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COMMUNITY CHILD SPACING
MODULE

STUDENT TEXT

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Nurse Clinician training materials are Lesotho adaptations based upon the MEDEX prototype curriculum for training mid-level health workers.

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Major adaptation in Lesotho began at the National Nurse Clinician Training Programme Curriculum Adaptation Workshop held at Mazenod in January 1980. The nearly fifty participants represented all major health and health related activities in Lesotho, both Government and private. These participants and others working as individuals and then as review committees have adapted the Nurse Clinician training materials to meet the conditions and needs of Lesotho.

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SCHEDULE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5

STUDENT GUIDE

THE NEED FOR CHILD SPACING

I. Entry Level Knowledge and Skills:

Before starting this unit, you should be able to deal with simple fractions and be able to do long multiplication and division.

II. Objectives

Using the information and experiences provided by the instructor and the unit text, you will be able to:

1. Calculate infant and maternal mortality rates for a given community, using data provided.
2. Present arguments in favour of child-spacing, in terms of its effect on maternal and child health.
3. List the high risk factors associated with pregnancy.

III. Evaluation

Upon completion of this unit, you will be assessed on:

1. Knowledge: Written test based on contents of this unit. Acceptable Performance, 80%.
2. Skills: Your ability to calculate IMR and MMR from given data.

IV. Activities:

In order to achieve the objectives of this unit, you will be participating in the following activities:

1. Read unit text and answer review questions.
2. Participate in group discussions.

INTRODUCTION

Child spacing is important because it affects the health of all people.

If births in the family are spaced two to three years apart, mother and children are likely to remain in better health.

If the family does not grow too large, parents will be better able to clothe, feed and educate their children.

If child spacing is done throughout the nation, there will be more food and better opportunities of education and employment for everyone.

When child spacing programmes are first set up, the clinic offers advice and help only to those men and women who come to them. These people are already willing to use contraceptives of some kind. Probably they already have large families and want to prevent the birth of more children.

For many reasons connected with health, however, it is important that young couples, adolescents and anyone who is considering having children, space their children. Couples should be encouraged to have children at intervals of 2 - 3 years. Women should wait until they are 20 to have children and stop having children at 30.

Child spacing education is necessary to inform men and women why it is important to space their children.

To find out whether a child spacing education programme is necessary in a community, you need certain information:

Do people have economic difficulties because of large families?

Are there problems in the community related to pregnancy, child-birth and infancy?

Do child spacing services exist? Are they used? Are people prevented from using them because of customs or beliefs?

What is the Government's policy on child spacing?

Economic Difficulties

In the past, people thought it was wise to have large families. Many of the children who were born died at an early age. By having many children, a family could be sure that enough would survive so that the family land could be farmed and that the parents would be looked after in their old age.

Now improvements in health care mean that fewer children die. More children survive and become adults. At the same time, improvements in agricultural machinery make child labour in the fields unnecessary. The family farm is split up into many small parts for the next generation.

The result of this is that smaller parts of land have to support more people. This means, of course, that families begin to have to deal with economic problems. There is less food to share, there are fewer crops to sell for cash, there is less money to spend on clothing and education.

Maternal and Child Health Risks

When many children are born in a community, one says that there is a high birth rate. When many children die in the first year of life, one says that there is a high infant mortality rate.

It has been shown that when a community has a high birth rate, it will also have a high infant mortality rate. Experience has also shown that in any community where there is a high birth rate and a high infant mortality rate, there will be a greater number of mothers of infants who die. One says, in such a case, that there is a high maternal mortality rate.

Infant and Maternal Mortality Rates:

One way for the nurse clinician to get a picture of the health of the community is to compare the birth and death rates of the community. Another is to determine the infant mortality rate and the maternal mortality rate of that community.

The infant mortality rate is the number of children dying under one year of age per 1,000 live births of the same year.

$$\text{Infant Mortality Rate} = \frac{\text{Infant deaths} \times 1,000}{\text{live births}}$$

The maternal mortality rate is the number of women dying of complications of pregnancy per 1,000 live births in one year.

$$\text{Maternal Mortality Rate} = \frac{\text{Mother deaths} \times 1,000}{\text{live births}}$$

Suppose in Village A there were 50 live births and 60 deaths recorded in one year. Five infants of the 50 live births dies before one year of age. One of the 60 people who died was a mother. Find the infant mortality and maternal mortality rates.

$$\text{Infant Mortality Rate (IMR)} = \frac{\text{Infant deaths} \times 1,000}{\text{live births}}$$

$$\text{IMR} = \underline{\hspace{4cm}}$$

$$\text{IMR} = \underline{\hspace{4cm}}$$

Solution:

$$\text{Infant Mortality Rate} = \frac{5 \times 1,000}{50} = \frac{5,000}{50} = 100$$

There were 100 infants dying under one year of age per 1,000 live births of the same year.

$$\text{Maternal Mortality Rate (MMR)} = \frac{\text{Mother deaths} \times 1,000}{\text{live births}}$$

$$\text{MMR} = \underline{\hspace{4cm}}$$

$$\text{MMR} = \underline{\hspace{4cm}}$$

Solution:

$$\text{Maternal Mortality Rate} = \frac{1 \times 1,000}{50} = \frac{1,000}{50} = 20$$

There were 20 women dying of complications of pregnancy per 1,000 live births in one year.

These rates, if followed over a number of years, can be very useful in getting an idea of whether or not improvement in the community's health is being made. (These figures are accurate only in larger populations of about 100,000 and can't be used with any reliance to compare small communities.)

The infant mortality rate varies a great deal from country to country. Some countries have an IMR of 12 per thousand live births. Others have IMRs of 250 per thousand live births. Your country has a reported IMR of 116 per thousand live births.

Maternal mortality figures are often difficult to obtain, but the maternal mortality for your country is reported at _____ per thousand live births.

Children:

When children are born close together, they have a greater chance of being unhealthy and a greater risk of dying in childhood.

Mothers, who have repeated pregnancies close together, are unable to give the proper nutrients to the foetus. The foetus does not grow and develop adequately in the uterus. This results in premature births and low birth weights in newborns. Low birth weight and premature newborns are more delicate than normal healthy newborns and have a greater risk of dying during infancy. There is a greater risk of prematurity if a woman becomes pregnant before the age of 20 or after the age of 30.

If a mother with a young child less than two years of age becomes pregnant, she may stop breast feeding the toddler. Certainly she will stop when the new baby is born, because the new baby will need the breast milk. This removes an important source of protein and calories from this next youngest child and often leads to malnutrition. This situation is so common in some cultures that special names are given to the child who is removed from the breast and becomes malnourished. It is a common cause of death in toddlers.

Frequent pregnancies close together pass on major health risks to the newborn and the youngest child.

Frequent pregnancies endanger the health of the mother. Spacing pregnancies helps to ensure healthy mothers and children.

Women:

Although pregnancy and nursing an infant are natural functions of the body, they require extra nutrition and energy from the mother. In order to give their babies the best nutrition, mothers nurse their babies usually for 2 years or longer before completely weaning them to other kinds of food. While this is not harmful to the mother, her body needs a rest after being pregnant and nursing her baby. By allowing nine months or more for her body to regain its strength and nutritional stores, she is more likely to be strong and healthy through her next pregnancy and deliver a healthy baby.

Some women have special health problems which may be worsened by pregnancy. These women should be advised and educated about the dangers to their health from becoming pregnant again. Included in this group are women with a history of:

1. delivering eight or more children
2. repeated post-partum haemorrhage
(heavy bleeding after giving birth)
3. one episode of pre-eclampsia
(convulsions)
4. one caesarian section
5. active T.B.
6. heart disease
7. severe diabetes
8. severe debility of any cause

These women should be strongly encouraged to adopt the safest form of contraceptive method available for them (perhaps a permanent method) so that there is no chance of becoming pregnant again. If they do become pregnant, they must deliver in a hospital under a physician's care.

In summary, (1) it is best for the health of mothers and children to avoid pregnancy before the age of 20 and after the age of 30 years because of increased risk to health and life of the mother and the child; (2) it is best to space all births at least two years apart.

REVIEW QUESTIONS

NEED FOR CHILD SPACING

1. Economic difficulties can arise in large families because of:

- a. more people to feed
- b. less land for each person
- c. more people to help work
- d. more children to educate
- e. more children to clothe

Check one: a, b and c ____
 c only ____
 a, b, d and e ____
 d and e only ____

2. Complete these sentences:

- a. When there is a high birth rate, there is also a high _____ mortality rate.
- b. When there is a high infant mortality rate and birth rate, there is also a high _____ mortality rate.
- c. One of the aims of child spacing is to lower the _____ mortality rate.
- d. It is recommended that child births in a family be spaced _____ to _____ years apart.
- e. There is a relationship between birth rate and the _____ rate in any population.

3. Check the sentences that you think are true:

_____ The infant mortality rate is the number of children per 1,000 live births that die in any population.

_____ The infant mortality rate is the number of women dying of complications of childbirth in any community.

_____ The maternal mortality rate is the number of women dying of complications of pregnancy per 1,000 live births in one year.

_____ The infant mortality rate is the number of children that die under one year of age per 1,000 live births in the same year.

_____ The maternal mortality rate is the number of women dying of complications of pregnancy in any one year.

6. Calculate the crude birth rate (CBR), the infant mortality rate (IMR) and the maternity mortality rate (MMR) for the entire region in which those villages are located by using the population and the total number of live births, infant deaths and maternal deaths on the following table:

CBR=

IMR =

MMR =

Village	Population	Live Births	Infant Deaths	Maternal Deaths
A	500	25	5	0
B	1,000	40	10	0
C	2,500	80	15	0
D.	500	30	5	0
E.	4,000	160	20	1
F	5,000	250	50	2
G	3,000	200	20	0
H	3,500	300	35	1
I	5,000	300	30	1
J	1,000	35	7	0
TOTALS				

STUDENT GUIDE

COMMUNITY CHILD SPACING , SURVEY

I. Entry Level Knowledge and Skills:

Before starting this unit, you should have satisfactorily completed the section "Need for child spacing".

II. Objectives

Using the information and experiences provided by the instructor and the unit text, you will be able to:

1. Conduct a community child spacing survey, using survey format you have developed.
2. Explain the government's policy with regard to family planning.
3. Calculate and compare birth and death rates for a given community, based on statistics provided.

III. Evaluation

Upon completion of this unit, you will be assessed on:

1. Knowledge: Written test based on contents of this unit. Acceptable performance, 80%.
2. Skills: Your ability to prepare for and conduct a community child spacing survey.

IV. Activities:

In order to achieve the objectives of this unit, you will be participating in the following activities:

1. Read unit text and answer review questions.
2. Participate in group discussions.
3. Prepare a format and participate in a community child spacing survey.

You already understand some of the reasons why it is important for parents to practice child spacing. You now need to learn whether people in your community accept the idea of child spacing, and how much they actually practice it. To help you learn more about the community so that you can decide whether there is need for a child spacing education programme, and whether it will be well accepted, you need to find out five kinds of information:

Size of families

Desired size of families

Knowledge about child spacing

Beliefs and practices

Child spacing services provided

Size of families:

First, you need to find out how many children there are generally in a family. It will also be useful if you find out how far apart children are spaced and how many children have died in the first years of their lives.

This sort of information can be found in several ways:

From health centre records

From parents who attend the health centre

From a community survey

If you discover that generally births are spaced less than two years apart and that women get pregnant very frequently, you will probably find that there is a high infant and child death rate.

So far, you will have found out how many children families generally have. This does not tell you why families have this number of children. To find out why, you need to investigate some more.

Desired family size:

Parents know, generally, how many children they would like to have. This is what is meant by "desired family size".

It is important for you to know the values, norms and attitudes of couples, as this will give you an idea of how they will accept teaching about child spacing.

For example, parents might want eight or more children because they are afraid that some of them will die in infancy or early childhood. This will probably be the case if you have already discovered a high infant and child death rate. Another reason for wanting large families is that children often share in the family's work and help support the family. Often parents depend on their children to care for them in their old age.

In some countries, having children is looked upon as being very important and it is expected that parents will have many children, since children are valued very highly.

The information you obtain about desired family size will be very useful when you come to preparing child spacing education for the community. For example, even though parents still might want to have large families, it might be possible to persuade them to space their children two years or more apart. This would allow mothers to regain their strength before their next pregnancies.

It is very important that parents know that through family planning, they can have the number of children they want - when they want them. This will probably be a new idea to many parents - that families can, in fact, be planned.

Knowledge:

It is not always the desire to have large families that causes large families. Very often, parents have no knowledge of how to space pregnancies. They may not have any knowledge of contraceptive methods. They may know about the traditional methods of birth control (abstinence, withdrawal, prolonged breast feeding) but they tend to have a high failure rate. Such people might already be very willing to use contraceptives and only need to be taught what methods exist, what methods are most suitable for them and where contraceptives can be obtained.

Beliefs and Practices:

Other reasons have to do with beliefs and traditions which are important in your culture.

- Among most religions, children are viewed as a gift from God. Very often, these religions discourage parents from practicing any form of child spacing except abstinence.

- It may not be proper for husbands and wives to discuss family planning; in this case, it is less likely that either of them will be motivated enough to seek out and use a child spacing method.
- In Lesotho, a man is head of the family. A wife may want to use a child spacing method but she may not be able to obtain her husband's consent.
- In some societies, a woman may be valued by her ability to produce children especially male children and if no male offspring are produced she may be discarded for another woman.
- There may be traditional methods of child spacing which have been practiced for a long time in your community, and which may substitute for more modern practices. For example, parents may abstain from intercourse for a certain number of months after a baby is born. Traditional healers may know ways of inducing a woman's menstrual flow when it is a few days to several weeks overdue. These traditional child spacing methods may or may not be effective and may be practiced widely or only by a few people. If they are effective and non-harmful, they should be continued.

Your understanding of the level of knowledge and the cultural beliefs and practices in your community will aid you in developing an educational programme which addresses these factors. For example, if people seem motivated to space their children and to have smaller families but simply lack the knowledge of how to do it, you would want to give them information about the child spacing methods they could use, and where and how to obtain them. If, however, the problem is that husbands and wives do not discuss child spacing, you would want to develop ways to make child spacing a more socially acceptable subject. This would make it easier for them to discuss their feelings and concerns about the spacing and size of their family and to decide upon a child spacing method.

The Child Spacing Delivery System:

Let us assume that from the information you obtain, it appears that people need and could be motivated to use a child spacing method. However, the child spacing services available from your health centre are not well utilized. You will need to find out why these services are not well utilized before developing educational messages.

Some of the first things you will want to know are:

1. how long child spacing services have been available in your community;
2. how much the community knows about child spacing services; and
3. how many people have obtained child spacing devices in the past.

If child spacing services are new (less than a year old) and have never been well advertised or promoted, people may simply not know very much about child spacing methods they can use. In this case, the educational programme should be designed to inform them of why child spacing is important, what kinds of methods they can use, and where they can obtain these methods.

It is likely that you will encounter differences between yourself and some members of the community concerning the importance of child spacing side effects (or rumours of side effects) of child spacing methods, and other issues.

If you want to change people's minds, you will need to work hard at understanding the way they think and feel and what they believe. You will have to learn what things they value and how they can be led to make changes in their way of living. This means trying to see things from their point of view. How will spacing their children and limiting the size of their families be seen as helpful to them? You will have to show them and persuade them by adapting your messages to their values and beliefs so as to lead them to see that child spacing really is to their advantage.

The more that your child spacing teaching matches the way people think and feel and believe, the more likely it is that your teaching will succeed. The community health workers in your area will probably help you get close to the people you need to teach and will assist you to develop teaching plans suited to them.

The Government's Goals

Population growth in Lesotho is a serious problem. Population growth results basically from more births than deaths in a population. The greater the number of people born over those who die, the more rapid the population growth.

Community X has a population of 2,000. In one year there are 80 births and 50 deaths. The birth rate and death rates are as follows.

$$\begin{aligned} \text{Birth rate} &= \frac{\text{No. of live births} \times 1,000}{\text{Population}} \\ &= \frac{80 \times 1,000}{2,000} = \frac{80,000}{2,000} = 40 \text{ births per } 1,000 \\ &\hspace{15em} \text{population} \end{aligned}$$

$$\begin{aligned} \text{Death rate} &= \frac{\text{No. of deaths} \times 1,000}{\text{Population}} \\ &= \frac{50 \times 1,000}{2,000} = \frac{50,000}{2,000} = 25 \text{ deaths per } 1,000 \\ &\hspace{15em} \text{population} \end{aligned}$$

This shows that in Community X there were 15 more births than deaths per 1,000 population in one year. If the community's birth rate and death rate continue at this level, the size of Community X will quickly increase.

In the past, birth and death rates were both relatively high. Today, however, the number of deaths has been sharply reduced (due to the control of many diseases and to improved sanitation) while the birth rate has remained high. This has caused a large growth in the population.

The main concern of Lesotho is the health and welfare of its people. Your government works to provide better education, health services, food and employment in order that people may live more healthy and satisfying lives. However, the government has a limited amount of resources, such as money, with which to carry out these tasks. With a rapidly growing population, attempts to improve people's living conditions will fail. This is because any increase in national income will be spent on maintaining the same level of health care, education, food and employment for the rapidly growing population.

In the past, there were fewer people and more land; more people were needed to work the land. Within the villages today, however, there are so many people that many families no longer have enough land to support them. Parents are less able to provide good nutrition, education, clothing or shelter for their children so they can grow up to have healthy and productive lives. This problem is of concern to your government.

Your government is also concerned about special health problems of mothers and children. The fact that women in your country are having many children may have serious consequences for their health and the health of their children.

It is for these two reasons (to prevent the population from growing so fast, and to protect the health of mothers and children) that your government has developed a national child spacing policy and established a national child spacing programme. It is important to understand the child spacing policy of your country because it describes the government's goals in providing child spacing services.

REVIEW QUESTIONS

Community Child Spacing

1. Nurse clinician, Margaret Sello, works in Village K. For the past six months she has kept a record of statistical information obtained at the MCH clinic. This clinic is the only one in the village. Margaret has recorded births and deaths as reported to her by families who visit the clinic. From the information provided in her records, calculate the a) birth rate, b) death rate, c) infant mortality rate, and d) maternal mortality rate of Village K in the past six months.

1976				
VILLAGE K - Population 2,000				
Month	Infant Births	Infant Deaths	Maternal Deaths	Deaths in General
January	5	1	0	3
February	6	1	0	4
March	8	2	0	6
April	9	2	1	8
May	10	3	0	9
June	12	3	0	10
TOTAL	50	12	1	40

Answer:

2. In her MCH clinic Nurse clinician Margaret Sello, has collected and compared the vital statistics over the past three years. The information she obtained is given below. From this information, what can you conclude about the population growth trend in Village K and the need or lack of need for a child spacing programme in the community?

Year	Birth Rate (per 1,000 population)	Death Rate (per 1,000 population)	Infant Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 live births)
1973	45	39	95	0
1974	58	43	98	35
1975	72	55	100	0

Answer:

3. A child spacing programme has existed in Community X for several years, but its services have rarely been used by the population. Through a survey of the population it is determined that families are interested in having fewer children. What are some of the possible reasons why the existing child spacing services have not been used? Why is this important for the nurse clinician to know?

Answer:

4. A nurse clinician finds that in Community Z the average family consists of six or more children and that in more than 60% of these families there have been incidents of stillbirths reported. In many of these families the mothers are very young (under 16 years old), and conceive every two years. With this information, what conclusions might the nurse clinician make in terms of risks in pregnancy? What kind of educational message might she want to deliver to this community in an attempt to better protect the health of its mothers and children?

Answer:

5. In Country Q, we find a very strong cultural belief that the way to prove one's masculinity is by the number of children one has. Assuming that the country really values children and is concerned about their health and well-being, what kind of educational message would you use to persuade the men in Country Q to have fewer children?

Answer:

STUDENT GUIDE

Child Spacing Education

I. Entry Level Knowledge and Skills:

Before starting on this unit, you should have completed Units 1 and 2 satisfactorily and have participated in a child spacing Community Survey.

II. Objectives

Using the information and experiences provided by the instructor and the unit text, you will be able to:

1. Identify audiences in a given community for child spacing education.
2. Identify appropriate occasions for delivery of child spacing education.
3. Describe strategies for conduct of child spacing education in the community surveyed.
4. Design a short child spacing education message.
5. Deliver short child spacing education messages.

III. Evaluation

Upon completion of this unit, you will be assessed on:

1. Knowledge: Written test based on contents of this unit. Acceptable performance, 80%.
2. Skills: Your ability to design and deliver a short child spacing education message.

IV. Activities:

In order to achieve the objectives of this unit, you will be participating in the following activities:

1. Read unit text and answer review questions.
2. Participate in group discussions of unit text.
3. Role-play: Each student delivers short child spacing message to members of small group.

Child Spacing Education

Now that you have learned some important information about your community, you are ready to begin developing your child spacing education programme. You need to think about:

- The group of people you want to teach,
- Where this group of people can be reached,
- How you will teach them.

The Group of People you want to teach

This is sometimes called the "target audience". An audience is a group of people and a target is something you aim at. Your child spacing teaching is going to be aimed at a special group (or groups) of people.

There may be several target audiences in your community who need child spacing education:

- Women of childbearing age,
- Husbands of these women,
- Family elders,
- Chiefs,
- Village Leaders,
- Local government officials.

The importance of teaching each of these groups will depend on their importance in the community and how much they can influence people in accepting the idea of child spacing. For example, the planning of a family (how many children and when) must be done by husbands and wives together so both must be a part of a target audience at one time or another. But how to use a condom might be targeted especially for men and how the IUD works may be presented to women.

Although the first target audience would be the people who would actually be using child spacing secondary audiences would be those who could influence them either to use or not to use them. You need to understand how the community is organized and which persons have influence.

Where the groups of people can be reached

Because child spacing is so important to the health of mothers and children, it is very important that child spacing teaching be given at the same time as other maternal and child health services. These include MCH clinics, pre-natal clinics, children's clinics, women's clinics and, of course, child spacing clinics.

Women using these services are the first group that you need to teach about child spacing. You must encourage and persuade them to use child spacing. Probably, you will find that the idea of child spacing is accepted more easily if your teaching about it is combined with services provided in connection with pregnancy, childbirth, abortion, infant health and maternal health. Probably, too, you will find that many women requiring these services are already willing to space their children and limit the size of their families.

Your child spacing teaching in the clinic can be either done with small groups of women or with one woman at a time. Sometimes you will want to talk to one woman, alone, if what you have to say concerns a special health problem she has. A lot will depend, also, on whether your clinic has space enough for a group of women to meet. Your decision will also be based on whether women arrive at the clinic at about the same time of day or whether they come and go at different times.

One thing to remember is that when you are discussing child spacing with a group of women, they are more likely to show interest and ask questions than if you were speaking to them one by one. It will allow you to respond to any misinformation or rumours women may have heard.

The group of women using MCH services at your clinic might only be a small part of the people in the community who need to know about child spacing. To reach the men and women who do not come to the clinic, you will need to go out into the community and teach.

When you plan community teaching, you will have to decide when and where you can reach the men and women who need child spacing and those who could influence the use of child spacing. If the community is one where child spacing is not thought of as very important, it might be difficult to organize groups. If this is the case, you should try to identify small groups that already exist in the community and get invited to discuss child spacing with them. Remember that the people in these groups should all be either people who need child spacing or those that can influence its acceptance in the community.

There may also be special people in your community that you should see and talk to about child spacing. For example, it might be helpful if you talk to religious leaders, teachers or agricultural extension workers who have contact with people in the community - possibly much more than you do. You should try to teach them about child spacing and get their help in influencing others.

As with clinic education, you will have to decide when it is more appropriate to conduct your community education programme with groups or individually. This will depend upon some of the following factors:

1. Whether your educational message is specific to a particular man, woman, or couple, or is a general education message directed toward a larger group of people. For example, there may be times when it is necessary or more appropriate to visit a home to discuss the importance of child spacing in relation to a particular maternal or child health problem.
2. Whether there are any appropriate existing groups of people with whom you can work.
3. Whether it is possible to organize groups of people for the purpose of child spacing education.
4. The effect of positive group support and reinforcement.

REVIEW QUESTIONS

Check your understanding of the preceding material.

1. What groups of people in your community are important to reach with child spacing messages?

2. How might you most easily reach people?

3. What factors are important to consider in deciding whether to conduct your educational programme with groups or individually?
 - a. In a health centre:

 - b. In a home:

 - c. In the community:

Designing Child Spacing Messages

Child spacing messages should be simple, practical and based on a person's needs. There are basically three kinds of information you will want to incorporate into your child spacing messages:

1. The importance of child spacing to maternal and child health.
2. The importance of child spacing to the general financial status of the family.
3. The methods of child spacing and how to use them to space and plan when parents want to have another child.

We will suggest some basic and important components of these content areas. As you gain experience in discussing child spacing with people in your community, you will want to modify and adapt these ideas to the interests and concerns of your audiences.

Twenty separate, short facts are about all that an average person can learn and remember from an educational presentation. For this reason, you will want to select your items very carefully.

Some people may be interested in knowing more about their bodies, pregnancy and child spacing methods than is presented here. However, most people will only be interested in knowing:

1. what child spacing is,
2. how it will benefit them,
3. how to obtain a child spacing method,
4. how to use their child spacing method, and
5. whether or not it will hurt them.

Motivational Message No.1

The relationship between a planned smaller family and a better financial situation:

- a. A planned small family allows for adequate feeding and clothing of a family member.
- b. A planned small family means children can be educated. Education of children usually means a better chance at good employment.
- c. A planned small family ensures adequate land being passed on to the next generation rather than a plot too small for supporting a family.

Motivational Message No.2

Relationship between child spacing and maternal and child health:

Child spacing is important to the health of mothers and children for four reasons.

1. Child spacing allows a mother to space her pregnancies so that she can nurse each child for at least two years.
2. Using a child spacing method allows the mother's body to rest following the birth and nursing of each child. Although pregnancy and nursing are natural functions of a woman's body, they require a lot of her energy. Having babies too close together (less than two years) weakens the mother's body and causes her to have less healthy babies. Healthy mothers have healthier babies.
3. If a woman has particular health problems using a child spacing method will allow her to delay or prevent the next pregnancy.
4. Using a child spacing method allows parents to have only the number of children they want to have and when they want to have them.

Technical Messages

How Pregnancy Begins

A man's role in pregnancy is to produce millions of very small sperm and to deposit them in the woman's body during intercourse (the sex act). These sperm are produced in the sack (testes) which is located behind the penis. When a man becomes sexually excited, his penis becomes hard and erect. He is then ready for intercourse.

A woman's role in pregnancy is to produce a very small egg (ovum) once a month. This egg is produced by one or two small organs (ovaries) near her womb. From the time a girl has her first menstrual period until menopause (when she stops having menstrual periods) one egg is released every 28 to 31 days (except when she is pregnant). Generally, this egg passes through her tubes to her womb and dissolves.

During intercourse (the sex act), the man deposits his sperm in the woman's vagina (the opening of the woman's womb) with his penis. The sperm travels up into the womb and tubes. If there is an egg in one of the two tubes, it may combine with one sperm. This is called fertilization. The combined egg and sperm (fertilized egg) travels to the womb and attaches itself to the wall of the womb, where the egg will eventually grow into an infant. The woman has become pregnant.

If the woman's egg does not meet any sperm, she will not be able to become pregnant for almost another month when another egg is released. If a woman is not pregnant, she will have her menstrual period once every month.

Technical Messages

How Pregnancy is Prevented*

Pregnancy can be prevented if:

1. the egg is not released;
2. the sperm cannot reach the egg; and
3. the combined egg and sperm cannot attach itself to the wall of the womb.

There are two main types of child spacing methods - temporary methods and permanent methods. Temporary methods allow parents to space the births of their children. These methods are effective only while they are used. They can be stopped whenever parents wish to have another child. The more common temporary child spacing methods include the pills (small tablets), IUD (small plastic coil), and condoms (rubber or plastic sheath).

The permanent method of child spacing is sterilization of the man or woman. Sterilization is a very popular method for those couples who have all the children they want. Sterilization is better than temporary methods of child spacing for those who definitely do not want more children since it is done once and it is permanent.

*For these messages it is important to have samples of pills, IUD's and condoms to pass around to the group.

Technical Messages

Temporary Methods of Contraception

Child Spacing pills (pass around a packet of pills) are taken by the woman to prevent pregnancy. As long as the woman takes the pills correctly, (one pill each day for 20 or 21 days), they will prevent her body from releasing an egg. If no egg is released, she cannot become pregnant. Therefore, couples can have sex at any time and never worry that the woman will become pregnant.

The pill is a very safe, easy and highly effective child spacing method. Most women taking the pill have no problems. A few women experience minor effects for a short period of time. The most common effects are slight headaches, nausea, spotting between menstrual periods and little or no menstrual flow. For some women there might be a slight gain in weight. These effects usually disappear within several months. (If any of these problems should continue longer than four months, or if a woman experiences other changes which concern her, she should be advised to see a health worker.)

The IUD (pass around loop samples) is a very effective method of preventing pregnancy. It is a small, soft plastic object, shaped like a coil, loop or ring. It is quickly and easily placed in the woman's womb by a doctor, nurse clinician or nurse at the health centre.

This small plastic object prevents the combined egg and sperm from attaching to the wall of the womb, so the woman cannot become pregnant. It stays in the womb for as long as the couple does not want another pregnancy; it cannot move around the body. When the couple wants to have another baby, the woman can go back to the clinic and have the plastic object removed.

The IUD is very safe. Although it may cause slight discomfort at first, it will not harm the woman. This discomfort may include crampy pains similar to menstrual pains, and more blood flow during the menstrual period. These discomforts are normal and temporary and should go away in two to three months. They are nothing to worry about. Occasionally the IUD may be pushed out by the body; if this happens, another one can be put in.

The condom (pass around samples of condoms) is the only temporary child spacing method a man can use. It is a thin rubber or plastic sheath which is used to cover the penis during intercourse; it prevents the sperm from being released into the woman's body.

When the man's penis becomes erect, the condom is rolled back from the tip of the penis until the penis is fully covered by the condom. After intercourse, the condom must be held onto the penis and pulled out of the woman's body so that sperm will not be spilled in her body. The condom is then pulled off the penis and discarded. A new condom must be used for each intercourse.

Condoms are not as effective as pills or IUD's because of accidents in using them.

Technical Message

Permanent Methods of Contraception

Vasectomy (sterilization for men) is a simple operation performed in 10 to 15 minutes.

The tubes which carry the sperm to the penis are cut and tied. The testicles (behind the penis) are not removed or damaged in any way. All normal sexual feelings and habits will be the same except that no sperm will be released. During intercourse, there will be the same white fluid as before, but it will not contain any sperm.

Tubal Ligation (sterilization for women) is slightly more complicated than vasectomy.

Similar to the vasectomy, the woman's tubes which carry the eggs to the womb are cut and tied but this must be done within the woman's abdomen. The operation usually takes 15 to 20 minutes. After the operation, the eggs will not be able to reach the man's sperm and pregnancy cannot occur.

The operation is usually done in a hospital and the woman will have to rest for a while before returning home.

STUDENT GUIDE

Approaches to Teaching Child Spacing

I. Entry Level Knowledge and Skills:

Before starting this unit, you should have completed previous units in this module and have designed several short child spacing education sessions.

II. Objectives

Using the information and experiences provided by the instructor and the unit text, you will be able to:

1. Describe the three main approaches used in child spacing education and explain the advantages of each.
2. Use important principles in the planning, preparation and delivery of child spacing education in the community.
3. Demonstrate ability to teach child spacing topics to individuals and small groups in the community, in informal and formal situations.

III. Evaluation

Upon completion of this unit, you will be assessed on:

1. Knowledge: Written test based on contents of this unit. Acceptable performance, 80%.
2. Skills: Your ability to plan, prepare and teach child spacing topics to individuals and small groups in the community.

IV. Activities:

In order to achieve the objectives of this unit, you will be participating in the following activities:

1. Read unit text and answer review questions.
2. Role-play: Delivery of child spacing topic.
3. Site-visit: Teaching child spacing to individuals and small groups.

Approaches to teaching Child Spacing

There are three main ways of teaching:

You can talk to a group of people

You can get people to have a discussion

You can talk to people, one by one.

Whichever of these three ways of teaching you use, you will probably find it helpful to use slides, posters, flip charts or flannel boards and even actual child spacing products (condoms, pills, diaphragms, IUD) to illustrate what you are teaching. Your use of these aids will depend on whether you decide that they will be really helpful in getting your audience to understand. It is no use showing slides or flipcharts with writing on them to people who cannot read.

Some people have difficulty understanding photographs and drawings. You should always make sure that the aids you use are understandable by your audience.

Very often, you will probably discuss child spacing in connection with a person's health problem. Sometimes, you will be teaching child spacing to small groups of people. At all times when you are teaching, there are some important points to remember:

Start with what people already know and build on it

Start with questions that will help you to learn what the person or group already knows about child spacing, pregnancy, childbirth etc. If you do not do this, you may find out too late that you are not being understood. People might simply sit silently through your presentation and you might never know whether or not they understood what you have told them.

By starting with questions, you will be able to find out:

How concerned they are with child spacing

What words and ideas are understood in the community

What people want to know about child spacing and what they need to know.

Answering questions allows your audience to give something to the teaching session. They will feel that they have contributed something worth while.

For example, you might begin by asking questions about farming, if you are working in an agricultural area. This could lead into a discussion about land held by each family, how it would be shared, what food it produces, and so on. This would be a natural way to go on to discuss family size, etc.

(An interesting approach is described in the chapter added to this module. You should read it carefully, with the help of your tutor and decide whether such an approach might work in your community.)

Do not try to teach too much at a time

Most people find it hard to learn more than a few facts at any one teaching session. Make an effort to choose those facts that people really want to learn and need to be learned about child spacing. At first, limit yourself to teaching and discussing:

What is child spacing?

How will it benefit mothers and children?

Where can child spacing services be obtained?

How does child spacing work?

Will child spacing cause any harm?

Then, if people want more information, be ready to give it to them at later sessions.

Repeat important facts

People are more likely to remember what you tell them if you repeat it several times. When you teach child spacing, repeat important facts, at places in your presentation where it makes sense to do so.

Learn local words for Child Spacing methods or products

It is important for you to learn the words that people in the community use to describe methods of child spacing or the actual products that are used as contraceptives. By questions, you can learn not only what people call these, but whether they know about their use.

Correct misunderstanding

Women may be unwilling to take birth control pills every day. They understand pills as things that are taken when one is ill. This is an example of the kind of misunderstanding that you must try to correct when you are teaching about child spacing.

Explain any side-effects that a child spacing method might have

Each child spacing method has its advantages and disadvantages. Very much depends on how well each person or couple accepts a particular method. Once a man or woman has decided which method to use, you must take care to explain exactly what kind of side-effects can be expected. In this way unpleasant surprises can be avoided and the couple is more likely to continue use of the method. Be sure to explain the advantages and disadvantages of each method clearly.

Encourage questions, comments and discussion

The more people discuss a topic, the more interested they are likely to become. When people become really involved in discussions about child spacing, they will probably become willing to use it themselves.

Your child spacing education programme will be a success only if people accept the idea of child spacing use it correctly and use it for long enough. It is not enough just to get people using a contraceptive method, if they stop using it a month or so afterwards. This will be of no benefit to anyone.

Your job as a teacher is to make sure that people truly understand child spacing methods and are ready to use them continuously. People will only fully understand and agree to what you tell them if they trust you. You can obtain their trust if you let them see that you are sincerely interested in their health and well-being.

REVIEW QUESTIONS

Teaching Child Spacing

Check your understanding of the preceding material.

1. What are two important considerations in the use of visuals to illustrate your child spacing messages?
 - a.
 - b.
2. Five important principles in developing and presenting an educational message are:
 - a.
 - b.
 - c.
 - d.
 - e.
3. What are the advantages of starting a discussion with a subject familiar to your audience?
4. What is likely to happen if people do not understand the possible side effects of their child spacing method?