
4. Serve as a reference manual for any FH/FP training.

This curriculum has 32 lesson plans that can be used to train health professionals to provide quality FH/FP services. Each lesson plan can be taught separately, depending on the training needs of the participants. Each lesson plan has a general and specific objectives clearly stated. Listed by every specific objective is the content that must be taught, the methodology of teaching, the training aids that are needed, and the method of how the students will be evaluated.

Included with the lesson plans is an attached information sheet. All the lesson plans that contain policies, procedures and guidelines have been approved by the Medical Review Panel of the FH/FP Division, Ministry of Health. In the appendixes is a pre-post test, an evaluation form that can be filled out by the students to evaluate each training session and a form to evaluate the overall training program.

After completion of the classroom training, there is a six day clinical training. Each participant must satisfactorily complete the clinical performance checklist.

It is expected that by the end of the course, the participants will be able to:

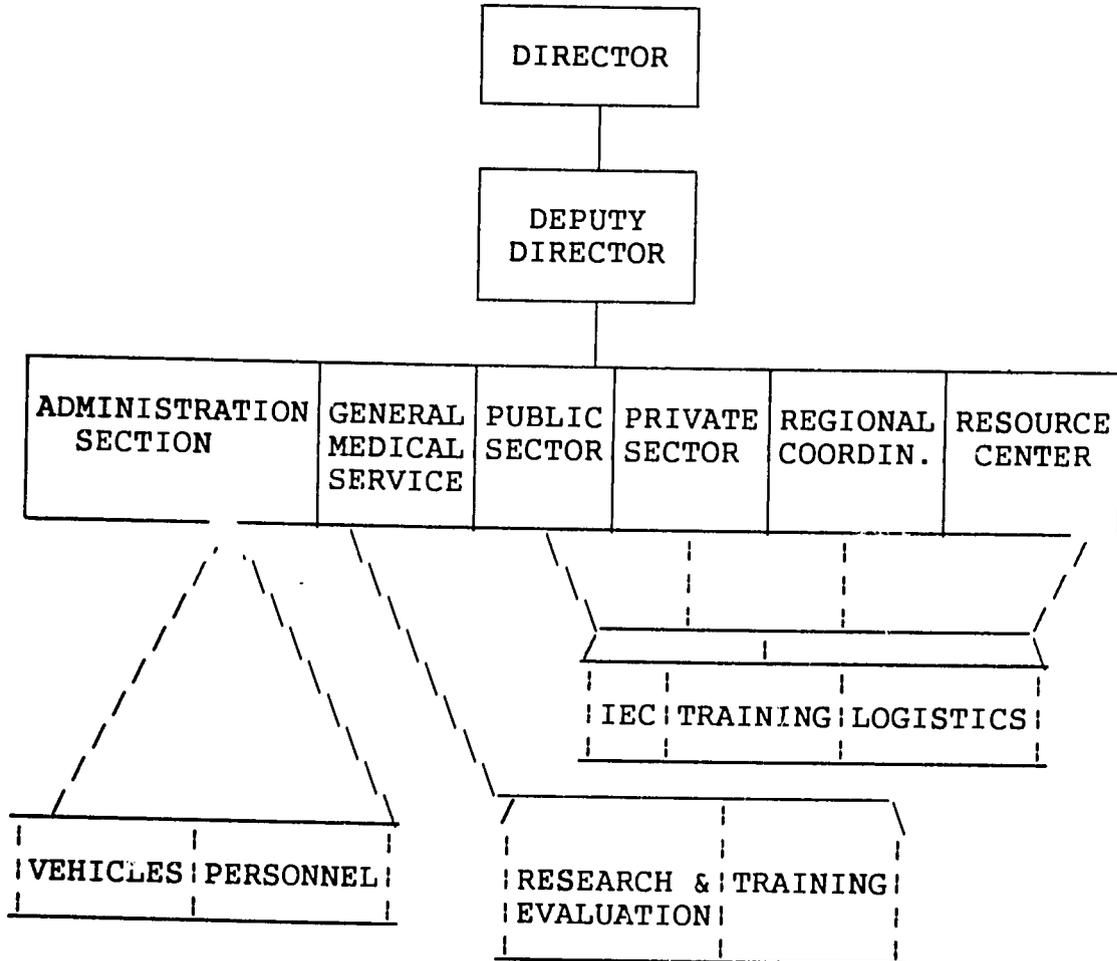
1. Explain the benefits of childspacing to the mother, child, family and community.
2. Use the knowledge of Islam and Government Policy to justify and support FH/FP practice and discourage the practice of female circumcision.

3. Describe the reproductive anatomy and physiology of both the male and female.
4. Assess the health status of the client by history and a physical exam.
5. Counsel clients on the proper use of traditional and natural family planning methods with emphasis on breastfeeding.
6. Recognize by history and exam, the indications, contraindications, side effects and risks in the use of hormonal contraceptives and IUDs.
7. Prescribe oral contraceptives, manage common side effects, recognize and refer clients with complications.
8. Counsel clients regarding the IUD, identify and refer suitable clients for the IUD insertion, recognize IUD side effects and complications and know when to refer to the physicians.
9. Identify, counsel and refer suitable clients for sterilization.
10. Provide information, counsel and instruct clients on the use of the condoms and spermicides.
11. Provide information regarding the diaphragm, sponges injectible and implantable contraception.
12. Recognize the signs and symptoms of the common sexually transmitted diseases including AIDS, understand the causes, refer appropriately and counsel regarding prevention.
13. Identify infertile couples by history, give proper counseling and refer when appropriate.
14. Develop a plan for health education in family health and family planning and implement IEC activities and provide FH/FP counseling services.
15. Collect and record clinic data for the purpose of evaluation and improvement of FH/FP services.
16. Maintain a proper stock of contraceptives, store and distribute properly.
17. Manage properly personnel at a clinic site.

FH/FP DIVISION, MOH

ORGANIZATION CHART

1990



## Lesson Plan 1

Name: Zahra Aden Hussein  
 Post-Basic Nurse in  
 Medical Events,  
 Head Of Resource Center  
 FH/FP Division, MOH

## BENEFITS OF CHILDSPACING

General Objective: At the end of this session, the participants will be able to counsel and provide information on the benefits of child-spacing.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Recognize the basic health statistics for Somalia	Basic health statistics for mother and child	Lecture	Grab Bag
State who will benefit from childspacing	Benefits of childspacing	Discussion/ Brainstorm	Oral Questions
Describe two benefits for the mother	Benefits for mother	"	"
Describe two benefits for the child	Benefits to child	"	"
Describe two benefits for the family and the community	Benefits to family and community	"	
Counsel and provide health education	Counseling techniques Techniques of providing health education	Role play	Observation

Materials/Resources necessary for lesson: Information sheet, newsprint, marker.

## IMPORTANCE OF CHILDSPACING

### Information Sheet

The health statistics shows that infant and child mortality is very high in Somalia.

One out of four children born dies before reaching the age of five. This is the 7th highest mortality rate in the world.

More than 11 out of every 1000 pregnant women die at the time of childbirth or soon after owing to complications and inadequate medical attention. This represents the 3rd highest maternal mortality in the world.

The latest maternal and child health care indicators' in Somalia (1988) are as follows:<sup>1</sup>

Infant mortality rate	150 per 1,000 livebirths
Under 5 mortality rate	220-282 per 1,000 livebirths
Maternal mortality rate	1,100 per 100,000 livebirths
Crude birth rate	44 per 1,000 population
Crude death rate	13 per 1,000 population
Fertility rate	6.6

## CHILDSPACING CAN IMPROVE

The Health of the Individual Women of Child-bearing Age  
Because:

1. Women can recover from the stress of pregnancy, labour, delivery, the puerperium, nursing and the demands of infant care, before becoming pregnant another time.

Studies have shown that full recovery from this kind of stress takes at least two years.

2. Maternal morbidity and maternal deaths due to severe anemia, haemorrhage and obstetrical emergencies are prevented.
3. Abortions performed illegally and unsafely will be reduced when contraceptives are made available.
4. Mothers will have time to devote to the following preventive health measures:
  - Supervision of children.
  - Cleanliness of the house.
  - Regular visits for health check-ups.
  - Preparation of nutritious meals.
5. Mothers will have time to participate in social activities.

### The Health of the Child Because:

1. The young child and newborn have a greater chance of survival.

Worldwide studies clearly show that spacing births two or more years apart significantly reduces the risk of death for a young child and a newborn brother or sister.

2. The child gets enough time to be breastfed.
3. The child grows normally with less developmental problems and mental retardation.
4. Childhood diseases are prevented by getting the chance to be vaccinated.
5. Child and mother relations are strengthened.

### The Health of the Family Because:

1. Mothers and fathers will have more time to discuss family affairs.
2. Parents can enjoy each other's company.
3. More resources are available for food, clothing, better housing, entertainment and education of each child.

### The Health of the Community Because:

1. There will be less demand on curative health services.
2. There will be better educational services for all children.

<sup>1</sup> Annual Statistical Report, 1988, Somali Democratic Republic, Ministry of Health, Director of Planning and Administration

Lesson Plan 2

Name: Shukri Abdi Jama  
 BSC Nursing  
 IEC Director, SFHCA

**ISLAMIC POSITION ON CHILD SPACING**

General Objective: At the end of this session, the participants will be able to provide health education to the eligible couples on the Islamic position on child spacing.

Classroom hours: 3

Specific Objectives	Content	Method	Evaluation.
Define child spacing and the Islam point of view	Islam and child spacing	Brainstorming Discussion	Questions and Answers
Explain the reason why Islam permits birth limitation	Reasons for birth limitation	video	"
List two strong Xadiths that support "Al azal"	Different scholars point of view on family planning	Lecture Discussion	"
Explain Islamic point of view on population growth	Population growth and Islamic view	"	"
Define birth spacing and birth limitation	Differentiate birth spacing and birth limitation	"	"

Materials/Resources necessary for lesson: Child spacing/ Female circumcision video by Sheikh Mohamoud Omar Farah, National Attorney General.

**KALA DHEEREYNTA DHALMADA  
IYO ARAGTIDA ISLAAMKA**

Qorsheynta qoyska waxaa loola jeedaa in loo dhexaysiiyo dhalmada waqti lagu kala fogeynayo da'da ilmaha si ku meel gaar ah, waxayna culumadu sheegeen in dhalmada la kala fogeyn karo haddii la helo sababaha soo socda:

1. Haddii hooyadu aad u tabar yar tahay, uurkaha uu khatar gelinayo nolosheeda
2. Haddii ay qabaan labada is qabta midkood ama labaduba cudur halis ah oo u gudbi kara ilmaha
3. Haddii looga cabsanaayo caafimaadka hooyada ama guruxdeeda
4. Haddii ay jirto dhaqaale xumo u keeni karta waalidka inuu xaaraan ku nafaqeyo ilmaha

Sababahaas mid ka mid ah haddii la helo waxaa u bannaan labada is qabta in ay dib u dhigaan uurka, ayagoo isticmaalaya wax alla wixii suurta galin kara inay hooyadu uuroobin, waxase reeban in uurka la joojiyo weligiiba.

Waqtigii Rasuulka (NNK), Muslimiinta waxay isticmaali jireen uurka oo laga ilaaliyo hooyada marka isku galmoodaan labda isqabta, waxayn samayn jireen wax la yiraahdo (casli) oo ah biyo bannaan ku shubid, waxaan u daliil ah axaadiista hoos ku qoran:

1. Waxay weriyeen labada sheekh Bukaari iyo Muslim, Jaabirna ka weriyeen in uu yiri "Waxaan samayn jirnay casli waqtigii Rasuulka (NNK), Quraankana soo degayey".
2. Wuxuu weriyey Muslim uuna ka weriyey nin la yiraahdo Usaama Ibnu Seyd oo yiri, "Aniga waxaan casli ku sameynayaa haweenayda". Nebiga (NNK) wuxuu yiri, "Oo maxaad biyaha banaanka ugu shubaysaa". Ninkii wuxuu yiri, "Waxaan u turayaa ilmaheeda" Nebiguna (NNK) wuxuu yiri, "Haddii biyo bannaan ku shubiddu wax dhibayso, waxay dhibi lahayd Ruum iyo Faaris".
3. Imaam Axmed Bin Xambal wuxuu weriyay inuu Nebiga (NNK) reebay inuusan ninka casli sameyn karin haddii aysan haweeneydu raali ka ahayn
4. Wuxuu Jaabir oo ahaa saxaabi weriyey, "casli ayaan sameyn jirnay waqtigii Rasuulka, kaddibna Nebiga (NNK) ayaa maqlay nagamana reebin".

- 7-
5. Abuu Hureera wuxuu weriyey inuu Nebigu (NNK) yiri "Naagta casli laguma sameyn karo haddii aysan raali ka ahayn".

Intaas oo xaddiis ah waxay si cad noo tusayaan in dib u dhigid uur la sameyn jiray xilligii Rasuulka, waxayna daliil u tahay kala fogeynta Ilmaha.

Sidoo kale Quraanka Kariimka ah oo aan waxba ka tegin waxaa ku cad in ay tahay muddada nuujinta laba sano oo kaamil ah, haddii la isku daro laba sano iyo sagaal bilood ee cunugu caloosha ku jiro waxay isku noqonaysaa ilaa saddex sano, taas macnaheedu waxay tahay in waqtiga ku habboon ee loo dhexaysiin karo labada dhalmo tahay 2-3 sano sidaas ayeyna qabaan Islaamku. Wuxuu reebay Nebiga (NNK) ragga in aysan uur u yeelin haweenkooda nuujinaya, taasoo uu ku tilmaamay dil qarsoon, wuxuuna yiri, "Ha ku dilina ilmihiina qarsoodi"

Aragtida madaahibta Islaamka ee ku saabsan Casliga oo loo isticmaali jiray kala fogeynta ilmaha waxay tahay:

1. Madhabta Imaam Shaafici: Waxay caddeynaysaa inay arrintaas bannaan tahay.
2. Mad-habta Abuu Xanaafi: Waxay leedahay uurka in dib loo dhigo waa bannaan tahay ayadoo shardi oga dhigaysa oggolaanshaha haweenta.
3. Madhabta Axmed Ibnu Xambal: Waxay leedahay laba ra'yi. Rayiga xoogga leh wuu banneynayaa dib u dhigga uurka, ra'yiga kalena wuxuu leeyahay waa kiraahiyo.
4. Madhabta Imaam Maalik: Sidoo kale way oggoshahay kala fogeynta.

Haddii sharciga Islaamka addiladiisu caddaysay in la isticmaali jiray casliga, waqtigii Rasuulka iyo intii ka dambaysay si dhalashada loo kala fogeeyo, waxaa sidoo kale banaan wax Alla wixii hooyadu iyo aabuhu isticmaalaan oo dib u dhigid uur keenaya haddii la hubsado in aanay dhalmada baabi'inaynin gebigeedaba, caafimaadkana wax u dhimaynin.

## Aragtida Culimada Diidan kala dheereynta Dhalmada

Culimada Islaamka qaarkood waxay qabaan in kala fogeynta dhalmadu ayan bannaanayn, waxayna ka soo horjeedaan shareecada Islaamka taas oo ku cad Axaadiista Rasuulkeena suuban (NNK), waxay daliishanayaan Axaadiista soo socota:

1. Nebigeena waxaa laga weriyey inuu yiri, "Isguursada aad badateene si aan ugu faano tarankiina".
2. Waxaa kale oo laga weriyey Nebigeena (NNK) in uu yiri, "Casliga ama biyo bannaan ku shubidda waa nolol duug."
3. Waxaa ku soo arooray xadiis kale "Guursada naagta dhalmada badan".

Axaadiistan wax yar ka taabano waxaa noo caddaanaysa in ay yihiin Axaadiista xoogga leh oo si cad u geexaysa ku dhaqankii casliga waqtigii Rasuulka. Haddii la yiraahdo Axaadiistaas waa saxiix ma aha Axaadiis wax waajibinaysa ee waa Axaadiis wax ku boorisa dadka. Dhinaca kale casligu ma noqonaayo nolol duug, waxaana u daliil ah in saxaabadii Rasuulkeena (NNK) ku yiraahdeen, "Rasuulkii Allow Yuhuuddu waxay leedahay casligu waa nolol duug yar." Nebigeenu wuxuu ku jawaabay, "Been bay sheegtay Yuhuuddu". Waxaa sidoo kale jirtay in nin Nebiga u yimid kuna yiri, "Waxaan leeyahay Jaariyad waxaan doonayaa in aan ka helo wuxuu nin naagtiisa ka helo waxaan ka baqayaa in ay uur qaado ee casli ma sameyn karaa?" Nebigu wuxuu ugu jawaabay, "Haddii aad doontid ku samee casli ama biyo bannaan ku shubid."

Annagoo ka ambaqaadayna Axaadiista xoogga leh ee si cad u bannaanaysa kala fogeynta dhalmada ayayna ahayn mid sax ah rayiga culumada intaada yar ee diidan kala dheereynta dhalmada.

## Taranka Dadka iyo Aragtida Islaamka

Taranku waa lagama maarmaan, Diinta Islaamkuna way geesigelinaysaa laakiin waxaa isweydiin rabta Taranka Islaamku qiimaynayo waa kee? Haddii aan su'aashaas ka jawaabno, waxan oran karnaa in Diinta Islaamku marna nagu geesigelinayn dad badan oo aan waxtar lahayn, waxaananna ognahay in Ambiyadii Ilaahay ka bariyi jireen in uu ku irsaaqo ilmo wanaagsan ee marna aysan weydiisan ilmo badan, taas oo macnaheedu tahay in badi keligeed ay wax ku ool ahayn, Diintu ogolayn, waxaana u ah daliil xadiiskii Rasuulka (NNK) ee ay weriyeen labada sheekh Bukhaari iyo Muslim oo oranayo," Waxaa imaan doona waqti umnadaha cadawgiina ahi idinku tartami doonaan, sida dad baahan oo xeero cunto ku jirto la wadaajiyey, gacmahoodu ugu tartamaan xeerada." Nin meesha joogay ayaa wuxuu su'aalay Rasuulka (NNK), "Miyaan yarnahay maalinkaas? " Nebigeena (NNK) wuxuu ku jawaabay, Maya ee waad badan tihiin, laakiin badnaantiinu qiimo ma laha, oo waxay la mid tahay xaabka biyuhu sitaan." Xadiiska Rasuulku wuxuu si cad u qeexayaa in badnaan keligeed aysan waxtarayn, badidu uu Islaamku doonayo ay tahay mid ay la socoto xoog iyo cilmi waxtar leh.

### Farqiga u Dhaxeeya Xaddidada iyo kale Dheereynta Dhalmada

Waxaa xusid mudan in ay ogaadaan dadka isku qalda ka fogeynta ilmaha iyo xaddidaadooda. Labadaas arrimood aad bay u kala duwan yihiin, waxaana laga fahmi karaa oraaqda nafteeda oo ah ka fogeynta da'da ilmaha iyo xaddidaada oo ah in labada isqabta dhalaan cadad yr oo ilma ah. Midka hore oo ah kala fogeynta waxaa uga soo hadalnay kor, Diinta Islaamkuna waa oggoshahay sababta oo ah Diinta Islaamku waxay ku salaysan tahay nidaam, xaddiidaaduna waa goyska oo go'aansada in uusan dhalin tiro badan. Xaddidaada oo ah in la go'aansada tirada la dhalaayo sida hal cunug, laba cunug amase saddex cunug, waa xaraan Diintuna ma oggola, waxayna ka soo horjeedaa xikmadda uu Ilaahay u jideeyey gurka, waana in loo kala fahmaa sidaas ee aan la isku qaldin.

Lesson Plan 3

Name: Shukri Abdi Jama  
BSC Nursing  
IEC Director, SFHCA**ISLAMIC POSITION ON  
FEMALE CIRCUMCISION**

General Objective: At the end of this session, the participants will be able to explain Islam's position towards female circumcision.

Classroom hours: 4

Specific Objectives	Content	Method	Evaluation
Explain the historical background on female circumcision	History of female circumcision	Brain storm/ Video	Oral and written Question.
List two strong prophet sayings on female circumcision (Hadith's)	Prophet's sayings on female circumcision	Discussion/ Case studies	"
Understand the Islamic position on female circumcision.	Islamic position on female circumcision	"	"
Describe the type of sunna Islam supports.	Type of sunna Islam supports	"	"

Materials/Resources necessary for the lesson: The child spacing/female circumcision video by Sheikh Mohamoud Omar Farah, National Attorney General.

Previous Page Blank

## GUDNIIN

### 1. Taariikhda Gudniinka

Gudniinku waa erey ay taariikhdiisu fog tahay, loogana dhaqmi jirey dalal kala duwan sida, Masaaridii hore, yuhuudka, Carabtii hore iyo waddamo kale. Hubaal, waxa ay culimada diinta Islaamku isku waafaqsan yihiin in gudniinkii ugu horeeyey uu ahaa kii Nebi Ibraahim uu isguday isagoo siddeetan jir ah; intii ka dambeysayna uu gudniinka raggu noqday waddo diineed.

Dhinaca haweenka waxaa ugu horeysay haweeneydii la oran jirey "Haajira" oo ahayd xaaskii yaraa ee Nebi Ibraahim ee dhashay Nebi Ismaaciil. Sida uu gudniinka haweenku uu ku yimidna waa qisadan uu soo wariyey Cali Bin Abii Daalib.

- من علي بن ابي طالب رضي الله عنه قال  
كانت هاجرة لسارة فاعطت هاجرة ابراهيم لاسئتي اسماعيل واسحاق نسبه اسماعيل  
بلس في حجر ابيه ابراهيم قالت سارة لافيهن منها ثلاثة اشرف فخنس ابراهيم ان تجدها  
تجزم اذنها فقال لها فقال لها هل لك ان شملي فيها وتبرئي من يمينك ؟  
نقي اذنيها وتخفيها فكان اول الخفاض هذا .

Qisaduna waa sidan:-

"Haajira waxaa lahaan jirtay Saariya oo ahayd Xaaskii weynaa ee Nebi Ibraahim. Markii ay Saariya dhali weydey, da'dii lagu dhalayeyna ay ka gudubtay ayey Nebi Ibraahim kula talisay in uu guursado Haajira si ay ilmo ugu dhasho. Waxa ay Haajira dhashay Nebi Ismaaciil. Ilaahay amarkii, muddo ka dib ayey Saariyana dhashay Nebi Isxaaq. Labadii wiilna isku mar ayey hanaqaadeen. Maalin maalmaha ka mid ah ayey labadii wiil u soo baratameen dhabtii aabbahood, waxana soo dheereeyey Nebi Ismaaciil. Taasi waxa aad uga xumaatay Saariya, waxayna ku dhaaratay in ay sadex xubnood oo xubnaha Haajira ka mid ah goyso. Markaa Nebi Ibraahim waxa uu ku taliyey in ay dhegaha ka dalooliso, xubinta haweenku wax ku dareemaana ay cad yar ka goyso, sidaasna ay dhaartii Ilaahay ku gudato, Haajirana ay ku nabadgasho." Sidaasna waxaa cadeynaya xadiiska uu wariyey Sayid Cali.

### 2. Ma Waajib baa Gudniinku mise waa Sunno?

Culimada diinta Islaamku waa ay isku khilaafsan yihiin gudniinka, waxana ay yihiin labo kooxood:-

- b. Culimada qaarkood waxa ay qabaan in uu gudniinku yahay waajib sida Imaamu Shaafici, Axmed Bin Xambal.
- t. Qaarka kale waxa ay qabaan in uu gudniinku yahay Sunno. sidaa waxa qaba Abuu Xaniifa, Maalik iyo Nawaawi oo Shaafici ah.

### 3. Maxay Culimadu daliishanayaan?

b. Culimada diinta Islaamka ah ee aaminsan in uu gudniinku yahay waajib, waxa ay cuskanayaan axaadiistan soo socota.

i) Xadiiskan oo uu wariyey Abuu Hurayra, Allaha ka raali noqdee. Xadiiskani waxa uu sheegayaa "qofkii Islaama ha isgudo"

عن أبي هريرة رضي عنه ان النبي صلى

الله عليه وسلم قال ( ( من اسلم فليختتن ) )

Xadiiskani uma kala saarin gudniinka, gubniinka ragga iyo dumar midna, ee wuu ku wada waajibiyey, (Ereyga qof waxa uu ku dhacayaa ragga iyo dumarka labadaba.

ii) Xadiiskan kale ee uu Abuu Hurayra wariyey, waxa uu caddeynayaa in Nebi Ibrahim NNK uu isguday isagoo ah siddeetan jir.

عن أبي هريرة رضي الله عنه ان النبي صلى الله عليه

وسلم قال ( اختتن ابراهيم خليل الرحمن بعد ما اتت عليه ثمانون سنة واختنن بالقدم )

Gudniinkaa uu Nebi Ibrahim uu isguday waa jid sharciyeed oo ay lagama maarmaan tahay in lagu dhaqmo, sida Ilaahay uu ku amray Nebi Muxamed NNK inuu raaco diinta Nebi Ibrahim ee toosnayd. Diinta Nebi Ibrahim waxa ka mid ahaa Gudniinka.

iii) Xadiiska uu wariyey Daxaak Ibnu Qays oo sheegaya in Nebi Muxamed NNK uu kala taliyey ama kula dardaarmay haweenaydii gabdhaha gudi jirtay ee la oran jiray Ummu Cadiya, kuana yiri "Waxa yar ka goo haweenka markaad gudayso ee ha wada goynin, sidaas ayaa naagtana u fiican ninkuna uu jecel yahay"

عن صحاك بن قيس قال ، كان بالمدينة امرأة يقال لها ام عطية

تخفص الجوارى ، فقال لها رسول الله صلى الله عليه وسلم / يام عطية

اذا خفصت فلا تنهكي فانه احظى للزوج واسرى للوجه .

t. Culimada kale ee aaminsan in uu gudniinku yahay sunno, waxa ay daliishanayaan axaadiistan:-

i) Xadiiska uu wariyey Axmed Bin Xambal oo caddeynaya in gudniinka raggu yahay sunno, ka haweenkuna habboon yahay.

ii) In dad badan ay soo gali jireen Diinta Islaamka waqtigii Nebiga, Rasuulkuna uusan raadin jirin inay gudan yihiin iyo in kale, waxa uu bari jirey Salaadda.

( الختان سنة في الرجال و مكرمة للنساء ) رواه احمد والبيهقي

قال حسن البصري ( قد اسلم مع رسول الله صلى الله عليه وسلم الناس فعاتش

احدا منهم )

Culimada aaminsan in uu gudniinku yahay sunno, waxa ayu ku doodayaan in axaadiista ay cuskadeen culimada waajibisay gudniinku ay daciif yihiin sida xadiiska laad ee uu Abuu Hurayra wariyeye iyo xadiiska 3aad ee Nebigu kula dardaarmay haweenaydii gabdhaha gudi jirtay. Waxa sax ka ah xadiiska 2aad ee uu wariyey Abuu Hurayra. Laakiin xadiiskaasi ma muujinayo waajibnimada gudniinka, waayo gudniinku waxa uu ka mid yahay toban shay oo Nebi Ibraahim in uu sameeyo lagu jarribay, dhammaantoodna uu sameeyay. Wax la isku waafaqsan yahay in sagaalka kale ay sunno yihiin. Haddaba maxaa waajibiyey Gudniinka kaliya? Waxa ay culimadaasi ku gabagabaynayaan qodobkaasi in Gudniinka uu Nebi Ibraahim isguday uu yahay fal, falna wax ma waajibiyey. Sheekh la odhan jiray Ibnu Mundar oo arrintaasi ka hadlay waxa uu yiri "Ma jiro xadiis ama sunno sax ah oo loo raaco Gudniinka

وقال ابن مند, ( ليس في الختان خير يرجع اليه ولا سنة تتبع )

Sheekh Showkaani oo qoray kitaabka xadiiska ah ee la yiraahdo Neyl-Awdaar, waxa uu yiri , "Sida xaqa ah lama helaayo daliil xoog leh oo waajibinaya Gudniinka haweenka, waxa keliya ee sugnaday waa in Gudniinku yahay Sunno".

وقال الشوكاني ( ) والحق انه لم يقر دليل صحيح يدل على الوجوب والمنقن السيئة

Haddii gudniinka haweenku waajib ahaan lahaa, waxa la heli lahaa ficil ama qawl ka sugnaaday Nebigeenna Suubbanaa NNK, marka laga reebo xadiiska daciifka ah ee aan soo sheegnay. Ilaa hadda, markii baaris dheer lagu sameeyey, lama helin daliil ama ficil sugaya ama caddeynaya in Nebiga NNK haweenkii qoyskiisa ahaa , amase asxaabadii gabdhahooda ama haweenkoodii gudnnin ku sugnaaday. Haddii ay jiri lahayd waa la caddayn lahaa sidii waqlalkii Xasan iyo Xuseen loogu caddeeyey xadiiska Beyhaqii uu ka wariyey Jaabbir oo ahaa:

روى البيهقي عن جابر بن عبد الله رضي الله عنه انه قال ( ) عق رسول الله

صلى الله عليه وسلم عن الحسين والحسين وختنهما لسبعة ايام )

(Xadiiskani waxa uu tilmaamayaa in Rasuulkeeni Suubbanaa NNK uu u waqlalay Xasan iyo Xuseen , waxana uu guday iyagoo jira toddoba maalmood). Waxaa hubaal ah in sidaas oo kale loo caddayn lahaa, haddii uu dhacay gudniin dhinac haweenka, ha ahaadeen qoyska Rasuulka ama asxaabadiiba.

Nin la oran jiray Sheekh Maxamuud Shaltuut oo madax ka ahaan jiray Jaamacadda Al-Ashar waxa uu ku sheegay kitaab uu qoray oo la yidhaahdo "Fataavi", inuusan gudniinku waajib ku ahayn haweenka maadaama aan la haynin daliil xaq ah oo waajibinaya Gudniinka haweenka. Waxa kale ee uu yiri," ma bannaana in qof Bani-Aadan ah la dhaawaco ama la gooyo jirkiisa haddii anay maslaxad ka weyni ka dameyn, waxana cad inuu gudniinka fara badan oo la xiriira caafimaadka u geysan karo sida shiigga oo ku xirma marka ay caadadu ku dhacdo iwm.

#### 4. Gudniinkee Habboon?

Si kastaba ha la isugu khilaafsanaado gudniinka haweenka waajibnimadiisa iyo sunnanimadiisa, waxa cad in habka haweenka loo gudayo uu ku soo arooray mid kaliya oo ah in caarada yar oo keliya laga gooyo xubinta dareenka haweenka dhinaca jinsiga, wax kalena aan lagu darin. Nin la oran jiray Sheekh Maawardi oo culimada Shaaficiyiinta waaweyn ka mid ahaa waxa uu tilmaamay sida habboon ee loo gudayo haweenka, waxana uu yiri . "Waa in xubinta haweenku wax ka dareemaan ee jinsiga laga gooyo cadka yar ee korreeya oo aan lagu fogaanin".

Haddaba, maadaama dalkeenna looga dhaqmo mad-habta Shaaficiga ah oo Gudniinka waajibinaysa, waxa habboon inaan Gudniinka ugu dhaqanno sida kutubta Shaaficiyada ah ee dalkeenna ku badani ay tilmaamayso. Waxa inoo muuqatay in sida habboon ee loo gudo ay tahay sida ku muujisan shaxankan.

## 5. Gudniinkee ayaa Habboonayn?

Culimada shareecada Islaamku waxa ay isku waafaqsan yihiin in Gudniinka fircooniga ah aanu habboonayn, sababtoo ah ma jiro qodob diineed ama Xadiis u noqon kara daliil. Gudniinka Fircooniga ah waxa uu haweenka u leeyahay dhibaatooyin badan, waxana ka mid ah:

- i) Dhibaato caafimaad oo ay ka mid tahay dhiigga oo xirma marka ay hawentu hesho caadada iwm.
- ii) Si ay u ansaxdo salaadu, waxa lagama maarmaan ah in uu qofku jubsado in ay kaadidii dhamaatay, si uu isku daahiriyo. Haddaba, waxa hubaal ah in aanay haween u gudan habka fircoonigu aanay isku daahirin karin sidii habboonayd.
- iii) Waxa uu Gudniinka fircoonigu haweenta ka baabiiyaa dareenkii dumarnimo, taasina waxay keeni kartaa in uu qoysku dumo.

Haddaba, waxa habboon in laga fogaado ku dhaqanka gudniinka fircooniga ah ee waxyeellada u keenay haweenkeenna, laguna dhaqmo habka sunnaha ee waafaqsan shareecada Diinta Islaamka.

Lesson Plan 4

Name: Shukri Abdi Jama  
 BSC Nursing  
 IEC Director, SFHCA

**FAMILY HEALTH/FAMILY PLANNING  
 GENERAL POLICY GUIDELINES  
 IN SOMALIA**

General Objective: At the end of this session, the participants will know the organizational structure and the general policy guidelines of the FH/FP Division, MOH.

Classroom hours: 2

Specific Objectives	Content	Method	Evaluation
Draw the FH/FP organizational chart	FH/FP organizational chart	Brainstorm Lecture	Questions and Answers
Explain the FH/FP General Policy Guidelines in Somalia	Family Health/ Family Planning General Policy Guidelines	Group Discus- sion	"
List the FH/FP services to be provided in Somalia	Components of the FP Services in Somalia	"	"
List contraceptives to be provided in Somalia	Contraceptives provided in Somalia	"	"
Identify the levels of FP services	Three levels of FP Services	"	"

Materials/Resources necessary for the lesson: Newsprint, markers and handouts.

**FAMILY HEALTH/FAMILY PLANNING  
GENERAL POLICY GUIDELINES  
IN SOMALIA, 1989**

1. Family Health/Family Planning services (FH/FP) in Somalia shall be provided to benefit the health and welfare of individuals or families and to promote the socio-economic development of the country.
2. The Ministry of Health, through the Family Health/Family Planning Division shall plan, coordinate, monitor and evaluate FH/FP activities in Somalia.
3. The Ministry of Health shall encourage other government ministries and non-government organizations to participate actively in fertility and Family Health/Family Planning related programmes.
4. All government health facilities from regional to the village level shall provide FH/FP Services as an integral part of basic health. FH/FP services may also be provided by private sector services.
5. Adequate FP supplies and equipment shall be made available at all health facilities through the FH/FP Division of the MOH and the Somali Family Health Care Association.
6. FH/FP policy guidelines, and procedure manuals shall be made available by the FH/FP Division for use at all levels of health facilities and training institutions, (government and non-government) and shall be reviewed periodically.
7. The Ministry of Health, FH/FP services, private practitioners, pharmacists, government institutions and others providing FH/FP services shall comply with the set service delivery policies and practice standards in Somalia.
8. Accurate information on FP shall be collected and recorded on nationally designed forms by all FH/FP providers - public and private (government and non-government) for the purpose of planning and monitoring at all levels.
9. All personnel providing FH/FP services must be adequately prepared and trained for the duties to which they are assigned, appropriately supervised and receive regular in-service education to update their knowledge and skills.

10. Monitoring and evaluation of FH/FP services and follow-up of clients shall be carried out periodically in accordance with set practice standards.
11. Married women and men of reproductive age shall be eligible for contraceptive services with the consent of their spouses.
12. All persons of reproductive age shall on request be given adequate information, education and counseling to enable them to make informed decisions concerning their reproductive lives and the means by which to effect their decisions.
13. In providing FH/FP services, special attention shall be given to "at risk" groups.
14. Individuals and families shall be informed about the risk of pregnancy to teenagers and grandmultiparous women.
15. All FH/FP services should emphasize and encourage breastfeeding for at least two years as specified by the Koran.
16. All health providers should inform the public that Islam supports family planning
17. FH/FP services in Somalia shall consist of the following components:
  - a. IEC at individual and community level
  - b. Health assessment including screening for selected conditions
  - c. Assessment and treatment of anemia
  - d. Provision of the approved contraceptives
  - e. Post-natal care
  - f. Infertility services
  - g. Prevention and treatment of STDs including AIDS
  - h. Counseling including breastfeeding as a contraceptive method and eradication of female circumcision.
  - i. Follow-up and referral

18. FH/FP services shall be provided at all health facilities on a daily basis.
19. FH/FP services shall be provided in an atmosphere that assures privacy and confidentiality of clients.
20. Contraceptives provided in Somalia should be:
  - a. Mini-pill (progestin-only pill)
  - b. Low-dose combination pill (35mcg estrogen)
  - c. Depo-provera
  - d. IUD
  - e. Condoms
  - f. Foaming Tablets
  - g. Jelly/Cream with applicator
21. Sterilization methods of contraception may be provided to clients who have a medical reason.
22. All parous women with at least one living child and for whom there are no contraindications may use an IUD.
23. Couples and individuals who cannot use other methods and who desire to use Depo-provera may be provided by selected physicians at specified sites.
24. FH/FP services should be provided at three levels:

Level 1: Non-Clinical Services Based in the Community by TBAs, Drug Sellers and Community Volunteers

They should provide the following FH/FP Services:

  1. Education to decrease the incidence and severity of female circumcision
  2. IEC in support of breastfeeding and prevention of STDs including AIDS
  3. Childspacing Services which include:
    - Teach association between menstrual cycle and fertility
    - Education to prolong lactational amenorrhea
    - Give condoms and teach how to use

- Give spermicidal cream/jelly and teach how to use
- Give foaming tablets and teach how to use
- Refer to level 2 for prescription of oral contraception
- Especially trained and supervised level 1 practitioners may begin to provide oral contraceptive refills

**Level 2: Clinic-Based Services Provided by Nurses and Midwives**

They should provide the following FH/FP Services:

1. All level 1 components  
plus:
2. Oral contraceptives
3. Injectable contraception (when/if available)
4. Refer women who request IUDs to level 3.
5. Effective and carefully trained midwives may insert IUDs and remove IUDs
6. Initial assessment of complaints and possible complications associated with IUDs and pills, refer women with complications to level 3
7. Initial assessment and counseling of infertile couples; refer appropriately to level 3 for diagnosis
8. Assessment and treatment of anemia
9. Prevention and treatment of selected STDs
10. Recognition and referral of PID

**Level 3: Clinical and Hospital Based Services Provided by Physicians**

They should provide the following FH/FP Services:

1. Oral contraception
2. Injectable contraception (when/if available)
3. IUD insertions and removals
4. Management of serious complications from IUDs, oral contraception and injections
5. Providing effective contraception to women who are at high risk for maternal mortality on the basis of specific medical/obstetric problems
6. Prevention and treatment of STDs including AIDS
7. Early recognition and treatment of PID
8. Diagnosis and treatment of infertility
9. Assessment and treatment of anemia.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of  
Health

November 30, 1989

Lesson Plan 5

Name: Zeinab Mohamoud Afrah  
 BSC (H), Nurse Tutor,  
 Director of the Basic  
 Midwifery School

**FEMALE REPRODUCTIVE ORGANS**

General Objective: At the end of this session, the participants will be able to identify the anatomical structure and to explain the functions of the female reproductive organs.

Classroom hours: 2

Specific Objectives	Content	Method	Evaluation
Identify the parts of the external female genital organs	External female reproductive organs: -Labia majora -Labia minora -Clitoris -Urethra -Vaginal opening -Hymen -Anus	Lecture/ Discussion Use of the wall charts/models if available -Perineum	Oral and written questions
Identify the parts of the internal female reproductive organs	Internal female reproductive organs: -Vagina -Cervix -Uterus -Fallopian tubes -Ovaries -Ovum	Lecture/ Discussion Have each student make the internal organs with clay. Then, measure the organs after the student completes his model to be sure of proper size	

24

Specific Objectives	Content	Method	Evaluation
Explain the functions of the female reproductive organs	Functions of the female reproductive organs	Lecture/ Discussion	"
Explain the process of menstruation	Menstrual cycle How menstruation takes place	Lecture/ Discussion	Oral and written questions
Describe briefly how conception takes place	Fertilization process	Lecture/ Discussion	Oral and written questions

Materials/Resources Necessary for lesson: Chart, handouts pictures, models.

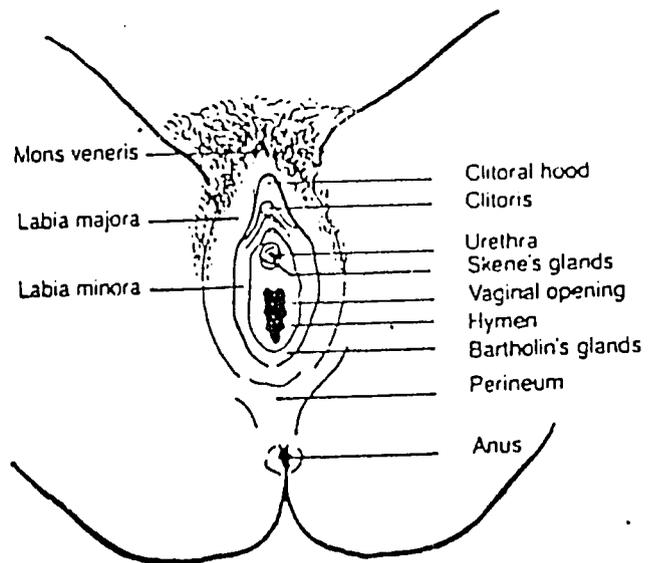
## FEMALE REPRODUCTIVE ORGANS

The female reproductive organs are those parts of the body which play an important role in reproduction. The organs are divided into external and internal female reproductive organs.

### 1. External Female Reproductive organs

The parts of the reproductive organs which are visible externally are known as the vulva. The parts of the vulva are:

- a. Labia majora
- b. Labia minora
- c. Clitoris
- d. Urethra
- e. Vaginal opening
- f. Hymen
- g. Perineum
- h. Anus
- i. Skene's glands
- j. Bartholin's glands



#### a. Labia majora (outer lips)

These are two folds of fatty tissues which protect the reproductive and urinary openings lying between them. These outer lips change size during a woman's life. After puberty, their outer surfaces are covered with hair.

#### b. Labia minora (inner lips)

These are delicate, hairless folds of skin, quite sensitive to touch. The labia minora goes around (encloses) the clitoris and forms the hood on top of the clitoris. This is called the prepuce. The folds go from the hood of the clitoris and end at the vaginal opening.

**c. Clitoris**

It is a small organ and the most sensitive of the female genitalia. During sexual excitement, the clitoris swells with blood. The clitoris lies above the urethra.

**d. Vaginal opening**

It is an opening to a tube like organ, the vagina, that connects the external genital organs with the internal genital organs..

**e. Hymen**

It is a thin membrane just inside the vaginal opening. It varies greatly in shape and size. In a virgin, it may be stretched or torn during sexual contact. It is quite often stretched without intercourse but with physical activity. Presence or absence of the hymen cannot be used to prove or disprove virginity. The hymen is not man made through pharaonic circumcision.

**f. Urethra**

It is the external opening of the urinary passage which leads directly to the bladder.

**g. Skene's glands**

They lie just inside of and open onto the posterior of the urethra. They have no known function.

**h. Bartholin's glands**

They lie on either side of the vaginal opening. The glands secrete lubricating fluid during sexual excitement.

**i. Perineum**

It is a triangular area of skin lying between the labia minora and anus. Below it's surface there are muscles and fibers that stretch during labour.

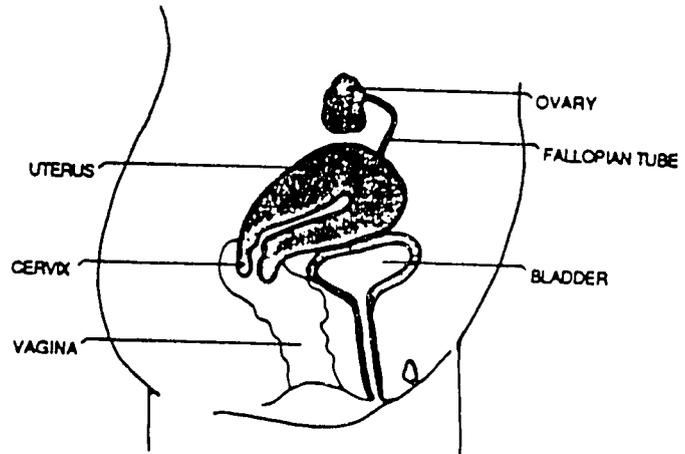
**j. Anus**

It lies below the perineum and is the external opening through which feces pass from the rectum.

## 2. Internal Female Reproductive Organs:

The internal female reproductive organs include the following:

- a. Vagina
- b. Uterus
- c. Fallopian tubes
- d. Ovaries
- e. Ovum



### a. Vagina

The vagina is a muscular passage. It lies between the bladder and the rectum. It leads from the vaginal opening to the cervix of the uterus and is about 10cm long.

Normally, the vaginal walls are lined with folds or ridges, called rugae. During sexual intercourse they stretch easily. They stretch even more considerably during labour to allow the passage of the baby.

The vagina is usually moist and the mucus produced by the cervix changes at different times of the menstrual cycle.

The normal pH of the vaginal cavity is highly acidic which helps to prevent vaginal infections.

## **b. Uterus**

The uterus is a hollow, muscular pear-shaped organ. In the non-pregnant state, its size is about the size of a lemon (7.5cm long and 4cm wide at the top).

Parts of the uterus include:

1. The Fundus - the top of the uterus
2. The Body - the part between the fundus and isthmus
3. The Isthmus- the narrow part of the body and the cervix
4. The Cervix - the narrow constricted part or neck which extends from the lower part of the body of the uterus. It has 2 openings one is called the internal os and the other is the external os.

The uterus has three layers:

1. The endometrium - the lining of the uterus
2. The myometrium - the muscles of the uterus.
3. The perimetrium - a layer of peritoneum over the uterus

## **c. Fallopian Tubes**

There are two tubes extending from either side of the uterus. They are about 10cms in length and reach outward and backward towards the ovaries. Their functions are:

1. To take the ovum from the ovaries
2. To allow the passage of sperm.

## **c. Ovaries**

They are almond shaped structures each about 4cm long, 2cm wide and 1.5cm thick.

In the ovaries, there are many follicles. Once a month one follicle matures and an ovum or egg is released.

They also produce the female sex hormones, estrogen and progesterone.

**d. Ovum or egg**

It is the smallest organ of reproduction in the female body. It cannot be seen with the naked eye. Its size is smaller than even a dot. They exist in thousands in the ovary unripened.

**MENSTRUATION**

**Definition:**

It is slow flowing blood from the vagina. It is also called menses or a period.

It starts in girls from the age of 12-14 up to 50 years old.

The discharge of the blood lasts 3-8 days and may be symptomless or with minor discomforts.

Menstruation usually occurs once in every month.

The process of menstruation takes place by the action of sex hormones, estrogen and progesterone.

**HOW MENSTRUATION WORKS:**

If the egg is not fertilized by a sperm, it begins to degenerate 24 to 48 hours after leaving the ovary. It passes unnoticed out of the body in the normal flow from the vagina.

However, the uterus has been preparing to receive a fertilized egg. Hormones have caused the lining of the uterus to thicken so that if the egg is fertilized it could be nourished while implanting itself.

When no fertilization occurs, there is a fall in the blood levels of the estrogen and progesterone. This causes the thickened lining to shed and to be discharged along with blood through the vagina. This is called menstruation and usually lasts 5 days.

This process occurs monthly in a sequence of events called the menstrual cycle. Normally, the cycle takes 28 days to complete. However, a normal cycle could be as short as 21 days and as long as 35 days.

The following is a description of what events take place at each stage of a 28 day normal menstrual cycle.

**Day 1 onward:**

**Menstruation begins:** The lining of the uterus is shed because it does not have hormone support to keep it in place.

The hypothalamus, located at the base of the brain, notices there is very little hormone activity and sends a message to the nearby anterior pituitary gland.

The pituitary gland gets the message to start a cycle and releases a hormone called the Follicle Stimulating Hormone (FSH). FSH is a signal for the ovary to ripen an egg.

The ovary itself releases a hormone called ESTROGEN. Estrogen is a signal for the uterus to begin building up a new inner lining. The inner lining is preparing for pregnancy.

**Day 14:**

The ovary releases an egg from a follicle. Before the ovary can release an egg, it has to get another hormone signal from the pituitary. This hormone is called the luteinizing hormone (LH).

LH signals the ovary to release the egg and then to turn itself into a corpus luteum.

The corpus luteum makes a hormone called PROGESTERONE which tells the uterus to further prepare its lining for pregnancy.

If the egg is fertilized, the corpus luteum continues secreting increasing amounts of progesterone until the placenta produces sufficient quantities to sustain the pregnancy. If the egg is not fertilized, the corpus luteum will not continue to produce progesterone.

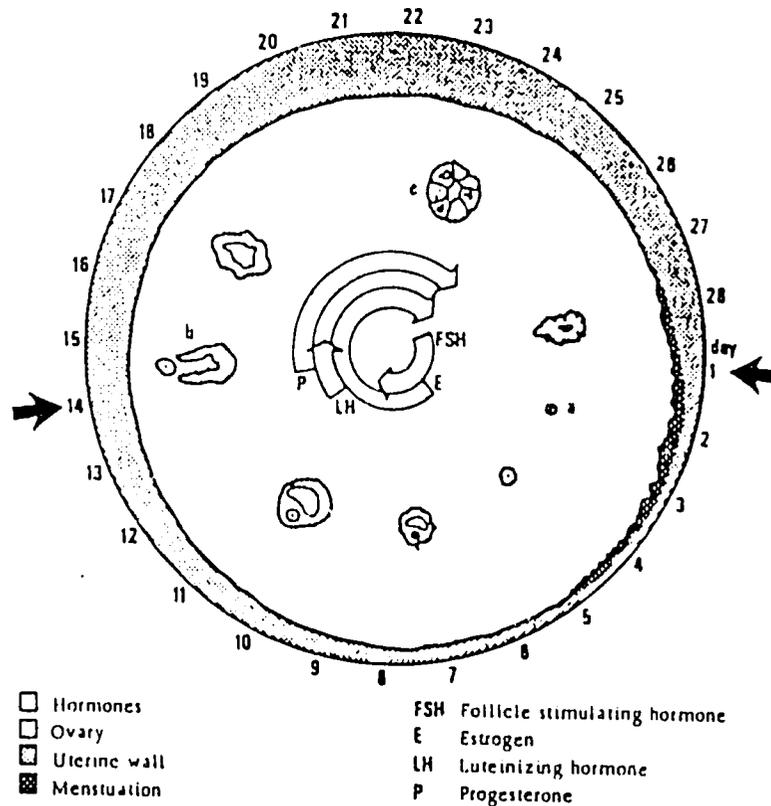
**Day 26-28:**

A pre-menstrual time occurs. Levels of estrogen and progesterone drop to lower levels. Many women can tell they are about to have a period.

**Day 1:**

Menstruation begins. The cycle has begun again.

## Normal Menstrual Cycle



## FERTILIZATION AND IMPLANTATION

The female's ovary releases the egg which enters the fallopian tube.

The male sperm is deposited in the vagina through the act of intercourse. It then travels through the cervix and uterus to the fallopian tube where it meets the egg and fertilization can occur.

Fertilization is the process by which a male sperm penetrates the egg. It occurs in the fallopian tube within a day or two after ovulation.

Millions of sperm are deposited in the vagina but only a few hundred reach the fallopian tube. More than one sperm may reach the ovum wall.

After one sperm breaks through, the ovum wall changes preventing the entry of the other sperm.

Soon after fertilization, the ovum begins to divide and starts to move down the tube. It takes six to seven days from fertilization to the time it implants itself in the uterus.

Lesson Plan: 6

Name: Zeinab Mohamoud Afrah  
 BSC (H), Nurse Tutor,  
 Director of the Basic  
 Midwifery School

**BREAST ANATOMY AND PHYSIOLOGY**

General Objective: At the end of this session, the participants will be able to describe the structures and functions of the female breasts.

Classroom hours: 2

Specific Objectives	Content	Method	Evaluation
Explain the structure of the female breasts	Female breasts	Lecture/ discussion	Oral Questions
Describe the functions of the female breast & milk formation	Functions of the breasts. Milk production: Milk producing reflex Milk ejection reflex	Lecture/ discussion	Oral Question

Materials/Resources necessary for lessons: Handouts, newsprint, markers.

**Previous Page Blank**

## ANATOMY OF THE BREAST

### Information Sheet

Breasts or mammary glands are two glands which are located one on each side of the chest. They contain two distinct types of tissue; 1) the glandular tissue ( which makes milk) and 2) the supporting tissue, fat, ligaments, and blood vessels.

The size of the breasts are different for each individual because of the quantity of fat not the amount of glandular tissue. The size of the breasts do not affect lactation.

Each breast is composed of several lobes set apart by connective tissue. The lobes consist of several lobules (smaller lobes) in which the alveoli or secretory cells are located.

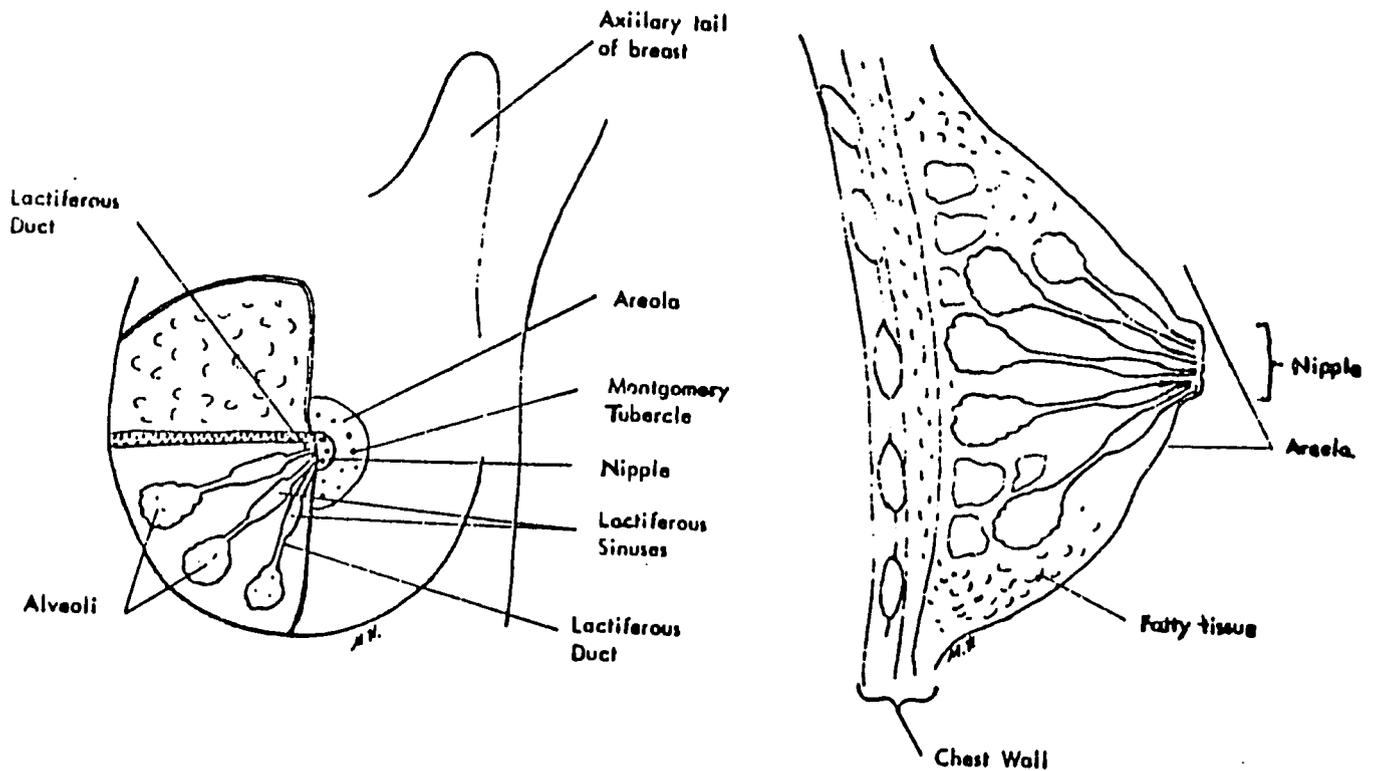
The alveoli are arranged in grapelike clusters around minute ducts. The ducts come together forming a single lactiferous or excretory duct for each lobe. Those single lactiferous ducts come together towards the nipple.

Before the ducts reach the nipple they enlarge into ampullae called lactiferous sinuses, which serve as reservoirs for milk secreted by the alveoli. The lactiferous ducts terminate in tiny openings on the surface of the nipple. The openings may vary from 3-20 in number.

Surrounding the nipple is a circular dark skin called the areola. The surface of the areola is more or less roughened by small lumps or groups of sebaceous glands known as Montgomery tubercles. These glands lubricate the nipple during lactation.

The breasts are stimulated by many nerves. They have a rich blood supply.

## The anatomy of the breast



Before puberty, the breasts are composed primarily of connective tissue.

During puberty, the estrogen initiates development of the glandular buds at the end of the ducts and promotes growth of the lactiferous ducts. After estrogen starts the growth and development of the breasts, progesterone continues the growth of both the alveoli and the lactiferous ducts.

During pregnancy, the breasts grow and develop again due to the high levels of the circulating hormones.

## MILK PRODUCTION

Towards the end of the pregnancy, the alveolar cells secrete a yellow fluid called colostrum. Colostrum contains cells that produce antibodies which help to protect the baby against infections.

During pregnancy, the hormones produced by the ovary and placenta stops milk production.

Immediately after delivery, there is a rapid decrease in these hormones. This decrease together with the stimulus of sucking by the newborn starts the production of mature milk. Soon, the woman notices her breasts feel full and she can express milk from them. It is said the milk has "come in".

To reach full milk production may take from two or twelve days. During these days, there may be too much or too little until the amount is regulated by the demand of the baby. It is important to not give the baby any other milk or water, so the breast can regulate how much milk it needs for the baby.

The mother, will produce as much milk as the infant needs. The infant's sucking stimulates the breast to produce milk. The longer the baby sucks the more milk is produced. This occurs mainly due to two reflexes:

1. The milk-producing reflex or prolactin reflex
2. The milk-ejection reflex (let-down reflex ) or oxytocin reflex

The milk producing reflex occurs when the baby sucks the nipple and the nerve endings in the nipple are stimulated.

They send a message to the brain. A gland in the brain called the anterior pituitary releases a hormone called prolactin into the blood.

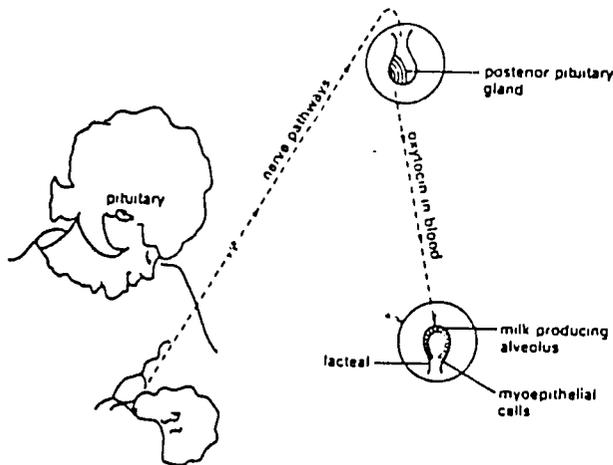
The blood carries the prolactin to the breast where it causes the alveoli or milk-secreting cells to produce milk.

The milk-ejection reflex (let-down reflex) is also stimulated by the infant sucking.

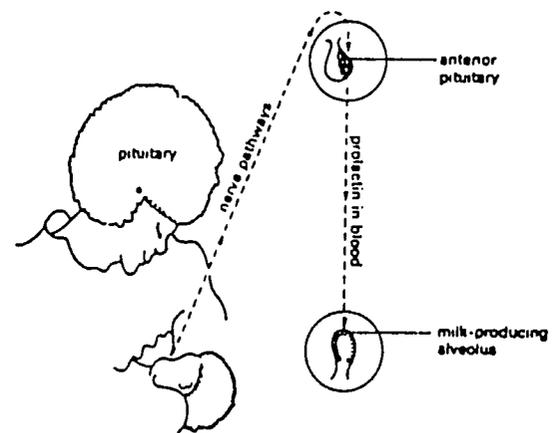
The sucking stimulates the nerve endings in the nipple to send another message to the brain. The posterior part of the pituitary releases a hormone called oxytocin.

The blood carries the oxytocin to the alveoli and ducts and makes them contract. This contraction squeezes milk from the alveoli, ducts and sinuses towards the nipple to start this reflex.

This milk-ejection reflex is also stimulated by the mother seeing or hearing her baby. However, this reflex can be stopped by stress or anxiety making nursing difficult.



The oxytocin, or milk-ejection, reflex simplified.



The prolactin, or milk-producing, reflex simplified.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
November, 1989

Lesson Plan 7

Name: Zeinab Mohamoud Afrah  
 BSC (H), Nurse Tutor,  
 Director of the Post-Basic  
 Midwifery School

**MALE REPRODUCTIVE ORGANS**

General Objective: At the end of this session, the participants will be able to describe the anatomical structure and explain the functions of the male reproductive organs.

Classroom hours: 4

Specific objectives	Content	Method	Evaluation
Draw and locate the male reproductive organs	Male reproductive organs: Scrotum Testes Epididymis Vas deferens Seminal Vesicles Prostate glands Cowper's glands Urethra penis	Lecture Discussion Exhibition of Anatomy Models Draw the anatomy on news print or use modeling clay and make the organs.	Oral Questions  Accuracy in drawing or modeling the clay
Explain the functions of the reproductive organs	Functions of the male reproductive organs	Lecture Discussion	Questions in class
Describe the pathway of the sperm from production to ejaculation	Pathway of the sperm	"	"
Recognize the normal values of a semen sample	WHO criteria for a normal semen sample		Questions in class

Materials/Resources necessary for lesson: Charts, handouts, pictures, modeling clay.

Prepared by: Zeinab Mohamoud Afrah

## MALE REPRODUCTIVE ORGANS

### Information Sheet

#### 1. Scrotum:

The scrotum is a sac of skin that hangs behind and below the penis. It is divided by a septum into two components, each contains one testis with its epididymis.

The scrotum hangs outside the body to keep the temperature of the sperm 1 to 5 degrees cooler than the body. Below the skin of the scrotum, there is the dartos muscle which contracts if it is too cold. It pulls the testes up closer to the body in order to maintain the temperature the sperm must have to keep alive.

#### 2. Testes or Testicles:

The testes are two glands located within the scrotum. Each testis contains small tubes where sperm are constantly produced and stored.

Testosterone, the male hormone, is also made in the testes. This hormone causes changes that start a boy growing into a man.

#### 3. Epididymis:

There is one epididymis above each testis. Each is a very long thin tube tightly coiled over the top and behind the testis. Sperm mature in the epididymis. They gain the ability to move, become motile.

#### 4. Vas Deferens:

The vas deferens are two long tubes which carry the sperm from each epididymis to the seminal vesicles.

#### 5. Seminal vesicles:

There are two seminal vesicles located beneath the bladder. The function of these glands is to produce the sticky fluid in which sperm move and feed. This liquid is released when sexually excited.

#### 6. Prostate Gland:

There is a prostate gland located below the middle of the bladder. The prostate gland produces a thin milky fluid. This fluid mixes with the sperm and fluid from the seminal vesicles. Its function is to help the sperm move and protect it from the acid in the male's urethra and the female's vagina.

#### 7. Urethra:

The urethra is a tube which runs from below the bladder to the opening at the tip of the penis. The urethra carries the urine away from the bladder. During sexual excitement it carries sperm mixed in fluid which is called semen.

#### 8. Cowper's glands:

Attached to each side of the urethra, the cowper's glands produce a slippery mucous liquid at the beginning of sexual excitement. This provides some lubrication for intercourse. This liquid also changes the acid environment of the male urethra and female vagina to be alkaline. Sperm can only live in an alkaline environment.

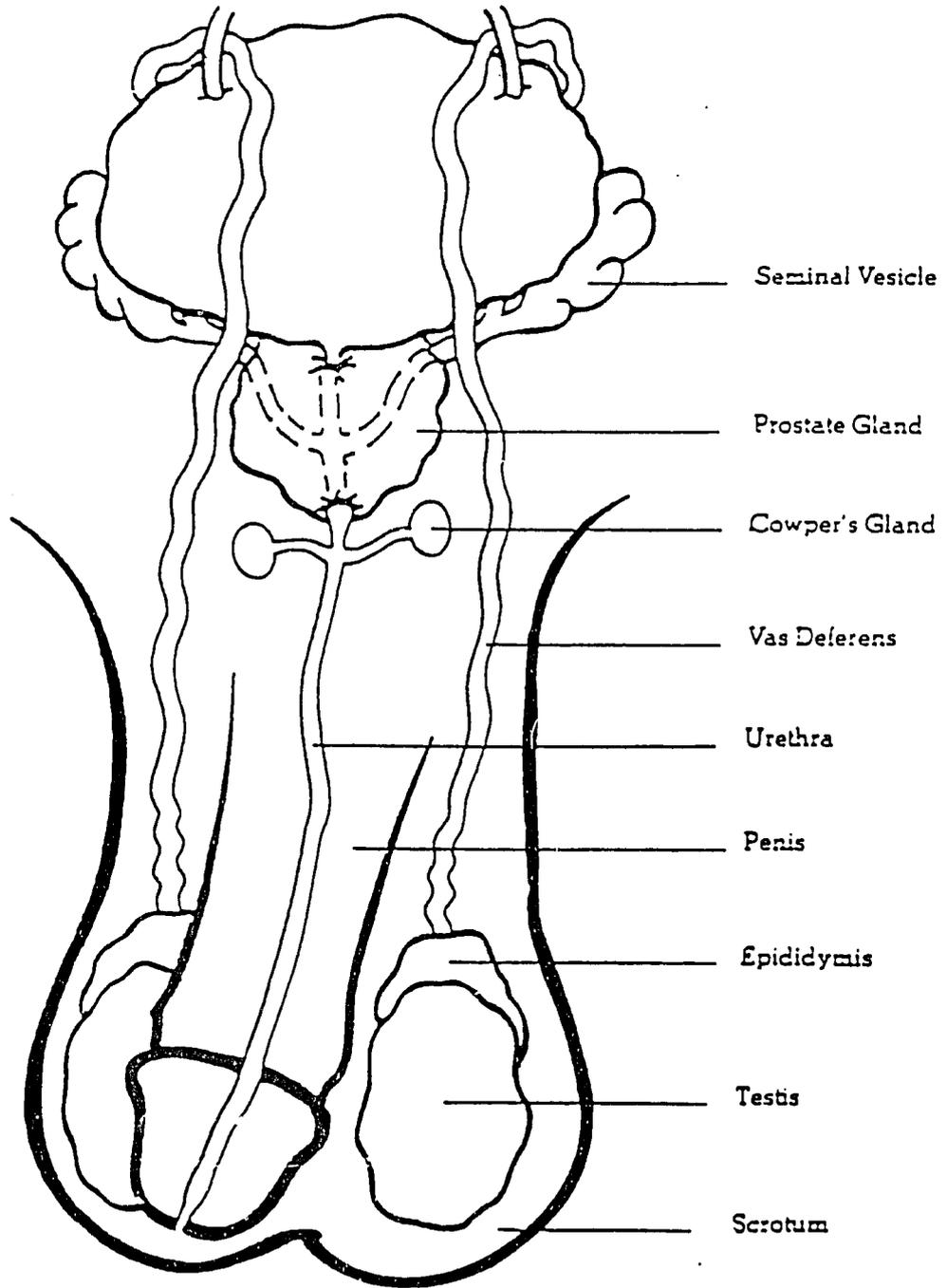
#### 9. Penis:

The penis contains the urethra which is the duct for the passage of either urine or sperm.

At the end of the penis is the glands penis. There is a skin that folds over this part and is called the foreskin or prepuce. This tissue is frequently removed at birth. This removal of the prepuce is called circumcision.

The penis also contains sponge-like tissue which fills with blood and becomes erect during sexual excitement. The penis deposits the semen (sperm mixed with fluids) in the female during intercourse.

**Male Sex Organs-Front View**



### THE SPERM AND ITS PATHWAY

Sperm are made in the testes. They move into the epididymis to finish growing.

After maturing, the sperm moves out of the epididymis and into the vas deferens.

At the beginning of sexual excitement the vas deferens begins to tighten and relax in a regular motion. This motion pushes the sperm through the vas deferens and finally into the urethra.

As it passes through the urethra sperm mixes with fluids from the seminal vesicles, the prostate glands and the cowper's glands.

This mixture called semen is pushed through the urethra by force of the tightening and relaxing motions of all the internal sex organs.

At the peak of sexual excitement, the semen comes rushing out through the opening of the urethra at the tip of the penis. This is called ejaculation.

### SEMEN

Sperm usually lives 3-4 days but can live up to 7 days in the right vaginal environment.

The World Health Organization (WHO) has determined what a normal sample of semen should contain. This is important because it can determine if the male is fertile or infertile

The following are the normal values of semen:

Volume:	2.0 ml or more
P.H	7.2 - 7.8
Sperm concentration	20 million/ml or more
Total sperm count	40 million or more
Motility	Within 60 minutes after collection 50% with forward progression 25% or more with rapid linear progression
Morphology	50% or more with normal morphology (oval sperm head)
Viability	50% or more living sperm (excluding dye)
White blood cells	Fewer than 1 million/ml

Lesson Plan 8

Name: Faduma Haji Mohamed  
 Senior P.H.N/A Tutor  
 Training Officer, SFHCA

**HISTORY TAKING/RECORDING**

General Objective: At the end of this session, the participants will be able to record the client's reproductive health history which will be used by the service providers in advising the client.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Discover any contraindications to contraceptive use	-Social history -Family history -Medical/Surgical history -Menstrual history -Obstetrical history -Contraceptive history -Sexual history -STD/PID history	Lecture/ Discus- sion/ Role play using the FH/FP clinic charts	Oral/ written questions/ Individual presenta- tion
Discover any complications caused by contra- ceptive use	"	"	"
Determine problems needing treatment/ referral	"	"	"

Material/Resource necessary for lesson: FH/FP medical charts.

Previous Page Blank

## REGISTRATION AND HISTORY TAKING PROCEDURES

### Reception of the client

1. Greet the client warmly and give her a seat.
2. Introduce yourself and ask her name.
3. Write her name in the daily register.
4. If it is the client's first visit to the clinic, obtain a medical chart and an appointment card and write her serial number on both.
5. If the client has been to the clinic before, find her medical chart which is filed under her serial number.
6. Take the client to a private area for taking her history and doing her exam.
7. Ask how you can help her.
8. Reassure her that all information is kept confidential.
9. If the client is a new client, fill out the complete medical form.
10. If the client is returning, update the information obtained at the initial visit. If she desires a pill refill, ask her the questions on the pill checklist.

**An Initial Family Health/Family Planning History should include the following Information:**

**Social History**

Full Name  
Address  
Date of Birth  
Marital Status  
Occupation

**Medical/Surgical History**

Have you ever had:

- Severe headaches? Are they relieved by aspirin?
- Eye problems like blurred vision or flashing lights?
- Seizures, convulsions or epilepsy?
- Severe chest pain?
- Short of breath after walking or after light work?
- Lump in your breast?
- Severe abdominal pain?
- Liver disease(Jaundice)?
- Severe leg pains or painful varicose veins?
- Smoke over 15 cigarettes a day?
- High blood pressure or a family history of high blood pressure?
- An operation or been seriously ill? Please describe.
- Are you allergic to any medications?
- Are you taking any medications or therapeutic herbs or other treatment?
- Have you ever had diabetes or a family history of diabetes?

**Menstrual History**

How old were you when you had your first menstrual period?  
When was your last normal menstrual period?  
How many days do you bleed normally?  
Are your periods regular or irregular?  
Do you bleed between periods?  
Do you have severe pains with your periods?

### **Obstetrical History**

Pregnancies-How many?  
 Live births-How many?  
 Living children now-How many? Females? Males?  
 Premature births-How many?  
 Stillbirths-How many?  
 Abortions or miscarriages-How many?  
 Do you breastfeed your children? How long?  
 Do you ever give your baby a bottle?  
 If yes, how old is the baby when you give him the bottle?  
 Any complications with your deliveries?  
     Caesarian births?  
     Pre-eclampsia or eclampsia?  
     Obstructed labor?  
     Other problems?  
 Date of your last delivery?  
 Are you breastfeeding?  
 Do you wish to space your children?

### **Contraceptive History**

Does your husband approve of you spacing your children?  
 Are you using any method of contraceptive now?  
 If yes, what method? How long ?  
 Are you satisfied with this method?  
 What methods have you used before?  
 Why did you stop using them?  
 What method do you want today?  
 Would you like to be followed-up at home if necessary?

### **Sexually Transmitted Disease History**

Have you or your husband ever had a STD?  
 Have you ever had a pelvic inflammatory disease?  
 Do you have any of the following signs and symptoms of a STD?  
 Any unusual vaginal discharge?  
 Vaginal itching or burning?  
 Bleeding between periods?  
 Painful urination?  
 Genital sores?  
 Pain on intercourse?  
 Bleeding after intercourse?  
 Lower abdominal pain?

**REVISIT HISTORY****Social History**

Recheck the following information;

Full Name  
Address  
Husband's consent

**Medical History**

Have you had any illnesses since you last came in?  
Have you taken any treatments or medicines since your last visit?

**Menstrual History**

When was your last menstrual period?  
Was it a normal menses? If not describe.

**Obstetrical History**

Have you been pregnant since your last visit?  
Any problems with the deliveries?  
When was your last delivery?  
Are you breastfeeding?

**For clients on oral contraceptives**

Any problems taking the pill?  
Have you had any of the following?  
Severe headaches?  
Eye Problems? Blurred vision or flashing lights?  
Severe chest pain or shortness of breath after walking or light work?  
Severe abdominal pain?  
Severe leg pain?

**For clients with an IUD:**

Any problems with the IUD?  
Do you feel the strings?  
Any bleeding between periods?  
Any pain with intercourse?  
Any lower abdominal pains?

September, 1989

Lesson Plan 9

Name: Faduma Haji Mohamed  
Senior P.H.N/A Tutor  
Training Officer, SFMCA

**PHYSICAL EXAMINATION**

**General Objective:** At the end of this session, the participants will be able to perform a physical examination in order to (1) detect physical abnormalities, (2) determine complications related to contraceptive use and (3) to treat and refer and clients with abnormalities.

Classroom hours: 6

Specific Objectives	Content	Method	Evaluation
Select clients for a physical examination	FHP Policy on selection of clients	Discussion	Oral Questions
Prepare for an examination	Preparation of room and client	Discussion/ Field trip to Benadir Family Health Center	
Perform a physical examination	What to look for and how to examine the following: Blood pressure Weight Eyes Mouth Thyroid Breast Abdomen Legs	Demonstration each student examine another student (see clinical experience unit)	Demonstration, Observation and rechecking for accuracy

Materials/Resources necessary for lesson: BP cuff, stethoscope, breast model, exam table, drapes.

**THE PHYSICAL EXAMINATION  
PROCEDURE  
FOR SCREENING FH/FP CLIENTS**

**A. Selection of Clients For Physical Examination:**

1. All new acceptors at registration should be offered an examination.

Pill users should be highly encouraged to have an exam. If the client refuses to have an exam, she may obtain the pills if she answers **No** to all the questions on the pill checklist ( see Oral Contraceptives ).

2. All continuing users should be offered a physical exam every year.

**B. Preparation of the Exam Room**

1. A room must be prepared that gives the client privacy
2. There must be soap and water for the examiner to wash his/her hands before and after examining the client.
3. The exam table must be cleaned between clients or a clean sheet provided for each client.
4. The following essential equipment must be available:

- a) BP cuff
- b) Stethoscope
- c) Scale
- d) Exam table
- e) Exam table sheets or a mackintosh
- f) Sheets to cover the client

**C. Preparation of the Client**

1. Have client empty her bladder
2. After taking her BP and weight, have the client remove her clothes except for her underpants.
3. Give her a sheet to cover herself or use her dress as a drape.
4. Have her sit on the exam table.

#### D. Examination Procedure

Examine the:	Look For:
1. Weight and Height	Underweight or overweight
2. Blood pressure	Elevated Bp ( systolic over 140, diastolic over 90 )
3. Conjunctiva	Yellowness ( jaundice) Pallor ( anemia )
4. Mouth	Pallor ( anemia )
5. Thyroid	Enlargement, nodules
6. Breasts	Masses, tenderness, infection
7. Teach Self Breast Exam	
8. Abdomen	Masses, upper or lower abdominal tenderness, enlarged liver or spleen
9. Extremities	Swelling of the feet, Swelling or tenderness of the veins

#### A Detailed Procedure for the Examination of the Thyroid, Breast, Abdomen and Extremities

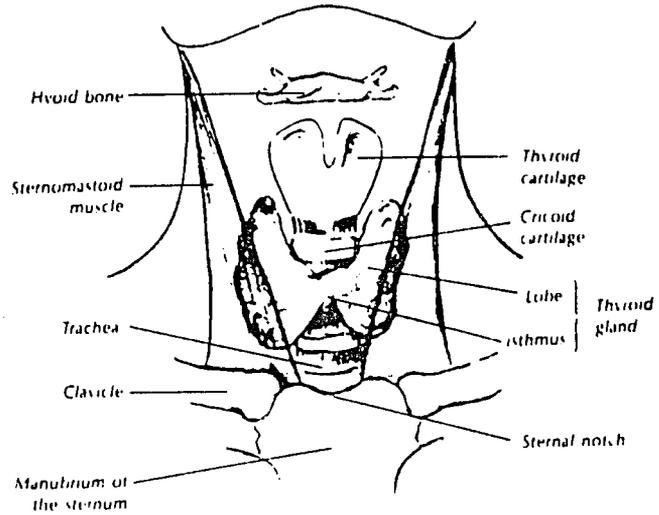
##### A. Thyroid:

With the client sitting, observe and palpate for enlargement or nodules by the following procedure:

1. Ask client to swallow and observe the movement of the neck.
2. Stand behind the client and place the tips of both hands on the neck over the thyroid area. Ask the client to swallow as you apply slight pressure.
3. With your right fingers, lightly push the thyroid to the left and with the left fingers feel the left lobe. With your left fingers slightly push the thyroid to the right and with your right fingers feel the right lobe.

# The Thyroid Examination

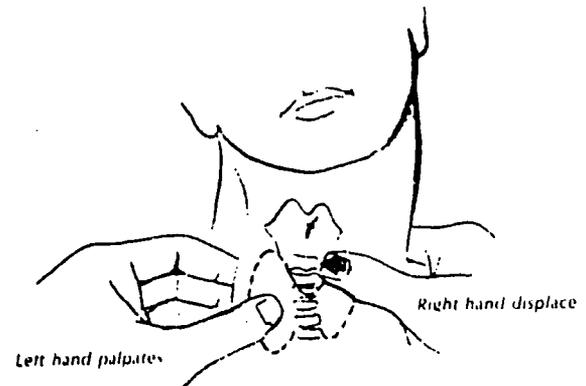
## Diagram of the Thyroid



**Palpate from behind as client swallows**



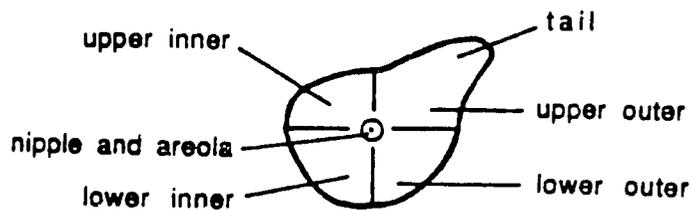
**Palpate the right lobe**



**Reverse procedure to palpate left lobe**

## B. Breast Examination for Non-lactating women

1. In the sitting position, ask the client to raise her arms slowly above her head and slowly lower them. Observe if the skin or nipple is being pulled inward (dimpling) or for abnormalities in size and shape.
2. With the client lying down with hands placed behind her head, examine the breasts for any masses by using the following procedures:
  - a) Observe the breasts
  - b) Palpate the breasts with fingers flat and together. Start with the axillary tail which extends into the axilla and the outer edge of the breast.



Feel every part of the breast tissue by going clockwise around the breast and going towards the nipple. Observe for any abnormal nipple discharge that is bloody, green or yellow.



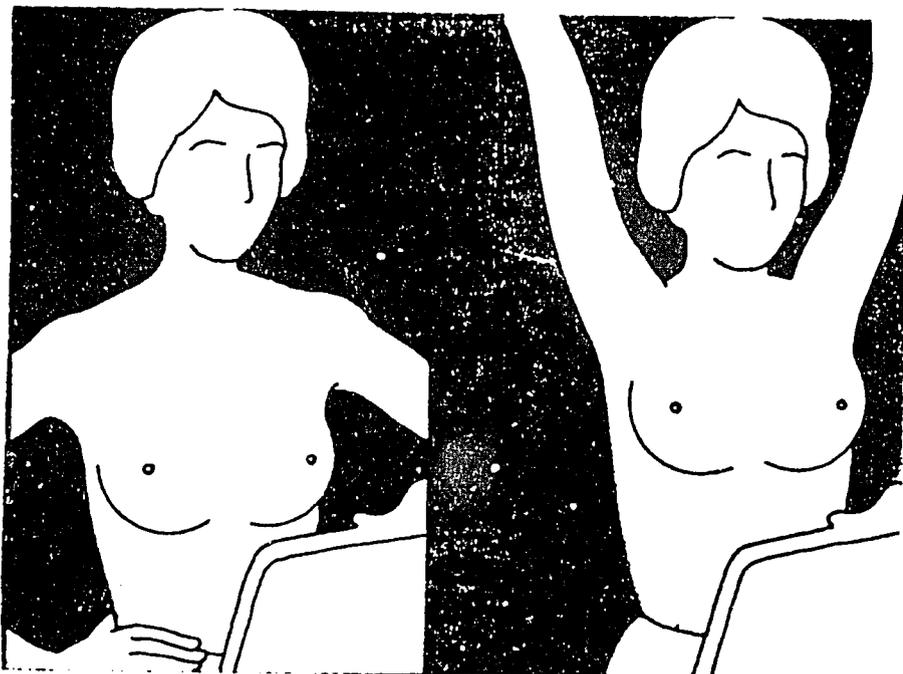
- c) Palpate the axilla (under the arm). Place a hand in the axilla. While palpating the axilla against the chest wall, ask the client to bring her arm down.

With lactating mothers, only observe the breasts for infection or unusual masses. Since the breasts are full of milk, you can not feel anything unusual.

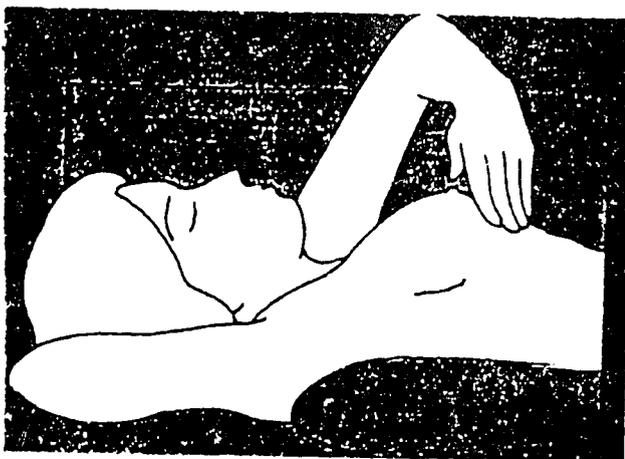
### C. Teach Self-Breast Examination

Instruct every client to examine herself every month after her menses. This is the best method for early detection of breast cancer.

- a) Instruct the client to first look at her breasts in the mirror. She should look at her breasts with her arms down at her side. Then she should look as she lifts her arms up over her head.



- b) Instruct the client to lie down. She should place her left hand behind her head and then examine the left breast with the right hand. Next she should place her right hand behind her head and with her left hand she should examine her right breast.



- c) Observe the client examine one of her breasts.

#### D. Abdomen

Ask client to lie down, bend her knees up and rest her feet on the examining table. This helps to relax the abdominal muscles.

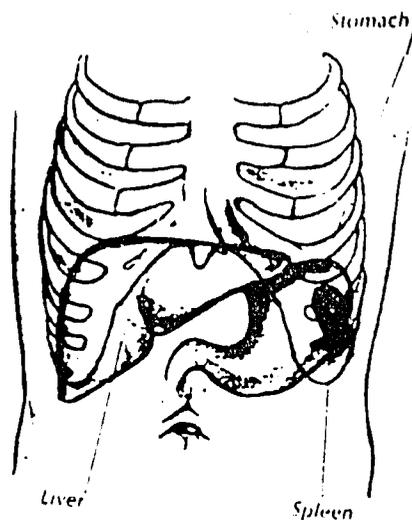
1. Look at the abdomen for scars, infections, masses or uterine enlargement.
2. Feel lightly and then deeply all areas of the abdomen.  
EXAMINE TENDER AREAS LAST.
3. Feel for the liver

The liver is located on the right upper side of the abdomen under the rib cage. The bottom edge of the liver may be felt right along the ribs.

- a) Place your hands ( right hand on top of the left hand) 6 cm below the right rib cage with your fingers pointed upward towards the ribs
  - b) Press down
  - c) Ask the client to take a deep breath. If the liver is enlarged, you will feel it with your fingers.
  - d) Do this three times, each time getting closer to the rib cage.
4. Feel for the spleen

The spleen is located under the left lower rib cage. Roll the client on her right side. With one hand on her back, feel up under the rib cage with the other hand. The spleen is only felt if it is enlarged.

## Abdomen



### E. Extremities

With the client sitting, look at the legs for signs of edema, varicosities or other abnormalities.

a. Edema: Detected by maintaining firm pressure on the anterior lower tibia for 10-15 seconds and graded as follow:

Trace - A dent in the skin is barely felt

1+ - A dent is definitely present

2+ - 1/2 cm dent or more

3+ - Deeper than a 1/2 cm dent and the dent remains.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
November, 1989

Lesson Plan 10

Name: Faduma Haji Mohamed  
Senior P.H.N/A Tutor  
Training Officer, SFHCA

**PELVIC EXAMINATION**

General Objective: At the end of this session, the participants will be able to conduct a complete pelvic examination in order to (1) discover any abnormalities that may be a contraindication to a specific contraceptive method, (2) identify any complications that may have occurred because of any contraceptive method, and (3) identify possible causes of infertility.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Prepare the place/client	Preparation of client and place	Practical demonstration on model or clients Use of video if available	Performance assessment
Exam the external genitalia	Inspection and palpation of the of the external genitalia	"	"
Perform a speculum examination	Speculum examination	"	"
Perform a bimanual examination	Bimanual examination	"	"

Materials/Resources necessary for lesson: Pelvic model, video of pelvic examination if available.

**PELVIC EXAMINATION  
PROCEDURE**

**I Preparation of the Examining Room**

**Necessary Furniture;**

1. Gyn table
2. Floor lamp or torchlight
3. Stool for the examiner
4. Foot stool for the client to get on the table
5. Mayo stand or small table near exam table
6. Wash basin with a water source; either running water or a bucket
8. Bathroom near the clinic.
9. Clean and/or sterile covered containers for the speculums and other instruments.
10. Containers for:
  - trash
  - dirty instruments
  - dirty glass slides
  - dirty linen

**Basic Equipment;**

Macintosh or linens for the exam table to clean between clients

Speculums[various sizes]

- 2-3 large
- 4-6 medium
- 1-2 Virginal/pediatric

Gloves-disposable and/or sterile

Forceps

Cotton balls

## II Preparation of the client

1. Provide privacy for the client
2. Explain the procedure
3. Ask client to empty her bladder
4. Ask client to remove her underwear
5. Wash your hands
6. Ask client to lie down and slide her hips down to the edge of the examining table with the legs flexed.
7. Reassure and encourage client to relax her muscles.

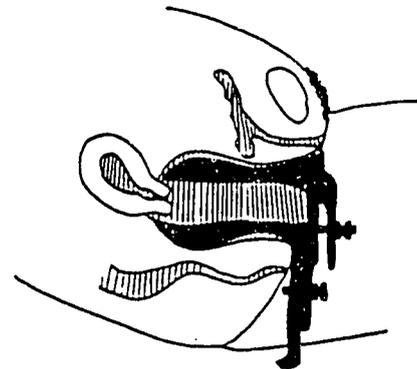
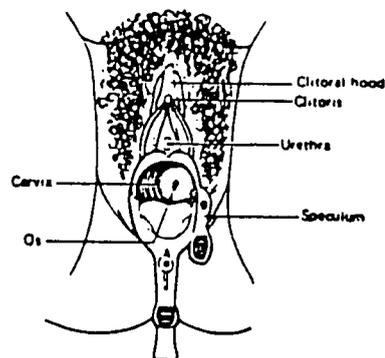
## III Inspection and Palpation of the External Genitalia

1. Ask the client to part her legs
2. Put a glove on your right hand and use this hand for inspection and palpation
3. Palpate the inguinal region for any enlargement or tenderness of the inguinal lymph nodes
4. Part the labial folds
5. Inspect for the following:
  - Crabs or nits in the pubic hair
  - Scars, tears, abrasions or irritation
  - Ulcers
  - Signs of bleeding
  - Vaginal discharge
  - Enlarged Bartholin's gland[s]
  - Warts or other growths
  - Abnormalities of the perineal area
6. Separate the labia and insert two fingers into the vagina.
  - a. Turn the palm of the hand upward and gently with one finger palpate the urethra against the inside of the symphysis pubis. Check for any secretions of the skenes glands and urethra.
  - b. Palpate the bartholin's glands for enlargement and tenderness

- c. Ask client to push down in order to note any cystocele or rectocele
- d. Check muscle tone of the vagina and teach her an exercise to strengthen these muscles. With a gloved hand insert one or two fingers slightly inside the vaginal opening and ask the client to tighten her vaginal muscles, as though she were trying to keep from urinating. In order to tighten these muscles, she must exercise by tightening these muscles often.

#### IV Speculum Examination

1. Insert the speculum using the following procedure:
  - Lubricate the speculum with water.
  - Reassure the client about the procedure.
  - With the ungloved hand hold the speculum with the blades closed between the index and middle finger.
  - Ask the client to relax.
  - With the gloved hand spread the labia and with the ungloved hand gently insert the speculum deep into the vagina. (Do not press on the urethra which is a sensitive area. Be careful not to catch the skin and the hair between the blades of the speculum)
  - With the speculum in the horizontal position, gently open and adjust the blade to find the cervix.
  - When the cervix is well visualized tighten the screw with the gloved hand in order to maintain the speculum in position.



2. Inspect for the following:
  - Cervix: smoothness, lacerations, polyps, erosion, discharge, or bleeding
  - Vaginal wall: colour, tumor, tear, discharge, rugation
  - IUD string
3. If laboratory specimens are required, obtain the specimens according to the proper procedures.
4. Remove the speculum- Loosen the thumb screw with the gloved hand and slowly close the blades.as you remove the speculum.
5. Examine the vaginal mucosa as the speculum is being removed.

#### **Bimanual Examination**

1. With the same gloved right hand, insert the index finger and the middle finger into the vagina.
2. Locate the cervix and check for the following;
  - a. consistency, size, and shape
  - b. tenderness when moved from side to side ( a sign of infection of the uterus, tubes or adnexal area).
  - c. abnormal growths
3. Palpate the uterus

Place the fingers posterior to the cervix and place a hand on the lower abdomen above the symphysis. With the abdominal hand exert pressure downward to steady the pelvic organs so they can be felt with the vaginal hand.

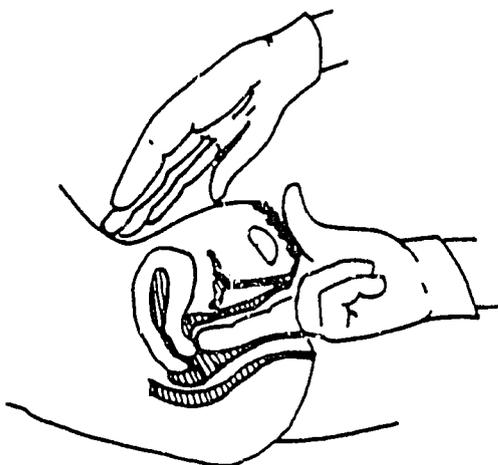
Examine the uterus for:

- a. Shape, size and consistency-Firm or soft and enlarged as in pregnancy
- b. Motility- free, restricted or immobile
- c. Position- anterior, mid-position or posterior

**HOW TO DETERMINE UTERINE POSITIONS OF THE NON-PREGNANT  
UTERUS.**

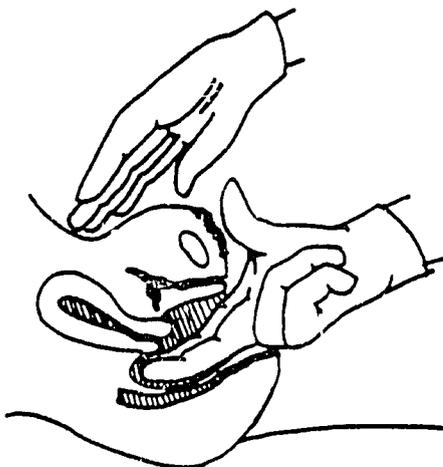
**The Anteflexed Position**

With the fingers above the cervix, gently lift the vaginal hand to the abdominal hand to discover if the position of the uterus is above the cervix.



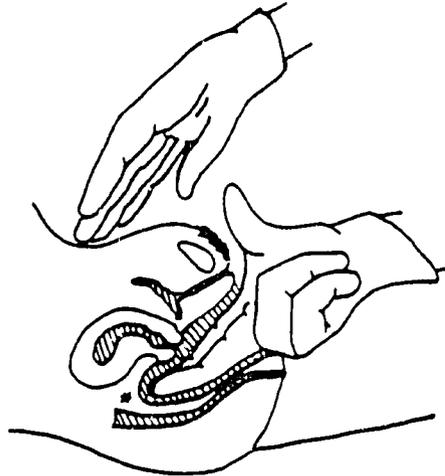
**The Midposition**

If the body of the uterus is not palpated anteriorly, then place the vaginal fingers behind the cervix and gently lift the cervix and body towards the abdominal hand. This motion may identify the position of the uterus or mid-position.



### The Retroflexed Position

If the uterus is not felt between the two hands, the uterus may be palpable in the cul-de-sac. In this case you should feel the uterus with the back of your fingers while they are in the posterior fornix.



#### 4. Palpate the adnexa (fallopian tubes, ovaries and broad ligaments)

Move the abdominal hand to one side of the uterus and begin feel. While the abdominal hand presses the adnexa towards the vaginal hand, try to gently palpate the ovary and tube along the side of the uterus as they slip between the examining fingers. The normal ovary is very sensitive to touch, the client will feel a slight twinge when the ovary is palpated.

Repeat the procedure on both sides.

Examine any painful area last as to avoid the client becoming too tense for the examination to continue.

Lesson Plan 11

## LABORATORY TESTS

Name: Halima Abdi Sheikh  
 Senior Nurse Midwife  
 MCH/FP Clinical trainer  
 Head Of Public Sector  
 FH/FP Division, MOH

General Objective: At the end of this session, the participants will be able to know when to perform or order laboratory tests on selected clients in order to detect abnormalities that would contraindicate the use of some contraceptives.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Explain the different types of lab tests and the criteria when they should be ordered for contraceptive clients and where they can be ordered.	-Blood pressure	Have one student demonstrate, have the others evaluate the procedure. Have students practice on each other.	Observation and Redemonstration
	-Weight	Demonstration	
	-Hematocrit/hemoglobin	Field trip to Benadir Hospital Show use of the centrifuge and how a hematocrit is taken	

Specific Objectives	Content	Method	Evaluation
	-Urine dipstick Pregnancy test	Demonstrate urine dipstick and pregnancy tests	
	-Wet mounts/ Cultures  -Pap smear	Field trip to Benadir Family Health Center and STD clinic  Show film or cassette on how to take a pap smear	
Manage or refer women with abnormal lab tests	-Management -Referral	Discussion	Grab bag

Materials/Resources necessary for lesson: Bp cuff, scale, stethoscope, urine dip sticks, video or cassette on how to take a pap smear.

## LAB TEST

## 1. Blood Pressure (Bp)

When to order	Where to order	Interpretation and Management
The FH clients should have a Bp at the first visit and every yearly visit. If a client desires birth control pills, the Bp should be checked every refill visit.	-All MCH centers -Family Health Center, Benadir Hospital. -Private physicians.	If hypertension is established, e.g a blood pressure of 140/90 or greater, steps should be taken to initiate further evaluation and treatment. If a client is on birth control pills, discontinue the pills and recheck the Bp every month for three months. Usually, the Bp will return to normal, if not refer for further evaluation

## 2. Weight (Wt.)

When to order	Where to order	Interpretation and Management
The FH client should have a wt. done at the first and every yearly visit. If a client is on birth control pills, her weight should be recorded at every refill visit.	-All MCH Centers -Family Health Center, Benadir Hospital -Private physicians.	If there is a wt. gain or loss of 4-5kgs with a client on pills, change the pill or advise another birth control method

## 3. Hematocrit (HCT)/Hemoglobin (Hb)

When to order	Where to order	Interpretation and Management
A HCT or Hb should be done if the client desires an IUD and the client has signs of anemia.	Refer to the Family Health Center, Benadir Hospital for a HCT. or to any lab for a Hb.	If the client has a hemoglobin below 10, do not insert an IUD. If the client has a hematocrit below 32%, do not insert an IUD.

<u>When to order</u>	<u>Where to order</u>	<u>Interpretation and Management</u>
		For all anemic patients advise ferrous sulfate plus folic acid to take one tablet three times a day. Give nutrition counselling. Recheck the Hemoglobin or Hematocrit in 3 months. Advise and supply an alternative form of contraceptive.

#### 4. Urine Dipstick/Blood test

<u>When to order</u>	<u>Where to order</u>	<u>Interpretation and Management</u>
The FH client should have a urine dipstick at the first and every yearly visit, if urine dipsticks are available.	MCH clinics (if available)	If the test indicates diabetes and the client is on birth control pills, try to change the client's method of contraception. If the client insists on taking pills refer to the physician for close follow-up.

#### 5. Wet mount/cultures

<u>When to order</u>	<u>Where to order</u>	<u>Interpretation and Management</u>
If you suspect a STD, a wet mount/culture must be done, especially if the client wants or has an IUD	Refer to the FH Center Benadir Hospital, for a wet mount. If gonorrhoea or chlamydia is suspected, refer to the STD clinic behind the General Hospital (Digfer) for cultures.	If client is at "high risk" for STDs, she is at high risk to get PID with the IUD. Discuss using a different method of contraception.

## 6. Pregnancy test

When to order	Where to order	Interpretation and Management
<ul style="list-style-type: none"> <li>-A pregnancy test should be ordered:</li> <li>-If a client thinks she is pregnant and it has been more than 42 days past her last normal menses (most pregnancy tests can not detect pregnancies until 42 days after the last menstrual period).</li> <li>-If a client is on birth control pills and has had no menses for two months or has taken her pills incorrectly.</li> <li>-If a client has an IUD and has had no menses.</li> </ul>	<ul style="list-style-type: none"> <li>-MCH centers if pregnancy tests are available</li> <li>-Refer to a laboratory</li> </ul>	<p>Discontinue the pills if positive for pregnancy.</p> <p>If client has an IUD, refer to the doctor immediately.</p>

## 7. Pap Smear

When to order	Where to order	Interpretation and Management
<p>It is ideal if all women could receive routine pap tests to rule out cervical cancer. However, due to the limitation of cytologists and pathologists, it is recommended to only refer clients who have abnormal vaginal bleeding not related to an STD and/or has abnormal growths seen on the cervix.</p>	<p>Refer to Senior Ob/Gyn Physicians</p>	<p>If positive results, may continue on any contraceptive method but do not insert an IUD at this time. Have client followed by a specialist.</p>

Lesson Plan 12

Name: Zahra Aden Hussein  
 Post-Basic Nurse in  
 Medical Events,  
 Head of Resource Center  
 FH/FP Division, MOH

**BREASTFEEDING IN RELATIONSHIP  
 TO CHILD-SPACING**

General Objective: At the end of this session, the participants will be able to counsel and provide client information on breastfeeding in relationship to child-spacing.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Define Breast-feeding	Define Islamic position on breast-feeding	Discus- sion	Asking questions
Explain the benefits of breast-feeding	Benefits of breast-feeding	Brain- storm/ Discus- sion	Grab Bag
State the effectiveness	Effectiveness	"	Grab Bag
Explain how breastfeeding works as a contraceptive	Breastfeeding as a contraceptive	"	Asking questions
List the 5 questions on the breastfeeding checklist	Breastfeeding checklist	"	"
Explain to the client the instructions on how to use breastfeeding as a contraceptive method	Instructions to the client	Role Play	Observation

Materials/Resources necessary for lesson: Hand-out, markers, newsprint.

*Prepared by: Zahra Aden Hussein*

## BREASTFEEDING IN RELATIONSHIP TO CHILD-SPACING

### Information sheet/Guidelines

#### **Introduction:**

Breastfeeding helps to space children. It is an old method. The Islamic religion orders mothers to breast-feed the babies for at least two years (Surat II Baqara, Verse 233 ).

#### **Benefits of Breastfeeding:**

1. Contracts the uterus and helps reduce bleeding at the time of the delivery.
2. Protects the baby from life threatening diseases and infections.
  - The first milk which is called colostrum is extremely nourishing and it is full of antibodies to protect the newborn from diseases and infection.
  - If a woman only breastfeeds for the first 4-6 months and gives no supplemental fluids or foods, the baby will be protected against infections particularly infections that cause diarrhea. It also protects against obesity, allergies, and other metabolic disorders.
3. Contributes to the health of the child by providing good nutrition from 0-6 months old; the child receives all the nutrients he/she needs from breastmilk.
4. Provides emotional satisfaction for mother and reassurance and security for the infant.
5. Does not cost anything, is available, and requires no preparation.
6. Very convenient for the family not necessary to carry around formula or bottles.
7. Requires no chemical or mechanical substances.

#### **How effective is breastfeeding as a contraceptive method?**

Breastfeeding is a very effective contraceptive during the first six months postpartum and before the return of the menses.

It is 98% effective if the woman is "fully breastfeeding".

**How does breastfeeding work as a contraceptive method?.**

Breastfeeding delays the return or ovulation in the postpartum woman.

The frequency of suckling determines the length of time the woman will not ovulate. How this actually happens is unclear.

Suckling appears to inhibit the hypothalamus which suppresses the release of the leutinizing hormone(LH) from the pituitary gland. It is the LH hormone which is responsible for ovulation.

Frequent suckling also causes high levels of prolactin. Studies show that high levels of prolactin might cause suppression of ovulation.

However, after the first six months, more than 20-50% percent of woman breastfeeding are ovulating even if menses have not resumed.

**What does it mean to "fully breastfeed"?**

1. Breastfeed whenever the baby is hungry
2. Breastfeed at least 6-10 times a day on both breasts.
3. Breastfeed at least once during the night
4. Breastfeed only do not give any foods or liquids for the first four or six months (No water should be given, the milk contains all the water the baby needs).

**How can the FP provider identify the woman who can use breastfeeding as an effective contraceptive?**

The FP provider can utilize the breastfeeding checklist.

if the woman answers YES to any one of the following questions on the checklist, she cannot use breastfeeding as a family planning method.

**The Breastfeeding checklist:**

1. Have you had a period since the birth of your baby?
2. Is your baby more than six months old?
3. Does your baby sleep through the night, or regularly go more than 6 hours between any two feedings?
4. Does your baby nurse less than 6-10 times a day?
5. Has your baby started taking solid foods or bottles instead of the breast?

**Instructions to the client desiring to use breastfeeding as a contraceptive method:**

1. Breastfeed your baby on demand ( at least 6-10 times a day) on both breasts
2. Breastfeed your baby at least once during the night  
Explain to the client; If your baby chooses to sleep through the night, breastfeeding will not be an effective method.
3. Breastfeed only. Do not give food or liquids until your baby is 4-6 months old.

Explain to the client ; As long as the baby is growing well and gaining weight, and as long as you are eating a balanced diet, the baby does not need any other food besides breast milk until he/she is 4-6 months old. The addition of other foods causes a decrease in the frequency of the baby sucking. When this happens ovulation will not be suppressed and you may get pregnant.

**When to instruct the client to start using another form of contraceptive?**

1. When you get your period.
2. When you start giving the baby other foods and liquids.
3. When the baby stops nursing at night.
4. When the baby stops nursing less than 6-10 a day.
5. When the baby becomes six months old.

**Contraceptive methods suitable for the breastfeeding women who cannot rely on breastfeeding as their only method of contraception:**

The following recommended contraceptive methods do not effect the breast milk;

1. Condoms and/or spermicides - can use anytime
2. Progestin only pills - can start 40 days after delivery
3. IUDs can be inserted after 8 weeks postpartum.
4. Combined Oral Contraceptives - can start 3 months after delivery, if there are not any progestin only pills or if other methods are not acceptable.

**Critical moments to counsel mothers regarding breastfeeding:**

There are those special moments or critical periods in which information on breastfeeding would influence a women's decision whether or not to breastfeed. These critical moments are:

1. During pregnancy, at time of prenatal consultation.
2. During the time of the delivery, either in the home or during the hospital stay.
3. During postpartum, on the day to return home after being dismissed from the hospital
4. At any other time during the postnatal period.

The people who should do this counseling are those people in contact with the women at these times. Those people usually are nurse midwives, TBAs, Ob-Gyns, pediatricians, and nurses in the MCH centers.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
October, 1989

Lesson Plan: 13

Name: Halima Abdi Sheikh  
 Senior Nurse Midwife  
 MCH/FP Clinical Trainer  
 Head Of Public Sector  
 FH/FP Division, MOH

**ABSTINENCE AND WITHDRAWAL**

General Objective: At the end of this session, the participants will be able to provide information and counsel clients on the use of abstinence and withdrawal as a child-spacing method.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Discuss the historical background of the traditional method, abstinence, as it is used in Somalia	Abstinence	Brain storm/ lecture	Questions
State the effectiveness and discuss the advantages and disadvantages of traditional child-spacing methods, abstinence and withdrawal	Effectiveness Advantages Disadvantages	Lecture/ Discussion	"
Explain how to use the withdrawal method	Use of the withdrawal method	Lecture/ Role play	"

Materials/Resources necessary for lesson: News print, markers handouts, examples Xadith.

Previous Page Blank

## **ABSTINENCE AND WITHDRAWAL**

### **Information Sheet/Guidelines**

#### **ABSTINENCE**

Abstinence is a separation of marital partners. Abstinence is defined as refraining from (not having) intercourse.

In Somalia, couples traditionally abstain 40 days after the birth of the baby and some nomadic/rural people abstain 1-2 years while breastfeeding.

People of all ages deliberately choose to abstain. It is important that family planning workers accept abstinence as a normal, common and acceptable alternative to sexual intercourse.

All persons using abstinence as a method should also be educated about the other methods of birth control. They should know what methods are available and where they are easily obtained if suddenly they decide to have intercourse.

#### **Advantages:**

Postpartum abstinence has multiple benefits to the mother and her child:

1. The mother can devote more time to the new baby and the other children.
2. The mother will regain strength without fear of pregnancy.
3. The baby, nearly always breastfed, will develop a closeness to the mother.

#### **Disadvantages:**

1. Not easy to use in modern patterns of living
2. Disruption of marital relationships.

## WITHDRAWAL

Withdrawal is one of the oldest traditional methods. It is a method where the male withdraws his penis from the vagina before the ejaculation is about to occur. Ejaculation occurs completely away from the vagina and the external genitalia of the female.

### Effectiveness:

The effectiveness varies from 77-90%.

There are several reasons for this variable effectiveness. One reason is that even though the couple practices the method correctly, there is a small possibility that pre-ejaculatory fluid (semen stored in the prostate, urethra or in the Cowper's glands) can escape before the penis is withdrawn. There is a higher chance of this happening if the male has many orgasms in a short amount of time. This fluid contains more sperm after a recent ejaculation.

### Advantages:

1. Does not require any mechanical device, medications or chemicals.
2. Does not require careful calculations.
3. Does not cost any money.
4. Is available all the time.

### Disadvantages:

1. It's not a highly effective way to prevent pregnancy.
2. Pregnancy can and does often occur.
3. Need self control during intercourse.
4. Failure to correctly know the time of ejaculation.
5. Failure to stop the natural urge to push.
6. Failure to resist the desire to complete the act of intercourse.

### Using the Withdrawal Method

1. Before intercourse, the fluid at the tip of the penis should be wiped off completely. Millions of sperm may be contained in this drop of fluid.
2. When the man feels that he is about to ejaculate or reach orgasm, he should remove his penis from inside the vagina. He must be sure that the ejaculation takes place away from the entrance to the vagina.
3. Withdrawal is not a good birth control method if you intend to have repeated acts of intercourse.
4. Withdrawal is not a good birth control method if the man has difficulty controlling his ejaculations.
5. Withdrawal is most appropriate for men who have no leakage of preejaculatory fluid.
6. Keep a supply of birth control foam or some type of spermicide available in case of an accident. However, inserting a spermicide inside the vagina after the man has ejaculated will probably be too late to stop the sperm from swimming into the uterus.

Approved by the Medical Review Panel,  
FH/FP Division, Ministry of Health  
October, 1989

Lesson Plan 14

Name: Adar Abdi Fidow  
Registered Nurse  
Regional Coordinator  
FH/FP Division, MOH

**NATURAL FAMILY PLANNING  
(NFP)**

General Objective: At the end of this session, the participants will be able to provide information, counsel and instruct clients on how to use natural family planning methods.

Classroom hours: 6

Specific Objectives	Content	Method	Evaluation
Define Natural Family Planning	Definition of Natural Family Planning	Discussion	Questions and Answers
Explain the relationship of N.F.P to fertility	Relationship of N.F.P to fertility	Discussion Ask each person the most fertile days and the safest days of a woman who has a 28 day cycle & a 21 day cycle	Answers Grab Bag
Explain the different natural family planning methods	Different N.F.P methods: Calendar Rhythm Cervical mucus Basal Body Temperature Symptothermal	Calendar Rhythm: Give examples students to use the 20/10 rule	

Specific Objectives	Content	Method	Evaluation
		Cervical mucus- Show the diagram showing dry and wet days Basal body temperature- Display some graphs and have students determine when the woman ovulated	
Discuss the Advantages and Disadvantages of N.F.P methods	Advantages Disadvantages of N.F.P. methods	Brain-storm	Participation
State the effectiveness	Effectiveness of N.F.P. methods	Discussion	Question/ Answer

Materials/Resources necessary for lesson: Information sheet, newsprint and markers.

## NATURAL FAMILY PLANNING

### Information Sheet/Guidelines

#### **Definition:**

This refers to a technique used to either conceive or not to conceive by the timing of sexual intercourse. It depends on knowing the woman's fertile days and infertile days during the menstrual cycle. It also depends on observing the body's signs and symptoms which can also help determine her most fertile and infertile days.

#### **NFP IN RELATIONSHIP TO FERTILITY**

In order to understand natural family planning, a woman must know when during her menstrual cycle she can have intercourse and get pregnant. These days are called her fertile days. A woman must also know when she can have intercourse and not get pregnant during her menstrual cycle. These are called her safe days.

A woman's most fertile days are those near the time that she ovulates. The safest days to have intercourse and not get pregnant is the week before the menses.

1. Ovulation occurs 14 days, plus or minus 2 days (12-16 days) before the next menses.
2. The female egg (ovum) lives for 1 day or 24 hours.
3. Sperm usually live 2-3 days but sometimes up to 5-7 days.

For example: A 28 day menstrual cycle

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
1	2	3				

**Menstrual Cycle:** Day 1 is the first day of the menses. She will not have her next menses until after day 28.

**Most Fertile Days:** Days 12-16- The woman will ovulate one of these days ( $28-14=14$ ;  $14+2=16$ ;  $14-2=12$ ).

**The Safest Days:** Days 22-28- It is certain that the egg has gone and therefore she can not conceive 1 week before the menses.

The other days when a woman might get pregnant if she has intercourse:

Days 5-11- May be fertile days because the sperm might live 7 days. If the woman ovulated on day 12 she could conceive on days 5-11.

Day 17- May be a fertile day because if she ovulates on the night of day 16 and the egg lives one day, she could conceive.

Days 5-17- A woman with a 28 day cycle could possibly conceive from day 5-17.

### **METHODS OF NATURAL FAMILY PLANNING**

There are a number of NFP methods but four are the most common:

1. The Calendar- Rhythm Method
2. The Cervical Mucus Method
3. Basal Body Temperature Method
4. Symptothermal Method

#### **1. THE CALENDAR -RHYTHM METHOD**

Using the calendar method, a woman can determine the most fertile days of her menstrual cycle. Because most woman's menstrual cycles vary a few days, a woman should record the last six menstrual cycles and count the lengths of each cycle. A simple formula is then used to determine the most fertile days.

#### **The Formula: 20/10 Rule**

1. Write down the lengths of the last six menstrual cycles.
2. Pick out the shortest of the six cycles and subtract 20. This will be the first fertile day.
3. Pick out the longest of the six cycles and subtract 10. This will be the first safe day.
4. The resulting days are the total fertile days.
5. If you do not want to get pregnant, do not have intercourse during these fertile days.

For example:

If your shortest cycle is 26 days, subtract 20 = day 6 ( the first fertile day).

If your longest cycle is 34 days, subtract 10= day 24 ( the first safe day).

Therefore, your fertile days are from day 5 to day 23.  
Your safe days are from day 24 to day 5.

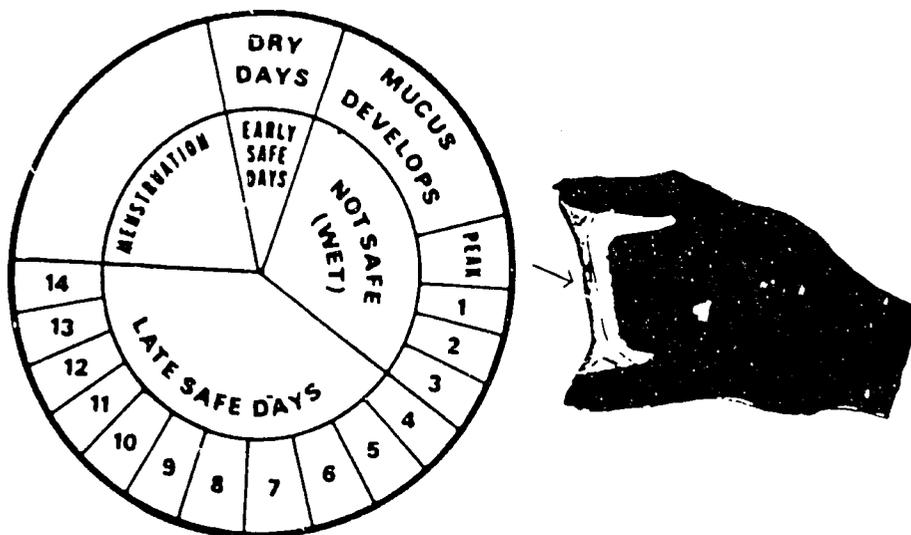
## 2. THE CERVICAL MUCUS METHOD

Using the cervical mucus method, a woman must observe and record the sensation and appearance of mucus at the vulva in order to determine the fertile days of her cycle. To prevent pregnancy, the couple must not have intercourse:

1. During menstruation
2. On all noticeable days of mucus
3. For three days after the mucus is gone

Cervical mucus is produced by very small glands in the cervix. The mucus changes in color, amount and the way it feels to the touch throughout the menstrual cycle.

### An Example of Mucus Changes in a Menstrual Cycle



## **Explanation of Diagram**

### **Early safe days**

- After menstruation, most women have one or a few days in which no mucus is observed. The vulva feels dry.

### **Not safe (wet) days**

- After the drys days, mucus develops and is sticky, pasty, and crumbly. It may be white or yellow.
- As ovulation approaches, the mucus becomes wet, slippery, stretchy and clearer, like egg white. This allows the sperm to travel to the egg.
- The peak day is the last day of this "egg white" mucus.

### **Late safe days**

- After ovulation, the mucus loses it's wet quality. Mucus may not be present. If mucus is present, it changes and becomes sticky, pasty, and decreases in amount.

### **How to tell when you are the most fertile:**

You are fertile when you feel a sensation of wetness at the vulva and/or when you can observe mucus.

You are fertile when you feel wet and observe that your mucus is clearer, slippery and stretches. This is ovulation mucus.

In order to get pregnant, the couple should start having intercourse before the fertile signs appear.

They should have intercourse every other day to increase the husband's fertility.

Intercourse should occur during the wet days and as close to the peak day as possible.

### **When you should not have intercourse if you wish to prevent pregnancy:**

Do not have intercourse during your period because the blood may hide the mucus.

Do not have intercourse on every dry day. You can have intercourse every other day. Semen and vaginal fluid can sometimes remain in the vagina for 24 hours. It may be difficult to observe the mucus.

Do not have intercourse on any day you feel or see mucus in your underpants.

Do not have intercourse for three days after the mucus goes away.

Note: Spermicides, vaginal infections, some drugs, and intercourse can all affect the normal pattern of a woman's mucus. If you are unsure about whether mucus is present or not, it is best to abstain or use a condom.

#### **How to record your mucus:**

You need to record every day your observations including menstruation, spotting, dryness and mucus.

### **3. BASAL BODY TEMPERATURE METHOD.**

Using the basal body temperature method, a woman can determine when she ovulated by taking her temperature.

Her temperature will rise to a higher level after she ovulates and remain higher until she menstruates.

To avoid pregnancy, the couple must not have intercourse until after she ovulates.

The couple will not get pregnant if they have intercourse three days after the temperature shifts to a higher level.

It is best if the woman can use a special thermometer that easily reads a tenth of a degree because the change in temperature is small and may be hard to see on a regular thermometer.

The temperature she must record has to be her basal body temperature (BBT). This is the temperature of her body at rest.

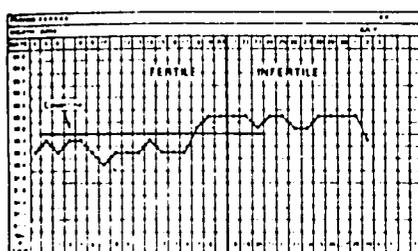
If the mercury stops between 2 temperatures, record the lower temperature as the BBT reading.

The best time to take this temperature is the first thing in the morning before getting out of bed and before starting any activity including talking, eating, drinking, or smoking.

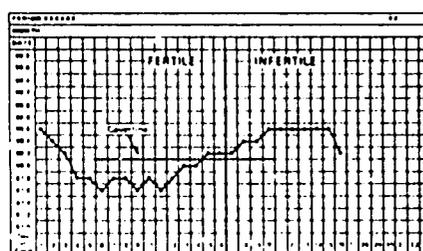


The temperature must be recorded everyday. It is best to have a special graph to record on so that a change in temperature is easy to see.

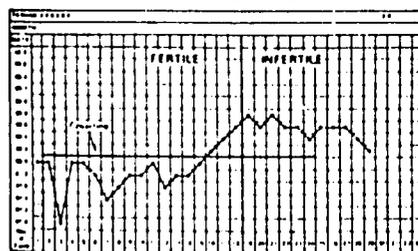
#### Examples of Basal Body Temperature Patterns



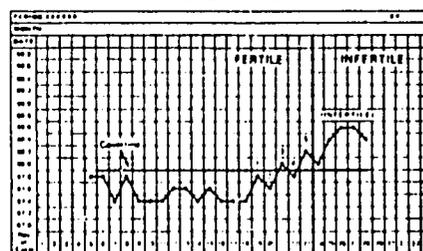
A. TYPICAL RISE



C. STEP RISE



B. SLOW RISE



D. SAW TOOTH RISE

### **How to tell when you are the most fertile**

Because this method only indicates when ovulation has already occurred, it is difficult to determine the beginning of your fertile period.

Your temperature will probably rise about 2-5 degrees centigrade around the time you ovulate. Your temperature will remain elevated until your next period begins.

Sometimes your BBT will drop the day before it begins to rise. A drop in BBT probably means ovulation has occurred or will occur the next day.

### **When to have intercourse when you want to prevent pregnancy**

You can assume your fertile days are over only when your BBT has risen and has remained elevated for three days.

Therefore, the safest way to use BBT is to avoid intercourse during at least the first half of your cycle and until three days after the temperature shifts to a higher level.

## **4. SYMPTOTHERMAL METHOD**

Using the symptothermal method, a woman uses both the symptoms of ovulation including the changes of the cervical mucus (symptom) and the basal body temperature (thermal) to determine the fertile days.

Sometimes other signs and symptoms can help identify ovulation, such as breast tenderness, midcycle pain or spotting and the calendar method.

### **How to tell when you are fertile:**

Your fertile period begins as soon as the sensation of mucus is felt or observed or when the calendar method determines the fertile times. Whichever of these occurs first is when the fertile period begins.

### **How to tell when your fertile days are over**

Your fertile period ends either 4 days after your mucus disappears or 3 days after a sustained rise in your temperature. Whichever of these occur last that is when the fertile period ends.

**EFFECTIVENESS of NFP METHODS TO PREVENT PREGNANCY**

Fairly effective 63 - 98%

In order for beginners to learn this method effectively it is best to have 2 months of instruction and continued counseling.

Both partners must be highly motivated to use these methods in order to be effective.

**Advantages**

No side effects

Free

Is accepted by many religious groups which do not accept other methods of childspacing

Helps couples either to become pregnant or prevent pregnancy

**Disadvantages**

Women must keep daily record (usually written)

Couples must avoid sexual relations between 10-15 days of every cycle

Women with irregular menstrual cycles may not be able to use the calendar method of BBT

Vaginal infections may interfere with normal mucus symptoms  
The BBT method requires use of a thermometer and a special graph.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
October, 1989

Lesson Plan: 15

**CONDOMS**

Name: Zahra Aden Hussein  
 Post-Basic Nurse  
 in Medical Events,  
 Head Of Resource Center  
 FH/FP Division, MOH

General Objective: At the end of this session, the participants will be able to provide information, counsel and instruct clients on the use of the condom.

Classroom hours: 3

Specific Objectives	Content	Method	Evaluation
Define the condom and state it's effectiveness	Define the condom Effectiveness: 98%-USED ALONE 99%-USED with Foam	Discussion Show samples and pictures on flipchart	Grab bag
Explain how the condom works to prevent pregnancy	Mechanism of Action	Discussion	"
Describe the advantages and disadvantages of the condom	Advantages Disadvantages	Brainstorm Discussion	"

Specific Objectives	Content	Method	Evaluation
List the indications for use of the condoms	Indications for use	"	"
Provide instruction to the client and dispense the condom	<ul style="list-style-type: none"> <li>-When to use</li> <li>-How to use</li> <li>-Lubricating the condom</li> <li>-How to increase the effectiveness and protection</li> <li>-Care and Storage</li> <li>-How to distribute</li> </ul>	Role Play Demonstrate Using a banana or finger tips	Observation

Materials/Resources necessary for lesson: Information sheet/guidelines, samples of condoms, birth control flipchart, newsprint, marker.

## CONDOMS

### Information Sheet/Guidelines

#### Definition:

A condom is a thin sheet of rubber, it fits tightly over the entire penis during intercourse. Some condoms are prelubricated.

#### How the condoms work:

Condoms act as a barrier to the sperm. It blocks the passage of sperm from the penis into the vagina.

It protects against getting a sexually transmitted disease including AIDS.

#### Effectiveness of the condom:

1. The condom is very effective in preventing pregnancy. It is 98% effective if used correctly and used during every intercourse.
2. The condom used with foam is 99% effective, almost as effective as the pill.
3. Condoms used with spermicides are more effective in protecting against getting a sexually transmitted disease (STD) including AIDS.

#### Advantages:

1. Very effective in preventing pregnancy.
2. Effective in preventing STDs including AIDS.
3. Helps protect against the complications of STDs (Fetal infection, infertility, ectopic pregnancy, chronic pain and death).
4. Easy to use, inexpensive, usually very easy to obtain.
5. Allows men to share responsibility in family planning and prevention of STDs.
6. Probably helps prevent cancer of the cervix.
7. Helps men maintain erection longer during sexual intercourse and helps prevent premature ejaculation.
8. Can increase pleasure of sexual intercourse especially if the woman feels comfortable helping the man put on the condom.

**Disadvantages:**

1. Necessary to interrupt sexual foreplay in order to put the condom on the erect penis.
2. May decrease sensitivity for the man so that intercourse is not enjoyable.
3. Small possibility of the condom slipping off or tearing during sexual intercourse.
4. Condoms can tear more easily if previously stored in too much heat, sunlight or humidity.

**Indications for use of the condoms:**

1. A couple who is at risk of getting STDs including AIDS.
2. A couple who needs a back-up method (For example, when a woman forgets to take her pills).
3. A couple who has contraindications to or is unwilling to use other effective methods of contraception such as the pills or the IUD.
4. A woman with an IUD who wants extra protection during her most fertile days.
5. A woman who is breastfeeding and needs a contraceptive.

**Instructions to clients:****When to use:**

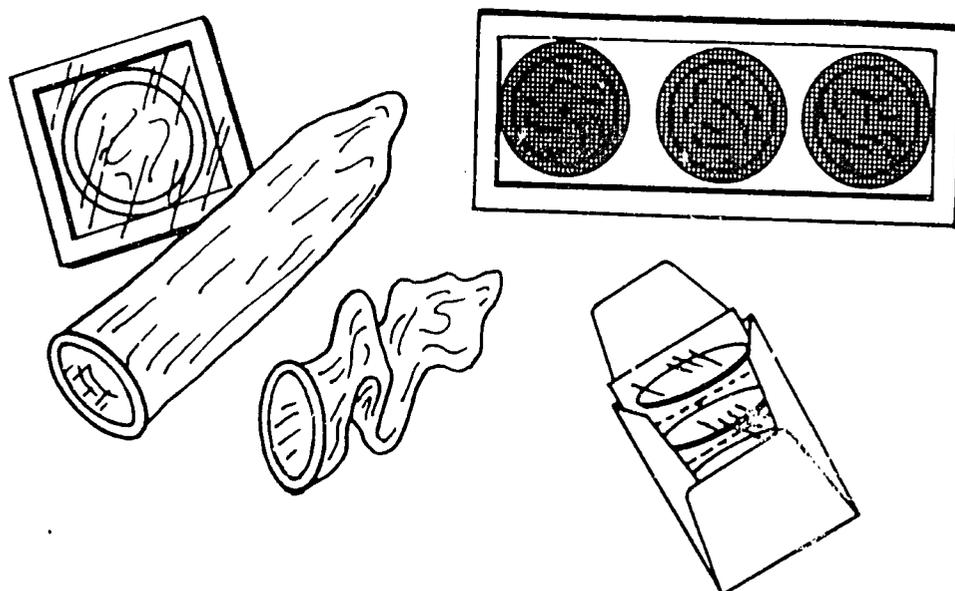
- Use the condom everytime you have intercourse.

**How to use:**

1. You or your partner should put the condom on the erect penis as soon as the penis is near the vagina.
2. Place condom on the tip of the penis. Unroll the rim of the condom all the way to the bottom of the penis.
3. Leave about 2-5cm of empty space (not filled with air) at the tip. If you buy condoms with nipple tips that hold the semen, be sure to squeeze the tip when putting it on so that is not filled with air.
4. After intercourse, the man should hold onto the condom as he withdraws the penis. He must take care not to spill semen anywhere near the opening of the vagina.

5. The penis should be withdrawn soon after ejaculation because if he loses his erection, the condom can slip off and pregnancy can result.

#### Condom



#### Lubricating the condom:

1. Your partner may want to lubricate the outside of the condom to help the penis enter the vagina. Contraceptive jelly, saliva or other water based lubricants can be used.
2. He should not use petroleum jelly, as it might cause the rubber to tear.

#### Care and storage of the condom:

1. Keep your condoms in a cool, dark place. If you store them properly, they can last three years.
2. Do not leave your condoms in the sunlight or near heat because they will become weak and tear easily.
3. Do not carry your condoms in your pocket for many days or weeks. Your body heat can weaken the condoms and they may tear more easily.

**Distribution of condoms:**

1. Give the client 20 condoms.
  - It is estimated most couples meet 100 times during the year.
  - Therefore, 20 condoms should last 2-3 months.
2. Encourage clients to return to the clinic before they run out of condoms.
3. Explain to the client that if they buy condoms at the drugstore they should be sure they are not over 3 years old. The date they are made (manufactured) should be printed on the condom package.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
October, 1989

Lesson Plan: 16

Name: Zahra Aden Hussein  
 Post-Basic Nurse  
 in Medical Events,  
 Head Of Resource Center  
 FH/FP Division, MOH

**SPERMICIDES**

General Objective: At the end of this session, the participants will be able to provide information, counsel and instruct clients on the use of the spermicides.

Classroom hours: 3

Specific Objectives	Content	Method	Evaluation
Define the spermicides and state the effectiveness:	Define: Tablets, Suppositories, Jelly, Cream and Foam Effective 79-97%	Discussion Show/Samples	Grab bag
Explain how it works	Mechanism of Action	Show picture on flip-chart	"
Explain the advantages and disadvantages of the spermicides	Advantages and Disadvantages	Brainstorm Discussion	"
List the indications for use of the spermicides	Indications for use	"	"
List the contraindications for use of the spermicides	Contraindications	"	"

Specific Objectives	Content	Method	Evaluation
Counsel and provide instructions to the client	<ul style="list-style-type: none"> <li>-When to use</li> <li>-How to insert: Tablets, Suppositories, Cream, Jelly and Foam.</li> <li>-When to return to the clinic</li> </ul>	Role Play If possible, counsel clients in a FP Clinic	Observation
Dispense spermicides	Dispensing	Role Play	"

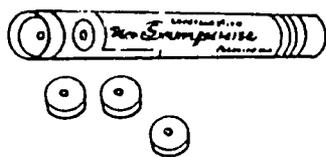
Materials/resources necessary for the lessons: Hand-out, samples of spermicides, and birth control methods, flipchart, newsprint, markers.

## SPERMICIDES

### Information Sheet

#### Definition:

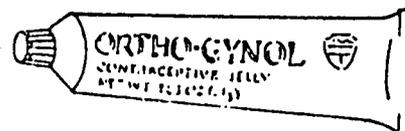
Vaginal spermicides are chemicals that are contained in different forms. These forms include tablets, cream, jelly, suppositories, or foam. When spermicides are inserted into the vagina they help to prevent pregnancy.



Foaming tablets



Vaginal suppositories



Creams and jellies

#### How it works:

A spermicide is inserted into the vagina before intercourse where it spreads over the vagina and cervix. Spermicides prevent pregnancy in two ways:

1. It kills sperm.
2. It prevents the sperm from entering the cervix.

#### Effectiveness:

Fairly effective in preventing pregnancy. 79-97% effective if used correctly. It is very effective if used with a condom. Spermicides and condoms can be 99% effective.

#### Advantages:

1. It is easy to insert and can be used by anyone.
2. May help to protect against AIDS.
3. Helps to protect against STDS and the problems it causes.
4. May protect against cervical cancer.
5. Serves as a lubricant (moistener for vagina).

6. All spermicides can be inserted just before intercourse.
7. There are no absolute contraindications to the use of the spermicides and most women are able to use them.

**Disadvantages:**

1. May interrupt sexual intercourse (To use the suppository you must insert it 10-15 minutes before intercourse).
2. May be messy.
3. Must use before each act of sexual intercourse.
4. Causes more wetness of vagina for several hours after intercourse.
5. Spermicides may cause a sensation of heat to the woman or husband.
6. A few women may be irritated by the spermicide.
7. Cream and jelly needs an applicator. This applicator needs to be kept clean and dry.

**Indications For the Use of Spermicides**

Spermicides may be an appropriate method for a woman who:

1. Is at risk of getting a sexually transmitted disease (STD) including AIDS. Current Research shows that in the laboratory spermicides kill the AIDS virus and kill the germs which cause genital herpes, syphilis, gonorrhea and trichomoniasis. It is best to use condoms with the spermicides as the best protection against AIDS.
2. Has contraindications to or is unwilling to use more effective methods of contraception such as the pills or the IUD.
3. Needs a back-up method (for example, when a woman forgets to take her pills).
4. Is breast-feeding and needs a contraceptive.

### **Contraindications for the use of spermicides**

Spermicides should not be the first choice for a woman who:

1. Is unable to easily buy spermicides.
2. Has no privacy in the home or the partner does not approve of it's use.
3. Has an allergy to the chemicals used in the spermicidal foam, jelly, tablet or suppository. Signs and symptoms of an allergy include redness, itching or pain of the vagina or penis during intercourse. These symptoms will disappear when you stop using the chemical.

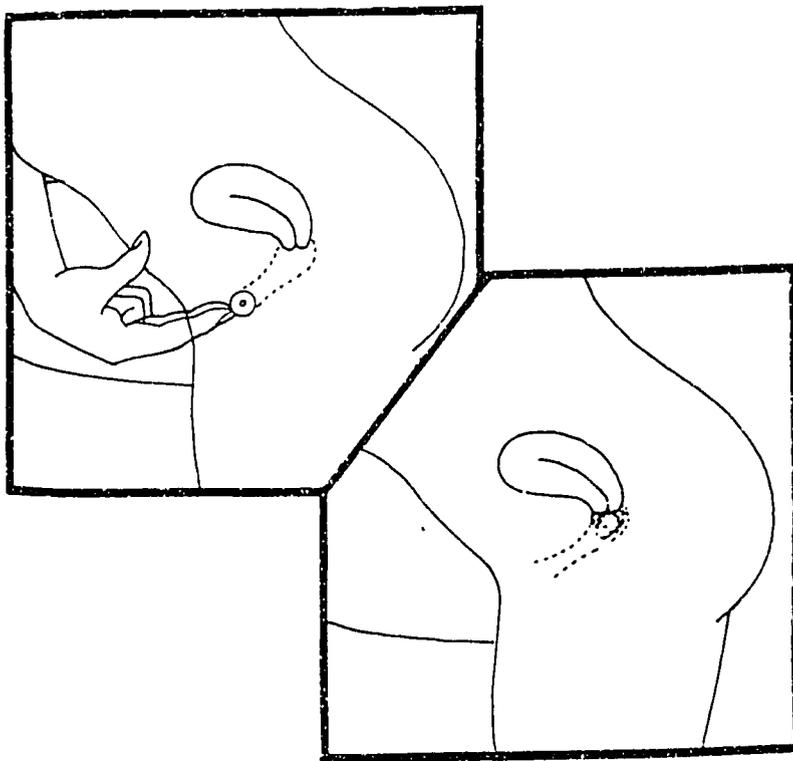
### **Instructions to Client**

**When to use:**

1. Insert foam, jelly or cream deep into the vagina just before intercourse. The tablets or suppositories must be inserted 10-15 minutes before intercourse so that the tablets or suppositories will melt before the couple has intercourse.
2. If intercourse lasts more than 30 minutes you should use a second dose of spermicide.
3. If you have intercourse more than once be sure to insert another tablet or suppository or application of foam or jelly or cream. Insert a spermicide before every intercourse.

### How to insert a foaming tablet or suppository

1. Wash your hands.
2. Lie down with your knees flexed and legs wide apart.
3. Hold the tablet between the index and middle finger and insert it just a little into the vagina.
4. With the index finger push the tablet or suppository deep into the vagina until the whole finger enters the vagina.
5. Do not stand up after applying the spermicide and before intercourse.
6. Do not bathe immediately after intercourse.



### How to insert cream or jelly

1. Wash your hands.
2. Fill 1-2 applicators full of cream or jelly.
3. Place the applicator up high into the vagina then push the plunger so that the cream or jelly goes up into the vagina.

4. Wash the applicator with soap and water after every use.

#### **How to insert foam that comes in a can**

1. Wash your hands.
2. Shake the can up and down with much force so the spermicide will be well mixed with the foam.
3. Fill the applicator.
4. Place the applicator up high into the vagina, then push the plunger so that the foam goes up high into the vagina.
5. Wash the applicator with soap and water after use.
6. Keep a spare container of foam at home. There is usually no way to tell when the foam is almost gone.

#### **Dispensing of spermicides**

Dispense at least a 3 month supply of spermicides. This would be:

- 1 tube of tablets (Neosampon)
- or
- 20 tablets or suppositories (Conceptrol)
- or
- 2 tubes of jelly with one applicator
- or
- 1 bottle of foam

#### **When to return to the clinic**

1. If you have no problems, return to the clinic when more spermicides is needed.
2. If you or your husband feel dissatisfied with the method.
3. If you notice vaginal itching, irritation or discharge.

Approved by the Medical Review Panel  
 FH/FP Division, Ministry of Health  
 October, 1989

Lesson Plan 17

Name: Zahra Aden Hussein  
 Post-Basic Nurse  
 in Medical Events,  
 Head Of Resource Center,  
 FH/FP Division, MOH

**DIAPHRAGM/SPONGES**

General Objective: At the end of this session, the participants will be able to recognize that the diaphragm and sponges are popular in other countries.

Classroom hours: 3

Specific Objectives	Content	Method	Evaluation
1- Define the diaphragm and sponges	Definition of diaphragm and sponges	Discussion Show Samples and BCM Flip-chart	Oral Questions
2- Describe the mechanism of action and state the effectiveness	Mechanism of Action	Discussion	"
3- List the advantages and disadvantages	Advantages and Disadvantages	" and Brain-storm	"

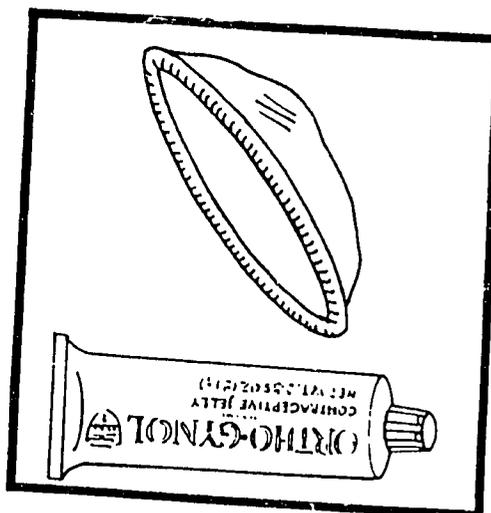
Materials/Resources necessary for lesson: Hand-Out, sample of diaphragm and sponges, flipchart on birth control methods, newsprint and markers

Previous Page Blank

**DIAPHRAGM/CONTRACEPTIVE SPONGES****Information Sheet****Diaphragm****Definition:**

This is a dome shaped rubber cup with a flexible rim.

1. The diaphragm is inserted into the vagina before intercourse.
2. It must be inserted so that it covers the cervix and fits behind the pubic bone.
3. Before inserting the diaphragm, spermicidal cream or jelly is placed in the cup of the diaphragm.

**Diaphragm****The Mechanism of Action**

The contraceptive effect of the diaphragm prevents pregnancy in two ways:

1. It acts as a barrier to sperm, not allowing the semen to enter the cervix.
2. The spermicide kills the sperm.

**Effectiveness**

With proper instruction and careful use, the diaphragm can be most effective in preventing pregnancy.

1. It is 98% effective if used properly.
2. It is important to remember the following in order to be effective:
  - a. The diaphragm must be used every time a woman has intercourse.
  - b. It must always be used with spermicidal cream or jelly.
  - c. Proper fit and proper care are important.

**Advantages:**

1. Diaphragm can be used as a back-up method before starting on other contraceptive devices.
2. It helps to prevent some sexually transmitted diseases and probably protects against AIDS.
3. It might help to protect against the development of cervical cancer.
4. It is good for women who are breastfeeding.

**Disadvantages:**

1. Requires fitting by a specially trained physician, nurse or midwife.
2. Must be inserted before every intercourse.
3. Must add additional spermicide for each act of intercourse and then not remove for 6-8 hours after the last intercourse.
4. Must wash, rinse, dry and store it in a safe place.
5. Refitting is necessary if the woman gains or loses 4-5 kg.

## Contraceptive Sponge

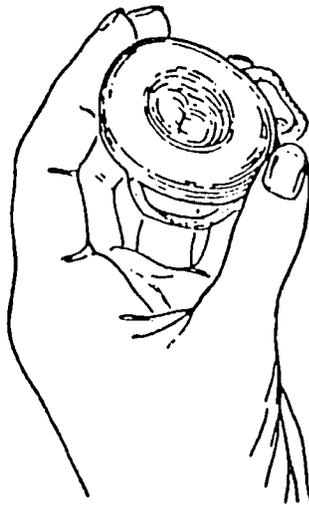
### Definition:

The vaginal contraceptive sponge is a soft round sponge which is filled with 1 gram of Nonoxynol 9 spermicide.

It has a cloth string attached to it. The sponge can be pulled out by using the string.

Before intercourse, the sponge is inserted into the vagina to cover the cervix. The sponge will be effective for 24 hours. After use, the sponge is discarded.

### Sponge



### Mechanism of Action:

The sponge works in two ways:

1. The sponge traps the sperm before it enters the uterus.
2. The spermicide kills the sperm.

**Advantages of the sponge:**

1. Same as the diaphragm.
2. One size fits all women, no fitting necessary.
3. Disposable after use.
4. Provides protection up to 24 hours.

**Disadvantages of the sponge:**

1. Foul smelling, vaginal discharge if sponge is left in place for more than 24 hours.
2. Problems with removal or tearing of the sponge can happen.
3. The sponge is expensive.

Approved by the Medical Review Panel.  
FH/FP Division, Ministry of Health  
October, 1989

Lesson Plan 18

Name: Halima Abdi Sheikh  
 Senior Nurse Midwife  
 MCH/FP Clinical Trainer  
 Head Of Public Sector  
 FH/FP Division, MOH.

**ORAL CONTRACEPTIVES**

General Objective: At the end of this session, participants will be able to prescribe pills appropriately, manage common side effects, recognize complications and refer when necessary.

Classroom hours: 10

Specific Objectives	Content	Method	Evaluation
1. Describe the difference between the progestin-only Pill (POP) and the combined oral contraceptive pill (COC)	Composition of POPs and COCs	Discussion & Lecture	Grab bag
2. State the effectiveness of the POPs & the COCs	Effectiveness	"	"
3. Identify the POPs and COCs used in Somalia	Identify: POPs - Ovrette - Microval COCs - Lo-Femenal - Microgynon - Neogynon	1. Give trainee samples of the pills used in Somalia 2. Have each trainee give the following info: a) Name of pill b) POP or COC c) % of effectiveness.	During Grab bag: Give each trainee a sample of pills and have them describe them
4. Explain how the POPs & COCs work to prevent pregnancy	How POPs and COCs prevent pregnancy	Group work Discussion	Grab bag
5. List the benefits of the pill	Benefits	"	"

Halima Abdi Sheikh

Specific Objectives	Content	Method	Evaluation
6. List the nine absolute contra-indications for the pill	Absolute Contra-indications	Group Work Discussion	Results of Group work Grab bag
7. Recognize relative contra-indications to the pill.	Relative Contra-indications	"	"
8. List the common side effects of of the pill	Side Effect	"	"
9. Give proper advice regarding common problems	Common Problems	Role play	Solution to pill problems
10. Select appropriate clients for the POPs and the COCs	Pill Checklist	Discussion Role play	Grab bag Observation
11. Distribute pills to the new and revisit client	Distribution of pills	"	Grab bag
12. Counsel a client how to use the POPs & COCs and when to return to the clinic	Instructions on Use		

Specific Objectives	Content	Method	Evaluation
13. State the 5 danger signals of the pill and what possible problems they might indicate	Danger Signals	Group Discussion	"
14. Recognize the common drugs that reduce the effectiveness of the pills.	Drugs that reduces the effectiveness of the pills	"	Solutions to pill problems

Materials/Resources necessary for lesson: Samples of each type of pill used in Somalia, flipchart, markers, pill checklist

116

11

**ORAL CONTRACEPTIVE GUIDELINES FOR F.P. PROVIDERS**

<b>COMBINED ORAL CONTRACEPTIVES (COCs)</b>	<b>PROGESTIN- ONLY PILL (POP or MINIPILL)</b>
--	---

**INTRODUCTION:**

The combined pills contain two hormones called estrogen and progestin. There are many different types of these pills and each type contains different dosages of each hormone. The FH Divison, MOH and the Somali Family Health Care Association distributes Lo-Femenal, Microgynon and Neogynon. Lo-Femenal and Microgynon are basically the same pill. They are low dose pills which means they contain 30mcg estrogen. Neogynon is a standard dose pill, it contains 50mcg estrogen.

The POP or minipill contains small doses of only one hormone called progestin. The FH Division distributes Microval and Ovrette. These pills are basically the same.

**EFFECTIVENESS**

Almost 100% effective

Very effective but not quite as effective as the combined pill

**MECHANISM OF ACTION**

1. Stops ovulation
2. Only a thin endometrium develops so the egg cannot implant.
3. Thick cervical mucus is produced, therefore, sperm cannot get into the uterus.

1. 40% of clients will ovulate
2. Same as combined
3. Same as combined

**BENEFITS**

Prevents pregnancy  
 Protects against:  
   Pelvic Inflammatory Disease (PID)  
   Endometrial Cancer  
   Ovarian cancer  
   Breast disease  
   Ectopic pregnancy  
   Ovarian cysts  
 Prevents anemia  
 Reduces menstrual cramps

Prevents pregnancy  
 Protects against:  
   Pelvic Inflammatory Disease (PID)  
   Endometrial cancer  
 No studies regarding:  
   Ovarian Cancer  
   Breast disease  
   Ovarian cysts  
 Some protection against:  
   Ectopic pregnancy  
   Reduces menstrual cramps.

COMBINED ORAL CONTRACEPTIVES (COCs)	PROGESTIN- ONLY PILL (POP or MINIPILL)
--	---

**ABSOLUTE CONTRAINDICATION**

Clients should not use pills with these conditions:

<ol style="list-style-type: none"> <li>1. Pregnancy</li> <li>2. Cancer of reproductive system</li> <li>3. Breast cancer</li> <li>4. Thrombophlebitis (blood clot in an inflamed vein)</li> <li>5. Thromboembolism (moving blood clot)</li> <li>6. Cerebrovascular accident (stroke)</li> <li>7. Heart disease</li> <li>8. Serious diseases of the liver (jaundice)</li> <li>9. Undiagnosed uterine bleeding</li> </ol>	<p>Same absolute contraindication: 1 - 9</p>
--	--

**RELATIVE CONTRAINDICATIONS**

It is best if clients with these conditions do not use pills. However, if they can or will not use another method, it is safer to use pills than to get pregnant.

<ol style="list-style-type: none"> <li>1. Over 40 years of age.</li> <li>2. Age over 35 and smokes over 10 cigarettes a day.</li> <li>3. Diastolic of 90 or greater/ Systolic of 140 or over on three separate visits.</li> <li>4. Severe headaches especially migraines.</li> <li>5. Diabetes/gestational diabetes</li> <li>6. Epilepsy</li> <li>7. Severe varicose veins</li> <li>8. Uterine fibroids</li> <li>9. Have menses for less than one year</li> <li>10. Major surgery in past or in the coming 4 weeks.</li> <li>11. Gall bladder disease</li> <li>12. History of preeclampsia or eclampsia.</li> <li>13. Sickle cell anemia.</li> <li>14. Lactating within 3 months of birth.</li> </ol>	<p>1-13. These may not be contraindications to progestin only pills.</p>
---	--

COMBINED ORAL CONTRACEPTIVES  
(COCs)

PROGESTIN- ONLY PILLS  
(POPs or MINIPILLS)

#### CLIENT SELECTION

All women of reproductive age under 35 years old without contraindications.

1. Lactating women
2. Women with a history of:
  1. Headaches
  2. Mild Hypertension
  3. Varicose veins

#### HOW TO USE

1. Start your first pack (first pack only) on the 5th day after you start your menses. The 1st day of bleeding is Day 1.
2. Take one pill everyday preferably after an evening meal.
3. Follow the line arrows.
4. Start the next pack after you finish the iron pills  
N.B: Some packages do not have iron pills, they only have 21 instead of 28 pills. Therefore, after you finish the 21 tablets you must wait 7 days and then start the next pack.
5. If you forget to take one pill take it as soon as you remember it and take your next pill at the regular time.
6. If you miss two pills, take two pills as soon as you remember it and two the next day. Continue to take 1 tablet every day. Use a back-up method like condoms cream or foaming tablets until you finish that pack of pills.

#### IF BREAST-FEEDING

1. When to start:
  - a. Can start 40 days after delivery. Use condoms and/or spermicides for the first two weeks as a back-up method. Remember: For the 1st six months, and before the return of menses "Fully" breast-feeding is a very effective method alone. "Fully" breast-feeding means:
    - a. Breast-feed whenever the baby is hungry.
    - b. Breast-feed at least 6-10 times a day on both breasts.
    - c. Breast-feed at least once during the night.
    - d. Breast-feed only, do not give any food or liquids.
  - b. May start anytime up to six months if menses have not resumed. Use condoms and/or spermicides for the first two weeks.
2. Take one pill every day & continue to next packet.

COMBINED ORAL CONTRACEPTIVES (COCs)	PROGESTIN- ONLY PILLS (POPs or MINIPILLS)
<p>7. If you miss three pills or more in a row take 2 pills for the next 3 days then continue to take one tablet every day. Use a back-up method for the rest of the cycle.</p> <p>8. If you get sick &amp; have severe diarrhea or vomiting for several days, use a back-up method until until your next period. Start using your back-up method your first day of diarrhea or vomiting.</p> <p>9. Do not share pills with other women.</p>	<p><b>IF MENSTRUATING:</b></p> <ol style="list-style-type: none"> <li>1. Begin the 1st pill on the 1st day of your menstrual period.</li> <li>2. Take one pill daily at the same time every day and continue to next pack.</li> <li>3. Continue to take pills during your menstrual period.</li> <li>4. Use a back-up method for the first 14 days on minipills.</li> <li>5. If you miss 1 POP, take it as soon as you remember it and take today's POP at the regular time.</li> </ol> <p>If you are more than 3 hours late taking a POP, use your back-up birth control method for the next 48hours(2days)</p> <ol style="list-style-type: none"> <li>6. If you miss two pills or more in a row there is a good chance you could become pregnant. Restart your POP right away and take two pills for 2 days. Immediately start using your back-up method and continue until your next menses. If you do not get your menses in 4-6 weeks, see a clinician for a pregnancy test.</li> <li>7. If you become ill with vomiting severe diarrhea or both, use a back-up method along with the POPs until 2 days after illness is over.</li> </ol>

COMBINED ORAL CONTRACEPTIVES  
(COCs)

PROGESTIN- ONLY PILLS  
(POPs or MINIPILLS)

**COMMON SIDE EFFECTS**

1. Mild nausea
2. Breast tenderness
3. Spotting

Note: Side effects

(1,2&3) will usually stop  
after you finish 3 pill  
packs.

4. Menses will be lighter,  
shorter and with less cramping
5. Amenorrhea
6. Weight gain

1. Irregular periods
2. Spotting between periods
3. Decreased menstruation or  
no menses

(Nausea, breast tenderness  
and fluid retention do not  
usually occur).

**DANGER SIGNS AND POSSIBLE PROBLEMS**

Refer to physician immediately

**SIGNS**

**POSSIBLE PROBLEMS**

**SAME AS COC'S**

A-Abdominal  
pain  
(Severe)

-Gall bladder  
Disease  
Liver tumor  
Blood clot  
Pancreatitis

There is reason to  
believe that because the  
POP has no estrogen that  
there will be less  
serious side effects.

C-Chest pain  
(Severe) or  
shortness  
of breath

-Blood clot in  
lungs or heart  
(heart attack)

H- Headaches  
(Severe)

-Stroke, hypertension  
migraine headaches

E-Eye problems:  
Blurred vision  
Flashing lights  
Blindness

-Stroke, hypertension

S-Severe leg  
pains

-Blood Clot

**FOLLOW- UP**

New pill users should have a  
follow-up after her first  
cycle. If client has no problems,  
then every three months she  
should have a follow-up visit.

Same as Combined pill.

**A LIST OF DRUGS WHICH  
DECREASES PILL EFFECTIVENESS**

If taking the following drugs use a back-up method during treatment plus 14 days or if medication must be taken for a long time change to an alternative method:-

- |                               |   |
|-------------------------------|---|
| 1- Antibiotics                | <ul style="list-style-type: none"> <li>* Rifampin</li> <li>* Isoniazid</li> <li>* Ampicillin</li> <li>* Penicillin</li> <li>* Tetracycline</li> <li>* Neomycin</li> <li>* Amoxicillin</li> <li>* Chloramphenicol</li> <li>* Sulfonamide</li> <li>* Nitrofurantoin</li> <li>* Metronidazole</li> </ul> |
| 2.- Anticonvulsants           | <ul style="list-style-type: none"> <li>* Phenobarbitol</li> <li>* Phenytoin (Dilantin)</li> <li>* Ethosuximide</li> <li>* Primidone</li> <li>* Carbamazepine</li> </ul>   |
| 3. -Tranquilizers             | <ul style="list-style-type: none"> <li>* Chlorpromazine</li> <li>* Benzodiazepines</li> <li>* Meprobamate</li> </ul>  |
| 4. -Hypnotics                 | <ul style="list-style-type: none"> <li>* Chloral Hydrate</li> <li>* Dichloralphenazone</li> <li>* Glutethimide</li> </ul>   |
| 5.-Anti-Inflammatory<br>Drugs | <ul style="list-style-type: none"> <li>* Phenylbutazone</li> </ul>  |
| 6. -Antifungal                | <ul style="list-style-type: none"> <li>* Griseofulvin</li> </ul>  |
| 7. -Antacids                  | <ul style="list-style-type: none"> <li>* All types</li> </ul>   |

NE: If a client complains for the first time of break through bleeding or amenorrhea and she has started taking a new medication, this may mean that this new medication is causing her oral contraceptives to be less effective. Therefore, a back-up method or an alternative method must be used.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
June, 1989

**PILL CHECK LIST  
REVISED MAY 1989**

	YES	NO
<b>HEAD</b>		
1. Do you have severe headaches?		
2. Do you have eye problems? (Blurred vision, flashing lights)		
3. Do you have seizures or convulsions or epilepsy?		
<b>CHEST</b>		
4. Do you have severe chest pain?		
5. Do you get short of breath after walking or after light work?		
6. Have you ever had a lump in the breast?		
<b>ABDOMEN AND PELVIS</b>		
7. Do you think you could be pregnant now?		
8. Have you missed a period recently?		
9. Do you have severe abdominal pain?		
10. Have you had hepatitis (JAUNDICE) in the last year?		
11. Do you have bleeding between periods or after sexual intercourse?		
<b>LEGS</b>		
12. Do you have severe leg pains or painful varicose veins?		
<b>OTHER</b>		
13. Are you 35 years old and smoke?		
14. Are you 40 years of age?		
15. Have you ever had high blood pressure (Blood pressure greater than 140/90 or diastolic Bp greater than 100)		
16. Have you had an operation in the last past 4 weeks or will have an operation in the next 4 weeks?		
17. Have you ever had sugar in your urine?		
18. Have you ever had eclampsia or pre- eclampsia?		

**NB:** In order to give the client oral contraceptives she must answer **No** to all the above questions.

Lesson Plan 19

Name: Marian Mohamed Abdulle  
Registered Nurse  
Head of Private Sector  
FH/FP Division, MOH

**INTRAUTERINE DEVICE  
(IUD)**

General Objective: At the end of this session, the participants will be able to counsel clients regarding the IUD, identify and refer suitable clients for the IUD insertion, recognize IUD side effects and complications and know when to refer to the physicians.

Classroom hours: 6

Specific Objectives	Content	Method	Evaluation
Define IUD	Meaning of IUD	Brain storm	Grab bag
Name the available types of IUD in Somalia	Available types of IUD in Somalia	Show and tell	
Name the commonly available IUDs outside Somalia	Commonly available IUD outside Somalia	Brain storm	"
State the effectiveness of the IUD	The effectiveness of the IUD 97-99%	"	"
Describe the action of the IUD	Action of the IUD	"	"
List the advantages of the IUD	Advantages of the IUD	Group work/discussion	Observation
State the absolute contraindications	Absolute contraindications	"	"
List the relative contraindications	Relative contraindications	"	"

Specific Objectives	Content	Method	Evaluation
Describe how an IUD is inserted	Insertion of an IUD	Demonstration with pelvic model/ observation of an IUD insertion/ AV Cassette/ Film	"
Explain the instructions you must give a client after the IUD has been inserted	The instructions to give to clients after the IUD has been inserted	Role Play	"
Describe the side effects of an IUD	Side effects	Small Group work	"
List the early IUD danger signs	Early IUD danger signs - "PAINS"	Discussion	"
Name the times when the client should return to the clinic for IUD follow-up	When the client should return to the clinic for an IUD follow-up	"	"
List the 4 major complications of an IUD & describe how to properly manage them	Major complications of the IUD and how to properly manage: -Preg, PID, Perforation, Expulsion	" Case histories	Answers to Case History

Materials/Resources necessary for lesson: IUD information/guidelines, samples of IUDs, Birth Control method flipchart, pelvic model, instruments to demonstrate an IUD insertion, IUD insertion film (if available), newsprint/markers.

## INTRAUTERINE DEVICE

### Information Sheet/Guidelines

#### DEFINITION:

An intrauterine device (IUD) is a very small piece of plastic which is placed inside a women's uterus. Some IUDs also have copper.

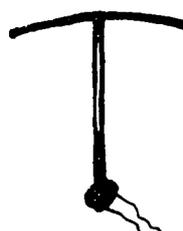
#### TYPES AVAILABLE:

The types available in Somalia are:

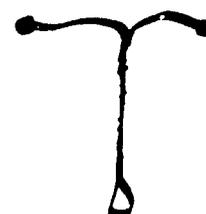
1. Copper T 200



2. Copper 380A



3. Nova-T



The types commonly available outside Somalia are:

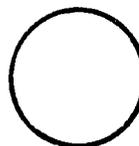
4. Copper 7



5. Lippes Loop



6. Saf-T-Coil



6. Multiload



#### EFFECTIVENESS:

The effectiveness of an IUD is between 97% and 99% effective.

#### DURATION OF USE:

The Copper 200T and 380A can be used for 4 years

The Nova T can be used for 5 years.

The Copper 7 can be used for 3 years

The Lippes Loop and Saf-T-Coil can be used for 10 years

The Multiload can be used for 5 years

**ACTION:**

No one is sure exactly how an IUD prevents pregnancy. Most experts believe that the IUD prevents pregnancy in a combination of ways.

1. It might interfere with the process of implantation of the fertilized egg in the uterus.
2. It might cause a chemical reaction in the women's uterus that weakens or destroys the sperm or the female egg; this reaction can prevent fertilization.
3. It might hinder the progress of the sperm in it's effort to reach the egg or cause the egg to move more quickly through the fallopian tubes.
4. The IUD with copper is more effective than the non-medicated IUDs. The exact mechanism is not understood.

**ADVANTAGES:**

1. It is safe and effective for most women.
2. It is convenient and requires no attention from the user.
3. After removal, the women can become pregnant again.
4. It does not interfere with breastfeeding.
5. It does not interfere with intercourse if the IUD string is cut correctly.
6. It can be used for years.

**ABSOLUTE CONTRAINDICATIONS:**

1. Pelvic inflammatory diseases (PID) and Sexually Transmitted Diseases (STDs).
2. Pregnancy.

**STRONG RELATIVE CONTRAINDICATIONS:**

1. Women who have many sex partners.
2. Emergency treatment unavailable if IUD problems occur (e.g. not use with nomadic women).
3. History of PID, postpartum endometritis or infected abortion within the last 3 months.
4. Acute or purulent cervicitis.
5. Abnormal genital bleeding.
6. Diabetes.
7. AIDS.
8. Cancer of the uterus or cervix.
9. History of ectopic pregnancy.
10. Endometriosis.
11. Heart disease e.g. Rheumatic heart disease.
12. Severe cramps.
13. Severe menorrhagia.
14. Anemia
15. Uterine fibroids.

**SUITABLE WOMEN FOR THE IUD:**

1. Women who have at least one child and who want to space their children for at least 2 years.

Note: The Medical Review Panel made this recommendation due to the increased risk of PID with an IUD. PID might cause the women to become infertile.

2. Women who have completed their families and want a simple method of contraception until menopause.
3. Women who cannot or do not want to take oral contraceptives.
4. Women who have difficulty remembering to use other methods.

5. Women who have just had a baby.
6. Women who are breastfeeding their baby.

**PROCEDURE FOR SELECTION OF AN IUD CLIENT:**

1. Registration.
2. History.
3. Lab work - Bp and Hct if available.
4. Physical examination including pelvic exam (pap smear is optional depending on availability).

**WHEN AN IUD CAN BE INSERTED:**

1. Anytime during the menstrual cycle.
2. On the day following the end of the menses.
3. 40-50 days postpartum.
4. Right after menstrual regulation or a spontaneous abortion providing there is no evidence of infection e.g. no fever, uterus is not tender and there is no offensive discharge.

**POST-INSERTION INSTRUCTIONS:**

1. Explain that some women have cramping and bleeding for several days after an IUD is inserted. A mild pain medication should relieve the cramps.
2. Instruct how to feel for the IUD string:
  - a. Wash your hands.
  - b. Put your index or middle finger into your vagina until you feel the cervix. The cervix is smooth, round and feels like the tip of your nose.

- c. Feel for the IUD string coming from the tiny opening in the center of the cervix.



- d. Feel for the IUD string after each period. If you have unusual cramping or bleeding check to be sure your IUD is still in place.
- e. Never pull on your string. If you feel the plastic of the IUD, use a back-up method e.g. condoms or foaming tablets and come into the clinic.

**SIDE EFFECTS:**

1. Periods may be heavier and longer with increased menstrual cramps. It can be treated with a mild pain medication.
2. Anemia may result due to heavy and longer menses. Can treat mild anemia with Ferrous sulfate 300mg a day for 3 months and recheck. If severe anemia, remove IUD and give Ferrous sulfate for three months and recheck. Use another method like condoms, spermicides, pills, etc.

**EARLY IUD DANGER SIGNS (PAINS):**

- P** - Period late (pregnancy)
- A** - Abdominal pain, pain with intercourse.
- I** - Infection, abnormal discharge.
- N** - Not feeling well, fever, chills.
- S** - Spotting, bleeding.

**FOLLOW-UP:**

After an IUD insertion, a woman must have a check-up in six weeks, at three months and at six months. If there is no problem, the client should come in every year for a check up.

**MANAGEMENT OF IUD COMPLICATIONS:****1. Pregnancy**

If the client has an IUD and is pregnant refer to the doctor.

**2. Pelvic Inflammatory Disease (PID)**

If the client has PID, remove the IUD and refer for treatment immediately. Instruct client to return to clinic after 1 week of treatment.

**3. Perforation/Expulsion**

If you can not locate the string, refer to the MD. The IUD may have perforated the uterus or may have been expelled. Encourage the client to use a back-up method.

**4. Abnormal genital bleeding**

If the client has abnormal bleeding, refer to the doctor immediately.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
August, 1989

Lesson Plan 20

Name: Mana Osman Ghedi  
 Head Of General Services  
 FH/FP DIVISION, MOH

**INJECTABLE CONTRACEPTIVES**

General Objective: By the end of this session, the participants will be able to provide information regarding injectable contraceptives. (It will not be offered in the MCH clinics.)

Classroom hours: 2

Specific Objectives	Content	Method	Evaluation
Define injectable contraceptive	Definition of different types	Discussion/ Brainstorm	Asking Questions
State the mode of action	Mechanism of action	Discussion	"
State the effectiveness	Effectiveness	" Brainstorm	"
Identify the advantages	Advantages	Discussion	"
Identify the disadvantages	Disadvantages	"	"
List the common side effects	Side effects	"	"
Describe the contraindications	Contraindications	" Brainstorm	"
State the appropriate dosage and site of administration of each injectable		"	"
Recognize early danger signals	Early danger signals	"	"

Materials/Resources necessary for lessons: Blackboard chalk, handout.

## INJECTABLE CONTRACEPTIVES

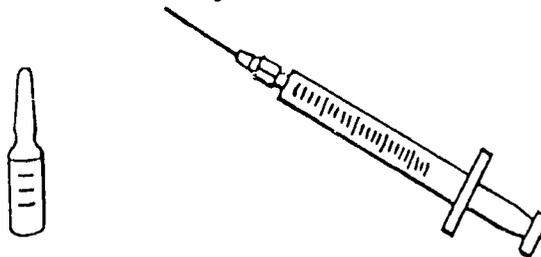
### Information Sheet

#### Definition:

Injectable contraceptives are synthetic progestins similar to the hormone, progesterone, produced by the woman's body. When administered by injection they prevent pregnancy. Currently, two types are used clinically:

1. DMPA (Depo-Medroxyprogesterone Acetate or Depo-Provera).
2. NET-EN (Norethindrone Enanthate or Noristerat).

#### Injectable Contraceptive



#### How does it work?

To use this method a woman is injected with either 150 milligrams of the hormone Depo-Provera every three months or one injection of 200mg Noristerat every two months. This injection acts in three ways to prevent pregnancy:

1. Stops ovulation
2. Makes thick cervical mucus, making it difficult for the sperm to enter the uterus.
3. Only a thin lining of the uterus develops so an egg can implant.

#### Effectiveness:

Injectable contraceptives are almost 100% (99.6%) effective in preventing pregnancy.

**Advantages:**

1. Very effective (99.6%).
2. Lasts for 2-3 months depending on injection.
3. Effectiveness continuous even if user is late in obtaining injection.
4. No specific medical disease is known to be caused by these preparations.
5. A client does not have to remember to take a pill every day.
6. Offers privacy to user.
7. May help decrease anemia.
8. Does not effect breast milk supply or quality.
9. Nothing to remember but to return for follow-up visit.
10. Use not related to sexual intercourse.
11. Useful for woman over 35 years old.
12. In many cultures the people like and trust the injection.
13. The injection can be given to women who are under some medication that requires them not to be pregnant for about three months.
14. The injection can be used for those whom estrogen are contraindicated.
15. Provides some protection against pelvic inflammatory disease.

**Disadvantages:**

1. Does not provide protection against most STDs including AIDS.
2. Since long-acting, cannot be easily discontinued or removed from the body if complications develop or if pregnancy is desired.

**Side effects of injectable:**

- 1. Irregular periods
- 2. Spotting or bleeding between periods.
- 3. Amenorrhea-often occurs after first injection and should be expected after 9-12 months.
- 4. Delays return of fertility-may take 6-12 months to get pregnant.

**Contraindications for use of injectables:**

Same as for combined pill preparations:

- 1. Pregnancy: diagnosed or suspected.
- 2. Breast malignancy or masses.
- 3. Cardiovascular diseases (heart attack, stroke etc).
- 4. Undiagnosed vaginal bleeding; irregular vaginal bleeding during the last three months, bleeding between periods or bleeding after intercourse.
- 5. Liver disease.
- 6. Diabetes.
- 7. Women with gallbladder disease.
- 8. High blood pressure.

**Selection of clients:**

- 1. Mother who reached the desired number of children.  
Injectable contraceptives should only be administered to women with a history of regular cycles.
- 2. Breast-feeding mothers.
- 3. Women for whom other methods of FP are not suitable.
- 4. Mother is over 35 years old.

**Dosage and Administration:**

1. The first injection is given between day 1 and day 5 of the menstrual cycle.
2. Depo-Provera- One injection of 150mg is given every three months IM in the arm.
3. Noristerat- One injection of 200mg is given every 7-10 weeks IM in the buttocks..  
( The injection site should not be massaged since massaging may speed release of progestin and thus shorten the period of efficacy.)

**Instructions to the client:**

1. If the first injection is given between day 1 and day 5 of your cycle, you do not need a back-up method. You are protected against pregnancy.
2. If you have been given Depo-Provera, you must have a repeat injection every 11-12 weeks.

If you have been given NET-EN, you must have a repeat injection every 7-10 weeks (46-74 days).

3. You can be up to 7 days late for your repeat injection without using a back-up method. You can have your repeat injection anytime during the menstrual cycle.
4. You may have irregular periods, spotting between periods or no periods at all. These changes are not harmful to your health. However, if you become worried, return to your doctor.
5. After 9-12 months of use, your periods will be irregular or you may not have them at all.
6. Remember you may not be able to become pregnant immediately after you stop using the injection. It may take 12-18 months before your periods are regular and you can become pregnant.
7. If you have any danger signs return at once to the doctor.

**EARLY INJECTABLE CONTRACEPTIVE DANGER SIGNS**

- Heavy bleeding
- Excessive weight gain
- Headaches.

8. If client is more than 7 days late for her repeat injection she should be checked for pregnancy. If client is not pregnant she may receive the injection but she must use a back-up method for 4 weeks.
9. If she decides to stop taking injections before age 50, she should use another method of contraception. There is a slight chance that she could become pregnant after stopping the injections.

Approved by the Medical Review Panel.  
FH/FP Division, Ministry of Health,  
November, 1989

Lesson Plan 21

Name: Marian Mohamed Abdulle  
Registered Nurse  
Head of Private Sector,  
FH/FP DIVISION, MOH

**IMPLANTABLE CONTRACEPTIVES**

General Objective: At the end of this session, the participants will be able to provide information on implantable contraceptives, such as Norplant.

Classroom hours: 30Min

Specific Objectives	Content	Method	Evaluation
Define the meaning of Norplant	Meaning of Norplant	Brain storm	Grab bag/ Question
Explain the mode of action	Mode of action	"	"
List the advantages	Advantages	"	"
Describe the side effects and complications	Side effects and complications	"	"
Describe the indications for Norplant	Indications for use	"	"
List the contra-indications	Contraindications	"	"

Materials/Resources necessary for the lesson: Implantable contraceptive information sheet, markers

## IMPLANTABLE CONTRACEPTIVES

### Information Sheet

#### Definition:

Norplants are small plastic rods filled with a man made progesterone. It takes 5-10 minutes to insert them subdermally (under the skin) on the inside of the women's upper arm.

#### Mode of action:

They prevent pregnancy by suppressing ovulation and by making the women's cervical mucus too thick for sperm to pass through.

Norplant provides protection against pregnancy for 5 years. After 5 years, the implants have to be replaced with new ones in order to continue using the method.

After the removal of Norplant implants no contraceptive effect remains. You might become pregnant during the next menstrual cycle.

#### Insertion of Norplant:

Both physicians and nurse-midwives can be trained to insert and remove Norplant implants. However in Africa and Asia, Physicians perform most of the insertions. Nurse-midwives should be able to both explain the steps for insertion and removal to clients and assist a physician in these procedures.

**Advantages:**

1. Easy (nothing to remember beyond returning for follow-up visits)
2. Comfortable and barely visible
3. Very effective- 99.7%
4. Convenient (does not interfere with normal activities or with sexual desire)
5. Decreased menstrual blood loss
6. Improvement in anemia
7. Long-acting (6 capsules of Norplant needs replacement after 5 years)
8. Can be removed at any time for any reason
9. No delay in return of fertility after removal
10. Does not interfere with sexual intercourse
11. Has few side effects

**Disadvantages:**

1. Provides no significant protection against STDs including AIDS.
2. Minor surgical procedure required to insert and remove.
3. Very small risk of a skin infection at time of insertion.

**Side effects and complications:**

1. Irregular bleeding, including spotting and possible heavy vaginal bleeding (these often decrease after the first year)
2. Headaches
3. Mood change
4. Amenorrhea (absent menses)
5. Weight gain

**Indications for the use of implantable Norplant and others:**

Implantables may be an appropriate method for a women who:

1. Wants long-term birth spacing
2. Prefers a contraceptive which does not require action daily or before intercourse
3. Is breast-feeding and needs a contraceptive
4. Is over age 35

**Contraindications for the use of the Norplant:**

1. Has known or suspected pregnancy by history, symptoms, signs or positive pregnancy test.
2. Has unexplained abnormal vaginal bleeding: irregular vaginal bleeding during the last three months, between periods or after intercourse
3. Has benign or malignant liver tumor, or an acute or severe active liver
4. Has high blood pressure
5. Has past or present thromboembolic blood clotting disorder or heart disease

January, 1990

Lesson Plan 22

Name: Adar Abdi Fidow  
 Register Nurse,  
 Regional Coordinator,  
 FH/FP Division, MOH

**FEMALE & MALE STERILIZATION**

General Objective: At the end of this session, the participants will be able to identify and counsel clients, female or male who may be candidates for sterilization.

Classroom hours: 20Min

Specific Objectives	Content	Method	Evaluation
Define female & male sterilization	Definition of female & male sterilization	Brainstorming discussion	Asking questions
Describe how female and male sterilization prevents pregnancy	How female and male sterilization prevents pregnancy	Discussion demonstration	Observation questions answer
Describe two methods of female sterilization	Two methods of female sterilization	"	Asking Questions
List the advantages of female & male sterilization	Advantages of sterilization	Group discussion and lecture	Oral questions
List 4 complications of female sterilization and 2 complications of male sterilization	Complications of sterilization	Brain storming and discussion	
State the Family Health Division, MOH policy regarding sterilizations	FH Division, MOH policy	"	Oral questions

Material/Resource necessary for the lesson: Newsprint, markers. hand-outs, birth control method flipchart.

## MALE AND FEMALE STERILIZATION

### Information Sheet/Guidelines

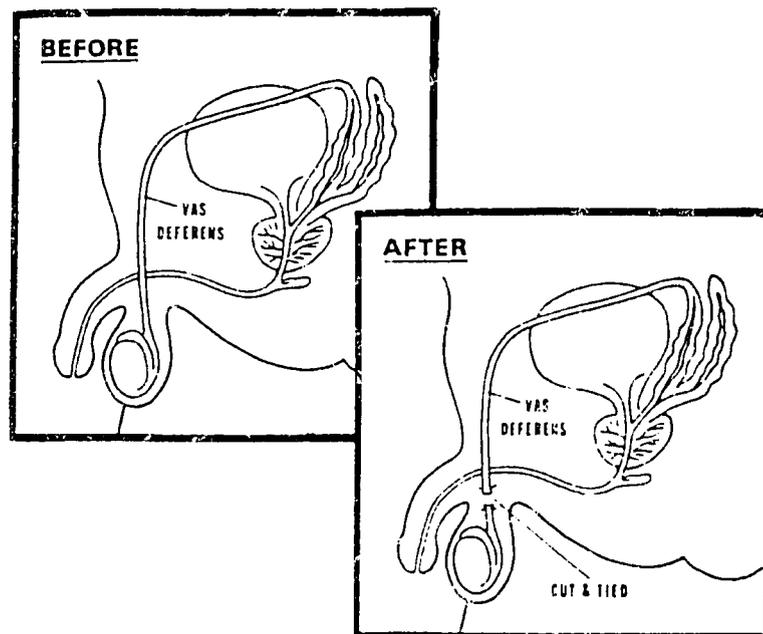
#### Male Sterilization or Vasectomy

This is a permanent method of contraception in which the tubes (the vas deferens) through which sperm travel from the testes to the penis are cut or blocked. The sperm can no longer enter the semen that is ejaculated.

The operation is carried out on an out-patient basis under local anesthesia through a small incision in the scrotum.

This surgery does not affect a man's sex drive or ability to maintain an erection or reach a climax.

#### Vasectomy

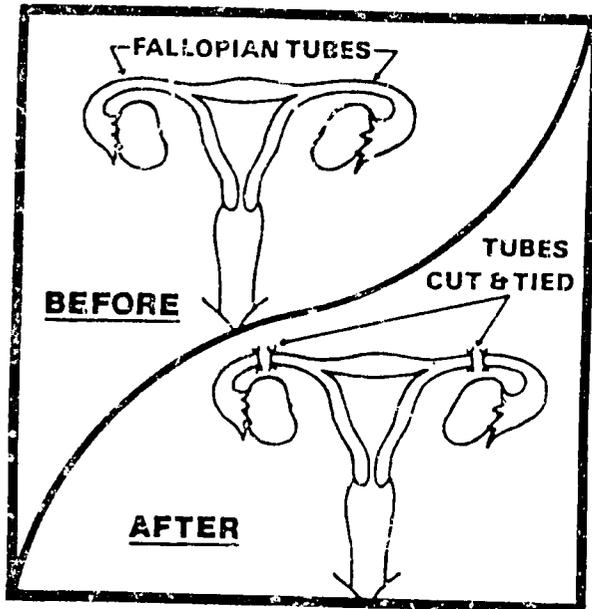


#### Female Sterilization or Tubectomy

This is a permanent method of contraception in which the fallopian tubes (oviducts) are closed so that the egg cannot travel through them to meet the sperm. The tubes are surgically closed with bands, clips, electro-cautery or by cutting and tying.

The operation can be performed under local anesthesia on an out-patient basis through a small incision in the abdomen (minilaparotomy) or using a laparoscope.

### Tubectomy



### Client Selection for Sterilization:

The Family Health Division, MOH, has a policy that sterilization methods may be provided to clients who have a medical or obstetrical condition that would endanger the mother's life if she got pregnant.

### Advantages of Sterilization for both Men and Women:

1. Permanent
2. Surgery is relatively fast (a few minutes for men, usually less than 30 minutes for women)
3. Highly effective- over 99%
4. Requires only a single procedure
5. Inexpensive in the long run

### **Disadvantages for both Men and Women:**

1. Does not provide any protection against STDs, including AIDS
2. Considered irreversible

### **Side Effects and Complications:**

The following side effects and complications occasionally occur:

1. Bleeding at the incision site and internally
2. Infection at the incision site and internally
3. Injury to other organs
4. Pain and skin discoloration in area of incision
5. Swelling and discoloration of scrotum
6. Blood clots in scrotum
7. Rarely significant complications occur

### **What People Want to Know:**

1. Men and women thinking about sterilization are sometimes worried whether the operation will have any of the effects of castration.

They will need to be reassured very strongly that the operation of sterilization does not damage the ovaries which produce the eggs and female hormones or the testicles which produce the sperm and male hormones.

The operation simply stops the transport of sperm in the man and the egg in the woman.

2. Men and women sometimes want to know what happens to the eggs or sperm that are formed but do not escape to be fertilized.

In women, the eggs disintegrate in the uterine tubes and are easily reabsorbed.

In a normal fertile man sperm are continually being reabsorbed from the vas deferens and this process is accelerated once the duct has been cut and tied.

Lesson Plan 23

Name: Halima Abdi Sheikh  
 Senior Nurse Midwife,  
 MCH/FP Clinical Trainer  
 Head Of Public Sector,  
 FH/FP DIVISION, MOH

**RUMORS & REALITIES  
 TO THE USE OF CONTRACEPTIVES**

General Objective: At the end of this session, the participants will be able to disseminate accurate information and ideas relating to contraceptives for the purpose of bringing about favourable attitudes about them and dispelling myths and rumors.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Recognize and discuss the myths and rumors that Somali people have regarding Contraceptive methods	Contraceptive knowledge  Rumors & myths	Brain storm by asking the participants to list the rumors they have heard.	Questions and Answers (Grab bag)
Share information to clarify ideas and values	Rumors and Facts	Discussion/ Role play	Observation Grab bag

Materials/Resources necessary for lesson: Newsprint, markers

## RUMORS AND REALITIES

### Information Sheet

#### INTRODUCTION

Use of contraceptives can save mothers lives. Child spacing reduces maternal mortality and morbidity by preventing high risk pregnancies of women who are too old, too young and too ill to bear children safely. While some contraceptive methods involve slight risks, these risks are very small compared to the risk of dying from pregnancy and child related causes. Some rumors are given by some people, to face the facts see the following:

**RUMOR:** Breastfeeding is a very ineffective means of contraception.

**FACT:** If the woman is "fully" breastfeeding, it can be as effective as other modern methods of family planning (such as pills), during the first 6 months postpartum and before the return of menses.

**RUMOR:** It's not possible to become pregnant while breastfeeding.

**FACT:** It is quite possible to become pregnant while breastfeeding, even before menses return. The risk of pregnancy is higher as the frequency of breastfeeding is decreased, or the baby gets supplemental feedings, or is 6 months old or more.

**RUMOR:** Condoms decrease sexual enjoyment for the couple.

**FACT:** Some men say they have decreased sexual enjoyment when using condoms. Sexual pleasure may be increased by lubricating the outside of the condom with a water-based lubricant (such as spermicides or saliva). Many couples enjoy sexual relations more when using condoms because they don't have to fear an unplanned pregnancy. Condoms can also increase sexual pleasure for those men who have premature ejaculation and for their partners.

**RUMOR:** The rubber used to make condoms can cause sexual intercourse to be uncomfortable.

**FACT:** Condoms do not cause pain during sexual intercourse.

**RUMOR:** Condoms are only used with prostitutes.

**FACT:** All around the world, married couples use condoms to prevent pregnancy. For example, in Japan, condoms are the most popular method.

- RUMOR:** Using condoms will weaken a man and make him impotent.
- FACT:** There is no medical reason behind this myth. Impotence in man has many causes; some are emotional and some are physical. Condoms can help maintain his erection longer.
- RUMOR:** Spermicides cause cancer of the cervix (entrance to the uterus).
- FACT:** Medical research shows spermicides may help PREVENT cancer of the cervix. This is because cervical cancer is probably caused by some viruses which are passed during sexual intercourse. Spermicides prevent sperm and viruses from reaching the cervix.
- RUMOR:** The pill causes cancer.
- FACT:** Studies have not shown that the pill causes cancer; in fact, the pill protects against cancer of the ovaries and lining of the uterus.
- RUMOR:** The pill causes deformed babies and multiple births (twins, triples).
- FACT:** There is no difference between women who have taken the pill and those who have not used the pill, in the number of deformed babies they have, or in the number of multiple births.
- RUMOR:** If a woman uses the pill, she will have trouble getting pregnant again when she quits using the pill.
- FACT:** When a woman stops taking the pill, her ovaries begin to function just like they did before she took it. Experts believe that the small number of women who have trouble getting pregnant after taking the pill, would have experienced this trouble even if they had never taken the pill.
- RUMOR:** The IUD causes discomfort during sexual intercourse.
- FACT:** An IUD which is correctly in place cannot be felt during sexual intercourse.
- RUMOR:** The IUD can travel from the uterus to other places in the body such as the heart or brain.
- FACT:** The IUD has been constructed so it cannot pass through the small passages to other parts of the body.

**RUMOR:** The IUD causes infertility (inability to get pregnant again).

**FACT:** The IUD does not cause infertility. However, if the woman gets a sexually transmitted disease when she has an IUD, she has a greater risk for a pelvic infection which can cause infertility.

**RUMOR:** A woman who uses injectables will not be able to get pregnant again.

**FACT:** There is a delay of several months after the last injection until fertility returns. While fertility may take 6-12 months to return, by 2 years after stopping injections the pregnancy rate among women who used injectables is about the same as non-users.

**RUMOR:** Injectable contraceptives cause cancer.

**FACT:** Current research does not show that injectables cause cancer.

September, 1989

Lesson Plan 24

Name: Faduma Haji Mohamed  
Senior P.H.N/A Tutor,  
Training Officer, SFHCA

**COMMON SEXUALLY TRANSMITTED  
DISEASES IN SOMALIA**

General Objectives: At the end of this session, the participants will be able to recognize the signs and symptoms, understand the causes, refer or treat appropriately and counsel regarding prevention of the common sexually transmitted diseases (STDS) in Somalia.

Classroom hours: 8

Specific Objectives	Content	Method	Evaluation
Define STDs	Definition of STDs	Discuss.	Grab Bag
Describe & identify the causes of the common STDs in Somali	Describe & identify the causes of the following: Moniliasis Trichomoniasis Bacterial Vaginosis Gonorrhoea Chlamydia Syphilis Genital Warts	lecture Discus- sion	Grab bag
Differentiate their signs/symptoms	Describe the signs and symptoms of each STD	"	"
Refer appropriately or provide simple treatment if specifically trained	Simple treatment of STDs	"	"
Give simple preventive measures	Prevention of STDs	Discus- sion	
Perform the steps of a proper STD visit	Steps to a STD visit	Role Play	Observation

Material/Resources necessary for the lesson: STD information sheet, illustrated posters, slides if available, black board & chalk.

## COMMON SEXUALLY TRANSMITTED DISEASES IN SOMALIA

### Information Sheet/Guidelines

#### Definition:

Sexually transmitted diseases (STDs) are infections which are almost always transmitted by sexual contact. These infections are caused by bacteria, some by viruses and some by other microorganisms.

### MONILIASIS

#### Description and Cause:

Moniliasis is caused by a yeast-like fungus called *Monilia albicans*. This fungus is carried in the vagina of 25-50% of all women.

It is not harmful unless it begins to multiply rapidly. Anything which interferes with the normal balance of organisms in the vagina may cause this infection. These include antibiotics, oral contraceptives, diabetes and pregnancy.

Moniliasis may also be transmitted by sexual intercourse.

#### Signs and Symptoms:

1. Thick, curd-like discharge that smells like yeast.
2. Itching/burning.
3. Soreness and inflammation of the vagina and vulva.
4. Males are sometimes symptomatic with itching and a rash of the penis. Asymptomatic males may occasionally be carriers and a cause of recurrent infection in females.

#### Diagnosis and Management:

Refer or if specially trained in STDs, treat according to the STD, Diagnosis and Management Guidelines

## TRICHOMONIASIS

### Description and Causes:

Trichomoniasis is caused by a one celled animal parasite called a trichonomad.

It is one of the most common vaginal infections.

It can also cause urinary tract infections in men.

Men and women can have trichomoniasis and not have any symptoms.

Trichomonads can survive outside of the vagina for about 6 hours on moist objects like a wet towel.

It is usually transmitted by sexual intercourse.

### Signs and Symptoms:

1. Greenish-yellow, foamy discharge.
2. Secretion has unpleasant odor.
3. Severe itching.
4. Soreness of the vagina/vulva.

### Diagnosis and Management:

Refer or if specially trained in STDs treat according to the STD Diagnosis and Management Guidelines

## BACTERIAL VAGINOSIS (FORMERLY HEMOPHILUS, GARDNERELLA)

### Description and Cause:

A syndrome in which several species of vaginal bacteria interact to produce symptoms. It may or may not be a sexually transmitted disease.

**Signs and Symptoms:**

1. A thin discharge, usually gray but sometimes white or yellow-green.
2. Usually has an unpleasant "fishy" odor
3. External genitalia irritation
4. Dysuria

**Diagnosis and Management:**

Refer of if specially trained in STDs, treat according to the STD Diagnosis and Management Quidelines

**CHLAMYDIA****Description and Cause:**

Chlamydia trachomatis is a small bacterial microorganism that multiplies within cells.

This infection is frequently found in association with other sexually transmitted diseases especially gonorrhea.

Chlamydial infections are spread through sexual contact and can also be acquired by an infant from an infected mother during labor.

**Signs and Symptoms:**

In many women early infections are asymptomatic.

The disease first effects the cervix as mucopurulent (containing mucus/pus) cervicitis.

An untreated infection may spread via the endometrium to the fallopian tubes and cause painful pelvic inflammatory disease (PID). Patients with PID complain of abdominal pain and cramps, fever and menstrual disorders.

In men, the primary site of infection is the urethra which can cause urethral discharge and painful urination. Untreated infection can result in unilateral epididymitis or prostatitis in 5-10% of cases.

**Complications:**

In women, PID can cause infertility and future risks of having an ectopic pregnancy due to scarring of the tubes.

Half of the newborn babies who acquire Chlamydia can develop ophthalmia neonatorum and about 5-10% can develop infant pneumonia syndrome.

**Diagnosis and Management:**

Refer and if specially trained in STDs, treat according to the STD Diagnosis and Management Guidelines.

**GONORRHEA (GC)****Description and cause:**

Gonorrhea is nicknamed "the clap". It is caused by bacteria, and is normally transmitted by sexual contact.

The risk of transmission of gonorrhea from an infected woman to a man during one sexual exposure is estimated to be about 30% whereas the risk of transmission from an infected man to a woman may be as high as 90%.

Gonorrhea can also be transmitted from an infected mother to the newborn and especially to the child's eyes.

**Signs and Symptoms:**

Over 50% of women who have early infections are asymptomatic and those with symptoms show the following signs:

1. Discomfort in urinating
2. Frequent urination
3. Yellowish vaginal discharge with unpleasant odor
4. Abdominal pain and pain during intercourse.

In women, if the primary infection is not treated, the infection can spread to the cervix, uterus, and fallopian tubes causing pelvic inflammatory disease (PID). The women with PID may have fever, abdominal pain, backache, painful or excessive periods and pain during intercourse.

Most men (95%) have acute symptoms when infected with gonorrhea. They are the following:

1. Painful urination
2. Frequent urination
3. Yellowish urethral discharge

**Complications:**

Gonorrhea can cause infertility in women or men, future risks of ectopic pregnancies, and blindness in an infected child.

Gonorrhea can also spread to the bloodstream and infect bone joints, causing arthritis.

**Diagnosis and Management:**

Refer and if specially trained in STDs, treat according to the STD Diagnosis and Management Guidelines

## SYPHILIS

**Description and cause:**

It is sometimes nicknamed "the pox" or "scab" and it is the most serious STD. It is caused by bacteria, "spirochetes", that live in the warm, moist lining of the genitals, but die almost immediately outside the human body. The infection spreads by sexual contact. It can also be transmitted from mother to the fetus causing stillbirths or deformities and in other cases resulting in hidden infections that cause trouble later.

**Incubation period:** 9 days- 3 months

**Symptoms:** It has 4 stages

1. **Primary stage:** On the genitals, a spot appears and grows into a painless sore that secretes a colorless fluid. This sore is known as a chancre. The chancre is a round or oval shaped ulcer which is just less than 1.3cm across. A week later the glands in the groin may swell but they do not become tender and may not be noticed. The sore heals without treatment.

2. **Second stage:** This stage occurs when the bacteria have spread through the body. It can follow the primary stage but usually there is a delay of several weeks. There may be headaches, loss of appetite, general aches and pains and perhaps fever. There are breaks in the skin and sometimes a dark red rash lasting for weeks or even months. The rash appears on the back of the legs and front of the arms and often on the face, palms of the hands and soles of the feet. These sores do not itch and are not infectious. It disappears without treatment after 3-9 months.

3. **Latent stage:** This stage may last from a few months to 50 years. There are no symptoms. After 2 years, the person stops being infectious; except a woman can still give the disease to the baby she delivers. Also, the presence of syphilis can still be shown by a blood test.

4. **Tertiary stage:** This stage occurs in about one quarter of those who have not been treated earlier. The disease often causes permanent damage in one part of the body. Patients will often get ulcers in the skin and lesions on ligaments, joints, or on bones. Tertiary syphilis is more serious if it attacks the heart, blood vessels or nervous system. It can kill, blind, paralyze or make people insane.

**Diagnosis:**

Refer to the STD clinic or private physician. It is not easy to diagnose since its symptoms are often mild or indistinct. A dark field microscopic examination of the pus from the chancre will show spirochetes.

**CONDYLOMATA ACCUMINATA  
(GENITAL WARTS)**

**Description and cause:**

Genital warts or condylomata acuminata are a common form of infection in the male and female. The change in the genital skin which produces the wart is caused by a virus.

The warts are contagious in their early stage, less so when they have been present for a longer period of time. The warts differ in structure from the common type of skin warts that people get on other skin areas.

**Signs and Symptoms:**

In the female, genital warts affect the skin of the vulva and the skin around the anus. They can develop also in the vagina and on the cervix.

In the male, the warts can develop around the opening to the urethra, inside the urethra, under the foreskin of the penis, and around the anus.

The warts often increase rapidly in size and number. For this reason and to prevent infecting a sexual partner, the warts should be treated as soon as they are noticed.

**Diagnosis and treatment:**

Refer to STD clinic or private physicians

**PREVENTATIVE MEASURES FOR STDs**

1. Use of a condom for every intercourse; add a spermicide to provide extra protection.
2. Treatment of both partners to avoid reinfection.
3. Regular personal hygiene in particular the genitals before and after intercourse
4. Avoidance of multiple partners
5. Regular check-ups for STDs
6. Health education to the community especially for the young and the teenagers.

## THE ROLE OF THE FAMILY PLANNER

- A. Take a history to include;
  1. A description of the signs and symptoms
    - What are the signs and symptoms?
    - How long have you had them?
    - Have you had them before?
    - Does your husband have any signs or symptoms?
  2. Have you ever had a sexually transmitted disease? Were you treated? Was your husband treated?
  3. Are you taking any medications? antibiotics?
  4. When was your last menses and was it a normal menses?
  5. Are you using any contraception?
- B. Perform a physical exam including a pelvic if the clinic has the proper facilities and supplies and the nurse/midwife is properly trained. (See Physical Examination and Pelvic Examination.)
- C. Perform laboratory tests if available
- D. Refer or treat according to the STD Diagnosis and Management Guidelines
- E. Counsel Clients
  1. The importance of proper treatment and follow-up for her and her husband or sexual partners.
  2. Prevention of STDs

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
January, 1990

Lesson Plan 25

Name: Mana Osman Ghedi  
Registered Nurse  
Head of General Service  
FH/FP Division, MOH.

**AIDS**

General Objective: At the end of this session, the participants will be able to counsel clients and provide information regarding AIDS and how to prevent it.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Define the word AIDS	Definition of AIDS	Brain Storm	Grab bag Questions
Describe what causes AIDS	Causes of AIDS	Discussion	"
Describe the signs & symptoms of AIDS	Signs and Symptoms	"	"
Explain how HIV is spread	The spread of HIV	"	"
State how HIV is diagnosed	Diagnosis of HIV	"	"
Counsel on prevention	Counsel on Prevention to: 1.General Public 2.Health Workers 3.Family Members	"	"
State 2 procedures to kill the HIV	Procedures to kill the HIV	"	"

Materials/Resources necessary for the lesson: AIDS information sheet, newsprint, markers

Previous Page Blank

## AIDS

### Information Sheet/Guidelines

#### Definition:

AIDS is the final stage of a combination of diseases caused by a virus which weakens the immune system.

The virus is known as HIV which stands for Human Immunodeficiency Virus.

There is no cure for AIDS, scientists in many parts of the world are working to develop approaches for the treatment of AIDS.

#### Causes of AIDS:

AIDS is caused by HIV which changes the structure of the cell it attacks. In the process, it breaks down the body's immune system.

The death rate of AIDS is extremely high. Within 2 to 4 years, 80% will die after being diagnosed with AIDS.

People who suffer from AIDS become susceptible to a variety of diseases:

The two most common are:

1. Pneumonia = a lung infection
2. Kaposi's sarcoma = a form of cancer of the blood vessel wall.

The AIDS virus may also attack the nervous system causing damage to the brain and spinal cord.

#### How the HIV Infection is Spread:

The virus is transmitted by 3 major ways:

1. Sexual contact
2. Blood (syringes and needles/blood transfusions)
3. Mother to the unborn child

Persons who are infected by HIV may feel and look well for years before they fully develop AIDS. During this period the persons may infect others. The body fluids which are the blood, semen and cervical secretions of the infected person contain HIV. A person becomes infected with HIV when body fluids carrying HIV enter his/her bloodstream.

HIV infection is not spread by casual contact such as: shaking hands, sharing food, hugging, using the same bathroom or touching objects handled by AIDS patients. Mosquitoes, big bugs and other blood sucking insects cannot transmit HIV.

The following conditions put persons at high risk:

1. Multiple sexual partners
2. Receiving blood transfusions not tested for the AIDS virus
3. Being the infant of a mother who has AIDS
4. Being frequently exposed to unsterilized needles or surgical instruments
5. Having a genital ulcer

#### Signs and Symptoms:

At first, most people infected by the AIDS Virus (HIV) feel completely normal and have no idea that they have been infected. A few weeks after being infected by HIV; people may have fever, tiredness, muscle aches, sore throat, diarrhea, and swollen glands. After recovering from this short-term illness, infected persons may appear relatively healthy for several years until they begin to develop the long-term, life threatening symptoms of AIDS.

These symptoms are:

1. Extreme weight loss
2. Low-grade fever
3. Chronic diarrhea
4. Chronic dry cough
5. Painful swallowing due to oral thrush
6. Blisters and itching skin rashes
7. Swollen glands

**Diagnosis of AIDS:**

There are blood tests that can detect the presence of antibodies to HIV in the blood.

These blood tests have two main uses:

1. To test clients who are suspected of having HIV infection
2. To screen blood for the presence of HIV

It is important to remember that a positive blood test in the absence of symptoms of AIDS does not mean that the person has AIDS.

It means that:

The AIDS is in her/his blood

She/he could infect others

She/he could develop AIDS in the future

**Counsel and Prevention:**

There are three different groups who need different advice about protection from the spread of AIDS:

1. The general public especially those who engage in high-risk behaviors.
2. Health care workers
3. Those with a family member who has AIDS.

**Recommendations for the General Public:**

1. Avoid infection through sexual intercourse by:
  - Avoiding multiple partners
  - Using condoms, adding spermicides for extra protection
  - Educating teenagers about AIDs
2. Avoid infection through contaminated blood or instruments by:
  - Never using unsterilized needles or syringes
  - Sterilize every knife such as used in a home delivery, female circumcison, etc.
  - Accepting only blood transfusions that have been screened for the AIDS virus or accept only blood transfusions when absolutely necessary.
3. Avoid spreading infection to newborns by:
  - Advising women who have AIDS to avoid pregnancy by using effective contraceptive methods (Children born to women already infected with the AIDS virus have a very high risk of perhaps 25-50% of being born with a HIV infection)

**Recommendations for Health Care Workers:**

All health care workers should be very careful handling blood, cervical secretions, semen and other body fluids.

Health care workers who use appropriate precautions rarely acquire HIV infections.

These precautions include:

1. Handle all needles and sharp instruments with care
2. Immediately place syringes and other sharp items in a puncture-resistant container until they can be sterilized.
3. Disposable syringes and needles should be destroyed to avoid reuse.
4. Wash hands immediately after examining or leaving a patient. Apply lotion to avoid chapping since the AIDs virus can spread through unseen breaks in the skin.

5. Clean-up blood spills at once with a disinfectant.
6. Give special labels to lab specimens from clients suspected or diagnosed with AIDS in order to alert all health workers handling the specimens.

**Recommendations for Family Members Caring for Persons with AIDS:**

1. Wash hands carefully after contact with body secretions and excretions.
2. Do not share toothbrushes or razors.
3. If you have an open sore, cover it before caring for the AIDS patient.
4. Clean very dirty clothes or linen in a separate container and soak in a dilute bleach solution until ready to wash. Wash in soap and water.
5. Burn, bury or tie shut in a plastic bag any garbage

**What Procedures kill the Human Immunodeficiency Virus:**

All medical instruments for invasive procedures (including needles and syringes) should be cleaned after each use, then sterilized or given high level disinfection to prevent transmission of HIV (WHO, June, 1988).

HIV is a fragile virus. HIV is very sensitive to chlorine solutions (bleach) and is rapidly killed on exposure, making bleach an ideal decontamination agent, especially for large surface areas.

If medical equipment, linens or clothing have a large amount of blood or other body fluids, then pre-soaking in a 0.5% bleach solution will kill HIV, making the article safe to touch during cleaning. For cleaning medical instruments, gloves should be worn.

HIV is also rapidly killed by high heat.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
January, 1990

Lesson Plan 26

Name: Faduma Haji Mohamed  
Senior P.H.N/A Tutor,  
Training Officer, SFHCA

**PELVIC INFLAMMATORY DISEASE  
(PID)**

General Objective: At the end of this session, the participants will be able to detect, treat or refer pelvic inflammatory disease(PID).

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Describe PID	Description of PID	Discussion	Written questions
Identify its causes	Causes of PID	Lectures	Oral questions
Identify its signs & symptoms	Signs/symptoms of PID		Questions Grab bag
Refer for further investigation	Risks of PID		"
Instruct client	PID		"

Materials/Resources necessary for the lesson: hand-outs, newsprint, magic markers.

**PELVIC INFLAMMATORY DISEASES  
(PID)**

**Information Sheet/Guidelines**

**Definition:**

Pelvic inflammatory disease or PID is an infection of the internal female organs. This infection may lead to the blockage or damage of the lining of the uterus, the fallopian tubes, the ovaries and the surrounding pelvic tissues.

**Causes of PID:**

PID is caused by several types of bacteria and other microorganisms.

The two main causes of PID are:

1. Infections following childbirth, miscarriage or incomplete abortion
2. Sexually transmitted diseases (STDs) such as gonorrhea and chlamydia.

Women who are more at risk for PID are:

1. Women who have more than one sexual partner or whose partner has more than one sexual partner.
2. Women who have poor obstetrical care and poor hygiene.
3. Women who use an IUD are at an increased risk for developing PID.

**Signs/Symptoms:**

1. Lower abdominal pain
2. Painful sexual intercourse
3. Abnormal vaginal bleeding
4. Heavy menstrual periods
5. Abnormal vaginal discharge
6. Fever may be present
7. Cervical motion and adnexal tenderness during bimanual examination.

**Risks:**

The complications and side effects of PID can be serious, they include:

1. Infertility (PID is the major cause of subfertility and infertility in Africa)
2. Ectopic pregnancy
3. Chronic pelvic pain
4. Pelvic abscess
5. Repeated PID

**Treatment:**

Refer to a physician immediately or if specifically trained in STDS, treat according to the FH/FP Division's STD Diagnosis and Management Guidelines.

**Instructions:**

1. Take all the antibiotics as prescribed.
2. Rest as much as possible and avoid any physical activities which may cause the pain to increase.
3. Avoid intercourse or douching.
4. Contact the doctor if symptoms are not decreasing about 48 hours after treatment has been started.

**Prevention:**

1. Advise clients to avoid multiple partners and use condoms
2. Good hygiene and nutrition
3. Safe abortion.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
December, 1989

Lesson Plan 27

Name: Mana Osman Ghedi  
 Head Of General Services  
 FH/FP Divisison, MOH.

**INFERTILITY**

General Objective: By the end of this session, the participants will be able to identify infertile couples by history, give proper counseling and refer when appropriate.

Classroom hours: 4

Specific Objectives	Content	Method	Evaluation
Define infertility	Definition	Brain storm	Ask Questions
Describe different-types of infertility	Primary and secondary	"	"
Describe the causes of infertility	Causes of infertility	" "	" "
State how infertility can affect the family	Infertility and psychological problems	"	"
Take an infertility history to identify possible causes	Infertility History Possible Causes	Role Play	Observations
Counsel and Refer appropriately.	Fertility Awareness Counseling Referral	"	"
Describe prevention measures of infertility	Prevention	"	"

Materials/Resources necessary for lesson: Blackboard, chalk, handout.

## INFERTILITY

### Information Sheet/Guidelines

Infertility is important to all societies. Infertility has traditionally been a source of pain, anxiety, and shame. Women who are unable to bear children often suffer great emotional pain.

The World Health Organization has classified and defined infertility as follows:

#### Primary Infertility:

The woman has never been pregnant and has been trying to get pregnant for one year.

#### Secondary Infertility:

The woman has been pregnant before but is unable to get pregnant again.

#### Pregnancy Wastage

The woman is able to conceive but unable to produce a livebirth.

#### Subfertility

Both the man and the women have some infertility problems and cannot get pregnant.

#### Common Causes of Infertility

\* 40% of infertility cases are due to problems with the female:

- Damage or blockage of the fallopian tubes caused by:
  - . Sexually transmitted diseases
  - . Postpartum/postabortal infection
  - . Tuberculosis
- Hormonal or ovulation disorders
- Endometriosis (growth of endometrial tissue outside the uterus)
- Incompetent cervix

- Hyperthyroidism, causing too little or too much estrogen
- Variety of indirect factors such as anemia, thyroid problems or general debilitating illnesses
- \* 40% of all infertility is due to problems with the males:
  - Abnormal sperm count, motility or function  
(low sperm count is a common cause of infertility in males)
  - Varicoceles
  - Ductal obstruction
  - Hypoplastic testes
  - Epididymal cysts
- \* 20% of infertility is caused by both partners or is unknown

### Infertility and Family

Infertility is a shared problem between husband and wife. Sometimes women are abandoned, divorced or replaced if they cannot get pregnant even if it is the male who has the infertility problem. In the treatment of infertility, both husband and wife should be treated simultaneously. When the woman goes to the gynecologist and the man goes to the urologist, there is a lack of a coordinated treatment plan. This may slow the process and discourage the couple. A couple with infertility problems should seek medical help together not separately.

### The Role of the Family Planner

#### Take a History

The health worker by taking a history should be able to identify:

1. Whether or not the couple is infertile according to the World Health Organization's definition of infertility.
2. Whether or not the infertility is primary or secondary.
3. Evaluate possible causes

## An Infertility History

Findings	Possible causes
<b>History of the couples</b>	
1. Why do you think you are infertile?	Find out what the couple thinks is the possible cause
2. Have you ever been pregnant? If no previous pregnancies	Primary infertility 40% due to female 40% due to male 20% due to both
If one or more previous pregnancies	Secondary infertility often due to infection from childbirth or STDS, less common is endometriosis
3. Has the husband produced any children? If yes	Infertility may be due to the female
4. How often and when during your menstrual cycle do you have intercourse? . If less than three times a week	Couples having intercourse less than three times a week are less likely to conceive.
If not around ovulation time	Infertility maybe due to poor timing
5. Do you use any lubricants during intercourse? If yes	Petroleum-based lubricants can kill sperm

6. Have either you or your husband been treated for an STD?  
If yes

STDs often lead to blocked fallopian tubes in women. In men, it can cause scarring and narrowing of the urethra, vas deferens, and epididymis.

#### History of the Female

7. How old are you?  
If over 39 years

As women get older it may be harder to get pregnant because they are more apt to have medical problems that affects fertility

8. Do you have regular periods?  
If no

The women may not be ovulating

#### History of the Male

9. Do you have trouble keeping an erection or ejaculating?  
If yes

This may be caused by psychological or medical problems

10. Have you taken any drugs or medicines like narcotics, tranquilizers, nicotine, amebicides or antimalarials?  
If yes

These drugs can cause impotency and lowered sperm production

**Make a Plan**

If no abnormalities were detected by history:

1. Reassure and educate client as appropriate
2. Counsel about fertility awareness
3. Provide information on the limitations of the history and refer the couple for a physical examination and a more extensive evaluation.
4. If possible, the husband should have a semen analysis before referral to the physician.
5. Plan regular return visits for the couple if appropriate
6. Provide information on adoption if appropriate

**Counsel on Fertility Awareness**

Explain in simple terms the basic information necessary for conception:

1. Intercourse must occur during the fertile time of each month
2. The fertile time will come 2 weeks (plus or minus 2 days) before the start of her menses.
3. She will recognize her fertile time by her vaginal secretions which will become very wet, abundant, thin, slippery, and very stretchy like raw egg white. This is called fertile mucus. It only occurs at the time the mature egg is released. The cervix produces this mucus so that the sperm can pass up through the cervix into the uterus and fallopian tubes.
4. The couple should have sexual relations every 2 days during the fertile time of the women's cycle.

### Prevention of Infertility

1. Family Planning providers should provide an opportunity for healthy individuals to have access to a medical examination.
2. Using certain FP methods, such as condoms, can help reduce the spread of infections such as gonorrhoea, chlamydia and trichomoniasis. The IUD, however, may increase the risk of infection, therefore, increasing the risk of infertility.

Approved by the Medical Review Panel  
FH/FP Division, Ministry of Health  
December, 1989

Lesson Plan 28

Name: Halima Abdi Sheikh  
 Senior Nurse Midwife,  
 MCH/FP Clinical Trainer  
 Head Of Public Sector  
 FH/FP Division, MOH

**EDUCATIONAL TALK IN  
 FAMILY HEALTH**

General Objective: At the end of this session, the participants will be able to conduct an educational talk that promotes family health and proper use of the health services by making health a valued asset.

Classroom hours:3

Specific Objectives	Content	Method	Evaluation
Equip people with knowledge and skills for preventing and solving their own problems by planning and organizing an educational talk	Guiding principles of the community Qualities of an educator Preparation for an educational talk	Brain Storm/ Discussion/ Lecture/ Design an educational talk	Field trip one day
Conduct an educational talk.	Effective education & communication: - Sender - Message - Channel - Receiver	Role Play or give an educational talk/ Lecture/ Group Work	Observation during educational talk
Evaluate an educational talk	Feedback (Response)	"	Observation of an educational talk

Materials/Resources necessary for lesson: Newsprint and markers.

## EDUCATIONAL TALK

### Information sheet

#### Educational talk:

This a method of creating awareness of a subject matter to a group of people.

#### Guiding Principles

1. Ethnic characteristics of people
2. Knowledge and beliefs
3. Mental health aspects of health education

#### Qualities of the Educator

The educator must be an extrovert, set a good example, be a good observer, understand oneself, be able to establish good communication, be able to teach, and have skills to prepare and use audiovisual materials.

#### Preparation for an Educational Talk

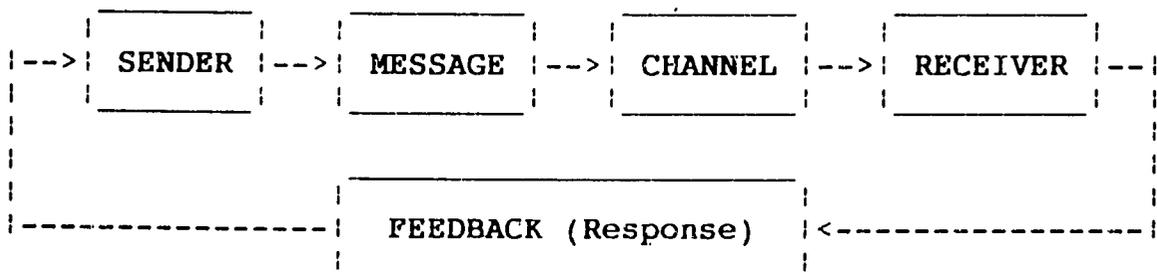
1. Designing the plan-
  - a. **WHAT** -The knowledge, skills and attitudes required to meet the health education needs of the people.
  - b. **WHY** -The purpose of health education can be directed to: maintenance of health, understanding of disease, or activities of daily living.
  - c. **WHEN** -Determine the order of activities, length of education, etc.
  - d. **HOW** -Select and plan methods of teaching/ learning; e.g., individual or group discussions, etc.
  - e. **WHERE** -Identify the place, location of health education; e.g., home, clinics, MCH centers.
  - f. **FOR WHOM** -Who will get health education; e.g., parents, school children, adolescents, etc.
  - g. **BY WHOM** -Decide who will be the health educators; e.g., you or the other health team members.

2. **Writing the plan** - It must be written simply, with nonmedical terminology. Materials should be relevant, in logical sequence, and include simple diagrams. Information should be direct, truthful and related to the actual needs of the local situation.
3. **Principles of learning** - In planning, consider: readiness, transfer of learning, individual differences, perceptual interpretation, motivation, reinforcement, and constant evaluation.
4. **Evaluation** - Health education activities must be evaluated at periodic intervals to determine whether progress has or has not been made toward the objectives.

### What Takes Place When We Educate

As a field educator you are the sender of information and the client is the receiver. For effective communication to take place, you as the sender must have a message and a channel through which to send your message. Once the client has received the message you will expect some feedback or response.

A simple model of communication is presented in the diagram below:



#### The Sender

The first stage of any communication is performed by the sender. The sender may be an individual who is speaking, a group of persons or an organization. The sender starts the communication action.

#### The Message

The message is the idea, information, motivation, experience or knowledge which we want to transmit.

### **The Channel**

A channel is the means by which a message travels from a sender to the receiver. We can use two types of channels: mass media channels; e.g. newspaper, film, radio or interpersonal channels which involves face to face communication.

### **The Receiver**

The receiver is the most important element in the communication process. The receiver is also known as the audience.

The audience may be made up of only one individual, a group or a mass audience.

### **The Response**

The response is a change in the behaviour of the receiver as a result of a message transmitted. Feedback from the receiver can be used to modify the message further.

Your real purpose in communicating is to get people to understand your message and act accordingly. In other words, you want them to change as a result of your message. Communication facilitates creation of awareness, motivation, acceptance and action at individual, small group and community levels.

To communicate effectively you must know and understand your audience, their background, interests, language, level of education, age, socio-economic background, cultural beliefs and attitudes. A community survey should provide most of this information. If you do not understand the audience it might become a barrier to your communication

October, 1989.

## Lesson Plan 29

**INTERPERSONAL COMMUNICATION  
AND COUNSELLING**

Name: Halima Abdi Sheikh  
Senior Nurse Midwife,  
MCH/FP Clinical Trainer  
Head Of Public Sector  
FH/FP Division, MOH

General Objective: At the end of this session, the participants will be able to stimulate interest and create awareness in family health and give appropriate counseling to individuals and couples.

Classroom hours: 1

Specific Objectives	Content	Method	Evaluation
Define communication skills.	Definition of communication skills.	Brainstorm/ Lecture	Participation
Explain different methods of communication.	Interpersonal and mass media communication. -Types of communication methods.	Discussion/ Brainstorm/ Lecture	
List the requirements of good communication skills.	Role of communication skills.	Discussion/ Role Play	Observation Questions & Answers
Define counseling	Definition of counseling		Questions & Answers
Describe the role of the counselor in Family Health	Role of counselor	Discussion/ Brainstorm/ Role Play If available, a Video	"

Specific Objectives	Content	Method	Evaluation
Identify appropriate methods of communication and counselling for different groups.	Criteria for selecting appropriate methods for different groups.	Brainstorm	Observation
List at least five qualities of a good counselor	Qualities of a good counselor	Role play a bad Counselor/ Have trainees discuss	Observation
Describe at least four limiting factors (obstacles) to counseling	Counseling obstacles	Brainstorm/ Discussion/ Role play	Observation Questions & Answers
Help clients explore their own problems and find solutions	Problem situations	Discussion/ Case Studies/ Role play	Participation
Communication with clients during specific situations (pelvic exam, situations of stress and difficulties)	Guidelines for a counseling session	Role play/ specific situations	Observation

Material/Resources necessary for lesson: Handouts, if available video.

## COMMUNICATION SKILLS

### Information Sheet

#### Definition:

Communication is a process that transmits information or skills from one person to another. In order to communicate a message should be transmitted. Communication is not only transmission of information but it is also learning and accepting it. Communication skills are important in health messages.

Methods of Communication can be divided into two:

1. Interpersonal Communications
2. Mass Media Communications

#### Interpersonal Communication

Interpersonal or person-to-person communication usually involves small groups of people who live or work near each other. There is ample opportunity for communicative interchange.

#### Mass Media Communication

Mass media communications usually involve very large number of people, widely scattered in space who are unaware of each other.

#### Person-to-person Communication and Skills of Communication

The following communication skills are important during person-to-person communication. These are:-

1. Communication and establishing a rapport:- Get to know others as a person, remember their names, know likes and dislikes, their interests and hobbies. Use this information with them when interacting.
2. Empathy: Empathy is the ability to put one self in the position of others and see problems from their point of view.
3. Maintain a positive, cheerful outlook, control negative emotions and do not express them to others.

4. Respect the beliefs and customs of others.
5. Questioning: Asking questions is important because it shows that the counselor does not know everything. It allows the client to talk which is an active way of working with feelings and solving problems. Open questions allow for exploration of feelings. The counselor should combine open and closed questions. Closed questioning helps in obtaining more specific information.
6. Listening: Listening is hearing what a person is saying and finding clues to what she is not saying. Attention is required in a counseling situation. We must listen without judging.
7. Non-verbal communication: A counselor should be able to identify body language in the client and self. Body language often reveals more than speech.

#### **Counseling:**

#### **Definition:**

Process by which a person is helped to identify and examine alternative courses of action and their possible consequence. The counselor is concerned with the feelings of the client and suggests choices the person had not thought about. The client is responsible for making the decision and choosing a particular course of action.

#### **Role of the counselor:**

A counselor is a member of the health or social team: nurse, midwife, physician, social worker... To be a counselor to a client implies some form of training.

The role of the counselor is to:

1. help people to understand their own reactions better
2. help people to make decisions which affect their lives and personal well-being
3. help people to solve a crisis situation

The goal of counseling is thus:

1. to reduce anxiety
2. to help a person reach a decision
3. to increase knowledge and confidence of the person.

#### **Qualities of a good a counselor:**

1. Be a warm and responsive person, relating easily with others regardless of background, personality, culture or religion.

2. Express empathy, interest in others and self control.
3. Feel comfortable with own sexuality.
4. Well trained in the medical, social or psychological aspects of sexual health.
5. Flexible in approach to others.
6. Remain non-judgmental and objective in dealings with others.

#### Obstacles to counseling:

All obstacles to communication apply even more to counseling

- Socio-economic background may be an obstacle to understand where the client comes from
- Ethnic group could be an obstacle
- Language is a definite obstacle
- Non comprehension of the client's cultural setting is a definite obstacle
- Lack of experience of the counselor, insufficient knowledge in some areas. Counselor may feel confused, not knowing what to do for the client. May identify with client. May be angry with client. May feel tired, having too many personal problems.
- Lack of concern. Counseling may have not been emphasized in school.

#### Guidelines for a counseling session:

- Introduce yourself.
- Make client feel at ease.
- Gather information in order to assess problems and needs.
- Listen to what client has to say; ask questions. Paraphrase to make sure you understand what has been said.
- Utilize a simple vocabulary.
- Refer client to someone else if you cannot deal with the situation.
- Leave the client the right to make own decisions.
- Keep confidentiality.
- Be truthful.
- Know what you talk about.
- Recognize your limitations in counseling.

### The Types of Communication Methods

<u>Individual</u>	<u>Group</u>	<u>Communities</u>
- Home visit	Meeting	Pamphlets
- Office calls	Study tours	Posters
- Personal letter	Role playing	Newsletters
- Self-learning	Group discussion	Radio
	Demonstrations	Film
	Charts	Slogans
	Models	TV
	Black boards	Books
	Wall charts	Songs
	Drama	
	Video	

Lesson Plan 30

Name: Adar Abdi Fidow  
Registered Nurse  
Regional Coordinator,  
FH/FP Division, MOH

**FEMALE CIRCUMCISION**

General Objective: At the end of this session, the participants will be able to provide health education to the community on the health hazards of female circumcision (F.C) and discourage its practice.

Classroom hours: 2

Specific Objectives	Content	Method	Evaluation
Explain the historical background of F.C.	Introduction	Brain storm/ Discuss	Questions and Answers
Explain the beliefs of why F.C. is practiced.	Beliefs for performing F.C.	Group discuss	Oral questions
List the three types of circumcision	Definition of each type of circumcision: 1. Mild or modified Sunna 2. Partial or total clitorrectomy 3. Infibulation or Pharaonic	Show F.C. Model/ Discuss	Oral questions
Describe the immediate and long term complications	The complications of F.C.	Group discuss	Oral questions

Material/Resources necessary for the lesson: Handouts, slides, films, newsprint, markers, FC model.

**FEMALE CIRCUMCISION**

**Information Sheet**

**Historical Background.**

Female Circumcision is an old tradition that has been practiced for many centuries and is still being practiced today. Many researchers/scientists have tried to find out where this practice started but still no one knows. Many African countries practice female circumcision especially countries in East, West and Central Africa. It is also common in the southern part of the Arab peninsula, the Persian Gulf, the Middle East, and among the Muslim population of Indonesia and Malaysia.

Somalia is one of the countries where female circumcision is still a widely practiced tradition. The book "Sisters in Affliction" by Raqiya Haji Dualey Abdalla states the following percentages of the various types of circumcision practiced in Somalia:

- 4% use sunna
- 9% use excision or clitorectomy
- 87% use infibulation or pharaonic

**Beliefs for Performing Female Circumcision**

- 1. Religious- It is believed that the part of the external genitalia the clitoris, is "Harem" and must be excised.
- 2. Culture- It is a very strong traditional practice that remains in Somalia.
- 3. Hygiene- It is believed that the vulva looks more beautiful if the woman is infibulated.
- 4. Virginty- It is believed if the woman has been infibulated, which involves the closing over (suturing) of the vaginal opening, the woman will remain virgin.
- 5. Sensitivity- It is believed that it will stop the woman's sexual desire by removing the most sexually sensitive organs.

## INTRODUCTION

Female circumcision damages both the physical and psychological health of the woman. It even affects the girls mentally before the operation. The threat of cutting and the fear about the operation may disturb the child to the degree where it causes worry, anxiety, sleeplessness, nightmares and panic.

Many people believe that female circumcision is a religious practice. However, there is no reference to female circumcision in the Koran. It is just a cultural and traditional practice. It is true that the prophet Mohamed (peace be on him) discussed the practice of female circumcision and advised only the sunna type (mild) be performed which is very different from the pharaonic type.

### Types of Female Circumcision

Female circumcision can be described as the partial or total excision of the female external genitalia, and is classified in the following categories:-

#### 1. Sunna types

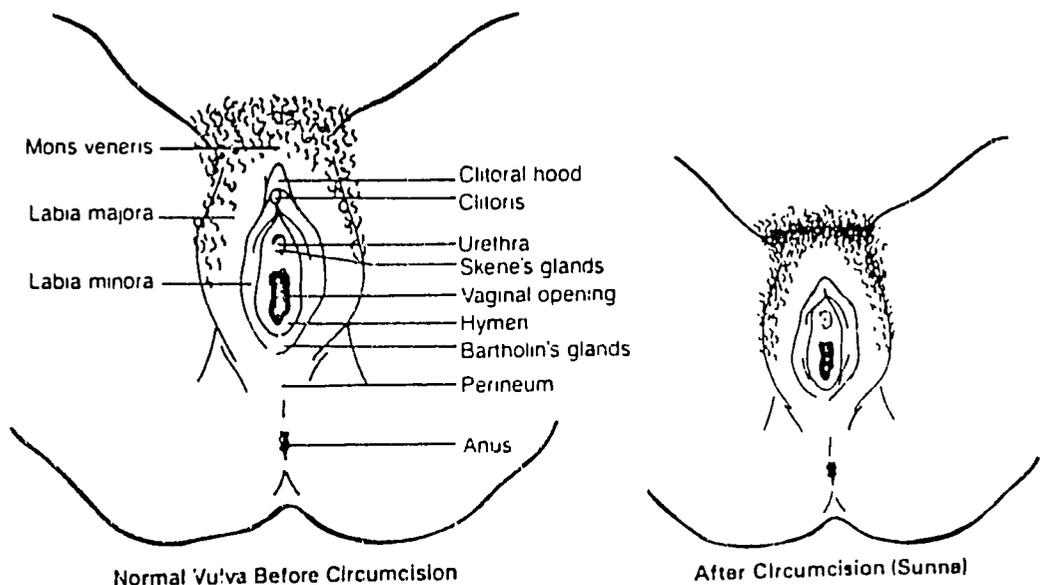
##### a) Mild or Modified Sunna:

This is the mildest form and consists of the pricking of the prepuce with a sharp instrument, such as a pin, which leaves little or no damage. In fact, the child may never know that it was done to her and it will not affect her later life. This is the type the prophet Mohamed (peace be on him) advised.

##### b) Sunna:-

This consists of a partial or total excision of the hood of the clitoris (The hood is the skin that covers the clitoris).

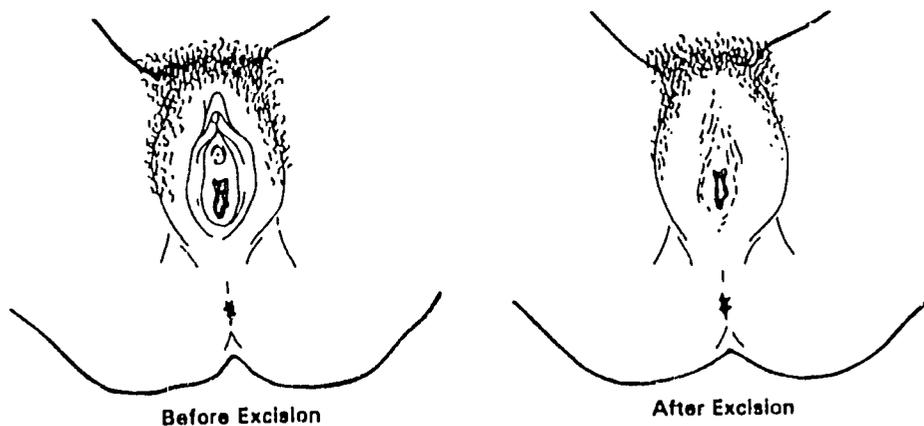
### Sunna



### 2. Partial or total excision or clitorectomy

The consists of the excision of part or all of the clitoris as well as the excision of the labia minora. The resulting scar tissue may be so extensive that they may later interfere with childbirth causing tears and lacerations.

### Excision



### 3. Infibulation or Pharaonic Circumcision

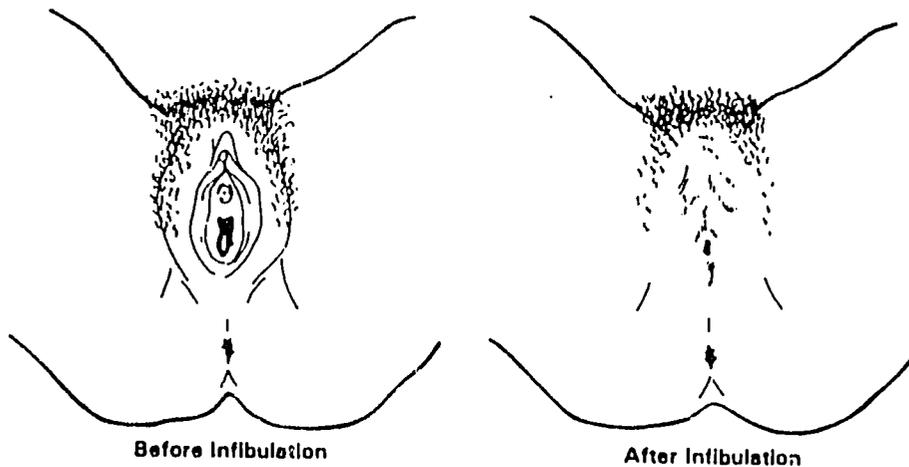
This is the most drastic and mutilating form and is the one most commonly practiced in Somalia. It consists of :

- a) Partial or total clitorrectomy
- b) Total excision of the labia minora
- c) Excision of the inner walls of the labia majora
- d) The suturing together of the new edges of the labia majora in order that the opposite sides heal together and form a wall over the vaginal opening.

A small opening is left for the passage of urine and menstrual flow. This opening may have a diameter of between 5 to 6 mm.

The stitching together of the vulva after excision is called infibulation.

#### Infibulation or Pharaonic



#### After care

This depends on the type of circumcision performed on the child and may consist of cauterizing the wound or the application of herbs which are believed to stop bleeding and enhance healing.

The child's diet is restricted in order to prevent frequent bowel movements and her drinking is also limited to a few sips of water at a time. Fumigations are frequent in order to dispel any undesirable odors and evil spirits.

## Complications

These as you can imagine are many and can be classified in the four stages during which they are likely to occur;

### 1. Immediate effects

**Shock**: Shock is mainly caused by fear, pain and haemorrhage.

**Extensive lacerations**: Injuries caused by the lacerations may involve the vaginal and urethral openings as well as the rectum.

**Haemorrhage**: Bleeding may be so severe that many women are brought into the hospital for the suturing of deep lacerations and for blood transfusions.

### 2. Within the first 10 days

**Sepsis**: This ranks high in the list of complications. (Sepsis occurs when bacteria from an infection gets into the blood stream.)

**Tetanus**: This is due to the use of unsterilized instrument.

**Retention of urine**: This may be due to not wanting to urinate because of the pain caused by passing urine through the sore area. There also may be blockage of the small opening that was left open for the passage of the urine and menstrual flow. The blockage can be due to edema, infection or blood clots.

**Failure of the infibulation**: Occasionally there is a failure of the walls of the labia majora to stick together.

### 3. At the time of marriage

**Lacerations**: Tears of the perineum, urethra, and rectum can occur due to forcible penetration of the skin barrier by the husband.

#### 4. At childbirth

Delayed and obstructed labor: This occurs because of the scars of the external genitalia which have very little elasticity.

Delayed and obstructed labor causes many problems such as the following:

- Complications due to an episiotomy

In order to permit the passage of the baby the birth outlet must be widened. An episiotomy is necessary but it can lead to bleeding, infection, sepsis and delayed healing of the birth outlet. If an episiotomy is not done there can be severe lacerations. This unnecessary suffering is imposed on the woman during every childbirth

- Brain damage or loss of the baby

- Rectovaginal and vesico-vaginal fistulas

- Cystoceles, rectoceles and procidentia

#### 5. Other Complications that occur:

Pelvic Infections which can lead to infertility: The backflow and stagnation of urine and menstrual blood in the vagina creates a constant threat of vaginitis, cervicitis, endometritis and salpingitis.

Urinary tract infections: The flap of the skin now covering the urethra opening forces the urine into the vagina. There can be a backflow of urine from the vagina into the urethra which can cause infections.

Vulvar cysts and abscesses: These can develop around the sites of the incision.

Painful intercourse and lack of orgasm

Dysmenorrhea (Painful cramps)

February, 1990

Lesson Plan 31

Name: Dr. Omar yusuf Ashir  
 B.S. in Accounting &  
 Management  
 Administrative manager of  
 National Tuberculosis  
 Control Programme

**PERSONNEL MANAGEMENT**

General Objective: At the end of this session, the participants will be able to improve their personnel management skills.

Classroom hours: 6

Specific Objectives	Content	Method	Evaluation
Explain personnel management	Functions and objectives of personnel management	Lecture Discussion	Observation
Motivate people	Maslow's Hierarchy Of Needs	Discussion Ideas Lecture Brain storm	"
Design a job description	Job description in the workplace	Lecture Practical Presentation	"
Discipline employees	Discipline in general	Lecture Discussion	"
Delegate work and recognize barriers	-What is delegation -Three components of delegation -Barriers of delegation	Lecture Discussion	"

Material/Resources necessary for a lesson: Flip chart papers, overhead projector, markers, white papers, transparencies.

Previous Page Blank

# PERSONNEL MANAGEMENT

## Information Sheet

### MANAGEMENT

#### A. What is management?

Management has been defined as getting things done through people. In more complex terms, it is the process of setting objectives, organizing limited resources to attain predetermined goals, and then evaluating the results for the purpose of determining future action. In other words, management has been defined as the guidance, leadership and control of the efforts of a group toward some common objectives. In management, the coordination of 4M's Man, Money, Material and Machines are necessary to achieve the desired objectives.

Whatever definition is used, management has for thousands of years been the key to success for individuals and civilizations alike.

#### B. Continuous functions of management:

- A- Analyze problems
- B- Make decisions
- C- Communication

#### C. Functions of management:

1. **Planning:** is the determination of objectives and formation of plans, strategies, programmes, policies, procedures and standards needed to achieve a predetermined course of actions.
2. **Organizing:** is the process of developing a structure among people, functions and physical facilities to execute the plans and to achieve stated objectives.
3. **Staffing:** is filling the positions needed in the organizational structure by appointing competent and qualified persons for the jobs.
4. **Directing:** is the stimulating and motivating people in the organization to undertake willingly the desired action as per predetermined plans and objectives.
5. **Controlling:** incorporates the establishment of standards of measurement and comparison of actual results against the standards, and necessary corrective action to remove deviation from the plan.

## PERSONNEL MANAGEMENT

### A. What is personnel management?

Personnel management is the sub-area of general management which concentrates on the human activities element of general management. It is concerned primarily with manpower resources or inputs. Personnel management is the planning, organizing, directing and controlling of procurement, development, compensation, integration and maintenance of people for the purpose of contributing to organizational, individual and social goals.

### B. Objectives of personnel management.

The objective of personnel management is to attain maximum individual development, a desirable work atmosphere, good interpersonnel relations, and effective moulding of human resources as contrasted with physical resources.

The essence of personnel management is the understanding of people at work and, on the using this knowledge, formulating personnel policies of the organization.

### C. Functions of personnel management

The personnel manager has to perform the managerial functions such as planning, organizing, directing, motivating and controlling personnel working in his organization. In addition to the usual managerial functions mentioned above, he has also operative functions in the personnel field covering the entire organization. The operative functions include: (1) Procurement, (2) Development, (3) Compensation, (4) Integration and (5) Maintenance.

## MOTIVATION

### A. What is motivation?

1. Motivation is the individual internal process that energizes, directs, and sustains behavior. Motivation is the personal force that causes one to behave in a particular way.
2. Motivation is a process by which a need or a desire is aroused. A motive is a particular need or desire within our mind setting us in motion to fulfil our need or desire which is aroused.

Workers usually do things for an organization because the organization does things for them. When management asks employees to provide something for the organization, the employees expect to receive rewards for their efforts. If employees perceive management as hindering their need satisfaction, they reduce their efforts.

Man is a wanting animal. As soon as one of his needs is satisfied, another appears in its place. Our wants are unlimited and this process of need-satisfaction is never ending, it continues from birth to death. A human being continuously puts forth efforts, if you please - to satisfy his wants.

## **B. Maslow's Hierarchy of Needs**

### **1. Physical or physiological needs**

Are the lowest and most basic level on the need hierarchy. They are the things we require to survive. They include food, water, clothing, shelter and sleep.

### **2. Safety or security needs**

Are the things we require for physical and emotional security. They may be satisfied through job security, health insurance (accidents, injuries, sickness), safe working conditions and fair disciplinary procedures.

### **3. Social or belonging needs**

Are the human requirements for love and affection and a sense of belonging. This can be satisfied by contacts between individuals or individuals and groups.

### **4. Esteem or ego needs**

We require respect and recognition (the esteem of others) as well as a sense of our own accomplishment. These needs may be satisfied through personal accomplishment, promotion to a more responsible job, and various honors and awards.

### **5. Self - actualization or self - realization needs**

The needs to grow and develop as people and to become all that we are capable of being. These are the most difficult needs to satisfy and the means of satisfying them tend to vary with the individual.

## JOB ANALYSIS

There is no sense in trying to hire people unless we know what we are hiring them for. In other words, we need to know the exact nature of a job before we can find the right person to do it.

### A. What is a job analysis?

A job analysis is a systematic procedure for studying jobs to determine their various elements and requirements. Consider the position of secretary in a large organization. There may be 10 different kinds of secretarial positions. They all may be called "secretary" but each may be different from the other in the activities to be performed, the level of proficiency required for each activity, and the particular set of qualifications that the position demands. These are the things that a job analysis focuses on. The job analysis for a particular position typically consists of two parts (1) a job description and (2) job specifications.

### B. What is a job description?

A job description is a list of the elements that make up the working conditions under which the job must be performed, the jobholder's responsibilities, including number and types of subordinates, if any, and the tools and equipment that must be used on the job. The distribution of tasks among the members of a health team is one of the most important functions of a manager. When work is distributed unfairly it causes dissatisfaction and sometimes fighting. It is important to arrange work so that each individual is using his special skills and talents. By organization, work can be fairly distributed so that there is no "overwork" or "underwork" but all carry equal work loads. Job descriptions are one way to help to distribute tasks among the health team. A job description explains to the worker what authority the worker has to make decisions and the degree to which he is expected to achieve something. The purpose of a job description is to define the following:

1. What the worker is expected to do.
2. What standard he is expected to reach.
3. To whom he is responsible
4. Whose work he supervises
5. And to whom he reports

- Job descriptions help each person to know clearly and without doubt what his duties are and what he is expected to achieve.
- Job descriptions help to prevent arguments between workers about "who should do what".
- Job descriptions help to prevent both gaps and overlaps.
- Job descriptions can identify needs for training
- Job descriptions are useful as a basis for evaluating the workers performance.
- Job descriptions should be flexible and be reviewed and if necessary revised.

### C. What are Job specifications?

Job Specifications are a list of the qualifications required to perform a particular job. Included are the skills, abilities, education and experience that the jobholder must have.

The job analysis is the basis for recruiting and selecting new employees for either existing positions or new ones. It is also used in other areas of human resource management, including evaluation and the determination of equitable compensation levels.

### EXAMPLE OF A JOB DESCRIPTION

Job title : Public Health Nurse for District Afgoye  
 Date : 15.10.1989  
 Job summary : To provide, establish and maintain community health through family health care by working with individuals, families and the community with special emphasis on the welfare of mothers and children.

Duties : 1. To plan, organize and conduct the following health services:  
     Maternal and child health  
     Family Planning  
     School health  
     Home care  
     Health education of the public  
 2. To supervise the ordering and distribution of equipment and drugs required for the clinics of District x.  
 3. To supervise the work of district midwives, community health aides and supporting staff  
 4. To arrange contacts with community groups and actively promote community participation in the health services.

**Qualification:** Registered State Nurse/Midwife with Diploma and Health Education/Public health.

**Development :** Prospects of promotion to Senior Public Health Nurse, or Regional Health Educator

**Appraisal :** Annual increment and promotion will be dependent on a work performance appraisal. It will be based on clinic reports, personal visits and interviews with the community health committees, made by the District Health Officer and the Senior Public Health Nurse.

**Reporting :** Reports to district health officer.

#### DISCIPLINE

Discipline is essential for successful working and prosperity of an organization. It creates a climate under which individual effort is encouraged, group performance is improved and developed. In the absence of discipline, productivity goes down and irregularity and disorder prevail in the organization.

- \* Discipline means working in accordance with certain rules, regulations and customs. These may be written or even implied.
- \* The purpose of discipline is not to punish the worker but to help him to learn proper desirable conduct.

Discipline in an organization is possible in the following circumstances:

1. The rules laying down the code of conduct in the organization must be absolutely clear, precise and well understood by all.
2. Employee morale should be relatively high and then only we can expect higher discipline for the employee.
3. Every worker should understand his duties and responsibilities towards the organization (job description).
4. The management should create a favorable climate in the organization, so they can have full co-operation from the workers to enforce the discipline.
5. Employees should have a sense of belonging to the organization and management should recognize the importance of the human factor in the organization.
6. Management should utilize informal organization as a supplementary channel of communication to enforce the discipline.

## DELEGATION

### A. What is delegation?

Delegation is the process of assigning work from one organizational level to another or from the superior to the subordinate. Delegation is the process by which the manager assigns a portion of his total work load to others. Delegation maximizes the utilization of the talents of subordinates. It uses latent abilities in personnel that contribute to their growth and development. Staff learn by doing. Their involvement tends to increase their motivation and commitment to accomplish goals while freeing the manager to manage. This also reduces managerial costs.

Three managerial components are delegated by a manager to his subordinates:- Responsibility, Authority and accountability

1. Responsibility - is the duty to do a job or perform a task. Along with assigning responsibility the manager must grant authority.
2. Authority is the power, within the organization, to accomplish an assigned job or task. This might include the power to obtain specific information, order supplies, authorize relevant expenditure, and make certain decisions.
3. Accountability: is the delegation of a subordinate to accomplish an assigned job or task. Note that accountability is created but that it cannot be delegated away.

Suppose we are responsible for performing some job. We, in turn, delegate part of the work to a subordinate, we nonetheless remain accountable to our immediate superior for getting the job done properly. If our subordinate fails to complete the assignment, we, not the subordinate, will be requested to account for what has become our failure.

#### B. Why managers fail to delegate?

For several reasons, managers may be unwilling to delegate work.

1. The "I can do it better" folly
2. Lack of confidence in subordinates
3. Fear of taking a chance
4. Remaining accountable for the work you delegated
5. Lose their position
6. Some managers are so disorganized that they simply can't plan and assign work in an effective way.

#### C. Steps in the delegation process

1. Define the task to be delegated
2. Identify the qualities of the task
3. Choose the employee to delegate the task to
4. Think about your influence strategy
5. Explain the task to the employee, answer questions and set a deadline.
6. Check progress on the task, observe and correct
7. When the job is done, show your appreciation, reward the effort

January, 1990

Lesson Plan 32

Name: Marian Mohamed Abdulle  
Registered Nurse  
Head of Private Sector  
FH/FP Division, MOH

**LOGISTICS/STATISTICS**

General Objective: At the end of this session, the participants will be able understand the important of Logistics and Statistics and to accurately fill out and utilize the FP forms.

Classroom hours: 10

Specific Objectives	Content	Method	Evaluation
Define the meaning of Logistics	Meaning of Logistics	Brainstorm Discussion	Grab bag Questions
Describe 5 "rights" of Logistics	5 "rights of Logistics	"	"
List the activities involved in Logistics	Activities involved in Logistics	"	"
Properly store contraceptives commodities	Guidelines for proper contraceptives drug storage (FIFO system)	Practice FIFO system by having student prepare a cupboard	Preparation of cupboard
Dispense drugs that are not expired	The expiration date	"	"

Previous Page Blank

Specific Objectives	Content	Method	Evaluation
Maintain accurately the following FP records: a) Inventory control card b) Daily register	Filling Inventory Control Card  Daily register .	Exercise: Give the student relevant data and have them fill in the forms, the instr. will check each participants forms	Accurately completing the exercise
Write and submit the FH/FP monthly statistics report utilizing the daily register	Monthly statistics form	Give a sample daily register and have the students fill out the monthly report. Select one participant to show the class her form and have the class correct it.	

Materials/Resources necessary for lesson: Samples of each FP form, newsprint, markers, flipchart, hand out, contraceptive commodities & a cupboard to practice the FIFO system.

**Logistics**  
**Information Sheet**

**Introduction of Logistics**

**Definition:**

This is the process of getting drugs from their point of manufacture to the consumer.

An efficient Logistics system is characterized by the following:

1. the right drug
2. " " amount
3. " " place
4. " " time
5. " " condition

**Logistics Management**

The activities involved in Logistics management include:

1. The selection of commodities to be used
2. Inventory management/documentation
3. Determining quantities needed
4. Requesting a supply from the manufacturer
5. Receipt of supply
6. Central level warehouse
7. Processing orders for the clinical sites  
i.e. MCH clinics and hospitals
8. Delivery of drug to clinics/Hospitals
9. Transportation
10. Proper storage at the clinics/Hospitals
11. Serving patients/consumers

208

12. Proper recording

**Guidelines for Proper Contraceptives Drug Storage  
in MCH Clinics and Hospitals**

1. Keep in clean cupboard with a lock and key available
2. Check roof water leaks above cupboard
3. No sunlight should shine on cupboard
4. Separate and arrange by "first in first out" system
5. Identifying marks or labels visible
6. Room that contains cupboard is well ventilated
7. Isecticides and other chemicals should not be stored together with contraceptives and medical supplies.
8. The store room that contains the cupboard should be disinfected and sprayed against insects
9. Clean store room with cupboard daily
10. Damaged and expired drugs are to be separated and returned to the MCH. MOH staff will need to obtain permission from the regional medical officer and local authority (Health Section) to transport and burn these commodities.

**Expiration Dates**

**Expired:** This means no longer good (may be harmful)

**An expiration date:** The date after which a product is no longer good and may be harmful or even poisonous.

**Pill:** good until 5 years from date of manufacture.  
Date listed on package

**Condoms:** good until 2-3 years from date of manufacture

**Foaming } good until expiration date (usually 3 years**  
**Jelly } from manufacture)**

**Applicator:** No expiration date

## FP Records

### A. Inventory Control Card

#### Purpose:

1. To have an on-going balance of all contraceptives in order to know when to reorder supplies.
2. The signature proves that the MOH distributed a certain quantity of contraceptives and the MOH received them a certain date.

### B. Daily Register

#### Purpose:

1. To keep a record of the following information:
  - a. Client identification number (serial number) to be use to file medical charts.
  - b. Date of visit, name, address and age.
  - c. Bp, Wt, type and quantity of the birth control method and any significant remarks.
2. To obtain the following data for the monthly statistics form:
  - a. Number of new and revisit clients seen.
  - b. Number of the contraceptive distributed.

### C. Monthly statistics form

#### Purpose:

1. To obtain the following statistics to measure the success of the FP programme.
  - a. Total number of visits in one month.
  - b. Number of new acceptors by method.
  - c. Number of revisit acceptors by method.
  - d. Number of each contraceptive distributed each month in order to calculate the couple year protection.

2. To calculate the average monthly use of each MCH centre in order to supply a 3 month minimum and 5 month maximum of contraceptives supplies.

**D. Receipt for contraceptives**

**Purpose:**

1. To determine the amount of contraceptives that should be distributed to the MCH centre.
2. The signatures are needed by the MOH that the staff distributed the contraceptives and the MCH received the contraceptives (these receipts are filed at the MCH store room).

## APPENDIX A

## REFERENCES

- Abdalla, Raqiya Haji Dualeh. Sisters in Affliction, Circumcision and Infibulation of Women in Africa. London: Zed Press, 1982.
- Barcelona DR et al. Contraception; A Guide to Birth Planning Methods. Chicago: The Community and Family Study Center, University of Chicago, 1981.
- Benesh, Joan, Jean Kapp, Louise Peloquin. Teaching Materials and Strategies, Implementation of Family Life Education Curriculum. Washington, D.C.: Sex Education Coalition, U.S. Department of Health and Human Services, 1985.
- Family Planning Methods and Practice: Africa. Atlanta: Centers for Disease Control, 1983.
- Hatcher RA, et al. Contraceptive Technology, International Edition. Atlanta: Printed Matter Inc., 1989.
- Helsing Elisabet, and F. Savage King. Breast-feeding in Practice, A manual for health workers. New York: Oxford University Press, 1982.
- International Women's Health Coalition. Training Course For Health Clinicians, Module One, The Female Reproductive System, Module Three Gynecological Examinations, Module Four Vaginal Infections and Sexually Transmitted Diseases, Module Six Birth Control, Module Seven Health Effects of Female Circumcision, Washington, D.C., 1983.
- Planned Parenthood of Seattle-King County. Clinician's Manual, Seattle, Washington, 1989.
- Program For International Training in Health, Guidelines for Clinical Procedures in Family Planning and Sexually Transmitted Diseases: A Reference for Trainers, AID/DPE-3031-C-00-4077, Family Planning Training for Paramedical, Auxiliary and Community II (PAC II) Personnel, 1989.
- Programmed Approach To Anatomy and Physiology, The Reproductive System, Second Edition. Washington, D.C: Robert J. Brady Company, 1972.

APPENDIX B

CLINICAL FAMILY HEALTH/FAMILY PLANNING  
PRE/POST TEST  
100pts

I. Please fill the blank (10 questions - 12pts)

- Q1. The process where by the egg or ovum is released by the ovary is called \_\_\_\_\_ (1pt)
- Q2. An important function of the ovaries is to produce two female sex hormones. The two hormones are named \_\_\_\_\_ and \_\_\_\_\_ (2pts)
- Q3. Ovulation usually occurs \_\_\_\_\_ days before the next menstruation. (1pt)
- Q4. The ovum is capable of being fertilized for \_\_\_\_\_ hours after ovulation. (1pt)
- Q5. In a non-pregnant woman, the discharge of the lining of the endometrium is called \_\_\_\_\_ (1pt)
- Q6. The mature male reproductive cell is called \_\_\_\_\_ (1pt)
- Q7. The "first milk" produced by the breast immediately after delivery and occasionally in the late stages of pregnancy is called \_\_\_\_\_ (1pt)
- Q8. A hormone produced by the pituitary gland that causes the breasts to produce milk is called \_\_\_\_\_ (1pt)
- Q9. The two hormones contained in a combination pill are named \_\_\_\_\_ and \_\_\_\_\_ (2pt)
- Q10. The one hormone contained in a POP (minipill) is named \_\_\_\_\_ (1pt)

II. Please write T if the statment is true, write F if the statments is false (5 questions - 5pts)

- Q1. Birth control pill helps prevent anemia. \_\_\_\_\_ (1pt)
- Q2. The patient complains of itching and soreness of the vulva and a smelly vaginal discharge. Upon examination, the discharge appears foamy and yellow-green in color. The most likely infection is Gonorrhoea. \_\_\_\_\_ (1pt)
- Q3. The patient has a thick white discharge which has a strong odor, she complaints of itching and irritation in the genital area. The most likely infection is Moniliasis. \_\_\_\_\_ (1pt)

- Q4. One way that the AIDS can enter the body is through the mother to the unborn child. \_\_\_\_\_ (1pt)
- Q5. One of the common side effects a woman might complain of when first taking the pill is spotting between periods. \_\_\_\_\_ (1pt)

III. Multiple choice question (15 questions - 20pts)

Please circle the correct answers, some questions may have more than one correct answer.

- Q1. The following are the combination pills that exist in Somalia except one. Circle the one that is not a combination pill. (1pt)
- A- Lo-feminol
  - B- Microgynon
  - C- Neogynon
  - D- Ovrette
- Q2. Birth control pills help to prevent the following two cancers. Circle the two cancers that it prevents. (2pts)
- A- Breast cancer
  - B- Ovarian cancer
  - C- Endometrial cancer
  - D- Lung cancer
- Q3. Which of the following days is the best to start the first pack of the combined pill. (1pt)
- A- Day 5 of the menses
  - B- " 6 " " "
  - C- " 7 " " "
  - D- " 8 " " "
  - E- " 9 " " "
- Q4. Which of the following days is the best to start the POP (minipill). (1pt)
- A- Day 1 of the menses
  - B- " 2 " " "
  - C- " 3 " " "
  - D- " 4 " " "
  - E- " 5 " " "

- Q5. The following candidates are suitable for the POP (minipill). There is more than one correct answers. (3pts)
- A- A woman who has a borderline hypertension.
  - B- " " " " a mild headache.
  - C- " " " is breastfeeding a 9 month child.
  - D- " " " has varicose veins.
- Q6. A woman missed her period for two months while taking the pill. She took the pill correctly. What should you advise? (1pt)
- A- Discontinue the pill and refer for further investigation.
  - B- Start another method.
  - C- Continue to take the pill.
  - D- Continue the pill but be tested for pregnancy.
- Q7. If a woman taking a combined pill complains of severe chest pain she should immediately. (1pt)
- A- Discontinue the pill and see a Doctor/FP Provider.
  - B- Continue to take the pill and see a Doctor/FP Provider immediately.
  - C- Wait for few days for other symptoms.
  - D- Take antipain medication.
- Q8. If a woman misses one combined pill, you should advice the following: (1pt)
- A- Stop the pill.
  - B- Take one pill as soon as you remember it and take your next pill at the regular time.
  - C- Take two pills immediately and take the other at the regular time. No back-up method is needed.
  - D- Use another method.
- Q9. If a woman misses two combined pills you should advice the following: (1pt)
- A- See a Doctor immediately.
  - B- Take two pills today and two pills tomorrow and use a back-up method.
  - C- Stop taking the pill and use another method.
  - D- Wait until next period.
- Q10. When should a woman insert the foaming tablets? (1pt)
- A- 1 hour before intercourse
  - B- 30 minutes before intercourse
  - C- 10-15 " " "
  - D- 20 " " "

- Q11. Where does a woman insert the foaming tablets? (1pt)
- A- Right in to the uterus
  - B- " " " " cervix
  - C- " " " " vagina
  - D- " " " " vulva
- Q12. How many times can a woman have intercourse with one foaming tablet? (1pt)
- A- Just once
  - B- Two times: only
  - C- As many times as she prefers
  - D- Three times
- Q13. If a woman wants breastfeeding to be an effective contraceptive, she must do all the following: (There is more than one correct answer). (3pts)
- A- Breastfeed the baby 4 times a day
  - B- No supplementary feeding
  - C- Breastfeed the baby on demand at least 6 times in 24 hours
  - D- Breastfeed at least once during the night
- Q14. Which of the following type of female circumcision is accepted by the Islamic religion: (1pt)
- A- Mild sunna
  - B- Sunna
  - C- Excision
  - D- Infibulation
- Q15. According to the WHO definition of infertility all but one of the following couples who have not been able to conceive would be defined as having infertility problems. Circle the couple that would not be defined as infertile. (1pt)
- A- Couples been married and living together for 3-4 yrs
  - B- " " " " " " " 2 "
  - C- " " " " " " " 1 "
  - D- " " " " " " " six months

IV. Please write the correct answer on the following modified essay questions. (8 questions - 30pts)

Q1. List the five danger signs that may indicate a severe problem in a woman taking the pill. (5pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Q2. Name two types of IUDs available in Somalia. (2pts)

1. \_\_\_\_\_
2. \_\_\_\_\_

Q3. List the 5 danger signals of the IUD. (5pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Q4. List the 4 major complications of the IUD. (4pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Q5. When are the 3 best times when you should encourage breastfeeding? (3pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Q6- A 25 year old healthy woman who had a child 3 years ago wants to be pregnant. She wants to know when is the best time to have intercourse. She has a regular cycle of 28 days. Which days are her most fertile days? Circle the days. (5pts)

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	1	2

Q7. List three advantages of the pill. (3pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Q8. List three ways AIDS can be transmitted. (3pts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

V. Write the letters in column II in the given space in column I. (6 questions - 6pts)

Name the contraceptive that should not be used if the client has the following medical conditions.

Column I

- Q1. 1. \_\_\_\_\_ High blood pressure  
 2. \_\_\_\_\_ Abdominal pain and abnormal vaginal discharge  
 3. \_\_\_\_\_ Jaundice  
 4. \_\_\_\_\_ Breastfeeding mother with newborn baby  
 5. \_\_\_\_\_ Irregular menses  
 6. \_\_\_\_\_ Anemic

Column II

- A- IUD
- B- Pill (POPs)
- C- Pill (COCs)
- D- Spermicides
- E- Calendar method

## APPENDIX C

**CLINICAL FAMILY HEALTH/FAMILY PLANNING  
PRE/POST TEST**

**ANSWERS**

Section I	Section II	Section III
1. Ovulation	1. T	1. D
2. Estrogen	2. F	2. B,C
Progesterone	3. T	3. A
3. 14 days	4. T	4. A
4. 24 hours	5. T	5. A,B,D
5. menstruation		6. D
6. Sperm		7. B
7. Colostrum		8. B
8. Prolactin		9. B
9. Estrogen		10. C
Progestin		11. C
10. Progestin		12. A
		13. B,C,D
		14. A
		15. D
 Section IV		
Q1.	1. <u>A</u> bdominal pain	
	2. <u>C</u> hest pain or shotness of breath	
	3. <u>H</u> eadaches	
	4. <u>E</u> ye problems	
	5. <u>S</u> evere leg pains	
Q2.	1. CU-7	
	2. CU-T	
Q3.	1. <u>P</u> eriod late	
	2. <u>A</u> bdominal pain, pain with intercourse	
	3. <u>I</u> nfections (abnormal vaginal discharge)	
	4. <u>N</u> ot feeling well (fever, chilld)	
	5. <u>S</u> potting or bleeding	
Q4.	1. Pregnancy	
	2. PID	
	3. Perforation/Expulsion	
	4. Abnormal genital bleeding	
Q5.	1. During pregnancy	
	2. During the delivery	
	3. During postpartum	
Q6.	Day 12, 13, 14, 15, 16	

Any three of the answer below are correct:

- Q7. 1. Prevents pregnancy  
 2. Protects against Endometrial cancer  
 3. " " Ovarian cancer  
 4. " " Breast cancer  
 5. " " Ectopic pregnancy  
 6. " " Ovarian cysts  
 7. Prevents anemia  
 8. Reduces menstrual cramps
- Q8. 1. Sexual contact  
 2. Blood through syringes and needles/transfusions  
 3. Mother to unborn child

#### Section V

1. B
2. A
3. C
4. C
5. E
6. A

#### Section VII

- a. Ovary
- b. Fallopian tubes
- c. Bladder
- d. Uterus
- e. Cervix
- f. Vagina

#### Section VI

- a. Mons veneris
- b. Labia majora
- c. Labia minora
- d. Clitoral hood (prepuce)
- e. Clitoris
- f. Urethra
- g. Skene's glands
- h. Vaginal opening
- i. Hymen
- j. Bartholin's glands
- k. Perineum
- l. Anus

#### Section VIII

1. Seminal vesicle
2. Prostate gland
3. Cowper's gland
4. Vas deferens
5. Urethra
6. Penis
7. Epididymis
8. Testis
9. Scrotum

## APPENDIX D

**A TRAINING SESSION EVALUATION FORM  
(TO BE COMPLETED AFTER EVERY LESSON)**

	YES	NO	N/A*	COMMENTS
1. Was the training well <u>PREPARED</u> ?				
CONTENT				
METHOD				
ENVIRONMENT				
2. Was the training <u>ACTIVE</u> ?				
3. Was the training <u>CLEAR</u> ?				
4. Was the training <u>MEANINGFUL</u> ?				
5. Was the training <u>INTERESTING</u> ?				
6. Did the training permit <u>PRACTICE</u> ?				
7. Was the training <u>INDIVIDUALIZED</u> ?				
8. Was <u>FEEDBACK</u> used?				
9. Was the training <u>CARING</u> ?				
10. Was the learning <u>VERIFIED</u> ?				
* Not Applicable, or no chance to observe.				

## APPENDIX E

## A PARTICIPANT REACTION FORM

1. What did you like most about the training?  
Maxaad aad uga jeclaysatay tababarkaan?

-----  
-----

2. What did you like least about the training?  
Maxaad aad uga necebaysatay tabarkaan?

-----  
-----

3. Were the training materials appropriate?  
Qalabka tababarka loo adeegsaday ma ahaayeen mid ku  
haboon tababarka?

-----  
-----

4. Was the time and place appropriate?  
Waqtiga iyo goobta tababarku ma ahaayeen kuwo ku haboon?

-----  
-----

5. How will you use the knowledge and skills you acquired in  
this training?  
Sidee baad u isticmaaleysaa aqoonta iyo farsamada aad ka  
kororsatay tababarkaan?

-----  
-----

6. If we give further training, what topics would you like us to present?

Haddii aan tababaro kale qabano, mowduucyadee baad ku talin lahayd in lagu daro tababarka?

-----

-----

7. How can we assist you in the future for teaching your students?

Sidee baan kuugu kaalmayn karnaa mustaqbalka si aad u qabatid, waxqabad taya leh dhanka Caafimaadka Qoyska?

-----

-----

8. To improve this training, what do you recommend?

Si loo hagaajiyo tababarkaan maxaad nagula talin lahayd?

-----

-----

9. Was the training too long? \_\_\_\_\_

too short? \_\_\_\_\_

just right? \_\_\_\_\_

Tababarkaan ma wuxuu ahaa mid aad u dheer? \_\_\_\_\_

aad u gaaban? \_\_\_\_\_

ku haboon? \_\_\_\_\_

APPENDIX F

STUDENTS'S NAME:  
 POSITION:  
 DATE:

PERFORMANCE CHECKLIST

	TICK IN THE APPROPRIATE COLUMN				REMARKS AND SIGNATURE OF INSTRUCTOR
	NUMBER OF TIMES AND HOW WELL PERFORMED				
	VERY GOOD	GOOD	FAIR	UNSATISFACTORY	
The students will perform the following:  1. CONDUCT 5 INITIAL INTERVIEWS a. Greets the client and sits in a private area to talk. b. Asks the reason for the visit and listens in a caring manner. c. Takes a history and records on the medical card. d. Discusses all available contraceptive methods. e. Records in the daily log book.  2. CONDUCT 5 REVISIT INTERVIEWS a. In a private area, finds out why the client has come to the clinic. b. Manages their problems appropriately. c. Records in the medical chart. d. Records in the daily log book.  3. CONDUCT 3 PHYSICAL EXAMINATIONS a. Prepares client for examination.					

	TICK IN THE APPROPRIATE COLUMN				REMARKS AND SIGNATURE OF INSTRUCTOR
	NUMBER OF TIMES AND HOW WELL PERFORMED				
	VERY GOOD	GOOD	FAIR	UNSATISFACTORY	
<p>3.</p> <p>b. Examines the following for all first visits and annual visits:</p> <p>1) Eyes</p> <p>2) Mouth</p> <p>3) Thyroid</p> <p>4) Breasts</p> <p>5) Teaches Self Breast Exam</p> <p>6) Abdomen</p> <p>7) Legs</p> <p>4. DISTRIBUTE CONDOMS TO 10 CLIENTS AND GIVE INSTRUCTIONS ON USE:</p> <p>-When to use</p> <p>-How to put the condom on</p> <p>-How to store it</p> <p>5. DISTRIBUTE SPERMICIDES TO 5 CLIENTS AND INSTRUCT ON USE:</p> <p>-When to insert</p> <p>-How to insert</p> <p>-When to re-insert</p> <p>6. PROVIDE 5 CLIENTS WITH ORAL CONTRACEPTIVES</p> <p>a. <u>Provides to 2 new pill users</u></p> <p>1) Take Bp., wt</p> <p>2) Performs physical Exam</p> <p>3) Takes a full history</p> <p>4) Uses the pill checklist</p>					

	TICK IN THE APPROPRIATE COLUMN				REMARKS AND SIGNATURE OF INSTRUCTOR
	NUMBER OF TIMES AND HOW WELL PERFORMED				
	VERY GOOD	GOOD	FAIR	UNSATISFACTORY	
5) Provides instructions and has client repeat them -When to begin -How to take them -Danger signs -What to do if a pill is missed -When to return to clinic b. <u>Provide to 3 continuing pill users</u> 1) Takes Bp and wt 2) Use the pill checklist 3) Asks client questions to see if client takes the pill correctly 4) Manages problems appropriately  7. OBSERVE 2 IUD INSERTIONS AND COUNSEL CLIENTS -When to check the string -Danger signs -When to have a follow-up visit  8. INSTRUCT 5 CLIENTS HOW TO USE BREASTFEEDING AS A CONTRACEPTIVE METHOD.  9. INSTRUCT 2 CLIENTS ON NATURAL FAMILY PLANNING.					

	TICK IN THE APPROPRIATE COLUMN				REMARKS AND SIGNATURE OF INSTRUCTOR
	NUMBER OF TIMES AND HOW WELL PERFORMED				
	VERY GOOD	GOOD	FAIR	UNSATISFACTORY	
<p>10. CONDUCT 5 POST-PARTUM CHECK-UPS</p> <p>a. Examine the following:</p> <ul style="list-style-type: none"> <li>-Bp</li> <li>-Eyes</li> <li>-Mouth</li> <li>-Breast</li> <li>-Abdomen</li> <li>-Legs</li> </ul> <p>b. Instruct and counsels clients on:</p> <ul style="list-style-type: none"> <li>-Breastfeeding</li> <li>-Nutrition</li> <li>-Immunization</li> <li>-Contraception</li> </ul>					
<p>11. PROVIDE COUNSELING TO 2 INFERTILE CLIENT</p> <ul style="list-style-type: none"> <li>-Take relevant history</li> <li>-Counsel on how to determine a woman's most fertile time</li> </ul>					
<p>12. CONDUCT 5 GROUP EDUCATION SESSIONS ON FH/FP USING A VISUAL AID.</p>					