

Reproductive Health Manual

For Trainers of Community Health Workers

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2nd Edition**

**Developed by
The Centre for Development and Population Activities (CEDPA)/India
50-M, Shanti Path, Gate No. 3, Niti Marg
Chanakyapuri, New Delhi, India**



ENABLING CHANGE FOR WOMEN'S REPRODUCTIVE HEALTH



**The Centre for Development
and Population Activities**



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CEDPA

The Centre for Development and Population Activities (CEDPA) is an international non-profit organization. Its mission is to empower women at all levels of society to be full partners in development.

Founded in 1975, CEDPA provides management, leadership, and institution building training programs for women and men, provides material and technical assistance to partner organization, and supports policies, advocacy activities, and participation to improve the status of women.

CEDPA collaborates with public and private organizations in Africa, Asia, Eastern UP, Latin America, and the Middle East that work in family planning and reproductive health, maternal and child health, non-formal education, microenterprise development and vocational and literacy training. CEDPA's youth programs stress family life education, health, personal development, skill-building and civic participation.

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES, HEADQUARTERS
1400, 16TH STREET, NW
WASHINGTON D.C. 20036, USA

Telephone: 202-667-1142
Fax: 202-332-4496
Website: www.cedpa.org

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES, INDIA
INNOVATIONS IN FAMILY PLANNING SERVICES (IFPS) LIAISON OFFICE
50-M, SHANTI PATH
GATE NO. 3, NITI MARG
CHANKYAPURI, NEW DELHI – 110 021
INDIA

Telephone: 24672154, 26886813
Fax: 26885850

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Glossary of Terms

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxillary Nurse Midwife
CBD	Community-Based Distribution
CEDPA	The Centre for Development and Population Activities
CHC	Community Health Centre
CHW	Community Health Worker
FP	Family Planning
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
OCP	Oral Contraceptive Pill
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
RTI	Reproductive Tract Infection
SDM	Standard Days Method
STIs	Sexually Transmitted Infections
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception

Introduction

Community health workers (CHWs) form the backbone of the community-based distribution (CBD) approach in reproductive and child health (RCH) service delivery.

It is a challenging job to train them effectively so that they are equipped with the necessary knowledge and skills to carry out their role as a change agent in society and provide quality RCH services to their clients.

The technical information related to reproductive health (RH) content needs to be simplified, demystified and explained with simple participatory training methodologies. The trainers should ensure that the CHWs internalize their learning and are not intimidated by the technical information.

This *Reproductive Health Manual for Trainers of Community Health Workers* has been developed by CEDPA to help organizations who provide RH services through the CBD approach, train their CHWs in RH.

In response to the International Conference in Population and Development (ICPD) Program of Action, the two training manuals are based on the premise that RH is a fundamental human right and that every individual has the basic right to decide freely and responsibly the number, spacing, and timing of their children and to have the information and the means to do so, the right to attain the highest standard of sexual and reproductive health, and the right to make decisions free of discrimination, coercion or violence. The manuals stress informed choice, quality of care, and increased sensitivity to women's needs, focusing on family planning (FP) as an integral part of RH.

Table 1. Community-based Reproductive Health Care through the NGO Sector

Prevention and Management of Unplanned Pregnancy	Antenatal Care	Delivery Care	Post-partum Care	Care of the Newborn	Prevention of RTIs, STIs, and HIV/AIDS
<ul style="list-style-type: none"> • Sexuality and gender information, education, and communication • Community mobilization & education of adolescents, youth, men and women • Community-based distribution of pills and condoms and information about lactational amenorrhea method • Establishment of referral linkages for IUD, vasectomy and tubal ligation • Social marketing of contraceptives 	<ul style="list-style-type: none"> • Counseling and education for breastfeeding, nutrition, FP, rest, exercise, etc. • Counseling and education for male support • Community-based distribution of iron and folic acid • Establishment of referral linkage for tetanus immunization and for antenatal checkups • Detection and referral of cases with complicated pregnancies • Detection and referral of women with RTIs and STIs 	<ul style="list-style-type: none"> • Detection of pregnancy complications and referral • Recognition of danger signals and referral • Support to the traditional birth attendant • Counseling and education for male support 	<ul style="list-style-type: none"> • Post-partum visits • Counseling & education for breastfeeding • Provision of FP counseling and services • Provision of nutrition education • Detection and referral for complications • Counseling and education for male support 	<ul style="list-style-type: none"> • Counseling & education for breastfeeding, nutrition, immunization, etc. • Establishment of referral linkages for immunization and for infants with complications • Treatment of diarrhea with ORS 	<ul style="list-style-type: none"> • Sexuality & gender information for adolescents, youth, men and women • Dispel myths and misconceptions • Community-based condom distribution • Social marketing of condoms • Recognition of RTI/STI symptoms and provision of counseling and education • Establishment of referral linkages for suspected cases • Education on transmission and prevention of HIV/AIDS and STIs

Adapted from Saroj Pachauri, *Defining a Reproductive Health Package for India: A Proposed Framework*, Regional Working Papers, 1995, No. 4. The Population Council.

The Community-Based Reproductive Health Approach

The community-based RH approach entails the identification, recruitment, training, and fielding of community residents to provide FP information and services to their neighbors. Community depots are supply points, usually a home or a community center, where a CHW or FP acceptor distributes/sells contraceptives. Following are salient features of the door-step and depot holder community-based approach:

- *Integrated Approach:* Many programs are integrated with broader maternal and child health (MCH) activities. Promotion of FP services within a package of MCH activities has been shown to enhance the value of FP services to the community.
- *Phasing In:* Indian community health projects have generally started with the house-to-house approach due to the low mobility of women in the community. The community depot approach is often introduced after a certain level of client awareness and motivation has been achieved through the initial door-step approach.
- *Interpersonal Counseling:* The CHW typically visits the eligible couples in their homes to educate them about RH, promotes child immunization and nutrition, pre- and post-natal care, and Tetanus shots for pregnant women.
- *Service Delivery:* The CHW screens clients for contraceptives, then distributes pills and condoms to eligible couples and vitamin and iron tablets to children and pregnant women. Some CHWs also provide basic medicines for minor ailments. The CHW may distribute free supplies obtained from the public sector or may serve as an agent for the sale of subsidized contraceptives.
- *Referrals:* The CHW assists in organizing immunization camps and provide referrals to clients for clinical contraceptive methods (IUDs and sterilization) and MCH care (immunization of children and pregnant women), often escorting the client to the primary health centre, subcentre, or clinic.
- *Follow-up:* The CHW follows-up each pill and condom client to provide refill supplies. The CHW also follows-up IUD and sterilization clients according to an approved follow-up schedule to check for any medical complications or side effects.
- *Communication:* Besides interpersonal counseling during home visits, the community-based service delivery is backed by multiple channels of communication to change attitudes and behavior, including group presentations and discussions, street plays, puppet shows, health *melas*, distribution of pamphlets, films shows, etc. Education through entertainment has been shown to be a highly effective means of communicating new ideas and changing behavior.
- *CHW and Depot Holder Profile:* The CHW/depot holder is ideally from the same community, married, a FP acceptor, and functionally literate to enable her to record client information. Most often CHWs are female in order to overcome culturally prescribed behavior which affect women's lives more often than men, such as restricted mobility. It is also important to include male CHWs or male volunteers from the community to involve men in the program.

Role of Community Health Workers

Community Health Worker	With Supervisor's Support
<p>Serve Eligible Couples (married couples of reproductive age):</p> <ul style="list-style-type: none"> • Identify, motivate, and recruit clients for family planning • Provide contraceptive choice and information • Provide supplies of pills and condoms • Refer to clinics for IUDs and sterilization • Follow-up with clients to provide refill supplies and monitor their health • Sell subsidized social marketing contraceptives, if applicable • Counsel about RTIs, STIs and AIDS • Refer clients who have symptoms of RTIs/STIs for treatment <p>Serve Pregnant and Post-Partum Women:</p> <ul style="list-style-type: none"> • Identify pregnant and post-partum women • Inform and educate about care during pregnancy • Motivate for antenatal check up at the health facility • Motivate and counsel about tetanus immunization • Motivate and counsel about nutrition • Distribute iron tablets • Assist the family for Birth Preparedness. Organize referrals in case of a risk • Inform and counsel post-partum woman <p>Serve Infants and Children under Five Years</p> <ul style="list-style-type: none"> • Identify infants under one year of age and children under five years • Inform and counsel mother about care of the newborn and about breastfeeding • Inform and counsel about immunization and nutrition • Organize activities for immunization • Follow-up to ensure full immunization • Distribute ORS packets to children with diarrhea <p>Serve Adolescents</p> <ul style="list-style-type: none"> • Identify adolescents and organize groups of girls and boys. 	<p>Mobilize the Community:</p> <ul style="list-style-type: none"> • Establish rapport with local leaders and the community • Collect baseline information on the community and identify target groups for the project, i.e., pregnant women, eligible couples, children under five years, and adolescents • Network with other community development programs • Sensitize the community to gender issues • Motivate men for their support and involvement in the program • Establish contacts with PHC/Sub-centre, private doctors, health workers, ANM and TBAs • Organize local groups • Mobilize community leaders, decision makers, and men to speak in favor of reproductive health services. • Organize regular information, education, and communication activities <p>Serve Pregnant Women</p> <ul style="list-style-type: none"> • Organize immunization camps • Obtain iron tablets <p>Serve Infants and Children Under Five Years</p> <ul style="list-style-type: none"> • Organize immunization camps • Obtain ORS packets <p>Serve Adolescents</p> <ul style="list-style-type: none"> • Organize sessions on family life education <p>Administration</p> <ul style="list-style-type: none"> • Participate in training and meetings • Record and report service information

Goal and Objectives of the Manual

GOAL

The goal of this manual is to develop the capacity of community-based workers to mobilize the community and increase access to quality reproductive health information and services in rural and urban communities.

OBJECTIVES

By the end of the workshop, the participants will be able to:

- Describe the basic concepts of reproductive health and family planning
- Discuss the reproductive rights of every client
- Counsel and refer clients for safe motherhood and care of the newborn
- Counsel and provide clients with family planning services and referrals
- Counsel and refer clients for reproductive tract infections

How to Use the Manual

The manual has been designed as a self-contained curriculum for training CHWs on community mobilization and reproductive health. It is important that the CHW be trained in all the topics before s/he begins her/his work in the community.

The manual is organized into four major units or modules:

- Basic Concepts of Reproductive Health and Family Planning
- Safe Motherhood and Care of the Newborn
- Family Planning and Contraceptive Technology Update
- Reproductive Tract Infections, Sexually Transmitted Infections, and HIV/AIDS

Each module includes the following components:

Introduction Page - an introductory page summarizing the tasks to be performed by the CHW, learner objectives, contents, and materials required.

Methods of Training - steps, trainer's notes, and time allotments for the module. The method of training is participatory, i.e., brainstorming, group work, demonstration, role-play, illustrated trainer presentation and case studies.

Guidelines for Training Community Health Workers

WORKSHOP SIZE

The recommended number of participants is 20-25 per workshop.

WORKSHOP SCHEDULE

The manual provides a thirty-hour curriculum. It can be covered in full five days or if necessary, trainers and participants can adapt it as per the need of their program.

TEACHING AIDS

The manual includes all necessary teaching aids (case studies, exercises/games).

Simple, low-cost teaching aids such as flipcharts may be used by the trainer. Participants with special talents may be encouraged to make some visual aids.

EVALUATION

To evaluate the effectiveness of the workshop, trainers should ask participants to take the same test before and after sessions. These are referred to as pre- and post-tests. Questions on these tests should be based on the objectives of training sessions.

Explain carefully the purpose of the pre- and post-tests before administering them. Pre-tests tell trainers how much participants know before training. By comparing results of the post test with those of the pre-test, trainers can see how much participants' knowledge improved. Make sure you ask the same questions on both the pre- and post-test.

Allocate a fixed time for completing both tests. After the workshop, compare the results for each participant and the group as a whole.

TRAINING METHODOLOGY AND PRINCIPLES OF ADULT LEARNING

Trainers who use this manual should follow the principles of adult learning during their training sessions, for example:

- Adults learn best when they are actively involved in their own training and when training builds on their own experiences and knowledge.
- How you teach is as important as what you teach.

- Adults have a broad range of experience upon which to draw and to share with others. While lectures are sometimes necessary, research shows that they are not the best way to teach. Adults learn best when training allows them to discover their own solutions to problem.
- Adults learn best through doing. The next best way they learn is through both seeing and hearing. People learn the least through seeing or hearing alone. If you must lecture, be sure to use visual aids so participants both see and hear what you say.
- Adults want to learn what they can apply immediately.
- Given below are suggested methods:
- Use simple, appropriate, culturally, and religiously acceptable terminology. Avoid words or phrases considered vulgar or offensive within the community.
- Use games, discussion, case studies, demonstration, simulated practice, question-and-answer sessions, brainstorming, etc.
- Move at a pace comfortable for the participants.
- Have warm up exercises in between the training sessions to boost up the participants' level of energy
- Provide positive feedback to ensure a participatory teaching and learning process.

CERTIFICATION

Upon successful completion of the training, the host organization can hold a small certification ceremony for the participants. At the ceremony, the participants can be given certificates; and a CHW Kit containing contraceptives, the CHW Handbook, counseling aids, and promotional materials for distribution to their clients.

The organization may invite a local health official and/or community leaders, e.g., the Chief Medical Officer (CMO) or the Deputy CMO and/or the village Pradhans, to attend the ceremony and to give away the certificates. The graduation ceremony will publicize the arrival of the CHWs in the community and boost their morale in preparation for their new roles.

Pre/Post Tests

Tests on Module One:

1. What is reproduction?
2. What is reproductive health?
3. List three reproductive rights.
4. What does family planning mean?
5. What are the three objectives of family planning?
6. List the male reproductive organs.
7. List the female reproductive organs.
8. Where are sperm produced?
9. Where is semen produced?
10. How do the sperm and semen come out of the male's body?
11. How many eggs are produced in a month in a woman's body?
12. Where do the ovum and sperm meet?
13. How does the uterus prepare for the fertilised egg?
14. Why does menstruation occur?
15. What are the changes that occur during adolescence?

Tests on Module Two:

1. What is the meaning of safe motherhood?
2. List the causes of maternal deaths.
3. What are obstetric emergencies?
4. What are the essential needs of a pregnant woman?
5. Why is it important for a pregnant woman to go for regular antenatal check-ups?
6. What are the alarming signs during pregnancy? What should be done in case one or more alarming signs appear?
7. What should a pregnant woman NOT do?
8. What preparations should the family make for a home delivery?
9. What does a home delivery kit contain?
10. List the FIVE CLEANS.
11. What are the alarming signs during delivery?
12. When should a baby be put to the mother's breast? What is colostrum?
13. List the benefits of breastfeeding for the baby.
14. List the benefits of breastfeeding for the mother.
15. Explain in a simple manner how a man is responsible for the sex of the baby.
16. What are the changes that occur in a woman during the post-partum period?
17. What are the six dangerous diseases during childhood?
18. How can we protect the babies from these diseases?
19. What is ORS? Why should it be given to a baby suffering from diarrhea?

Tests on Module Three:

1. What are contraceptives?
2. What is the meaning of voluntarism?
3. What is informed contraceptive choice?
4. What information will you give to a client about each method?
5. List the Natural Family Planning methods.

6. Which family planning methods will you supply?
7. List the referral methods of family planning.
8. If a woman's menstrual cycle is of 26 to 32 days duration, when is her fertile period?
9. What instructions will you give to a client about how to use a condom properly?
10. List the advantages of condom.
11. What are the three conditions necessary for lactational amenorrhea method (LAM)?
12. How effective is LAM?
13. What should a woman do if she does not fulfill the LAM criteria anymore?
14. List the advantages of LAM.
15. List the limitations of LAM.
16. Which methods are appropriate for a breastfeeding woman?
17. How many pills are there in a packet for Mala-N?
18. When can a woman start taking oral pills?
19. How do oral pills protect the woman from pregnancy?
20. What is the effect of oral pills on the menstrual cycle of a woman?
21. How will you know whether you should give oral pills to a client or not?
22. Who should not be given oral pills?
23. Draw and label a picture of Copper-T.
24. What are the advantages of an IUD?
25. What are the common side effects of an IUD?
26. When can an IUD be inserted?
27. When should a woman with an IUD report to a doctor immediately?
28. Which method is suitable for a woman with heavy, irregular and painful periods?
29. What is vasectomy?
30. How does vasectomy work?
31. How can you counter the myth that vasectomy causes impotency?
32. Which method is simpler – vasectomy or tubal ligation?
33. Which tubes are blocked in tubal ligation?
34. When can a woman undergo tubal ligation?
35. What is Depo-Provera?
36. For how long is an injection of Depo-Provera effective?
37. What are the advantages of Depo-Provera?
38. What will you tell the client about Depo-Provera's effect on her menstrual cycle?
39. Who can use Depo-Provera?
40. When can a woman start taking Depo-Provera?
41. When can a post-partum woman begin taking oral pills?
42. Which methods can a woman begin immediately after an abortion?
43. What is the dual protection?
44. Which two methods of family planning offer dual protection?

Tests on Module Four:

1. What are the signs and symptoms of STIs in a man?
2. What are the signs and symptoms of STIs in a woman?
3. What is the difference between HIV, HIV-infection and AIDS?
4. Which family planning methods protect against STI/AIDS?
5. Which family planning method cannot be given to a woman suffering from RTIs/ STIs?
6. How is HIV transmitted?
7. How can one protect oneself from HIV/AIDS?

Notes:

Module 1 Basic Concepts of Reproductive Health and Family Planning

MODULE 1 BASIC CONCEPTS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING TIME: 6 HOURS

TASKS TO BE PERFORMED BY THE CHWS

- Promote reproductive health
- Educate client about the structure and functions of reproductive organs and the process of menstruation
- Help community to understand the process of maturation during adolescence
- Inform clients about how pregnancy occurs
- Dispel myths and misconceptions about reproductive health

LEARNING OBJECTIVES

- Explain what reproductive health is and list reproductive health services
- Define family planning and describe its advantages
- Describe the structure and functions of reproductive organs in men and women.
- Explain menstruation process and menstrual hygiene
- Describe the process of fertilization and conception
- Describe how a boy and a girl child matures during adolescence into a man and women

Sessions

	Time
1. Reproductive health and its relationship to family planning.	2 hours
2. Structure and functions of male and female reproductive systems.	2 hours
3. Reproductive growth during adolescence.	2 hours

MATERIALS REQUIRED FOR TRAINING

- Flipcharts
- Markers
- Big pictures of male and female reproductive organs, process of menstruation, fertilization
- Models of reproductive organs – *See P.20 at the end of Session One*
- Bead Game
- Handbook for CHWs

MODULE ONE

Session One: Reproductive Health and its Relationship to Family Planning Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session the participant will be able to:

- Describe reproductive health and list reproductive health services
- Define family planning and explain its advantages
- Explain the relationship between reproductive health and family planning

Methods of Training	Trainer's Note
<p>Step 1: Ask what the term 'reproduction' means.</p> <p>Who is responsible for reproduction?</p> <p>What are the various steps during reproduction?</p> <p>Discuss what they understand by the term reproductive health.</p> <p>Explain the health implications to all matters related to reproduction.</p>	<p>Reproduction means procreation, having offspring or babies.</p> <p>Both man and woman are responsible for reproduction and they have specific reproductive organs in their bodies to carry out this important function.</p> <ul style="list-style-type: none"> • Man and woman have sexual intercourse • Conception may occur and lead to various stages of pregnancy • Arrival of a baby <p><i>Possible Answers:</i></p> <ul style="list-style-type: none"> • The health of the reproduction organs means Reproductive Health • The ability to reproduce and regulate fertility • The ability to go through pregnancy and childbirth safely • The outcome of pregnancy is successful when mother and infant survive and are well • When couples are able to have sexual relations free of fear of pregnancy and of contracting diseases

Methods of Training	Trainer's Note
	<p><i>Correct Answer:</i> Reproductive health is a state of complete well-being in all matters related to the reproductive system</p> <p>Health Implications:</p> <p>Reproductive Organs - free of disease, functioning properly.</p> <p>Sexual Intercourse - free from discomfort and free from fear of pregnancy and sexually transmitted diseases.</p> <p>Pregnancy – Woman remains free from serious complications and fetus grows well in her womb.</p> <p>Delivery – Woman delivers normally and is free from serious complications during and after deliver.</p> <p>Newborn Baby – The newborn is delivered normally and is not endangered by serious conditions like low body temperature, tetanus diarrhea, etc.</p>
<p>Step 2: Generate a discussion on general human rights that we enjoy in our day-to-day life and why it is important that we have rights.</p> <p>Tell the participants that we also have reproductive rights.</p> <p>Let them brainstorm about it for 20 minutes. Collect the answers and record them on chart.</p>	<ul style="list-style-type: none"> • Right to property • Right to speak • Right to equality • Right to religion <p>Every individual has the basic right to:</p> <ul style="list-style-type: none"> • Decide freely and responsibly the number and timing of birth of their children. • To have the information to make such decisions (informed choice). • To attain the highest standard of sexual and reproductive health. • To make decisions by oneself without any force or violence (voluntarism).

Methods of Training	Trainer's Note
<p>Step 3: Ask the participants what is meant by family planning.</p> <p>List answers on the flipchart.</p> <p>Then explain what is family planning.</p>	<p><i>Possible Answers:</i></p> <ul style="list-style-type: none"> • Not to have children • To control birth • Population control • To have less children <p><i>Correct Answer:</i></p> <p>Family planning means that a couple decides when to have children and when not to have them. It is the right of a couple to have children by choice and not by chance.</p>
<p>Step 4: Explain the main objectives of family planning.</p>	<p>The main objectives of family planning are:</p> <ul style="list-style-type: none"> • Child spacing - i.e. there should be at least three years interval between births. Studies have shown that there is a strong direct relationship between birth interval and infant mortality. Also mother's health is adversely affected by two pregnancies at short intervals. • Limiting family size - i.e. to have a small family. Once the couple has the desired number of children, they decide not to have any more children in future. • Early treatment of infertile couples and prevention of infertility caused due to RTIs and STIs
<p>Step 5: Divide the group into two and ask one group to write the (i) advantages of child spacing and the other group to write the (ii) advantages of having a limited (small) family.</p> <p>Ask one person from each group to present the answers.</p>	<p>Advantages of Child Spacing:</p> <p>Adequate interval between two births has many advantages for everyone in the family:</p> <ul style="list-style-type: none"> • The first child can be looked after well and can be breastfeed for a longer duration. • The second baby grows well in the mother's womb and weighs normally. Low birth weight, followed by low body temperature, pneumonia, and/or diarrhea, is the major causes of death during infancy. • The mother gets enough time to recover from previous pregnancy and breastfeeding before she becomes pregnant again. Pregnancies at short intervals make the mother weak and anemic. • The father and other family members can get adequate attention from the mother. Sexual-relationship is happier. Responsibilities of family towards pregnant woman and children decrease.

Methods of Training	Trainer's Note
<p>Step 6: Brainstorm what kinds of services are related to reproductive health (RH)?</p> <p>Using a prepared flipchart, explain the list of RH services</p>	<p>Services Related to Reproductive Health:</p> <ul style="list-style-type: none"> • Antenatal care • Care during and after child birth • Care after abortion • Breastfeeding counseling • Immunization of children • Control of diarrheal diseases • Family planning • Treatment of infertility • Treatment of Reproductive Tract Infections (RTIs) and STIs • Prevention of AIDS
<p>Step 7: Sum up by discussing the rights of the clients in RH services.</p>	<p>Rights of Clients:</p> <p>Dignity – to be treated with courtesy.</p> <p>Information - to learn about benefits and availability of services.</p> <p>Safety – to be able to use methods that are safe and effective.</p> <p>Choice – to decide freely when to use a family planning method, which method to use, when to change a method, and when to stop using.</p> <p>Confidentiality – to be assured that any personal information will remain confidential.</p> <p>Access – to avail services at convenient locations.</p> <p>Comfort – to feel comfortable when receiving services.</p> <p>Continuity – to receive supplies for as long as needed</p> <p>Opinion – to express views on services being offered.</p> <p>Privacy – to have a private environment during counseling or services.</p>

MODULE 1

Session Two: Structure and Functions of Male and Female Reproductive Systems Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session the participant will be able to:

- Describe the structure of male and female reproductive organs
- Describe the functions of male and female reproductive organs

Methods of Training	Trainer's Notes
<p>Step 1: Body Mapping Exercise for Male Reproductive System</p> <p>Divide participants into two groups. Ask each group to do body mapping exercise in the following way:</p> <ul style="list-style-type: none"> • One participant to lie down on the floor. • Others to draw the outline of body with chalk or colored powder. • Then all participants of the group to discuss amongst themselves and draw the following parts/organs in the outline: <ul style="list-style-type: none"> - Eyes, nose and mouth - Heart and lung - Stomach and liver - Male reproductive organs (organ where male seeds are produced, tube through which the seeds travel, organ in which male fluid is produced, organ used for sexual intercourse.) • Trainer to move around and observe the exercise without giving comments or correcting any mistakes. 	<p>The primary objective of introducing CHWs reproductive structure and functions to the CHWs is to enable them to understand how and where reproduction takes place and how various methods of family planning work.</p> <p>Male reproductive organs and functions/ processes:</p> <ul style="list-style-type: none"> • Penis - The male organ for sexual intercourse. Deposits sperm and semen in the female body through urethra, a thin, long tube passing through penis. • Scrotum –The pouch located behind the penis, which contains the testes, provides protection to the testes, controls temperature necessary for sperm production and survival. • Two Testes - Two round glands lying in the scrotum, which produce and store sperms from puberty onwards. They also produce the male sex hormone responsible for male characteristics and sexual performance. • Two Vas Deferens - From each testis, a thin and long tube arises and is called vas deferens. Sperm are carried from each testis to the urethra by vas deferens. • Two Seminal Vesicles - Two sac-like structures lying behind the urinary bladder; secrete a thick milky fluid that forms part of the semen. • Prostrate Gland - A gland located in the male pelvis, which secretes a thick milky fluid that forms part of the semen. • Erection of Penis - In response to thoughts, fantasies, temperature, touch or sexual stimulation, the penis

Methods of Training	Trainer's Notes
<p>After the group exercise is over, use a big picture to explain the structure and functions of male reproductive organs in a simple way. Encourage questions and comments from the participants and answer them.</p>	<p>fills with blood and becomes hard and erect for sexual intercourse.</p> <ul style="list-style-type: none"> • Ejaculation - The release of semen from the penis after sexual excitement is called ejaculation. This may occur at night and is commonly called a 'wet dream'. The Hindi word "Swapna Dosh," indicates defect/fault. But it is a natural and normal phenomenon.
<p>Step 2: Body Mapping Exercise for Female Reproductive System</p> <p>Ask the two groups to do now repeat the body mapping exercise for female reproductive system.</p> <p>One participant to lie down on the floor, while others draw the outline of body with chalk or colored powder.</p> <p>Then all participants of the group to discuss amongst themselves and draw the following parts/organs in the outline:</p> <ul style="list-style-type: none"> • Eyes, nose, and mouth • Heart and lung • Stomach and liver • Female reproductive organs (organ in which the egg matures, organ where egg and male seeds meet, organ in which the baby grows and organ in which sex occurs.) <p>Trainer to move around and observe the exercise without giving comments or correcting any mistakes.</p> <p>After the group exercise is over, using a big picture and model, trainer to explain the structure and functions of female reproductive organs in a simple way. Encourage questions and comments from the participants and answer them.</p>	<p>Reproductive organs of females and related functions/processes:</p> <p>External Organs</p> <ul style="list-style-type: none"> • Vaginal opening - Located between the urethral opening and the anus; usually covered by a thin membrane called hymen; outlet for the menstrual flow and childbirth. It is the opening for penetration of penis during intercourse. • Hymen - It is a thin fold of mucous membrane partially covering the opening of the vagina. • Labia Majora and Labia Minora - Two sets of fold on either side of the vaginal opening; provide protection to the clitoris and the urethral and vaginal openings. • Clitoris - A small round and fleshy structure located above the urethral opening at the point where the labia meet; the focal point of sexual stimulation for the female hormones, i.e., estrogen and progesterone; begin maturation and release of eggs puberty onwards. <p>Internal Organs</p> <ul style="list-style-type: none"> • Vagina - Passageway extending from the outside of the body to the uterus. Canal through which a baby passes during delivery; passageway for the menstrual flow to the outside; place where intercourse occurs. Capable of expanding during intercourse and childbirth. Lubricates during sexual arousal. • Cervix - The narrow lower portion of uterus (with opening into the uterine cavity) that protrudes into the uppermost part of the vagina. • Uterus - A pear-shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; baby develops within it during pregnancy. • Fallopian tubes - Two thin tubular structures arising

Methods of Training	Trainer's Notes
	<p>from the upper part of the uterus and having funnel-shaped free ends. Passageway for the egg from the ovary to the uterus; place where fertilization occurs.</p> <ul style="list-style-type: none"> • Ovaries - Oval-shaped structures located in the female pelvic region; contain many immature egg cells at birth; produce female hormones, i.e., estrogen and progesterone; begin maturation and release of eggs puberty onwards.
<p>Step 3: Discuss with the participants what in their opinion is menstruation. Listen carefully to their answers as many misconceptions regarding menstruation may come out. Now explain in a simple manner the process of ovulation and menstruation, using enlarged pictures of the process.</p>	<p>Ovulation is the release of a ripe egg from one of the ovaries once in a month. This egg is picked up by the broad, funnel-shaped end of the Fallopian tube and starts moving in the tube towards the womb. A woman can become pregnant only if she ovulates because the released egg can get fertilised by a sperm after sexual intercourse.</p> <p>Usually only one egg is released during ovulation. Sometimes, however, two eggs are released at the same time. If this happens and both are fertilized, twins will be born.</p> <p>Menstruation happens every month, when one egg ripens in the ovary, the inner lining of the uterine cavity starts becoming thick and spongy (due to increased blood-supply) as it prepares for the “fertilised egg.” However, after ovulation, if the egg does not get fertilised, it dies. The uterus is “disappointed” that the “expected guest” will not come this month. So it sheds its inner lining and blood, which comes out of the woman’s body through vagina as menstrual flow. This cycle is repeated every month.</p> <p>Menstruation begins at puberty and continues until menopause around age 45 to 50 years. Then it stops forever because the ovarian function stops at that stage Any bleeding from vagina, after menopause could be a sign of dangerous disease like cancer or tumor of uterus and should not be ignored.</p>

Methods of Training	Trainer's Notes
<p>Step 4: Discuss menstrual hygiene and its importance.</p>	<p>Menstruation is a normal physiological process in the lives of women. However in our society, it is often viewed as something 'dirty'.</p> <p>It is very important to observe menstrual hygiene. Poor hygiene can lead to reproductive tract infections.</p> <p>The blood that comes out during menstruation can become the medium for growth of many germs, if the sanitary napkins are not changed frequently.</p> <p>How to observe Menstrual Hygiene?</p> <ul style="list-style-type: none"> • Use clean napkins • Change the napkins frequently • Do not use dirty cloth • Bathe daily during menstruation • Wear clean underwear
<p>Step 5: Explain how pregnancy occurs. Explain the term fertilization and implantation. Encourage questions and answer them.</p> <p>Then ask 2-3 participants to come forward one by one and explain how pregnancy occurs to the large group. Praise them for correct explanations and also correct their mistakes.</p>	<p>Fertilization takes place when a male sperm cell meets the female egg.</p> <p>Millions of sperm cells are deposited into the vagina during sexual intercourse. After the male ejaculates ("comes") in the vagina, ejaculated sperm swim up through the cervix into the uterus, and reach the Fallopian tubes seeking an egg. If a mature egg is present, fertilization can take place. Although thousands of sperm may be present, only one sperm cell can penetrate the egg. Sperm can fertilize an egg up to seven days after intercourse. The fertilized egg moves the Fallopian tube into the uterus (womb) where it will grow. Implantation occurs when the fertilized egg lining is not shed throughout pregnancy, so menstruation stops.</p> <p>This fertilized egg grows in the uterus for nine months and becomes a baby. It then comes out of the mother's body by the process of childbirth.</p>

Methods of Training	Trainer's Notes
<p>Step 6: Ask the participants why is it that sometimes a fertilized egg grows into a girl and the other times it grows into a boy. Listen carefully to their answers.</p> <p>Then play the bead game to explain how the sex of the baby is determined.</p>	<p>The Bead Game: To elicit sex-determination of the baby.</p> <ul style="list-style-type: none"> • Give each participant one white bead (the white bead represents ovum with X-chromosome.) • Put equal number of white and colored beads in a pouch. (The white bead represents the sperm with X-chromosome and the colored bead represents the sperm with Y-chromosome.) • Go to each participant one and ask her/him to put his/her hand in the pouch and pick up one bead out of it. • Ask each participant to show the two beads she/he now possesses. • Those participants who have picked up a white bead from the pouch (male sperm with X-chromosome) now have two white beads (XX), i.e., a female baby. • Participants who have picked up a colored bead from the pouch (male sperm with Y-chromosome) now have a white bead and a colored bead (XY), i.e., a male baby. <p>Conclusion: All women have only one kind of ova. Men have two kinds of sperm. If one kind of sperm fertilizes the ovum, a female baby is born. If the second type of sperm fertilizes the ovum, a male baby is born. This happens by chance and not by choice, but it is the man who is responsible for the sex of the baby. Mothers are not to be blamed or condemned for giving birth to daughters.</p>

MODULE 1

Session Three: Reproductive Growth during Adolescence Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session the participants will be able to:

- Describe the physical and emotional changes in girls and boys during adolescence

Methods of Training	Trainer's Notes
<p>Step 1: Discuss the definition of adolescence.</p> <p>Explain that many changes occur during adolescence.</p>	<p>Adolescence is the transitory phase between childhood and adulthood. This is the time when a child changes from a boy to a man and a girl to a woman.</p> <p>Adolescence is from 10-19 years.</p> <p>During adolescence, the girl or boy undergoes various physical, psycho-social, and emotional changes which make her/him feel awkward and different from others. These changes usually start between 9 to 12 years and continue on until 16 or 17 years and are due to sudden change in the hormonal pattern of boys and girls at this stage. However, the most significant change is the maturation of the reproductive organs so that the adolescent girl/boy becomes capable of reproducing sexually. This maturation is called puberty (girls usually attain puberty a year or two before boys).</p> <p>The ovum or female egg begins to be released once a month from either of the ovaries of the adolescent girl and sperms or male seeds are constantly produced in the testes of the boy. The adolescent girls or boys are still not adults and are not ready to shoulder the responsibilities of parenthood, even if their eggs and sperms are mature and they are capable of reproducing sexually.</p> <p>Some of the changes during adolescence are visible and some are invisible changes that happen within.</p> <p>These changes happen to all girls and boys and they are normal and natural.</p>

Methods of Training	Trainer's Notes
<p>Step 2: Divide the participants in two groups and ask one group to write the changes that occur during adolescence in girls and one group to write changes that occur in boys.</p> <p>Ask one person from each group to present the group-work.</p> <p>Trainer to discuss as per notes.</p>	<p>Physical Changes in Girls:</p> <ul style="list-style-type: none"> • Growth spurt occurs • Skin becomes oily • All permanent teeth are in • Underarm hair appears • Breasts develop • Waistline narrows • Hips widen • Long bone growth stops • Pubic hair appears • External genitals enlarge • Ovulation occurs • Menstruation begins • Uterus and ovaries enlarge <p>Physical Changes in Boys:</p> <ul style="list-style-type: none"> • Growth spurt occurs • Skin becomes oily • All permanent teeth are in • Underarm and chest hair appears • Larynx (voice box) enlarges, voice deepens • Facial hair appears • Shoulders broaden • Long bone growth stops • Muscles develop • Pubic hair appears • Penis and testes enlarge • Sperm production begins • Ejaculation occurs <p>Emotional Changes in Boys and Girls:</p> <ul style="list-style-type: none"> • Increased production of hormones prompts sexual thoughts, daydreams, and fantasies in most young people; there is increased awareness of sexual attraction to the opposite sex • Frequent shift of moods
<p>Step 3: 'Agree or Disagree' Exercise</p> <p>Write 'Agree' on a flipchart paper and put it on one end of the room. Similarly write 'Disagree' and put it on the other end of the room.</p> <p>Now read out one myth at a time. Ask the participants to stand near agree or disagree as per their individual opinion.</p> <p>Then ask those standing near 'Agree' to</p>	<p>Myth: One cannot get pregnant with one sexual act.</p> <p>Fact: One runs the risk of pregnancy each and every time one has unprotected sex.</p> <p>Myth: The safer time to have sex is between periods.</p> <p>Fact: For women with menstrual cycle between 26 to 32 days, the fertile time is from 8th to 19th day. These are known as baby days.</p> <p>Myth: You need your parent's permission to find out about family planning and reproductive health.</p>

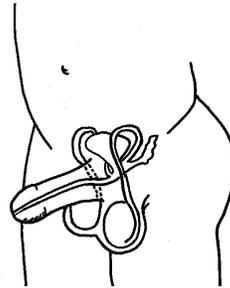
Methods of Training	Trainer's Notes
<p>tell why they agree with the statement. Similarly, those who 'disagree' have to tell why they disagree.</p> <p>Trainer should explain the fact if it does not become evident after discussion amongst the participants.</p>	<p>Fact: Knowledge about family planning can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it.</p> <p>Myth: Ejaculations during the night ("wet dream" or "swapna dosh") are harmful for the health.</p> <p>Fact: Ejaculation during sleep is a normal and natural phenomenon during adolescence and is not harmful.</p> <p>Myth: A woman becomes "dirty" or "untouchable" during menstruation.</p> <p>Fact: Menstruation is a normal phenomenon occurring in all women and the blood that comes out from her body is not dirty.</p> <p>Myth: One should not take a bath during menstruation.</p> <p>Fact: As menstruation is a natural phenomenon, there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this period, to avoid infection of the reproductive tract.</p> <p>Myth: If the hymen is broken then the girl is not a virgin.</p> <p>Fact: This is not true as the hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, use of internal pads during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.</p> <p>Myth: It is bad to have sex fantasies and mood changes during adolescence and does harm.</p> <p>Fact: These are absolutely normal and harmless emotional changes during adolescence.</p> <p>Myth: Family planning is harmful for health</p> <p>Fact: Family planning is a method for improving the family's health and reproductive health.</p> <p>Myth: Masturbation is harmful for health and may reduce one's capability to reproduce.</p> <p>Fact: Masturbation is a normal and common sexual behavior among adolescents/ adults to satisfy sexual urge and does not have any bad effect on one's health or capability to reproduce.</p>

Tools for Trainers

MALE REPRODUCTIVE ORGANS

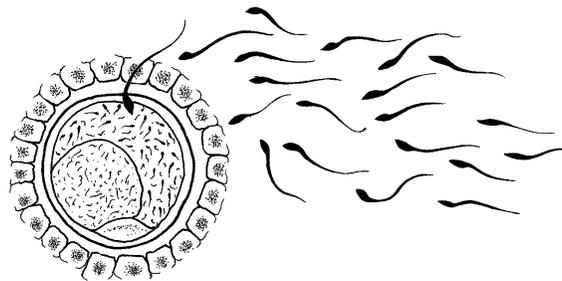
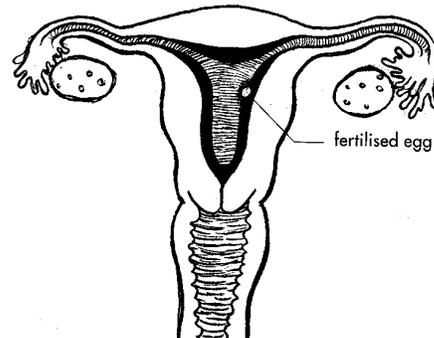
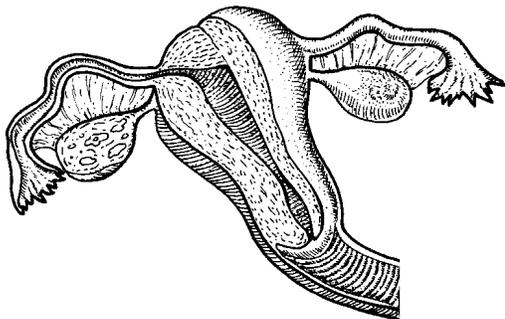


External View



Internal View

FEMALE REPRODUCTIVE ORGANS



An Egg Being Fertilized by a Sperm

Module 2 Safe Motherhood and Care of the Newborn

MODULE 2 SAFE MOTHERHOOD AND CARE OF THE NEWBORN

TIME: 9 HOURS

TASKS TO BE PERFORMED BY CHWs

- Identify and list all pregnant women in the community as early as possible
- Provide information on preventive care to a pregnant mother
- Promote healthy lifestyles and food habits in pregnant women
- Ensure the regular use of iron and folic acid tablets by pregnant women
- Promote tetanus toxoid immunization in pregnant women
- Assist the family to prepare for safe childbirth (birth preparedness)
- Assist the family for complication readiness
- Counsel regarding care of newborn including breastfeeding, weaning, immunization, diarrhea and its management
- Counsel on post-abortion care

LEARNING OBJECTIVES

- Counsel the pregnant woman regarding essential care during pregnancy
- Describe Birth Preparedness and Complication Readiness
- Describe care of a woman after the birth of the baby
- Describe the essentials of newborn care
- Describe the importance and components of post-abortion care

Sessions

	Time
1. What is Safe Motherhood	2 hours
2. Fetal Growth and Changes During Pregnancy	1 hour
3. Signs, Symptoms, and Common Discomforts During Pregnancy	1 hour
4. Essential Needs and Care During Pregnancy	2 hours
5. Birth Preparedness And Complication Readiness	1 hour
6. Care After Delivery	1 hour
7. Care of the Newborn and Breastfeeding	1 hour

MATERIALS REQUIRED FOR TRAINING

- Flipcharts, Markers
- Trainer's notes and transparencies
- Disposable Delivery Kit (DDK)
- Model of pregnant and non pregnant uteri

MODULE 2

Session One: What is Safe Motherhood? Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Discuss what is Safe Motherhood
- Enumerate major causes of death to mothers and infants
- Enumerate signs and symptoms of obstetric emergencies and explain the importance of immediate referral
- Describe how family planning can save lives of mothers and infants

Methods of Training	Trainer's Notes
<p>Step 1: Ask the participants what they understand by the term "Safe Motherhood."</p> <p>Write the answers on a flipchart.</p> <p>Trainer to add whenever necessary.</p>	<p>Possible Answers:</p> <ul style="list-style-type: none"> • A woman remains healthy and safe throughout pregnancy and gives birth to a normal, healthy baby. • A woman is protected from complications during pregnancy, childbirth and after childbirth. • A pregnant woman remains healthy throughout the pregnancy and is safeguarded against serious complications. • A woman has a trouble-free and safe delivery. • A pregnant woman gives birth to a healthy baby and the newborn gets good care after birth.
<p>Step 2: Discuss and stress that many women die during pregnancy and childbirth.</p>	<p>Though pregnancy and childbirth are normal in the life of a woman, many women die from complications. However, few people – including women themselves understand the risks involved in bearing children. In developing countries like India, the most common cause of death of women of childbearing age is complications of pregnancy and childbirth. This is called maternal mortality (death of mothers). In India, the maternal mortality rate (MMR) is 340-440, i.e. out of 100,000 live births, 340-440 women die each year. This high maternal mortality is an indication that the health of the woman during and after delivery is neglected. In India, one woman dies every five minutes from a pregnancy-related cause. All these deaths can be prevented through health and nutrition interventions and use of essential obstetric care.</p>

Methods of Training	Trainer's Notes
<p>Step 3: Six Major Causes of Maternal Deaths:</p> <p>Read out the three case studies one by one and ask participants to answer the questions related to them.</p> <p>Listen carefully to their answers and draw attention to the causes of maternal death that will naturally come out.</p> <p>Use a prepared flipchart to explain the six major causes of maternal deaths and keep relating them with the three case studies.</p>	<p>Case of Imarti's Daughter-in-law</p> <p>Imarti's daughter-in-law gave birth to a son on Sunday. Imarti was ecstatic and distributed sweets in the village. But alas! Imarti's daughter-in-law breathed her last breath after two days.</p> <p>Question: Why do you think she died?</p> <p>Probable Answers:</p> <ul style="list-style-type: none"> • She might have bled a lot • She might have had fits <p>Case of Shamsher's Wife</p> <p>Shamsher's wife, Mehrun, became pregnant for the fifth time. Like previous times, both husband and wife thought that there was nothing to worry about as the new guest would arrive without any problem in due course of time.</p> <p>But Mehrun died during the 7th month of pregnancy.</p> <p>Question: Why do you think she died?</p> <p>Probable Answers:</p> <ul style="list-style-type: none"> • She might have bled a lot • She might have had fits • She might have been severely anemic <p>Sudha Rani's Case</p> <p>When Sudha Rani conceived again a few months after the birth of her second child, she took the help of the local dai to get rid of the baby. Five days after the miscarriage she died and left behind two small children.</p> <p>Question: Why do you think she died?</p> <p>Probable Answers:</p> <ul style="list-style-type: none"> • She might have bled a lot • She might have had severe infection of the uterus <p>Six Major Causes of Maternal Death</p> <ul style="list-style-type: none"> • Excessive bleeding before, during, and after delivery • Eclampsia - a condition when fits (convulsions) occur following high blood pressure with presence of: <ul style="list-style-type: none"> - Swelling on feet and face - Passage of proteins in urine • Prolonged and obstructed labour

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Sepsis, i.e. severe infection of uterus • Unsafe abortion • Pre-existing conditions such as anemia and malaria <p>These complications can develop in perfectly healthy women. Every pregnancy carries an element of risk, even if earlier pregnancies have ended normally. Once the risk/emergency occurs, the lives of the mother and child cannot be saved at home. The woman has to be immediately transported to a hospital.</p> <p>“Maternal Health is an Avoidable Tragedy: We can Prevent it”</p>
<p>Step 4: Explain the term Obstetric Emergency and key messages related to it.</p> <p>Discuss how an obstetric emergency can be easily recognized by the woman or her family.</p>	<p>Obstetric Emergency is a severe life threatening condition that is related to pregnancy or delivery and requires urgent medical intervention (emergency obstetrics care) in order to prevent the likely death of the woman.</p> <ul style="list-style-type: none"> • It may occur any time suddenly without warning • It is life threatening • It requires urgent action • The patient must be taken to a hospital or first referral unit (only if it has facilities for operation and blood transfusion) without delay <p>Major Signs of Obstetric Emergency during pregnancy, childbirth or following childbirth up to 6 weeks are:</p> <ul style="list-style-type: none"> • Heavy bleeding • Convulsions (fits) • Fever • Baby is not delivered after 12 hours of labour • Placenta does not come out within 30 minutes of delivery of the baby

Methods of Training	Trainer's Notes
<p>Step 5: Make two statements:</p> <ul style="list-style-type: none"> • Family planning can save mothers • Family planning can save infants <p>Now divide the group into two. Each group should discuss and present one statement.</p> <p>The trainers should add whenever necessary and to discuss and stress the important difference that prevention of unplanned pregnancy can make in reducing maternal mortality and infant mortality rate.</p>	<p>How Can Family Planning Save Mothers?</p> <ul style="list-style-type: none"> • By adopting family planning methods, women can protect themselves from unplanned pregnancies and their consequences, e.g., abortion and its serious complications. • Family planning can prevent high-risk pregnancies and protect women from serious complications which they may have to face due to pregnancy when they are too young, too old, and with too many pregnancies and/or pregnancies with less than two years interval. In India, on average, it has been estimated that 33% - 40% of maternal deaths would be prevented if unplanned pregnancies could be avoided and pregnancies were spaced by at least two years. Therefore, by promoting child-spacing and small-family norm, lives of many mothers can be saved. <p>How Can Family Planning Save Infants?</p> <p>By adopting family planning, women can have proper intervals (three to five years) between births and can limit the number of children. These two factors prevent birth of low weight babies and their subsequent deaths due to hypothermia (low body temperature), diarrhea, and pneumonia. Also these two factors are helpful in promoting a good breastfeeding pattern in women and in saving infants. A mother who spaces the birth of her children properly and has fewer children can take much better care of them. Worldwide studies have shown that spacing of births by at least two years could prevent at least 50 percent of infant deaths. So, by child spacing and limiting size of the family, many infants can be saved.</p>
<p>Step 6: Explain the relationship of Safe Motherhood with Family Planning.</p>	<ul style="list-style-type: none"> • Family planning prevents unplanned pregnancies. • Unplanned pregnancies may kill many mothers and infants. • Family planning promotes safe motherhood. • Safe motherhood enhances acceptance of family planning.

MODULE 2

Session Two: Fetal Growth and Changes During Pregnancy Time: 1 Hour

LEARNING OBJECTIVES

At the end of the session, participant will be able to:

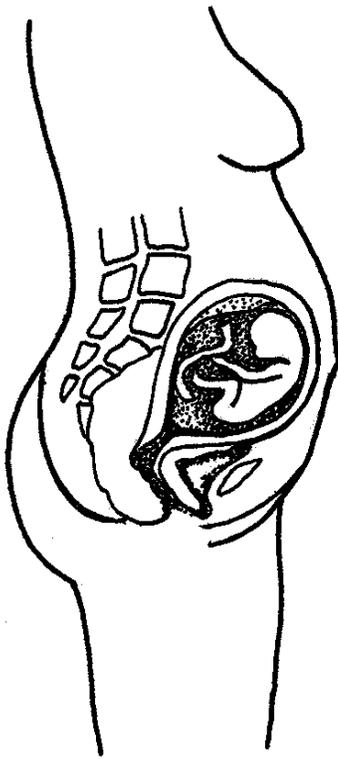
- Describe the growth of the fetus during pregnancy (see Tools for Trainers at the end of Session Two)
- Describe the physical and emotional changes in the woman's body during pregnancy

Methods of Training	Trainer's Notes
<p>Step 1: Ask the participants to recapitulate how a woman becomes pregnant.</p> <p>Then, explain the growth of the baby in the mother's womb. Tell them that during pregnancy, the baby is called a 'fetus.'</p> <p>Encourage the participants to tell the local names of parts like placenta, umbilical cord, bag of water, etc.</p>	<p>Conception is the beginning of new life resulting from the meeting of the sperm with the ovum in the fallopian tube.</p> <p>The fertilized egg moves towards the womb and gets attached to its inner lining where a thick and spongy organ, called the placenta is formed. One side of the placenta is attached to the inside wall of the womb. The other side is attached to the umbilical cord, which connects the placenta to the growing baby, called fetus. The fetus gets blood supply from the mother's body through the placenta.</p> <p>A bag of water surrounds the fetus and protects it from jerks, bumps and external injuries. In approximately nine months, the fertilized egg develops into a fully-formed human baby, who is now ready to be born and is about three kilos in weight.</p>
<p>Step 2: Ask the participants what they think are the changes that take place in a woman's body during pregnancy. Trainer to add if necessary. Explain each change in a simple way.</p>	<p>A woman undergoes many physical and emotional changes during pregnancy. Physical changes occur because her body has to be prepared to meet the needs of the baby during pregnancy, birth, and breastfeeding.</p> <p>Growth of the Womb</p> <p>The uterus continues to grow to accommodate the baby, bag of water, and placenta. By the 12th week the baby has grown large enough to be felt at the lower end of abdomen, where pubic hair begins. From this time until the 36th week, it grows a two-finger breadth per month. The growth of the fetus can be judged by the growth of the uterus. At 20 weeks the uterus can be felt at the umbilicus. By the 36th week, the womb is up to the rib cage, after which it may decrease by a two or three-finger breadth as the fetus begins to descend into the pelvis.</p> <p>Changes in the Blood</p> <p>To meet the increasing needs of the baby, and the movement of blood around the women's body, the volume of blood increases by 30 percent</p>

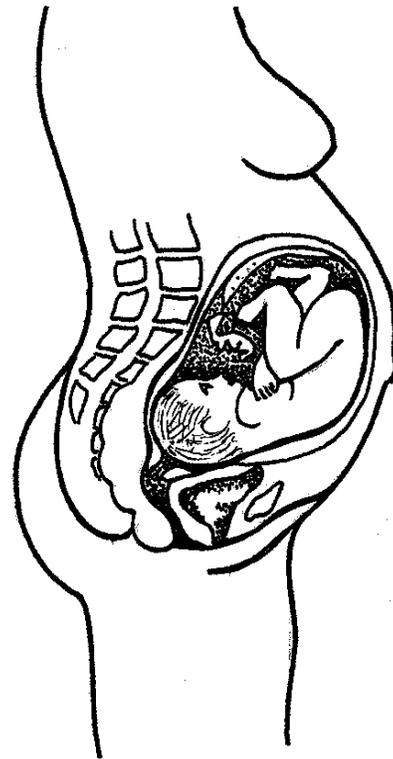
Methods of Training	Trainer's Notes
	<p>causing dilution of the blood, and subsequent anemia. This is a normal phenomenon that resolves after few weeks as by then more red blood cells (RBCs) are produced in the body to counteract the "dilution" of blood. To produce more RBCs, a woman needs to eat food rich in nutrients like iron, folic acid, and proteins, e.g., green leafy vegetables, pulses, beans, fruits like amla, bananas, guavas, and apples. However, because it is often very difficult for women to meet increased needs through diet alone, and because many women enter pregnancy already anemic it is recommended that the diet be supplemented with iron and folic acid.</p> <p>Changes in the Breasts</p> <p>The breasts grow bigger and feel heavier. These changes are to prepare the breast for breastfeeding. The skin around the nipples becomes darker and the nipples stick out more. A yellowish liquid may be seen coming out of the nipples soon after pregnancy starts. The first milk known as colostrum is full of immune bodies, fat, and protein. This increases in quantity after delivery.</p> <p>Other Changes</p> <p>The stopping of monthly menstrual periods is often the first sign of pregnancy that a women notices.</p> <p>A severely malnourished or ill woman, however, may not have regular menstrual periods but can still become pregnant.</p> <p>Weight Gain</p> <p>As the fetus grows, the woman starts gaining weight regularly. She gains 1 to 1.5 kg of weight every month. Total weight gain in nine months is 10 to 12 kgs. This includes the weight of the baby, placenta, bag of water, increased size of uterus and breasts and increased volume of blood. If the weight gain is less it is an alarming sign, as it means that the fetal growth may not be normal.</p> <p>Emotional Changes</p> <p>The moods and feelings of a pregnant mother may change frequently during pregnancy. It is partially due to the hormonal changes that take place in the body and partially due to the fear of the unknown. One minute she is happy and laughing, the other she is tearful. Like an adolescent, her behavior may also become erratic. She needs a lot of support and understanding at this time. A friendly reassurance is all that she needs at this time; especially when she is pregnant for the first time.</p>



GROWTH OF THE BABY BETWEEN THE FIRST AND THE THIRD TRIMESTER



First Trimester Growth



Last Trimester Growth

MODULE 2

Session Three: Signs, Symptoms, and Common Discomforts During Pregnancy Time: 1 Hour

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe signs and symptoms of pregnancy and why a CHW should know them
- Describe common discomforts during pregnancy and what to do about them

Methods of Training	Trainer's Notes
<p>Step 1: Divide the participants into two groups and assign the following group work to them.</p> <p>Group Work:</p> <p>List signs and symptoms during various stages (trimesters) of pregnancy on a flipchart. One person from each group to present the group work. Trainer to add signs and symptoms to the list, if needed</p>	<p>Early Stage or First Trimester (0-13 weeks):</p> <ul style="list-style-type: none"> • Menstruation stops • Nausea (a feeling of wanting to throw up) or vomiting commonly experienced on rising in the morning or in the evening • Increased sleepiness • Frequent urination • Enlargement of the breasts with darkening of the nipples <p>Mid-term Stage or Second Trimester (14-27 weeks):</p> <ul style="list-style-type: none"> • Enlargement of the abdomen and palpable uterus (can feel the uterus) • Women begin to feel the fetal movements • Women generally feel better during this period <p>Late Stage:</p> <ul style="list-style-type: none"> • Uterus becomes very big in size and fetal parts and movements felt • Fetus becomes viable, that is, capable of an independent existence • Breast changes are more pronounced and there may be some milk-secretion • Frequent urination • Difficulty in sleeping, walking

Methods of Training	Trainer's Notes
<p>Step 2: Discuss with the group why a CHW should know the common signs and symptoms of pregnancy.</p> <p>Discuss the role of CHW in this regard.</p>	<p>This knowledge will enable a CHW to:</p> <p>Identify pregnant women in the community, e.g., she can ask the client the following questions:</p> <ul style="list-style-type: none"> • Have you missed your period? When did your last menstrual period begin? • Do you experience nausea, vomiting or loss of appetite? • Do you feel heaviness, pain or tingling in your breasts? • Do you have frequent urination? • If most of the answers are 'yes', she can know that the client is most probably in the stage of early pregnancy. <p>Reassure the woman regarding normal signs and symptoms; e.g., if a pregnant woman is anxious about milk secretion from her breasts in the late stage of pregnancy, the CHW can reassure her that it is a normal sign.</p>
<p>Step 3: Ask participants what common discomforts may occur during pregnancy. Discuss how a pregnant woman can deal with them.</p>	<p>Many women experience one or more of these common discomforts during pregnancy. Prompt care to relieve discomfort will prevent more serious problems from developing.</p> <p>Morning Sickness</p> <p>Pregnant women commonly suffer morning sickness, or nausea/vomiting, in the early months of pregnancy. This may occur in the morning when the woman's stomach is empty. Advise the woman suffering from morning sickness to:</p> <ul style="list-style-type: none"> • Avoid oily or spicy foods • Eat frequent small meals • Eat a light snack before rising in the morning and before going to sleep at night. • Refer the woman to the hospital if she develops severe nausea with frequent vomiting. <p>Heartburn</p> <p>Pressure on the abdomen frequently causes heartburn in the last months of pregnancy. Advise frequent light meals and a chewable antacid tablet for relief of heartburn symptoms and wearing loose clothes. Avoid spicy foods and do not lie down immediately after a meal.</p> <p>Constipation</p> <p>Proper diet can usually relieve constipation. Advise women to</p>

Methods of Training	Trainer's Notes
	<p>eat plenty of fruits, vegetables, and whole grains and to drink plenty of water (6-8 glasses per day).</p> <p>Frequent Urination</p> <p>A woman may have frequent urination especially during early pregnancy. She should take plenty of water.</p> <p>However, frequent urination accompanied by burning may be symptoms of urinary tract infection, which is more common during pregnancy.</p> <p>Backache</p> <p>Women sometimes suffer from backaches towards the end of pregnancy. Increased pressure and the weight of the growing fetus causes backaches. The woman leans back to counter the weight of her protruding abdomen, placing a strain on the muscles of her lower back. Recommend daily exercise, such as walking to prevent and ease backaches during pregnancy. Avoid lifting heavy loads if possible. Good posture and body mechanics and massaging of the lower back are particularly helpful.</p> <p>Shortness of Breath</p> <p>The fetus fills the entire abdomen and pushes on the diaphragm during the last two to three weeks of pregnancy. This pressure may cause shortness of breath. Advise a woman with shortness of breath to walk slowly and to rest frequently and to rest and/or sleep with her head slightly raised on pillow. Be aware, however, the shortness of breath may be a sign of heart disease.</p>

MODULE 2

Session Four: Essential Needs and Care During Pregnancy Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Explain special needs of a pregnant woman and counsel her about them
- Motivate pregnant women to go to PHC/Sub-centres for antenatal care
- Dispel myths and misconceptions about needs of a pregnant woman
- Recognize serious complications during pregnancy and counsel a pregnant woman about them

Methods of Training	Trainer's Notes
<p>Step 1: Explain that a pregnant woman has some special needs because of the growing fetus in her womb.</p> <p>Ask the participants to enumerate the needs of a pregnant woman.</p> <p>Write down the answers on a flipchart.</p> <p>Trainer to complete the list if needed and to explain with the help of trainer notes.</p>	<p>Pregnancy is a natural phenomenon and not an illness. It is a very special time in a woman's life when she has some special needs. These needs should be taken care of, in order to have a successful outcome of pregnancy. The dictum is 'healthy mother, healthy baby', so the health of the mother should be looked after well throughout pregnancy.</p> <p>A Pregnant Woman Needs:</p> <ul style="list-style-type: none"> • Nutritious food • Enough rest, sleep, and relaxation • Good personal hygiene • Comfortable clothing and footwear • Emotional support • Regular visits (at least 3) to antenatal clinic for check-ups, Iron-folic acid tablets (at least 100 tablets) and two doses of tetanus toxoid injection. <p>Nutritious Food:</p> <p>A pregnant woman needs to eat enough food for herself and for the growing baby. She should eat approximately one-and-half times the quantity of food she ate when not pregnant.</p> <ul style="list-style-type: none"> • She should eat whatever local food is available and should eat small quantities at small intervals for good digestion.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • She should avoid spicy and oily food and should eat her dinner at least one hour before retiring to bed. • A walk after dinner helps her to digest her food and avoid heartburn and uneasiness at night. • She should not fast or abstain from food throughout pregnancy. She should not stop eating any food that she ate when not pregnant, and should not be the last one to eat in the family. • She should be encouraged to eat when she wants and avoid what she does not want. • Good nutrition during pregnancy helps to initiate good lactation after the birth of the baby. <p>Daily Diet Should Consist of:</p> <ul style="list-style-type: none"> • Body-building food such as milk, curd, cottage-cheese, pulses, green peas, lentils, red beans, peanuts, soya-beans, egg, meat and fish • Energy giving food such as rice, potatoes, bread, cereals, and jaggery • Some fats, oil, butter or margarine • Body protecting food such as green leafy vegetables, beans, tomatoes, carrots, cabbage and a variety of local fruits such as papaya, mangoes, guavas <p>Since a woman needs special dietary care during pregnancy, family members should cut expenses on less essential things to ensure adequate supply of food. A kitchen garden could be cultivated by the family. The father may look into the need of his unborn baby and the mother at this stage.</p> <p>Exercise:</p> <p>Exercise during pregnancy helps to stimulate circulation, maintain good posture, strengthen the muscle, and increase the ability to relax. Most women get a certain amount of exercise while doing housework and work in the fields. The kind and amount of exercise a mother needs depends on the type of work she does. Women who are manual workers, who do heavy work, should actually lighten their load of work as pregnancy advances.</p> <p>Housewives may need moderate exercise, particularly in the open air. Walking or gardening is beneficial. Sedentary women who have very little work should exercise daily.</p>

Methods of Training	Trainer's Notes
	<p>Rest, Relaxation, and Sleep:</p> <p>Extra rest is necessary and relaxation needs practice. Relaxation is a way of conditioning the muscles, to loosen up and help to release tension. The mother should take every opportunity to rest and learn to relax. She could do this by lying on a mat or a firm mattress, close her eyes tightly then relax. The expectant mother should aim at eight hours of sleep at night and at least an hour of rest during the day.</p> <p>Emotional Support:</p> <p>Certain emotional changes may occur during pregnancy that need to be understood by the expectant mother and her family. The individual personality will influence to a marked degree the exact pattern of emotional change in pregnancy. The husband should understand the moods and give her the support and assurance that this is a natural happening. When there are social and economic pressures especially if the pregnancy was not planned, the mother may experience feelings of rejection and depression. Loving kindness by the family may help to overcome this stressful period. Each family member can contribute in one way or another towards the well being of the mother and the new member. Planning and sharing the experience of pregnancy will draw the family close together.</p> <p>Personal Hygiene:</p> <p>It is very important for a pregnant woman to keep her body clean. A daily bath reduces the chances of getting an infection or illness. It is especially important to take care of breasts and genital area, by washing with clean water and a gentle soap. Regular cleaning of the teeth and mouth prevents spread of infections. The hair should be washed and combed regularly.</p> <p>Clothing:</p> <p>A pregnant woman should wear clean clothes that are loose and comfortable, and low-heeled shoes or slippers that support the feet.</p> <p>Regular Attendance at Antenatal Clinics:</p> <p>It is important that mothers attend the prenatal clinic services on a regular basis so as to receive quality care and maintain optimum health for herself and her unborn baby. The normal pregnant mother should visit the clinic at least three times during the current pregnancy so as to have continuous health care and medical supervision.</p>

Methods of Training	Trainer's Notes
<p>Step 2: Pair off the participants. Then write down the myths regarding the needs during pregnancy on slips of paper.</p> <p>Distribute one slip to each pair.</p> <p>Ask each pair to discuss among themselves what is written on the slip and decide whether it is a fact or a myth.</p> <p>One person from each pair to read out the statement written on the slip and tell whether the pair agrees or disagrees with the statement and why.</p> <p>The group as a whole should respond.</p> <p>Trainer to explain how to counter each myth.</p>	<p>Many myths are prevalent in the community and can cause harm to the pregnant women as they dissuade her from taking proper care and fulfilling her special needs.</p> <p>Myth: It is bad to talk about pregnancy because it may attract witches or evil people who will harm the baby.</p> <p>Fact: Pregnancy does not attract witches or evil people. A woman should tell about her pregnancy as soon as she suspects it and seek early antenatal care, in order to fulfill her special needs during pregnancy.</p> <p>Myth: A pregnant woman should not eat certain foods like dark-colored vegetables, e.g., brinjals or 'heat-producing' foods like eggs, meat, nuts as they will harm the baby.</p> <p>Fact: A pregnant woman needs to eat nutritious food for healthy growth of the baby. Colored vegetables, fruits, eggs, meat, nuts are excellent source of nutrients needed by the baby and they do not cause any harm to it.</p> <p>Myth: A pregnant woman should continue performing heavy physical labor.</p> <p>Fact: Too much heavy work like working in the fields, or picking heavy loads, can cause problems such as miscarriage, premature delivery or underweight babies. Therefore, pregnant women should avoid heavy physical labor.</p> <p>Myth: A pregnant woman should not do any work at all.</p> <p>Fact: A pregnant woman should do normal household work, unless advised by the doctor, as it is a form of daily exercise that will keep her healthy and her muscles toned.</p> <p>Myth: A pregnant woman need not go for antenatal check-up if she does not have any complaint.</p> <p>Fact: Even if she has no complaint, it is very important and beneficial for her to go for antenatal check up so as to receive quality care and remain healthy.</p> <p>Myth: A pregnant woman should remain indoors and should not step out of the house.</p> <p>Fact: Pregnancy is not an illness. Like other people, she can also go out from time to time. In fact, remaining indoors may deprive her from getting fresh air, exercise, recreation, essential antenatal check-ups, etc. However, she should avoid jerks and heavy strain, if traveling by a vehicle. Walking for some distance is a good exercise for her.</p> <p>Myth: A man and his family members can do nothing to help a pregnant woman.</p>

Methods of Training	Trainer's Notes
	<p>Fact: They can give her a lot of emotional support and ensure essential care to her by providing her with nutritious food, sharing her workload, taking her for regular health check-up, etc.</p>
<p>Step 4: Take slips of papers</p> <p>Write down Do or Do Not messages on each slip. Mix them. Distribute one slip to each participant. Participant should read the slip and decide if it is a Do or a Do Not.</p> <p>All participants with Do slips to sit on one side and those with Do Not slips to sit on the other side.</p> <p>Each slip to be discussed and corrected, if needed, by the trainer with the help of trainer's notes.</p>	<p>Do:</p> <ul style="list-style-type: none"> • Get registered with the ANM • Go for antenatal check-ups as soon as they know they are pregnant and at least three times during pregnancy • Take two TT injections and 100 IFA tablets • Sleep for 8 hours each night • Rest or sleep for two hours during the day • Keep clean • Get regular exercise, for example by walking for half an hour every day • Wear loose, comfortable clothing and low heeled shoes that support the feet • Drink plenty of fluids and eat enough food, especially the right kinds of food (energy - giving, body-building, and protective) <p>Do Not:</p> <ul style="list-style-type: none"> • Lift or carry heavy loads • Drink alcohol - it can cause serious problems for the baby • Smoke - smoking cigarettes or bidi can harm the baby • Take medicines, drugs, or herbs unless a doctor or nurse who knows about the pregnancy says it is all right • Be exposed to chemicals such as hair dyes, pesticides to kill insects, or herbicides to destroy weeds
<p>Step 5: Discuss that even if the pregnant woman has had routine check-ups and has no complaints, some complications can arise suddenly (including obstetric emergency) when she needs immediate medical attention.</p> <p>Using a prepared flipchart, explain how these complications can be recognized and the importance of immediate referral.</p>	<p>When does a pregnant woman need immediate medical attention even if she has had the routine check-ups:</p> <ul style="list-style-type: none"> • <i>If she has an obstetric emergency:</i> Obstetric emergencies can be recognized by the following signs and symptoms: <ul style="list-style-type: none"> - heavy bleeding from the vagina - high fever - convulsions

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> - loss of consciousness <p>She needs immediate obstetrics care and should be taken immediately to a hospital or first referral unit without delay as her life is in danger</p> <ul style="list-style-type: none"> • <i>If she has other complications:</i> These can be recognized by the following signs and symptoms: <ul style="list-style-type: none"> - Severe vomiting - Contractions in abdomen resembling labour pains or sudden gush of water from the vagina before 9th month of pregnancy - Swelling over face, hands, and ankles - Fluid from vagina that smells bad - Severe headache - Pale eyelids, tongue or palms and feeling of tiredness and difficulty in breathing - Too much increase in body size - Very little increase in body size, especially abdomen. <p>These women should seek medical attention at the earliest convenience.</p>
<p>Step 6: Discuss with the participants how the CHW can help the pregnant woman with her special needs.</p> <p>Emphasize that most of her needs can be taken care of at home, but she needs to be taken immediately to a hospital if an emergency arises.</p>	<p>A CHW can play a vital role in educating the pregnant woman, her husband, and other family members about a pregnant woman's special needs and how to fulfill them.</p> <p>The CHW can explain:</p> <ul style="list-style-type: none"> • What to eat • How to get enough rest and sleep • The importance of maintaining personal hygiene • What work (exercise) she should do and what work to avoid. • The importance of wearing comfortable clothing and footwear • The importance of emotional support required by her from everyone at home. <p>The CHW can play a substantial role in:</p> <ul style="list-style-type: none"> • Maintaining the emotional health of the pregnant woman by actively listening to her and re-assuring her. • Countering the myths and misconceptions regarding her needs and care during pregnancy.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Counseling her about certain Dos and Do Nots of pregnancy. • Counseling her about how to recognize 'alarming signs' of serious complications and need to attend a health centre immediately. • Motivate her to go to PHC/sub-centres for antenatal check-up. The CHW can explain to the woman and her family that it is important for her to go for regular antenatal check-up as they might not know the benefits of antenatal care and may see no reason to go especially if she has no complaint.
<p>Discuss the importance of regular antenatal check-ups and how CHW can motivate the pregnant client regarding it.</p>	<p>The CHW can explain that during an antenatal check-up, the pregnant woman can avail the following services:</p> <ul style="list-style-type: none"> • A chance to make sure that she is generally healthy and that the fetus is growing well • Tablets of iron and folic acid are given to her to prevent anemia (at least for 100 days) • Two doses of tetanus toxoid injection to safeguard her and the baby against tetanus. • To some extent, it can be gauged if she will have normal delivery or not, by the position of the baby in her womb, the size of her pelvis, etc. • She can get treatment and medical advice for ailments during pregnancy. • Counseling on how to prepare for safe delivery, how to breastfeed the baby after its birth, and about effective contraception.
<p>Step 7: Give a copy of the Learning Guide to each participant and let them read it aloud in turns and explain it.</p> <p>Now divide the participants into groups of three.</p> <p>One should play the role of CHW, one of a woman (give her the client card) and one should keep checking with the Learning Guide and provide feedback to the 'CHW' after she counsels the woman</p>	<p>Client Card</p> <p>Mira is a twenty-year old woman and is four months pregnant for the first time. She and the family members, i.e., her husband, Rakesh, and mother-in-law have ignored her needs and Mira does not know anything about her special needs. She has not attended any clinic for check-up and there are many myths regarding pregnancy in the family. The CHW counsels the family.</p>

LEARNING GUIDE

COUNSELING OF A PREGNANT WOMAN

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client and her family members respectfully.										
Ask:										
<ul style="list-style-type: none"> • How many months pregnant is she? <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • When did she have her last periods? 										
<ul style="list-style-type: none"> • Are you having any complaints or problems? Reassure for common discomforts (nausea, vomiting, heaviness in breasts) 										
<ul style="list-style-type: none"> • Refer if any complications (bleeding, severe pain in abdomen, excessive vomiting, fever, anemia). 										
Counsel about:										
<ul style="list-style-type: none"> • Nutrition 										
<ul style="list-style-type: none"> • All DO's and DON'Ts 										
Counsel her about the need for three check ups by ANM/Doctors at:										
<ul style="list-style-type: none"> • 3/4 months 										
<ul style="list-style-type: none"> • 5/6 months 										
<ul style="list-style-type: none"> • 8/9 months 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Explain briefly what will happen during each check up and why it is important to have regular check ups even if there are no complaints/problems.										
Counsel about: <ul style="list-style-type: none"> • The need for two injections of tetanus at one-month intervals. • The importance of Tetanus (TT) injections, as they will protect her and her unborn baby from tetanus. 										
Give IFA tablets explaining: <ul style="list-style-type: none"> • How to take them? <i>One tablet daily after lunch for at least 100 days.</i> 										
<ul style="list-style-type: none"> • Why to take them? <i>They will safeguard her from anemia, which can kill a pregnant woman or her baby.</i> 										
Tell her to go to a hospital immediately if she has: <ul style="list-style-type: none"> • Fits 										
<ul style="list-style-type: none"> • Bleeding from vagina 										
Tell her to go to a health centre immediately if she experiences: <ul style="list-style-type: none"> • Excessive vomiting 										
<ul style="list-style-type: none"> • High fever 										
<ul style="list-style-type: none"> • Fluid from vagina that smells foul 										
<ul style="list-style-type: none"> • Severe pain in lower abdomen 										
<ul style="list-style-type: none"> • Severe headache or blurred vision 										
<ul style="list-style-type: none"> • Swelling over face, hands & ankles 										
<ul style="list-style-type: none"> • Extreme weakness & difficulty in breathing 										
<ul style="list-style-type: none"> • Labor pains before the 9th month 										
<ul style="list-style-type: none"> • Bursting of water bag 										
Ask the client if she has any questions/concerns and respond appropriately.										
Discuss a date for the next visit										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
2ND VISIT (5TH MONTH)										
Greet the client respectfully.										
Ask:										
• How she is feeling?										
• If she has any complaints or problems?										
• Did she get her 1 st check up done?										
• Did she take her 1 st TT injection?										
• Is she taking iron and folic acid (IFA) tablets regularly?										
• If yes, how many?										
• If no, why not?										
Explains that IFA tablets can save her and her baby's life.										
• Is she eating nutritious food and following the do's and don'ts										
Remind her about:										
• The 2 nd check up										
• 2 nd dose of tetanus injection										
• The need for taking IFA regularly										
• What to do should a complication appear.										
Ask the client if she has any more questions/concerns and respond.										
Discuss a date for her next visit.										
3RD VISIT (7TH MONTH)										
Greet the client respectfully.										
Ask:										
• How is she feeling?										
• Does she have any problems/complaints?										
• Did she get her 2 nd check up?										
• Did she get her 2 nd TT injection?										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> Is she taking IFA tablets? 										
<ul style="list-style-type: none"> Is she eating nutritious food and following all the do's and don'ts? 										
Remind her about 3 rd check up.										
Explain to the family:										
<ul style="list-style-type: none"> The importance of home delivery conducted by a TBA & the five cleans. (A trained birth attendant can be an ANM, nurse, doctor or trained TBA) 										
<ul style="list-style-type: none"> How to make and store a safe delivery kit at home: <ul style="list-style-type: none"> Soap clean razor blade clean thread sanitized cloth OR 										
<ul style="list-style-type: none"> Provide a DDK 										
<ul style="list-style-type: none"> How to prepare for clean room/place and clean cloth for mother and baby. 										
Remind her what to do in case of a complication.										
Counsel about:										
<ul style="list-style-type: none"> Breastfeeding Family planning 										
Ask the client if she has any questions/concerns and respond appropriately.										
Discuss a date for the next visit.										
4TH VISIT (8/9 MONTHS)										
Greet the client and her family members respectfully.										
Ask:										
<ul style="list-style-type: none"> How is she feeling? 										
<ul style="list-style-type: none"> Does she have any complaints? 										
<ul style="list-style-type: none"> Did she get her 3rd check-up? 										
<ul style="list-style-type: none"> Has she taken all her IFA tablets? 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> • Is she eating nutritious food and following the DO's and DON'Ts? 										
<ul style="list-style-type: none"> • Has the family identified and spoken to a trained TBA? 										
<ul style="list-style-type: none"> • Has the family prepared a safe delivery kit? 										
<ul style="list-style-type: none"> • Has the family identified a clean room and prepared clean clothes for mother & baby? 										
Remind them what to do in case of any complication.										
Counsel about:										
<ul style="list-style-type: none"> • Breastfeeding 										
<ul style="list-style-type: none"> • Family planning 										
Ask the client if she has any questions/concerns and respond appropriately.										
Discuss a date for her next visit.										

MODULE 2

Session Five: Birth Preparedness and Complication Readiness Time: 1 Hour

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Assist the pregnant woman and her family prepare for safe childbirth at home
- Promote safe-childbirth practices
- Counsel the family about complication readiness

Methods of Training	Trainer's Notes
<p>Step 1: Discuss that the family of a pregnant woman needs to prepare in advance for childbirth.</p>	<p>During pregnancy, the question of where the baby will be born needs to be discussed between the CHW and the pregnant woman. The majority of births in India take place at home, often attended by an untrained person such as a relative or a neighbour. While most of the time both the mother and baby are fine and healthy, home deliveries can be dangerous. The untrained attendant may not know:</p> <ul style="list-style-type: none"> • The proper procedures for ensuring a safe and normal delivery • What to do if a serious problem arises
<p>Step 2: Discuss the role of CHW in helping the family prepare for Safe childbirth.</p> <p>Ask participants to brainstorm about what preparations a family should make for safe delivery. Trainer to explain with the help of a prepared flipchart.</p>	<p>The CHW should counsel the pregnant woman and her family members about how to make preparations for a safe home delivery and how to recognize alarming signs of complications during childbirth and take the woman to the nearest health centre without wasting further time.</p> <p>The following preparations should be made by the family for a safe home delivery:</p> <ul style="list-style-type: none"> • Before the expected time of delivery, the family should make a decision about who is going to conduct the delivery. A skilled birth attendant should be booked. A plan should be made for the skilled birth attendant to reach the woman's home or for the woman reaching the skilled birth attendant when the labour begins. • The family should decide where the birth will be conducted. <p>It should be a CLEAN room that is well aired and well lit. Minimum necessary articles, such as a clean bed and</p>

Methods of Training	Trainer's Notes
	<p>bedding, should be kept in the room and it should not be cluttered with other items.</p> <p>The family should keep a home delivery kit ready, consisting of:</p> <ul style="list-style-type: none"> • A cake of soap for washing hands • A clean new, unopened blade to cut the cord • A clean thread to tie the cord - this can be prepared by taking a piece of cotton thread, boiling it for twenty minutes, sun-drying it and keeping it away from dust. • A plastic sheet or a clean bed sheet washed with soap and water, sun-dried and kept away from dust. • The clothing for mother and baby should be kept ready. Cotton clothes washed with soap, sun-dried and kept away from dust are clean. During winters, clean woolen clothes should be kept ready.
<p>Step 3: Complication Readiness</p> <p>Explain that as every pregnancy carries an element of risk, it is important for the family or for the pregnant woman to be ready in case of an emergency to reduce life-threatening delays and save the lives of both mother and baby.</p>	<p>The family should know the signs of an obstetric emergency. They should also know the address and location of the nearest hospital and should make arrangements for a suitable transport (like jeep, tractor or a bullock-cart), so that the woman can be transported to the hospital in case of an emergency.</p> <p>Some money should be kept aside for this purpose.</p> <p>The family members must be prepared to donate blood, if required by the woman during any emergency.</p> <p>The family should learn about safe practices during childbirth. They are the FIVE CLEANS:</p> <ul style="list-style-type: none"> • Clean delivery surface (where the woman will lie and deliver). • Clean hands (of the birth-attendant and assistant). • Clean thread • Clean blade • Clean cord-stump (without anything applied on it).
<p>Step 4: Explain the term 'labor' and describe normal labor.</p>	<p>Labor is the process by which a woman delivers her baby into the world.</p> <p>Once the baby is fully formed, the womb starts to contract at regular intervals. These contractions become strong and the time between intervals becomes less, with the passage of time. The baby is pushed downwards with each contraction and thus pressure is applied regularly on the mouth of the womb so that it begins to open up. Once it is fully opened, the bag of water</p>

Methods of Training	Trainer's Notes
	<p>breaks if not already broken and the baby comes out of the womb and then passes through the vagina and is born. After a few minutes, the placenta is detached from the wall of the uterus and comes out with a gush of blood. The uterus contracts further to minimize blood-flow and becomes tight. Usually labor lasts for 5-12 hours, but can vary greatly: it is generally shorter after a woman has already had the first baby.</p>
<p>Step 5: Ask the participants how they would know that labor has started. List the signs.</p>	<ul style="list-style-type: none"> • Regular contractions of the womb become painful as labor advances. • The show, small amount of blood with mucous, comes out of the vagina. • A gush of water comes out of the vagina, as the bag of water breaks.
<p>Step 6: Explain why it is important to give emotional support to the mother at time of delivery.</p>	<p>A woman is frightened at times. Labor is physically and emotionally a very demanding experience.</p> <p>When labor starts, it is best to keep her engaged in some pleasant conversation so that her mind is distracted - she can walk around, take a light meal and plenty of water. A clean bath and passing of stool and urine may help. Reassure her that you are there to help her. Let the family members who can comfort her be near her. These things help her relax and make the process easier. During late labor, she should be encouraged to take water or tea or suck on hard candy for hydration and energy.</p> <p>The birth of a baby affects the whole family. If husbands or relatives want to be involved in the birth, include them. Let them watch, listen, and help when they can.</p> <p>Position of the Mother</p> <p>Advise the woman in early labour to remain in any position she finds most comfortable. She may walk, sit, squat or lie down. Walking or sitting helps the fetus drop lower into the pelvis. She can do that until the pain becomes very strong and frequent or the bag of water ruptures after which she should lie down or sit in a squatting position.</p> <p>Urge the woman to drink nourishing fluids or water during early labour. Fluids will prevent dehydration. Do not give the woman fluids during late stage of labour because her digestion slows down during that time and she may vomit.</p>
<p>Step 7: Ask participants to recapitulate obstetric emergencies. Discuss each emergency one by one. Reinforce the message that the</p>	<p>Though most of the women go through childbirth without any complications, sometimes an emergency can arise which can endanger the lives of both the mother and the unborn baby. This can happen even if there were no complications throughout the pregnancy.</p>

Methods of Training	Trainer's Notes
<p>woman needs to be taken to a hospital without losing any time should an emergency arise.</p>	<p>Obstetric Emergencies:</p> <ul style="list-style-type: none"> • Premature rupture of membranes. The bag of water breaks too early without pains or contractions. • Abnormal position of baby. Normally babies lie in the womb with the head pointing downward so that the head is delivered first. Sometimes, the baby lies with feet or buttock or shoulder pointing downward. These are abnormal positions and childbirth may be difficult and dangerous when this happens. • Obstructed labour. The baby is too big to pass through mother's birth canal. In these cases, the woman is in labour for many hours (twelve or more) without any progress, resulting in prolonged labour. • Prolonged labour. This could be due to weak uterine contractions, an abnormal position of baby or obstructed labour. In this condition, the mother becomes exhausted and the fetus is also in danger because it is not able to come out of the womb in time. It passes greenish stools inside the womb itself. • Hemorrhage or bleeding from vagina. This may be due to the placenta lying in a wrong position, i.e., near the mouth of the womb, and bleeding starts as the womb begins to open during labour. It could also occur due to trauma to the birth canal, weak uterine contractions or if all or parts of the placenta are retained after birth of the body. • Eclampsia. Eclampsia may occur when labour starts and can cause fits, convulsions and faintness. The woman needs immediate medical attention as her life is endangered. She must be taken to hospital. Eclampsia occurs in a woman who has high blood-pressure with swelling over face and feet or proteinuria (passage of proteins in urine) or both and can be checked if these conditions are treated during pregnancy.
<p>Step 8: How can these complications be recognized and what are the alarming or danger signs?</p>	<p>These complications can be recognized by the following signs:</p> <ul style="list-style-type: none"> • Strong labour (contraction) that lasts for 12 hours without the baby being delivered. • The baby is not coming out head first; for example, an arm or foot can be seen coming out of the birth canal. • The woman loses more than two cupfuls of blood from the vagina. • The placenta (afterbirth) does not come out of the

Methods of Training	Trainer's Notes
<p>Discuss why a CHW should know about these signs.</p>	<p>vagina within 30 minutes of the birth of the baby.</p> <ul style="list-style-type: none"> The woman complains of severe headache and visual disturbances or has fits or losses consciousness (faints). <p>The CHW should know these danger signs that may arise during labour so that she can educate the family about them well in advance. She should tell them that no time should be wasted, once any of the above signs arise, the woman should be immediately taken to the nearest hospital for prompt medical attention.</p> <p>If unconscious, a soft mouth gag is put between her teeth to prevent her from biting her tongue.</p> <p>The family members should reassure the woman and not create a commotion, which will frighten her.</p>
<p>Step 9: Ask CHWs what they think their role is at the time of childbirth. Give them 10-15 minutes to think and then write on the chart answers one by one.</p>	<p>Role of CHW During Childbirth:</p> <p>If possible, she should be present at the time of delivery so that she can:</p> <ul style="list-style-type: none"> Make positive contribution in ensuring cleanliness during the delivery Give emotional support to the mother Assist the traditional birth attendant Keep alert for any danger signs that would require immediate referral to hospital
<p>Step 10: Divide participants into two groups, and give one of the following topics to each group.</p> <p>Topic A, Birth Preparedness. Counseling family members to prepare for childbirth.</p> <p>Topic B, Complication Readiness. Counseling family members to look out for danger signs which require immediate referral to hospital during child birth</p> <p>Ask the groups to develop and present a role-play on the topics, A and B.</p> <p>After each role-play, trainer to analyze it.</p>	<p>Refer to the steps 1 to 7 of this session.</p>

MODULE 2

Session Six: Care After Delivery Time: 1 Hour

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe the changes in the body after delivery
- Describe and counsel about needs during the post-partum period
- Identify alarming signs after delivery and counsel the woman and her family about them

Methods of Training	Trainer's Notes
<p>Step 1: Describe the post-partum period</p>	<p>Period of six weeks or forty days after delivery is known as the post-partum period in which the woman's body returns to its normal state as well as gets adjusted to the new way of life with the newborn. This is the period of rest and recovery after pregnancy and childbirth.</p>
<p>Step 2: Ask participants to brainstorm changes after delivery. Trainer to complete the list. Then explain the changes briefly</p>	<p>The following changes occur in the woman during this period:</p> <ul style="list-style-type: none"> • Emotional Changes: As childbirth is a deeply emotional experience, it often affects the mood and behavior of the woman. She may feel happy and relaxed one minute and anxious, depressed, or tearful the next. She needs support, understanding and reassurance from her husband, other family members and friends. • Physical Changes: <ul style="list-style-type: none"> - Her uterus shrinks and sheds its linings - Her cervix closes - Her vagina returns to its normal size - Her abdomen returns to its normal size - Her breasts begin to produce milk <p>A woman's body will never be exactly as she was before pregnancy. Some changes in the reproductive system are ever lasting changes. The shape of the body and weight come back to normal sooner if she continues to breastfeed the baby for a longer period.</p> <p>The most important change is in her uterus. Immediately after delivery, it is still quite big and can be felt in the lower abdomen as a hard and round mass. It soon begins to get smaller in size due to contractions. These may be painful (like periods) and the woman may need hot fermentation or a pain-killer tablet for the</p>

Methods of Training	Trainer's Notes
	<p>first couple of days.</p> <p>Breast-feeding helps the uterus to contract properly and helps reduce the amount of fluid (lochia) that comes out from the uterus after delivery.</p> <ul style="list-style-type: none"> • Lochia: This is a bright red immediately after delivery because it contains mostly blood for the first few days. Gradually its colour changes to dark brown and then to pale cream. The amount of discharge becomes smaller over time and then completely stops, usually by the end of the fourth week. • Return of menstruation: Exactly when menstrual periods return may vary from one pregnancy to another. If a woman exclusively breastfeeds, without giving her baby any other milk, her periods may not return for six or more months after delivery. If she is not breastfeeding, menstruation usually begins 4-6 weeks after delivery. • Changes in the breast: After childbirth, the breasts start producing milk. This is established properly within a couple of days, especially if the baby is put to the breast within an hour of delivery and is made to suckle regularly. The milk is thick and yellowish to begin with. This is called colostrum and is very good for the baby. Soon it becomes thin and white.
<p>Step 3: Ask participants to brainstorm about needs of a woman after delivery. Write on flipchart. Explain.</p> <p>Encourage the participants in small groups to discuss the various local traditions and customs regarding post-partum period.</p>	<p>During this period, the woman has some special needs.</p> <p>Rest: After childbirth, which is a great physical effort, the woman needs to rest so that she can become strong and healthy again.</p> <p>In India, there is a tradition that women rest throughout this period as they are considered 'unclean' and 'unfit' to perform household activities. Though they are not 'unclean', this tradition gives them the chance to rest and to look after their newborns.</p> <p>Emotional support: This is an emotionally demanding period for her and she needs a lot of family support and understanding from her husband.</p> <p>Cleanliness: During this period she is very prone to infections and needs to be safeguarded against them. A clean room with fresh air and sunshine, clean bed and bedding, and clean clothes are required. Use of clean cloth or sanitary napkin is essential. Daily baths instead of ritual baths are needed to keep her body, especially the external genitalia and breasts, clean.</p> <p>Resumption of intercourse: Abstinence from sex or use of condoms help in protecting her from infection during this period; Once a woman's lochia has ceased to flow and once she is</p>

Methods of Training	Trainer's Notes
	<p>comfortable doing so (e.g. any lacerations she may have sustained have healed), she may resume intercourse as desired. If she does not meet the LAM criteria, she should be sure to use an appropriate contraceptive method.</p> <p>Better diet: A new mother needs the same healthy foods she needed when she was pregnant. If she is breastfeeding her baby, she should eat more body-building foods such as beans, pulses, milk, eggs, and meat. She should also eat more protective foods such as green vegetables and fruits. She should drink plenty of fluids. She should drink at least one glass of milk a day, if possible. She should drink a glass of fluid every time she breastfeeds her baby (6-8 glasses per day).</p> <p>Extra iron and folic acid: A lactating woman needs more iron and folic acid than most diets can provide. Therefore, every lactating woman may received 1 mg of folic acid daily and 300 mg of iron sulphate three times a day.</p> <p>The iron and folic acid prevent anemia. A woman taking supplemental iron will have black stools. This causes no harm. Tell her to expect dark stools.</p> <p>A health check-up: This is highly recommended within six weeks of delivery. Ideally, the woman should visit a health centre or be visited by a health worker at home within 7-10 days of delivery.</p>
<p>Step 4: Discuss with the participants why it is important to visit the mother and baby after delivery. Explain the importance of this visit.</p> <p>Group Exercise:</p> <p>Ask the participants to sit in a circle. Request one CHW to volunteer to play the role of a post-partum woman and to sit in the middle of the circle with her 'baby.' Each participant should pose one question to the woman to enquire about her/baby's health. 'Woman' should answer accordingly, without giving any extra information.</p> <p>Trainers should note each question and discuss how many more questions could be asked to find out how the mother and the bay are faring.</p>	<p>This first visit of the CHW is important to make sure that the woman and her infant are recovering well. This is an excellent opportunity for the CHW to find out if all is going well with the two and to answer any questions the woman may have about breastfeeding, sexual relations, family-planning, immunization for the baby or other topics. Even if the woman has no questions, this is the best time to counsel again about family planning, contraception, and to tell about baby's immunization.</p> <p>The CHW can ask the post-partum woman:</p> <ul style="list-style-type: none"> • How are you feeling? • Is there any pain in your lower abdomen? • What is the lochia like? Its colour, flow, and smell, etc. • Are you able to breastfeed the baby properly? • Is there any pain, heaviness or swelling in your breasts? • Are you eating well and passing urine and stools without difficulty? • Do you have any fever?

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • How is the baby doing? • Is s/he taking breastfeeds properly? • How is the umbilical cord stump? Is there any blood or discharge from it?
<p>Step 5: Ask the participants to recollect incidences where something went wrong after a woman delivered. Discuss and explain.</p>	<p>Serious Complications after Delivery</p> <p>Serious complications can still develop after a woman has given birth. She should be taken to a health centre immediately if she has any of these complications, otherwise she may die.</p> <ul style="list-style-type: none"> • Eclampsia: This may occur within the first two days after delivery. The woman may develop fits, convulsions, or may faint. • Hemorrhage or heavy bleeding: If the uterus does not contract properly after delivery because of becoming lax due to repeated childbirth's or due to some retained pieces of placenta, the woman will continue to bleed heavily and may die. Therefore, bleeding after delivery should be monitored and it increases rather than decreases day by day or the woman passes many big pieces or clots, it is a danger sign and no time should be wasted in taking her to a health centre. <p>Women who are already anemic are at greater risk of dying after heavy bleeding. Early initiation of breastfeeding helps in proper contraction of the uterus and the woman should be told about this.</p> <ul style="list-style-type: none"> • Infection: After childbirth, the birth canal is very prone to infections and if the FIVE CLEANS are not followed, there are chances of infection. The signs of severe infection are: <ul style="list-style-type: none"> - High fever - Sever pain in lower abdomen - Bleeding or fluid from vagina with a bad smell - Vomiting or diarrhea <p>These are dangerous signs and the woman should be taken to a health centre immediately otherwise she may die of severe infection.</p>

Methods of Training	Trainer's Notes
<p>Step 6: Ask the participants what a CHW should tell the woman and her family about detection and necessary action for these complications.</p> <p>Ask the participants to tell how these complications could be prevented.</p>	<ul style="list-style-type: none"> • The CHW should be able to counsel the woman and her family about the serious complications that may develop after childbirth. • She should tell them to consider any of the following signs as an emergency and to take the woman to a health centre immediately: <ul style="list-style-type: none"> - Fits, convulsions, or fainting attacks - Heavy bleeding - High fever - Severe pain in lower abdomen - Foul smelling blood or fluid from vagina - Vomiting or diarrhea <p>Eclampsia, hemorrhage, and severe infections occurring after delivery can be prevented to a large extent by the following interventions:</p> <ul style="list-style-type: none"> - Essential antenatal care - Early detection and referral of problems during pregnancy - Safe delivery practice (5 CLEANS) <p>These three interventions can go a long way in safeguarding against development of Eclampsia, heavy bleeding, or severe infection after childbirth.</p>
<p>Step 7: Ask the participants to do a role-play on "What and how a CHW should talk to a client who has delivered recently."</p> <p>Analyze the role-play.</p>	<p>Refer to Trainer's Notes in Step 3 and Step 4.</p>

MODULE 2

Session Seven: Care of the Newborn and Breastfeeding

Time: 1 Hour

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe the essential care of the newborn
- Promote breastfeeding practices
- List the advantages of breastfeeding
- Dispel myths about breastfeeding

Methods of Training	Trainer's Notes
<p>Step 1: Explain why newborn babies need a lot of care.</p> <p>Explain the essential newborn care.</p>	<p>Newborn babies need a lot of care and help. Throughout the fetal stage, the baby lies inside the mother's womb, which is warm and secure, and performs important functions like circulation, assimilation of nutrients, and passage of waste products through the mother's body.</p> <p>Immediately after the birth, the newborn baby has to perform all these functions independently. It breathes for the first time and gives a loud cry. Some babies may have difficulty in breathing. The newborn's body does not have the power to regulate its body temperature or to fight infections.</p> <p>The first 28 days of life are crucial for the baby and most infants die during this period due to difficulty in breathing, hypothermia (lowered body temperature), and infections. Low-birth weight babies are at a higher risk of dying and need even more specialized care.</p> <p>First steps in Caring for the Newborn</p> <p>As soon as the baby is born, there are a few steps that must be taken right away:</p> <p>Baby Care</p> <p>Keeping the baby warm. The delivery room should be made comfortably warm during winters. The newborn should be received at birth in a dry, clean, and warm cloth. Do not bathe the baby immediately after birth but wipe its body with a clean, moist cloth, beginning with the head. Wrap the baby well and give it to the mother. Close physical contact with the mother keeps the baby warm and prevents hypothermia. The baby should be made to lie on its side with the head slightly lower than the body. This will help to drain</p>

Methods of Training	Trainer's Notes
	<p>mucous and fluids from the baby's nose and mouth.</p> <p>Care of Cord</p> <p>A few minutes after the birth of the baby, the umbilical cord stops pulsating and providing oxygen to baby. It should then be tied with a clean thread 2.5 inches away from the baby and cut with a new blade. Do not apply any dressing or medicine on the cord but leave it exposed to air. Instruct the mother that the area around the cord stump should be kept clean and dry (e.g., diaper folded so that it is below the stump). It will dry and fall off by itself with 7-10 days. Do not apply mud, cow-dung, herbs or other substances on it as they will cause severe infection like tetanus and kill the baby. In case there is redness around the cord, a bad smell or discharge from it, she should take the baby to the health centre. A few minutes after the cord is tied and cut, it should be checked for bleeding, which may occur due to thinning of the cord and loosening of the tie. If there is bleeding, tie another clean thread.</p> <p>Eye Care</p> <p>Clean each eye with a separate clean moist cloth or cotton swab, beginning from near the nose. Do not put any drops or kajal.</p> <p>Checking the Newborn and its Weight</p> <p>The birth attendant should check that the baby is breathing well, (and is not blue in colour) and the body is normal. If there are any birth defects they should be noted down and the baby should be referred to a health centre if they are serious, e.g. a big head or an open spine.</p> <p>The weight of a baby should be recorded soon after birth. Health workers and trained birth attendants have spring-balances for use in home deliveries.</p> <p>If the baby is less than 2 kilos, it needs special care. It should be referred to an institution that has facilities for newborn care if it does not suckle or breathe well. The mother should take it to the hospital, keeping it close to her body.</p> <p>Putting the Baby to the Breast</p> <p>All newborns who cry soon after birth and do not show any signs of illness, must be kept with their mothers and put to breast soon after birth. Exclusive breastfeeding for six months will save lives of many babies by preventing malnutrition and infections like diarrhea and pneumonia.</p> <p>Do not give any pre-lacteal feeds like sugar water, honey or water as they may make the child seriously ill if they are unclean.</p>

Methods of Training	Trainer's Notes
<p>Step 2: Discuss the serious complications in the newborn. Explain the signs of serious complications in the newborn.</p>	<p>Serious Complications in the Newborn</p> <p>The newborn baby's life may be endangered by the following serious complications:</p> <ul style="list-style-type: none"> • Poor condition at birth • Jaundice • Sepsis <p>Serious complications in newborns can be recognized by some important SIGNS and the baby should be taken to a hospital immediately.</p> <ol style="list-style-type: none"> 1. Poor condition of baby at birth: This can be recognized if the newborn has trouble in breathing, breathes faster than 60 breaths per minute, is limp and weak, does not have normal colour in one hour after birth, is cold to the touch. 2. Jaundice: Normally babies can have physiological jaundice during the first two weeks of life when their eyes and skin become yellowish but this resolves itself without any medicines. However, if the jaundice does not resolve soon and the baby looks ill and does not feed properly, it could be a serious complication. 3. Sepsis: If the cord-stump is infected, the baby may develop sepsis. If the baby does not feed as well as usual, sleeps most of the time, vomits or spits up a lot, has green watery stools, skin feels hot or cold, breathes too fast or too slow, one should immediately recognize sepsis.
<p>Step 3: Conduct a group-discussion on:</p> <ul style="list-style-type: none"> • How would you help a mother to breastfeed her baby? • What would you tell her? <p>Trainer to add (as per notes) at the end of the discussion.</p>	<p>Key Messages about Breastfeeding:</p> <ul style="list-style-type: none"> • Breastfeeding is the best nutrition for a newborn. • Breastfeeding should begin with half an hour after the delivery. A woman's breasts will begin to feel slightly full and tight the first day after delivery. • A thick, yellow fluid will come from her breasts for the first two to three days as the newborn sucks. After the second or third day, white milk will come. The first milk should not be discarded as it is very good for the baby. It is called colostrum. • A mother should breastfeed her newborn frequently during the first few days after its birth. It is normal for a newborn baby to feed about every 2-3 hours. <p>How to Breastfeed the Baby?</p> <ul style="list-style-type: none"> • She should use both her breasts, feeding the baby from one until it is empty, then giving it the other.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • A newborn will take about twenty minutes to empty one breast. However, after sucking all the milk from one breast, a newborn may not empty the second. • For this reason she should always alternate the breast with which she starts breastfeeding. <p>How to Help Mothers Breastfeed?</p> <p>Give the newborn to the mother to nurse in the first hour after birth. The newborn will suckle.</p> <p>Some newborns have trouble taking the breast. Show the mother how to put the areola into the baby's mouth.</p> <p>The newborn's nostrils must be open while suckling or it will not be able to breathe.</p> <p>Sometimes the mother's nipples and breasts are so large that they press against the newborn's nose. Show the mother how to keep her breast from covering the newborn's nose so it can breathe freely.</p> <p>Newborns need to suckle more frequently than older babies. Newborns tire quickly. They need frequent, short feedings. Exclusive breastfeeding helps in LAM.</p> <p>Even if the mother is hospitalized, the newborn should be taken along with her and be given to her to breastfeed regularly. Without breast milk, the newborn may not live. A newborn should not feed on milk or foods other than breast milk. Other milk and foods can cause diarrhea and alter the newborn's appetite for breast milk. Also a good supply of breast milk depends on regular suckling, so decreased suckling may reduce the amount of breast milk the mother produces. A mother can know if the baby is getting enough milk if the baby passes urine about 6-8 times a day.</p>
<p>Step 4: List out the advantages of breastfeeding for baby and mother.</p>	<p>Breastfeeding Has the Following Advantages:</p> <p>For the Baby:</p> <ul style="list-style-type: none"> • Breast milk is the most natural and nutritious food for a baby. • Breast milk is easy to digest. • Breast milk contains substances called antibodies which protect the baby from any types of infections especially diarrhea and respiratory infections. • Suckling helps the jaws and tooth development of the baby. • During breastfeeding, the baby feels warm and secure and a bond of love is formed with the mother. <p>For the Mother:</p> <ul style="list-style-type: none"> • Suckling of the nipples by the baby helps the mother's uterus

Methods of Training	Trainer's Notes
	<p>to contract to and come to its normal shape and size after delivery.</p> <ul style="list-style-type: none"> • Breastfeeding reduces the bleeding after delivery due to proper uterine contraction. • Breastfeeding helps the mother to shed off the extra fat put on during pregnancy. • Breastfeeding protects mothers from breasts and ovarian cancers. • Breastfeeding makes the mother feel emotionally satisfied and her self-image is enhanced. A bond of love is formed with the baby. • It is convenient to breastfeed the baby as breast milk is immediately available at the right temperature and is free of cost. • It protects the mother from becoming pregnant soon.
<p>Step 5: Divide participants into small groups. Give them slips of paper with a myth written on each slip. Ask them to discuss each myth and fact.</p>	<p>Myths about Breastfeeding:</p> <p>Myth: "You have to drink a lot of milk to produce more milk." Fact: It is not true. Any type of food and fluids taken in by the mother in adequate quantity is sufficient to produce milk. The production of breast milk is not dependent on the milk intake by the mother. Baby's suckling on the breast is important, "more suckling - more milk."</p> <p>Myth: "Small breasts will not produce enough milk." Fact: Being able to breastfeed successfully does not depend on the size of your breast. The size of the breasts depends upon the fatty tissue layer under the skin. Special glands in the breast, which are present in all women, produce breast milk.</p> <p>Myth: "You have to stop eating certain foods during breastfeeding." Fact: You can continue eating most of your favorite foods during breastfeeding. Though some people report problems with different food, many others don't have any problems with the same kind of food. If you are worried about a particular food, eat a small amount each time and see whether it causes any problem to your baby. If it really bothers your baby every time you eat it, you may quit this food.</p> <p>Myth: "Working in cold water will affect the milk supply." Fact: This is not true. Some people believe that it may cause cold to the baby but it does not.</p> <p>Myth: "If you were not able to breastfeed your first baby, you won't be able to breastfeed successfully this time."</p>

Methods of Training	Trainer's Notes
	<p>Fact: You can be successful in breastfeeding your baby even if you were not able to breastfeed the first baby so be confident.</p> <p>Myth: "Mother's milk 'comes in' after three days."</p> <p>Fact: You may say that it actually starts flowing freely by the third day but the yellowish milk (colostrum) starts coming out as early as baby starts suckling and it is sufficient for baby's demands for the first three days.</p>
<p>Step 6: Explain to the CHWs the importance of starting semi-solids to the baby after six months.</p>	<p>If the baby is on exclusive breastfeeding and continues to gain weight the mother need not worry. As long as she eats well herself, enough milk will be there. However after six months, breast milk alone is not enough and semi-solids are introduced along with breast milk. This is called weaning. Lactation Amenorrhoea Method (LAM) as a contraceptive is not effective any longer and other contraceptives must be started by the mother.</p>
<p>Step 7: Discuss the principles related to weaning of the baby.</p>	<ul style="list-style-type: none"> • Give semi-solids • Continue breastfeeding and give semi-solids after breastfeeding. • Introduce one food at a time • Start with 1-2 teaspoon full and increase the quantity of food gradually • Feed frequently • Mash all foods
<p>Step 8: Discuss the importance of oral rehydration solution (ORS) when experiencing diarrhea.</p>	<p>If a baby suffers from diarrhea, i.e., it passes many loose, watery stools per day, it should be given ORS in order to make up for the water and important salts lost in stools. If ORS is not given, baby will get dehydrated and may die.</p> <p>Packet of ORS to be given to mother and teach her how to make this at home.</p> <p>Any fluid available at home must be given if ORS packet is not available, such as:</p> <ul style="list-style-type: none"> • Rice water • Dal or dal water and salt • Butter milk or Lassi and salt • Coconut water

Methods of Training	Trainer's Notes
<p>Step 9: Ask the participants what a CHW should tell the mother about immunization of the baby.</p> <p>Show the Immunization Schedule and explain it.</p> <p>Encourage questions and answer them.</p>	<p>A postnatal visit by the CHW is a good time to discuss the importance of immunization of the baby. The CHW should tell the mother that babies need to be protected against the diseases that are most common causes of death and disability in children. These include tuberculosis, diphtheria, polio, whooping cough, tetanus and measles.</p> <p>The baby needs to be immunized against all these diseases within the first year of its life. These vaccines are available with the ANM or at the PHC/Subcentres. She should definitely get her baby immunized.</p> <p>The baby may cry, develop fever or small sore after injection. These are normal after-effects and she should not refrain from getting her baby immunized because of these.</p>

Module 3 Contraceptive Technology Update

MODULE 3 CONTRACEPTIVE TECHNOLOGY UPDATE TIME: 12 HOURS

TASKS TO BE PERFORMED BY CHWS

- Promote family planning, i.e., small family norm and child-spacing
- Educate eligible couples about health benefits of family planning
- Counsel eligible couples on family planning
- Counsel eligible couples on natural family planning methods
- Distribute condoms and oral pills and refer clients for intrauterine devices (IUD), injectables and voluntary surgical contraception (VSC).

LEARNING OBJECTIVES

- Define what is ‘contraception’
- Describe principles of family planning
- List family planning methods and dispel rumors and myths about them
- Discuss Natural Family Planning Methods (NFP)
- Describe the Lactational Amenorrhea Method (LAM)
- Describe the Standard Days Method (SDM)
- Explain the correct use and side effects of the methods (condoms, pills)
- Give method-specific instructions to the client for each method
- Use a screening checklist for pills and LAM
- Identify service centers for the “referral methods” of family planning (IUD, tubal ligation, vasectomy, and injectables)
- Identify the danger signals of all contraceptives
- Demonstrate how to implement quality of care in family planning services
- Describe Post-Partum and Post-Abortion contraception

Sessions	Time
1. Principles of Family Planning	30 minutes
2. Natural Family Planning Methods	2 hours
3. Supply Methods of Family Planning (condom, pills)	3½ hours
4. Referral Methods of Family Planning	3½ hours
5. Post-Partum Contraception and Post-Abortion Contraception.	2 hour
6. Dual Protection	30 minutes

MATERIALS REQUIRED FOR TRAINING

- Flipcharts and Markers
- Samples of male and female condoms, pills, IUDs, Depo-Provera Injection
- Hand held uterus model
- Cycle Beads™ (for Standard Days Method)

Methods of Training	Trainer's Notes
<p>Step 2: Explain principles of family planning</p>	<p>Principles of family planning:</p> <ol style="list-style-type: none"> 1. Voluntarism. The client has the right to choose a contraceptive method, without any pressure or coercion from the service provider. 2. Informed choice. The choice of clients should be informed. S/he should be told about all the methods available, how they work, their advantages, disadvantages, common side effects and effectiveness, correct use, health risks, warning signs and symptoms, information on return to fertility once the method is stopped, the extent to which it protects from STIs, including HIV/AIDS, so as to be fully informed before making a choice. 3. There should be a wide range of contraceptives to choose from. ‘Cafeteria’ approach means many family planning methods are offered to the client and she chooses any methods after getting full information about all the methods available. 4. Protection against STIs is an important factor. It is life-saving benefit for some clients and fertility-saving benefits for others.
<p>Step 3: Discuss with participants how the CHW should follow the principles of family planning.</p>	<p>The CHW should always follow the principles of family planning in her day-to-day work.</p> <p>For informed choice of client: The CHW should give full and correct information about all family planning methods to the client.</p> <p>For each methods the CHW should give the following information:</p> <ul style="list-style-type: none"> • What is the method • Its mechanism of action • Advantages and health-benefits • Disadvantage and limitations • Who can and cannot use the method • Relative efficacy • Common side effects • Health risks, if any • Warning signs and symptoms • Correct use • Return to fertility once method is stopped

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • The extent to which it protects from STIs, including HIV/AIDS • Effect on breastfeeding • Availability <p>To ensure voluntarism she should give the above information and help the client choose a method, without any pressure, force or coercion.</p> <p>For protection from STIs: The CHW should never hesitate to talk about STIs, their transmission, importance of protecting oneself from them, their grave consequences if untreated, and how to protect oneself from them by using condoms correctly and consistently.</p> <p>A client should be treated with respect and her/his dignity, privacy and confidentiality should be maintained always.</p>

MODULE 3

Session Two: Natural Family Planning Methods

Time: 2 Hours

LEARNING OBJECTIVES

At the end of this session, participants will be able to:

- Discuss the natural family planning methods
- Describe Standard Days Method (SDM) and counsel the client about it
- Describe Lactational Amenorrhoea Method (LAM) and counsel the client about it

Methods of Training	Trainer's Notes
<p>Step 1: Overview of Natural Family Planning (NFP)</p> <p>Methods</p> <p>Tell the participants what NFP means. Ask participants to brainstorm the NFP methods.</p> <p>Write the answers on the chart.</p> <p>Then use a prepared flipchart to orient the participants to the list of NFP methods</p>	<ol style="list-style-type: none"> 1. Natural Family Planning Methods are those methods by which pregnancy is prevented in a natural way, without the use of any artificial interference. 2. Abstinence means not to have sexual intercourse. It is 100% effective in preventing unplanned pregnancy. 3. Coitus Interruptus or Withdrawal Method in which the man interrupts intercourse by pulling out or withdrawing his penis from his partner's vagina before he ejaculates so that semen is not deposited inside her body. The effectiveness of this method depends on the man's willingness and ability to withdraw before ejaculation. <p>Fertility Awareness Methods for example, the standard day method (SDM), are methods that rely on different techniques to identify a woman's fertile days (when she has ovulated and can get pregnant).</p> <p>In these methods, the couple avoids intercourse or uses condoms during the fertile phase or baby days of the woman.</p> <p>Besides SDM, there are many other methods that women have been using to identify their fertile days, such as the rhythm method, recording of their Basal Body Temperature or closely inspecting the land of cervical mucous of different days of their cycles depends on the regularity of the menstruation cycle.</p> 4. Lactational Amenorhea Method can be used during breastfeeding as it causes the absence of menses in many women. This phenomenon is called Lactation Amenorrhoea. (Lactation = breastfeeding. Amenorrhoea = absence of menses). Her fertility reduces because she does not ovulate.

Methods of Training	Trainer's Notes
<p>Step 2: Explain SDM</p>	<p>SDM is a new, modern method of family planning. It is based on biological evidence that there is a “fertile window” during each woman’s menstrual cycle when she can become pregnant. Women using the SDM to avoid or delay pregnancy can have unprotected intercourse on any day of their menstrual cycle except days 8 through 19. This method is designed for women who usually have menstrual cycles between 26 and 32 days long. This method can also be used by couples who wish to have a baby. The couple can have intercourse during the woman’s ‘fertile days’ so that she can become pregnant.</p>
<p>Step 3: Discuss the advantages of SDM</p> <p>Discuss the disadvantages and limitations of SDM.</p>	<p>The SDM, a new natural method of family planning, is 95% effective, easy to learn, easy to teach and easy to use.</p> <p>It has no physical side effects. No medical supervision is needed. No supplies required.</p> <p>Limitations and disadvantages:</p> <p>Does not protect from STIs/HIV/AIDS</p> <p>Male partner’s cooperation is required</p> <p>Only those women who have cycles between 26-32 days can use it</p> <p>Side effects:</p> <p>No known side effects</p>
<p>Step 4: Explain who can use SDM.</p>	<p>Who can use SDM?</p> <p>A woman can use SDM if:</p> <ul style="list-style-type: none"> • She has regular menstrual cycles between 26 and 32 days • She states that she can avoid unprotected sex during the fertile period <p>This method is appropriate for all women who meet the above criteria except:</p> <ul style="list-style-type: none"> • Post-partum or breastfeeding women, until they have had three menstrual cycles (i.e. for periods) • Users of injectables (DMPA) until they have had at least two periods approx a month apart
<p>Step 5: Explain how to use SDM.</p>	<p>CycleBeads™ are an easy way for a woman to keep track of her menstrual cycle and know which days she can get pregnant and which days she cannot. To avoid pregnancy, a woman and her partner can choose to either use another method or not have sex on fertile days. To achieve pregnancy, a woman can easily determine on which days she is most likely to get pregnant.</p> <p>The string has beads of different colors, and each bead is a day</p>

Methods of Training	Trainer's Notes
	<p>of the cycle. The red bead represents the first day of the period. The white beads represent days when a woman can get pregnant. The dark beads represent days when a woman does not get pregnant.</p> <p>On the first day of your period, move the ring to the red bead. Also, mark that day on the calendar.</p> <p>Every morning move the ring to the next bead. Always move the ring in the same direction, from the narrow end to the wide end.</p> <p>On days with white beads, do not have unprotected sexual intercourse in order to avoid pregnancy. These are the days you can get pregnant.</p> <p>On days with dark beads, you may have unprotected sexual relations without getting pregnant. These are days when you cannot get pregnant.</p> <p>If you forget whether you moved the ring, check your calendar to see when your last period began. Then, count the days from the first day of your last period until the day when you realized you forgot to move the ring. After counting the number of days, move the ring to the correct bead.</p> <p>On the day your period starts again, move the ring to the red bead. A new menstrual cycle has started.</p> <p>You must see your provider:</p> <ul style="list-style-type: none"> • If you get your period before you put the ring on the marked bead • If you have not started your period by the day after you put the ring on the last dark bead
<p>Step 6: Explain how to calculate the length of a menstrual cycle with the help of a calendar.</p> <p>Pair the participants and give them two situations and ask them to calculate the length of the menstrual cycles in each of the following examples:</p> <ul style="list-style-type: none"> • Situation 1: Meena's periods began on August 10th. She is expecting her next periods on September 8th. • Situation 2: Kamlesh periods started on August 4th. In July, her periods started on 5th. 	<p>Count from the first day of the menstrual cycle till one day before the onset of the next cycle. This is the length of the menstrual cycle. For example, if a woman has her periods on January 2nd and her next period starts on January 30th, then start counting from January 2nd till January 29th. The length of her menstrual cycle will be 28 days.</p> <ul style="list-style-type: none"> • Situation 1: Mark August 10th on the calendar and start counting from it until September 7th. Length of menstrual cycle is 29 days. • Situation 2: For Cycle 1, mark July 5th on the calendar and start counting from it until August 3rd. Length of menstrual cycle is 30 days. For Cycle 2, mark August 4th on the calendar and start counting from it till September 5th and 6th. Length of menstrual cycle is 33 or 34 days.

Methods of Training	Trainer's Notes
<p>In September, she is expecting her periods on 6th or 7th September. Calculate the length of her two menstrual cycles.</p>	
<p>Step 7: Explain how to screen a woman for her appropriateness for SDM.</p>	<p>Women have to be screened to find out if they can use SDM or not. Ask the following questions. If answers to all questions are yes, then the woman can use SDM</p> <p>Question 1: Are your menstrual cycles between 26 and 32 days?</p> <p>For post-partum or breastfeeding women:</p> <ul style="list-style-type: none"> • Have her periods returned? • Has she had at least three complete menstrual cycles (four consecutive periods) post-partum? and • Does she expect her current cycle to be between 26 and 32 days? <p>For a woman who recently used the three month shot, such as Depo-Provera</p> <ul style="list-style-type: none"> • Have three months passed since her last shot? and • Does she expect her current cycle between 26 and 32 days? <p>For a woman who has recently used the pill, IUD, one month shot or implant:</p> <ul style="list-style-type: none"> • Were her menstrual cycles between 26 and 32 days before she started using one of these methods? and • Does she expect her current cycle to be between 26 and 32 days? <p>For a woman who recently had a miscarriage, abortion, or used emergency contraception:</p> <ul style="list-style-type: none"> • Has the bleeding related to any of these conditions stopped and her period returned? • Before she got pregnant were her menstrual cycles between 26 and 32 days? and • Does she expect her current cycle to be between 26 and 32 days?

Methods of Training	Trainer's Notes
<p>Step 8: Tell the participants that now they will learn about Lactational Amenorrhoea Method (LAM). Ask the participants what they know about the effect of breastfeeding on a woman's fertility.</p> <p>Explain LAM by building on participants' knowledge or experience about breastfeeding.</p> <p>Explain the mechanism of action of LAM, i.e. how LAM protects from pregnancy.</p>	<p>Lactational Amenorrhoea Method is an effective, safe and temporary natural family planning method for a breastfeeding woman, who:</p> <ul style="list-style-type: none"> • Fully or nearly-fully breastfeeds her baby on demand during day and night. • Her menses have not returned after delivery. • Her baby is less than six months old. <p>When a baby suckles at the mother's breast, certain hormonal changes occur in her body, which increase the milk production but suppress the ovarian function. Due to this, the woman does not ovulate and is protected from pregnancy.</p>
<p>Step 9: Divide the group into two groups and give one group the task of finding out the benefits of LAM as contraceptive, and the other group to find out the limitations of LAM and its side effects</p> <p>Both groups to report out. Trainer to add important points, if needed.</p>	<p>Contraceptive Benefits:</p> <ul style="list-style-type: none"> • Safe and highly effective (2-3 pregnancies per 100 women during first 6 months) • Effective immediately • Does not interfere with intercourse • No physical side effects • No medical supervision necessary • No supplies required • Free of cost • Women who practice LAM accept other methods readily <p>Limitation of LAM:</p> <ul style="list-style-type: none"> • LAM is a client-dependent method and requires client to follow instructions regarding optional breast-feeding practice • It may be difficult for some clients to fully breastfeed e.g. working women • Duration of LAM is six months only • LAM is effective only as long as women's menses have not returned • LAM does not protect against RTIs and STIs <p>Side effects of LAM:</p> <ul style="list-style-type: none"> • There is no adverse side effect of LAM • In fact, this method promotes breastfeeding that has many benefits for the baby and the mother

Methods of Training	Trainer's Notes
<p>Step 10: Ask the participants what are the three important questions to ask the mother before recommending them to use LAM as a method of contraception.</p> <p>Discuss LAM checklist.</p> <p>Discuss the messages that should be conveyed to the mother regarding optimal breastfeeding pattern?</p>	<p>The client needs to be asked three important questions to decide whether she can use LAM or not.</p> <ol style="list-style-type: none"> 1. Have your menses returned? 2. Is your baby more than 6 months old? 3. Are you supplementing regularly or allowing long periods without breastfeeding? <p>If the answer to all is No - LAM is 98 percent effective.</p> <p>How to Practice Optimal Breastfeeding:</p> <ul style="list-style-type: none"> • Begin breastfeeding immediately (within an hour) after delivery. It is especially important to feed the baby with colostrum, the thick yellowish fluid during the first three days which is rich in antibodies, proteins, and vitamins. • Feed frequently, both day and night, whenever the baby is hungry. • Feed from both breasts. • Feed at least every four hours, more frequently in the early weeks. • Breastfeed exclusively for first four-six months. • When semi-solid foods are introduced, breastfeed first and then give supplemental feed. • Avoid use of pacifiers/nipples/bottles. • Express breast milk if separated from baby. • Continue to breastfeed even when mother or baby is sick. • Maintain a nutritionally sound diet and satisfy her own hunger/thirst (and identify what local foods constitute a sound diet). • Is not necessary to give baby water/teas. If baby appears thirsty, it is best for mother to drink water, that way she will produce more milk. • Continue to breastfeed for as long as possible (two years).

Methods of Training	Trainer's Notes
<p>Step 11: Ask the participants when they think a mother should stop using LAM as contraceptive and should start using another family planning methods.</p> <p>Explain to the participants how to introduce the other FP methods to a breastfeeding mother.</p> <p>Tell the participants that the methods will be discussed during Session 5 - Post-Partum Contraception.</p>	<p>A mother using LAM as a sole method of contraception should start using another FP method when:</p> <ul style="list-style-type: none"> • Her menses returns • The frequency of breastfeeding has decreased or • When the baby is six months old <p>However, she should continue breastfeeding for the baby's health. Family planning providers should encourage breastfeeding women to use methods that do not interfere with breastfeeding and do not have any negative affects on the baby's health.</p>
<p>Step 12: Myths and Fact about LAM</p> <p>Distribute slips to participants with one myth written on each slip, without disclosing that they are 'myth-slips.'</p> <p>Ask each participant to read out the slip and tell his/her views on it. Group to discuss and trainer to tell how to dispel the fact.</p>	<p>Myths and Facts</p> <p>Myth: LAM is not a dependable method of family planning.</p> <p>Fact: If the three conditions of LAM are fully met, it is 98% effective</p> <p>Myth: It is not practical to fully breastfeed the baby.</p> <p>Fact: Once the mother has clearly understood the benefit for her baby and herself and she is determined to fully breastfeed her baby, it is not difficult to do so.</p> <p>Myth: If mother fully or nearly fully breastfeeds her baby, she will become very weak and malnourished.</p> <p>Fact: If mother clearly understands the dictum “feed the mother to feed the baby” and takes a well balanced diet, she will remain healthy and successfully breastfeed her baby.</p> <p>Myth: Most of the mothers do not have sufficient milk to fully breastfeed their babies.</p> <p>Fact: Milk production is directly proportional to suckling of the breast by the infant. She should not lose heart but should continue putting her baby to breast for frequent suckling so that milk production is optimal. She should eat well to assist in milk production.</p> <p>Myth: Only breastfeeding is not sufficient for a baby's growth during the first 6 months and supplementation is required earlier.</p> <p>Fact: Exclusive breastfeeding for the first six months provides sufficient nutrition, supplying all the needs of the infant for the first six months. It also complements the infant's immature immune system.</p>

Methods of Training	Trainer's Notes
<p>Step 13: LAM Counseling.</p> <p>Ask the participants to brainstorm important messages to be given by CHW during LAM Counseling.</p> <p>Now divide them into small groups of three. Give them the Learning Guide for LAM Counseling.</p> <p>Ask them to practice LAM Counseling in their small groups. One should play the role of CHW, one that of a woman (give her the client card) and one should keep checking with the Learning Guide and provide feedback to the 'CHW' after she counsels the woman.</p>	<p>LAM Counseling should begin during antenatal visits and continue after delivery.</p> <p>The CHW should give the following messages in simple language:</p> <ul style="list-style-type: none"> • Three conditions of LAM • Advantages and limitations of LAM • Optimal breastfeeding practices • When to start another family planning method • What kind of family planning methods to use • How to deal with common breastfeeding problems • Dispel myths and misconceptions about breastfeeding and LAM

LEARNING GUIDE

Counseling for LAM

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to the standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Briefly explains the purpose of her visit.										
Ask about her reproductive goals										
Tell the health benefits of family planning.										
Determine what the client already knows about LAM.										
Addresses myths and misconceptions about LAM.										
Explain what LAM is: It is a safe, effective, temporary natural family planning method for breastfeeding women who:										
<ul style="list-style-type: none"> • Fully breastfeed her baby on demand during day and night 										
<ul style="list-style-type: none"> • Her menses have not returned after delivery 										
<ul style="list-style-type: none"> • Baby is less than six months old 										
Explain how LAM works:										
<ul style="list-style-type: none"> • Due to regular sucking, the woman does not ovulate and is protected from pregnancy 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Explain the benefits (safe, 98% effective, has no side effects, promotes breastfeeding which is good for baby & mothers health)										
Explain the limitations (requires client to exclusively breastfeed the baby, is of six months duration only, it does not protect from STIs)										
Screen the woman for LAM with the LAM checklist										
Ask										
<ul style="list-style-type: none"> • Have your menses returned? 										
<ul style="list-style-type: none"> • Are you regularly giving supplementary food or fluid to the baby or allowing periods of 6 hours or more without breastfeeding? 										
<ul style="list-style-type: none"> • Is your baby more than 6 months? 										
Tell the woman whether or not she can use LAM method.										
<ul style="list-style-type: none"> • If the woman answers yes to any one of the above questions, explain that she cannot use LAM method and help her in choosing another method 										
<ul style="list-style-type: none"> • If the woman answers no to all the above questions, explain that the woman can use the method. 										
Give the woman the following instructions:										
<ul style="list-style-type: none"> • Breastfeed your baby on demand on both breasts, generally 6 - 10 times per day or more. Breastfeed at least every 4 hours during the day and every 6 hours at night. 										
<ul style="list-style-type: none"> • Breastmilk is the complete food for your baby for the first months of life, the baby doesn't need any other foods or fluids until she/he is 4 to 6 months. Once you start supplementary feeding, you will need to start a different method of family planning. 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> When your menstrual period returns (even before 6 months), start another method immediately. 										
<ul style="list-style-type: none"> Once the baby is 6 months old, start a different method of family planning. 										
<ul style="list-style-type: none"> LAM does not protect against STIs/AIDS. Use condoms if you think you are at risk of getting an STI or HIV. 										
Briefly explain the correct use of condoms and gives ten condoms as a back-up method.										
Ask the client if she has more questions/concerns and respond										
Discuss a date for her next visit.										

LEARNING GUIDE

Follow-up of LAM Client

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to the standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greets the Client respectfully.										
Ask the Client:										
<ul style="list-style-type: none"> • If she and her husband are satisfied with their FP method? 										
<ul style="list-style-type: none"> • Are there any complaints or problems with breastfeeding? 										
Determine whether client still fulfills the 3 conditions of LAM by asking:										
<ul style="list-style-type: none"> • Have your menses returned? 										
<ul style="list-style-type: none"> • Is your baby 6 months old? 										
<ul style="list-style-type: none"> • Are you supplementing food regularly and breastfeeding after long intervals (6 hours or more) 										
If the client does not fulfill any one of these conditions, she is no longer eligible for LAM, is not satisfied with the method, or has problems with breastfeeding. The CHW should:										
<ul style="list-style-type: none"> • Help her make an informed choice for an appropriate method 										
<ul style="list-style-type: none"> • Provide the method or refer her to a health centre where the method is available 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> If the method can not be initiated that day, give her condoms. 										
If the client is satisfied and continues to fulfill the three conditions: <ul style="list-style-type: none"> Remind her what to do if any condition changes. 										
Ask the client if she has more questions/concerns and respond appropriately										
Discuss a date for her next visit.										

MODULE 3

Session Three: Supply Methods of Family Planning Time: 3½ Hours

LEARNING OBJECTIVES:

At the end of the session, participants will be able to:

- Identify and describe the “supply methods” of family planning (condom and pill)
- Counsel clients to make an informed choice of condom/pill
- Distribute condom /pill in the community
- Describe the female condom and compare it with the male condom

Methods of Training	Trainer’s Notes
<p>Step 1: Ask participants to brainstorm the modern methods of family planning that are available to them. Write the answers on a chart. Pass around samples of the methods for them to touch and examine.</p>	<p>Modern Family Planning Methods:</p> <p>Supply Methods:</p> <ul style="list-style-type: none"> • Condoms • Pills <p>Referral Methods:</p> <ul style="list-style-type: none"> • Tubal Ligation • Vasectomy • Injectables • IUD
<p>Step 2: Explain that as CHWs they need to know about all the methods, although they will only be responsible for distributing condoms and pills. These are known as “supply methods.” The session will cover these supply methods, while the “referral methods” (IUD, tubal ligation, vasectomy and injectables) will be covered in the next session.</p>	
<p>Step 3: Explain to participants that they are now going to learn in detail about the two supply methods, Condoms and Oral Pills. Tell them that condoms are of two types – male condoms and female condoms. Male condoms are freely available in India for last many years and</p>	

Methods of Training	Trainer's Notes
<p>are in the National RCH Program. Female condoms are not available in India as yet but are being widely used in many countries, including our neighbouring countries.</p> <p>They will learn in detail about male condoms so that they can counsel eligible couples and distribute male condoms. They will also learn about female condoms.</p>	
<p>Step 4: Hold up a male condom and ask participants what it is. Ask them if they know the local names for condoms. Write down their answers and complete the list, if needed.</p> <p>Pass several condoms of different brands around the room for them to see and touch.</p> <p>Discuss where condoms are available.</p>	<p>Condoms</p> <p>A condom is a temporary barrier method of contraception used by men. It is a thin rubber sheath worn on the penis during sex.</p> <p>Brand name of condoms commonly available in India are:</p> <ul style="list-style-type: none"> • Nirodh (free government supply) • Kohinoor • Masti • Bliss • Sawan • Rakshak • Zaroor <p>Condoms are easily available at:</p> <ul style="list-style-type: none"> • Subcentres • PHCs • Hospitals • ANMs and CHWs distribute them in field • They are sold at chemist shops, provision and general merchant's shops, paan shops.
<p>Step 5: Explain the mechanism and effectiveness of a condom.</p>	<p>Mechanism of Action:</p> <p>The condom is a thin, latex rubber sheath worn on the erect penis before penetration into the vagina, forming a mechanical barrier between the penis and the vagina.</p> <p>The male seminal fluid, containing sperm and disease-causing organisms, including the HIV virus are caught in the condom and do not pass through it.</p> <p>Effectiveness:</p>

Methods of Training	Trainer's Notes
<p>Step 6: Discuss that condoms have to be used correctly for them to be effective.</p> <p>Emphasize that clients should be counseled on this aspect. Trainer to demonstrate the correct use of condom. Encourage questions and answer them. Ask one or two volunteers to come forward and demonstrate.</p> <p>Simulated practice: Pair off participants. Provide packets of condoms to each pair and ask them to practice demonstrating the correct use of condoms. During practice, one participant should act as a CHW and the other as a client and then switch roles.</p>	<p>Condoms can be very effective when used consistently and correctly. Using a condom with vaginal spermicide increases its effectiveness. The problem is many couples do not know how to use it correctly and/or do not use it consistently.</p> <p>Correct Use of Condom</p> <p>Points to emphasize:</p> <ul style="list-style-type: none"> • Use a new condom every time, with every act of intercourse. • Before the penis touches the partner, place the condom on top of the erect penis or have the partner do it. • Hold the condom so that the rolled rim is on the side away from your body. If one is not circumcised, pull the foreskin back. • Unroll the condom to base of penis. It should unroll easily and not need to be stretched. • It is often recommended to leave half centimeter of empty space at the tip of the condom as you roll it down to the bottom of the penis. • If you want additional lubrication, contraceptive foam or spit may be used. • Do not use petroleum jelly or other oils as they can cause deterioration of the rubber. • After ejaculation, the penis with condom should be withdrawn as soon as possible because if the erection is lost, the condom can slip off and semen can spill into the vagina. • Take off the condom while the penis is still erect, without spilling semen. Hold the condom rim to the base of the penis while pulling the penis out. This makes sure that the condom will not slip off. • Wrap the condom in a paper and throw it away or bury it as condoms should not be used more than once.
<p>Step 7: Discuss the importance of storing the condoms correctly and what those ways are.</p>	<p>Tips for Condom Care:</p> <p>These tips will help keep condoms from breaking or leaking.</p> <ul style="list-style-type: none"> • Store condoms in cool, dark place. Heat, light, and humidity can damage condoms. If properly stored, condoms will stay good for about five years.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Take care when handling condoms. Fingernails can tear them. • Do not unroll condoms before using them. You may weaken them, and an unrolled condom is difficult to put on.
<p>Step 8: Discuss the advantages and disadvantages of condoms and explain them with the help of a prepared flipcharts.</p>	<p>Advantages:</p> <ul style="list-style-type: none"> • Easy to use • Easy to obtain • Inexpensive • Safe and effective • Allows man to share responsibility for family planning • Convenient when need for short-term contraception is required • It can be easily used by breastfeeding mothers as it does not affect lactation <p>Non-contraceptive benefits or other advantages of condom:</p> <ul style="list-style-type: none"> • Its use gives protection against STIs & HIV/AIDS to both partners • Help protect against cancer of the cervix, which can be caused by STIs • Helps some men with premature ejaculation maintain an erection because of the rim around the base of the penis • Protects women from pelvic inflammatory disease (PID) and its complications like infertility due to the blockage of fallopian tubes <p>Disadvantages:</p> <ul style="list-style-type: none"> • To be used at the time of intercourse • Some men complain of decrease in sexual pleasure • Slipping off, tearing, spillage of sperm can occur especially among inexperienced users • User must be highly motivated to use consistently and correctly • Deteriorates quickly when storage conditions are poor

Methods of Training	Trainer's Notes
<p>Step 9: Explain that there are no health risks with condoms. The only side effect is rare allergy.</p>	<p>Side Effects of Condoms:</p> <ul style="list-style-type: none"> • Rare allergy to rubber (latex)
<p>Step 10: Ask participants about myths and rumors about condoms. Provide explanations to dispel the myths.</p>	<p>Myths and Facts</p> <p>Myths: The condom will not fit properly.</p> <p>Fact: One size fits all.</p> <p>Myth: The condom will break.</p> <p>Fact: Condoms are very strong. They rarely break, especially if care is taken to use them correctly.</p> <p>Myth: The condom will decrease sexual pleasure.</p> <p>Fact: Condoms are made of extremely thin rubber. Although sex with a condom does not feel exactly like sex without it, it is just as enjoyable for most people. The security of knowing the woman will not get pregnant while using a condom can actually improve the couple's sexual pleasure.</p> <p>Myth: Condoms usually cause allergy.</p> <p>Fact: Allergy to condoms is very rarely seen.</p> <p>Myth: Condoms are harmful if used over many years.</p> <p>Fact: They are extremely safe and protect both partners from STIs including HIV/AIDS, pelvic inflammatory disease (PID) and cancer of cervix in women. So regular use of condom is recommended.</p>
<p>Step 11: How to counsel and provide condoms</p> <p>Tell the participants that it is very important to learn how to counsel and provide condoms to clients. It is a skill one can acquire by practice.</p> <p>Give the Learning Guide for condoms to each participant. Go through it with them and explain its use.</p> <p>Now divide the participants into groups of three. One should play the role of CHW, one of a woman (give her the client card) and one should keep checking with the Learning Guide and provide feedback to the 'CHW' after she counsels the woman</p>	<p>See the Learning Guide at the end of the session.</p>

Methods of Training	Trainer's Notes
<p>Step 12: Female Condom</p> <p>Hold up a female condom and ask participants what it is. If they are unable to identify it, tell them that it is a female condom.</p>	<p>The female condom is a strong, soft, transparent, polyurethane sheath inserted in the vagina before sexual intercourse, providing protection against both pregnancy and STIs. It forms a barrier between the penis and the vagina, cervix, and external genitalia.</p>
<p>Step 13: Explain the advantages of a female condom</p>	<ul style="list-style-type: none"> • It is stronger than latex, odourless, causes no allergic reactions, and, unlike latex, may be used with both oil-based and water-based lubricants. • It can be inserted prior to intercourse, so does not interrupt sexual spontaneity. • It is not dependent on the male erection, and does not require immediate withdrawal after ejaculation. • The female condom provides dual protection for preventing pregnancy and STIs/HIV/AIDS.
<p>Step 14: Discuss the comparison between female and male condom.</p>	<p>Both the female condom and male condom are barrier methods that provide dual protection against pregnancy and STIs. The male latex condom has been proven to protect against HIV/AIDS. Laboratory studies indicate that the female condom is impermeable to STIs and HIV also. The female condom is the same length as the male condom and somewhat wider. They also differ in the following ways:</p> <p>Male condom</p> <ul style="list-style-type: none"> • Rolled on the man's penis • Made from latex; some also from polyurethane • Fits on the penis • Lubricant: <ul style="list-style-type: none"> - Can include spermicide - Can be water-based only; cannot be oil-based - Located on the outside of condom • Requires erect penis • Condom must be put on an erect penis • Must be removed immediately after ejaculation • Covers most of the penis and protects the woman's internal genitalia • Latex condoms can decay if not stored properly; polyurethane condoms are not susceptible to deterioration from temperature or humidity • Recommended as one-time use product

Methods of Training	Trainer's Notes
	<p>Female condom</p> <ul style="list-style-type: none"> • Inserted into the woman's vagina • Made from polyurethane • Loosely lines the vagina • Lubricant: <ul style="list-style-type: none"> - Can include spermicide - Can be water-based or oil-based - Located on the inside of condom • Does not require erect penis • Can be inserted prior to sexual intercourse, not dependent on erect penis • Does not need to be removed immediately after ejaculation • Covers both the woman's internal and external genitalia and the base of the penis • Polyurethane is not susceptible to deterioration from temperature or humidity • Recommended as one time use product. Re-use research is currently underway
<p>Step 15: Use of Combined Oral Contraceptive Pills.</p> <p>Hold up a packet of contraceptive pills and ask what it is. Pass several packets of pills around the room for the participants to examine. Ask participants what brands of contraceptive pills are available in India. List them on a chart. Show packets of all brands.</p> <p>Discuss the availability of pills.</p>	<p>Combined oral contraceptive pills (COCs) contain both estrogen and progestin, the two hormones that are normally present in a woman's body. Commonly, they are called oral pills.</p> <p>Oral pills that are commonly used in India are:</p> <ul style="list-style-type: none"> • Mala – N (Free Govt. Supply) • Mala – D • Ecroz • Pearl • Choice <p>Oral pills are easily available.</p> <ul style="list-style-type: none"> • They are distributed in sub-centres, PHCs, and Hospitals • ANMs and CHWs provide them in the field • They are sold at Chemist Shops <p>Each packet has 28 pills, with three rows of white pills and 1</p>

Methods of Training	Trainer's Notes
	row of colored pills. The 21 white pills contain hormones and the seven colored pills contains iron and vitamins.
<p>Step 16: Ask participants if they know how pill prevent pregnancy. List all responses, then go back and make corrections as necessary.</p>	<p>Pills prevent pregnancy by:</p> <ul style="list-style-type: none"> • Suppressing ovulation • Creating thick cervical mucous which hampers sperm transport from vagina to uterine cavity • Thinning of endometrium (inner lining of uterine cavity) and thus making implantation of fertilized ovum less likely
<p>Step 17: Ask participants if they know how to use pill. Ask a volunteer to explain. Add to what the participant says to ensure that the points in the notes are brought out.</p>	<p>When to start pills?</p> <ul style="list-style-type: none"> • Any day between the first to fifth day of the menstrual cycle (preferably first day) • After delivery (after 6 weeks if not breastfeeding, after 6 months if breastfeeding) • Immediately after abortion <p>How to take the Contraceptive Pills e.g. MALA-N (28-pill packet)?</p> <ul style="list-style-type: none"> • Start the first pill on the first to fifth day of the menstrual period. • Take one pill each day, preferably at the same time of day, e.g. after dinner. • Some pill packets have 28 pills, while others have 21 pills. When the 28-day packet is empty, start a new packet from the next day. When the 21-day packet is empty, wait one week (seven days) and then begin taking pills from a new packet. No break is required for 28 pill packets. • If you vomit within 30 minutes of taking your pill, take another pill or use a back-up method if you have sex during the next seven days. • If you forget to take a pill, take it as soon as you remember, even if it means taking two pills on one day. • If you forget to take two or three pills, you should take two pills every day until you catch up. Use condoms or else do not have sex for the next seven days. • If you miss two menstrual periods, you should go to a doctor for check up to see if you are pregnant.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • If you have severe vomiting and/or diarrhea episode for 24 hours or more, continue taking the pill and use a back-up method if you have sex during the next seven days.
<p>Step 18: Divide the group into smaller groups and let them discuss what they have heard about the pill - good thing as well as bad things.</p>	<p>Contraceptive Benefits:</p> <ul style="list-style-type: none"> • Highly effective when taken daily (1-8 pregnancies per 100 women during first year of use) • Effective immediately if started by the fifth day of the menstrual cycle • Pelvic examination not required prior to use • Does not interfere with sexual intercourse • Convenient and easy to use • Can stop use easily • Easily reversible i.e. when stopped, pregnancy usually occurs within 2-3 months • Can be provided by trained non-medical staff <p>Health Benefits of Pills:</p> <ul style="list-style-type: none"> • Regulate menstrual cycles and decrease menstrual flow and pain • May improve iron deficiency – anemia – by decreasing menstrual blood loss • Protect against ovarian and endometrial cancer • Decrease benign breast disease • Prevent ectopic pregnancy, i.e., pregnancy outside uterus, for example, in fallopian tubes • Protect against some causes of pelvic infections because of thick cervical mucous preventing entry of disease germs in the uterus <p>Disadvantages:</p> <ul style="list-style-type: none"> • User dependent (require continued motivation and daily use) • Effectiveness may be lowered when certain drugs for epilepsy and tuberculosis (rifampin) are taken • Have common side effects (see Step 18) • Re-supply must be available • Do not protect against RTIs, STIs, and HIV/AIDS.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Not most appropriate choice for lactating women especially in the first six months, as pill may reduce the quantity of breast milk.
<p>Step 19: Ask the participants to brainstorm about which oral pill are most appropriate for which clients.</p>	<p>Oral pills are most appropriate for client:</p> <ul style="list-style-type: none"> • Who wants pills and has no health risks • Who wants an effective method • Who has moderate to severe anemia • Who has severe menstrual problems, e.g. heavy bleeding, severe pain in abdomen, irregular periods or symptoms like nausea, pain in breasts and abdomen before the onset of periods
<p>Step 20: Explain that while the pills are an extremely effective method of family planning, there are some situations or conditions in which women should not use the pill.</p> <p>Using a prepared flipchart explain the conditions in which women should not use pills</p>	<p>Women with the following condition should not use the pill:</p> <ul style="list-style-type: none"> • Pregnancy (known or suspected) • Breastfeeding a baby less than six months old • Heavy smokers more than 35-years old • Active liver disease or jaundice • Taking medicines for tuberculosis or epilepsy • Persistent severe headache high blood pressure or heart disease • Lump, swelling, dimple or discharge from breast
<p>Step 21: How will the CHW decide if it is safe to give pills to a client or not. Explain the use and rational of taking a History/Screening checklist.</p>	<p>A checklist contains some important questions that the family planning service provider can ask the client and can know whether it is safe or not to provide/refer the client for the particular method she uses.</p> <p>A CHW cannot examine a client, but by using the history checklist, s/he can determine whether the client can use the method safely.</p>
<p>Step 22: Explain that some contraceptives may have some side effects that the client should be made aware. Ask participants to name possible side effects of the pill. Correct any misinformation, and be sure the points in the notes are covered.</p>	<p>Minor side effects of pill may include:</p> <ul style="list-style-type: none"> • Spotting or bleeding in between periods • Absence of periods • Nausea • Headache • Breast tenderness <p>These minor side effects are generally not signs or symptoms of serious illness and they usually stop after the body</p>

Methods of Training	Trainer's Notes
	<p>becomes accustomed to the pill, which takes about 2-3 months. Some women never have these.</p> <p>If minor side effect continue beyond the time and/or are intolerable, the woman should consider use of another method. Meanwhile, she should not stop taking the pill.</p>
<p>Step 23: Explain that using the pill may result in complications for some women. The CHW must tell the client that when using the pill, if she has any of the conditions listed on the right, she should stop using the pills and should return to the CHW or to the clinic at once. Explain the warning signals by the “head-to-toe” method.</p>	<p>Five Warning Signs (ACHES):</p> <ul style="list-style-type: none"> • Headache (severe) • Eye problem (vision loss or blurring) • Chest pain (severe), cough, shortness of breath • Abdominal pain (severe) • Sudden shooting pain in legs
<p>Discuss each warning sign. Starting from the head and going down the body to the toes.</p>	<p>What to do if any warning sign appears:</p> <ul style="list-style-type: none"> • Stop the pill • Use a back-up method if you have sex till you have chosen a more appropriate method
<p>Step 24: Explain the recommended guidelines on pill distribution to new clients. Tell them that these can vary from project to project</p>	<p>Recommended guidelines on pill distribution:</p> <ul style="list-style-type: none"> • To begin with, give three packets of pills. • Revisit client once a month during the first three months to follow-up for side effects or complication. • There after, revisit the client once every three months, providing her with pill packets for three months at a time. <p>Note: Give condoms as back-up method</p>
<p>Step 25: Discuss the responsibilities of the CHWs at the time of the follow-up for a pill-client.</p> <p>List the responses.</p>	<ul style="list-style-type: none"> • Ask the client, and her partner if possible, if they are satisfied with the method. • Ask how she is taking the pill to be sure that it is being taken correctly. • Ask about any problems or side effects. • Repeat the history checklist. • If a review of the history suggests that the client has developed conditions that are considered precautions to the pills, do not give pill and help her choose another method. • If the client has any side effects, reassure her for minor side effects and tell her that they are likely to disappear within two or three months.

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Briefly instruct again about the use of condoms if she forgets to take two or three pills in a row, or becomes at risk for exposure to STIs including HIV/AIDS. • If the client finds the method or its side effects unacceptable, help her make an informed choice of another method. <p>If the client is satisfied with the pill after first three months:</p> <ul style="list-style-type: none"> • Give her at least three or more cycles of pills. • Ask her to repeat how she is taking the pills and what are the side effects and danger-signals. • Briefly instruct her again in the use of condoms, in case she is unable to tolerate pills or forget her pills 2 or 3 days in a row, or becomes at risk for exposure to STIs, including HIV/AIDS. • Plan for a return visit in three or more months for re-supply.
<p>Step 26: Ask the participants to brainstorm the myths, rumors, and facts about the pill and discuss each.</p>	<p>Myths and Facts</p> <p>Myth: The pill causes cancer.</p> <p>Fact: Scientists have done many studies with women using the pill. These studies do not show that the pill causes cancer. In fact, they show that the pill can help protect women from some kinds of cancer, such as ovarian or uterine cancer. Also, a woman who is 55 years or older is less likely to develop cancer if she uses pills than if she did not.</p> <p>Myth: The pill causes deformed babies and multiple births (twins, triplets).</p> <p>Fact: There is no difference between women who use the pill and those who do not, in the number of deformed babies they have, or in the number of multiple births, even if they conceive while on the pill.</p> <p>Myth: If a woman uses the pill, she will have trouble getting pregnant again when she stops using the pill.</p> <p>Fact: In the majority of women, pregnancy occurs soon after they stop using the pill.</p> <p>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.</p> <p>Myth: The pill will build up in the body.</p> <p>Fact: Contraceptive pill dissolve in a woman's stomach, just</p>

Methods of Training	Trainer's Notes
	like other medicines and the food she eats and do not build up in the body.
<p>Step 27: How to counsel and provide pills.</p> <p>Tell the participants that it is very important to learn how to counsel and provide pills to clients. It is a skill one can acquire by practice.</p> <p>Give out the Learning Guide for pills to each participant. Go through it with them and explain its use.</p> <p>Now divide the participants into groups of three. One should play the role of CHW, one of a woman (give her the client card) and one should keep checking with the Learning Guide and provide feedback to the CHW after she counsels the woman.</p>	See the Learning Guide at the end of the session.

LEARNING GUIDE

Counseling for and Provision of Condoms

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to the standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client with respect.										
Briefly explain the purpose of the visit.										
Ask about her reproductive goals.										
Tell the health benefits of family planning.										
Determine what the client already knows about condoms.										
Address the myths and misconceptions about condoms.										
Briefly explain :										
<ul style="list-style-type: none"> • Condoms are a thin, rubber sheath worn by men during sexual intercourse 										
<ul style="list-style-type: none"> • Condoms protect from pregnancy because the semen is trapped inside the condom and therefore cannot enter the woman's body 										
<ul style="list-style-type: none"> • The benefits of condoms (easy to use, cheap, easily available, protects the couple from STIs/AIDS, protects from cancer of cervix) 										
<ul style="list-style-type: none"> • Limitations of condoms (it requires correct use by male partner each time) 										
Instruct the client on correct use of condoms.										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Show a packet of condom to the client.										
Give instructions on how to use a condom:										
<ul style="list-style-type: none"> • A new condom should be used every time one has sex 										
<ul style="list-style-type: none"> • If condoms are not used each time, a woman is at risk for pregnancy and both the partners are at risk for STIs/AIDS 										
<ul style="list-style-type: none"> • Condoms should be put on an erect penis before it comes near the vagina 										
Explain how to put on a condom:										
<ul style="list-style-type: none"> • Tear the packet from one side & take out the rolled condom, taking care not to tear the condom 										
<ul style="list-style-type: none"> • Hold the rolled rim of the condom on the outside, away from body 										
<ul style="list-style-type: none"> • Hold the tip of the condom between fingers to expel air 										
<ul style="list-style-type: none"> • Roll it down the penis 										
<ul style="list-style-type: none"> • Do not use oil or Vaseline as a lubricant 										
<ul style="list-style-type: none"> • Explain how to take off a condom: • Withdraw the hard penis immediately after ejaculation to avoid spilling of semen into vagina 										
<ul style="list-style-type: none"> • Hold the rim of the condom while pulling the penis out 										
Explain how to dispose of the condom:										
<ul style="list-style-type: none"> • Tie a knot on the upper portion of the condom 										
<ul style="list-style-type: none"> • Bury condom OR • Wrap it in paper and throw in a dustbin 										
Check that the client understands how to use a condom by:										
<ul style="list-style-type: none"> • Giving a condom to the client and asking her to explain correct use of a condom 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> Encouraging the client for correct answers and reminding him/her about what she forgets 										
<ul style="list-style-type: none"> Encouraging the client to ask questions about the correct use of condoms 										
Explain how to store condoms before use: <ul style="list-style-type: none"> Keep in a cool, dark place 										
<ul style="list-style-type: none"> Keep away from direct sunlight or heat 										
<ul style="list-style-type: none"> Check the date of expiry on the packet 										
<ul style="list-style-type: none"> Take care when handling condoms, fingernails can tear them 										
<ul style="list-style-type: none"> Do not unroll a condom before using it, an unrolled condom may be weakened and is difficult to put on 										
<ul style="list-style-type: none"> Provide twenty condoms OR Sell as many condoms as the client wants 										
Ask the client if he/she has more questions/concerns and respond appropriately.										
<ul style="list-style-type: none"> Discuss a date for the client’s next visit. 										

LEARNING GUIDE

Follow-up for a Condom Client

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client with respect.										
Ask the client:										
• Is the client and his/her partner satisfied with the method?										
• How is the couple using the condom?										
• Are there any complaints or problems regarding the use of condoms?										
Tell the client:										
• The instructions for correct use, in case the client has forgotten any of them										
• If there are any side effects such as allergies, they can try another brand of condoms or think of using another method										
• If the male partner refuses to use condoms, or they are dissatisfied, they can choose another method										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
If the client is satisfied with condoms:										
• Give the client a supply of condoms.										
• Ask the client if s/he has any questions/concerns and respond appropriately.										
• Discuss a date for the next visit.										

LEARNING GUIDE

Counseling for and Provision of Pills

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to the standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Briefly explain the purpose of the visit.										
Ask about her reproductive goals.										
Tell the health benefits of family planning.										
Determine what the client already knows about pills.										
Address myths and misconceptions about pills.										
Briefly explain:										
<ul style="list-style-type: none"> • Pills are small tablets which the woman swallows every day 										
<ul style="list-style-type: none"> • They contain two hormones which are normally present in a woman's body 										
<ul style="list-style-type: none"> • When taken regularly, they suppress ovulation and thus protect her from pregnancy 										
<ul style="list-style-type: none"> • Benefits of the pill (very effective, convenient to use, have many health benefits like menses become regular with decreased flow and pain, protect against endometrial and ovarian cancers) 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> Disadvantages (pills require continued daily use, do not protect against STIs/HIV/AIDS, decreases milk supply in lactating women) 										
Screen the client for pills										
Explain to the client: <ul style="list-style-type: none"> Most women can take pills safely, but they cannot be used in some specific conditions. Ask her a few questions to determine her eligibility for pills. 										
Ask the following questions: <ul style="list-style-type: none"> Do you think you are pregnant? 										
<ul style="list-style-type: none"> Are you breastfeeding a baby who is less than six months old? 										
<ul style="list-style-type: none"> Do you have unexplained vaginal bleeding? 										
<ul style="list-style-type: none"> Do you have active jaundice <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> History of jaundice in the past three months 										
<ul style="list-style-type: none"> Do you have heart disease? 										
<ul style="list-style-type: none"> Do you have high blood pressure > 140/90? 										
<ul style="list-style-type: none"> Are you over 35-years old and a heavy smoker? (smoking 10 cigarettes or 20 bidis a day)? 										
<ul style="list-style-type: none"> Are you taking medicine for TB or epilepsy? 										
Determine the client's eligibility.										
<ul style="list-style-type: none"> Give two packets of pills <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Sell two or more packets of pills 										
Instruct the client on the use of oral contraceptive pills.										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Give a packet of pills to the clients so they can look at it.										
Give instructions on how to start the pill and take it daily. <ul style="list-style-type: none"> Start the first pill any day from day one to day five of her menstrual period 										
<ul style="list-style-type: none"> Take one pill every day, preferably after dinner 										
<ul style="list-style-type: none"> Take her pills even when she does not have sex 										
Show the client how to take the pills following the lines on the packet.										
Explain to the clients: <ul style="list-style-type: none"> She will have her menses when she is taking the colored pills, she should continue taking the pills during menses 										
<ul style="list-style-type: none"> When the 28 pills are gone, or the packet is empty, she should start the next packet the very next day without any break 										
Explain about missed pills: <ul style="list-style-type: none"> The more pills she misses, the greater the risk of pregnancy 										
<ul style="list-style-type: none"> If one pill is missed, take it as soon as she remembers and continue taking the next pill at the usual time 										
<ul style="list-style-type: none"> If two or three pills are missed in a row, she should take two pills every day until she catches up and avoid sexual intercourse or use condoms for the next seven days 										
Explain what to do if she has severe diarrhea or vomiting: <ul style="list-style-type: none"> Continue taking pills as usual 										
<ul style="list-style-type: none"> Avoid sexual intercourse or use condoms for the next seven days 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Explain that when she goes to any health facility, she should inform health providers that she takes pills.										
Explain the common side effects of pills:										
<ul style="list-style-type: none"> • Tell the client that she may experience the following common side effects in the first 2 or 3 months of use, but they will diminish as she gets used to taking pills: <ul style="list-style-type: none"> - Nausea 										
<ul style="list-style-type: none"> - Headache 										
<ul style="list-style-type: none"> - Spotting 										
<ul style="list-style-type: none"> - Breast tenderness 										
<ul style="list-style-type: none"> - Absence of periods 										
<ul style="list-style-type: none"> • Encourage the client to continue taking the pill, if these side effects occur. 										
<ul style="list-style-type: none"> • If they continue and are intolerable, she should report to her or to a clinic. 										
<ul style="list-style-type: none"> • If she misses two menstrual periods, she should go to a health centre to rule out pregnancy. 										
Gives instructions on rare warning signs that mean the client must return to the health facility right away should any of these occur:										
<ul style="list-style-type: none"> • Use non-alarming language and tell the client that rarely, one of the following warning symptom may occur: <ul style="list-style-type: none"> - Severe and sudden headache 										
<ul style="list-style-type: none"> - Blurring or sudden loss of vision 										
<ul style="list-style-type: none"> - Severe chest pain, shortness of breath 										
<ul style="list-style-type: none"> - Severe low abdominal pain 										
<ul style="list-style-type: none"> - Severe deep pain in one leg (calf or thigh) 										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Follow-up of Pill Client

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory - Unable to perform the step/task according to standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet Client respectfully.										
Ask the client:										
<ul style="list-style-type: none"> • Are she and husband satisfied with the method? 										
<ul style="list-style-type: none"> • How is she taking the pills, encourage her to demonstrate with her pill packet? 										
<ul style="list-style-type: none"> • Are there any side effects or problems which were not present before taking pills? 										
Tells the client:										
<ul style="list-style-type: none"> • The correct instructions, in case she has forgotten 										
<ul style="list-style-type: none"> • If she has any common side effects, they are likely to disappear after some time. However, if they continue or cause worry, she should go to a clinic 										
Repeat the screening checklist to determine if the client has any conditions that is a precaution for using the pill.										
Give the client one packet of pills and tell her about their availability, if the										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
client continues to be eligible for pills and is satisfied with pills.										
Help the client to make an informed choice of other methods if she is no longer eligible for pills or if she finds the side effects unacceptable.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

MODULE 3

Session Four: Referral Methods of Family Planning Time: 3½ Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Identify and describe the referral methods of family planning
- Counsel clients to make an informed choice about interuterine devices (IUDs), injectables, vasectomy and tubal ligation
- Refer for these methods

Methods of Training	Trainer's Notes
<p>Step 1: Explain that a CHW agent may be distributing only condoms and pills but other family planning methods are available and must be promoted.</p> <p>The long-term methods are available for which a women must be referred to a clinic, health center or hospital.</p> <p>Ask the group to name the referral methods. List them on the chart.</p>	<p>Effective referral methods are:</p> <ul style="list-style-type: none"> • IUDs • Voluntary surgical contraception <ul style="list-style-type: none"> - Vasectomy - Tubal ligation • Injectables
<p>Step 2: IUDs</p> <p>Show packets of IUDs to the participants – let them see how small it is in comparison to the uterine cavity of the women where it is placed.</p>	<p>An IUD is a small plastic device (which may contain copper) that is placed in the uterus of a non-pregnant women, with an applicator through the opening of the cervical canal by trained personnel. It lies in the uterine cavity and acts as an effective, long-term, but reversible contraceptive.</p> <p>IUDs, an increasingly popular method of contraception, have been used for over 30 years. Women throughout the world have found them to be effective, safe, and convenient. Currently, IUDs are the most commonly used reversible, long-term contraceptive method in the world.</p>
<p>Step 3: Open an IUD packet, take it out, and describe it.</p> <p>Ask how they think it prevents pregnancy. Explain the mechanism of action.</p>	<p>The most commonly used IUD in India is a Copper T. The Copper T looks like the letter “T”. This design has proven to be highly effective, safe and adaptable. The stem of “T” is wound with copper wire. Two thin nylon threads are attached to its lower end and lie in the vagina. The threads are used in checking the Copper T or in its removal.</p>

Methods of Training	Trainer's Notes
	<p>Mechanism of Action</p> <ul style="list-style-type: none"> • The IUD prevents sperm from reaching the ovum as copper decreases its mobility. • It prevents the eggs from being fertilized. <p>The effective life of Copper-T 200 is three years meaning that once inserted in the women's uterus, it can prevent pregnancy for three years.</p> <p>Effective life of Copper-T 380 is ten years.</p>
<p>Step 4: Ask the participants to list the benefits of the IUD. Then use a pre-prepared flipchart to explain all the benefits of IUD.</p>	<p>Benefits:</p> <ul style="list-style-type: none"> • Very effective (97-99%). That is out of 100 women, between 97-99 will not become pregnant. • Effective immediately and does not require continual effort or memory, so is easy to use. • Provides long-term protection as it can remain in uterus for several years. • Does not interfere with sexual intercourse and usually the partner cannot feel the strings. • Can be removed at any time by a trained service provider, according to the client's wishes, or for medical reasons. • Immediate return to fertility upon removal. • Does not affect breastfeeding. • Has no interaction with medicines the client may be taking. • After follow-up visit, client needs to return to clinic only if there are any problems. • No supplies needed by clients. • Suitable for woman of any age provided she is at no risk for RTIs including STIs.
<p>Step 5: Explain to them what the limitations of this method are.</p>	<p>Limitation:</p> <ul style="list-style-type: none"> • A trained person is required to insert and remove the IUD. • Pelvic examination required and screening for RTIs/STIs recommended before insertion. • Does not protect against STIs, including AIDS.
<p>Step 6: List the common side effects of an IUD.</p>	<p>Common side effects may include:</p> <ul style="list-style-type: none"> • Common side effects through the first 3 to 5 days: <ul style="list-style-type: none"> - Mild cramps

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> - Bleeding or spotting • Common side effects during the first three months: <ul style="list-style-type: none"> - Longer and heavier periods - Increased cramps during periods - Bleeding or spotting between periods Uncommon side effects and complications: <ul style="list-style-type: none"> • Excessive cramping and pain in abdomen (after the first 3 to 5 days) • Continued heavy menstrual bleeding and anemia • Heavy bleeding between periods • Anemia • Pelvic inflammatory disease which if untreated, can result in infertility • IUD expulsion: partial or complete i.e. it may come out of the uterus through the cervix and come out of the body through vagina • Lost IUD strings, i.e. strings not seen or felt outside the cervix • Difficult removal of the IUD • Ectopic pregnancy • Intrauterine pregnancy (very rare)
<p>Step 7: Explain in detail the warning signs related to IUDs. If a warning sign appears, the client should go to the health facility.</p>	<p>Warning signs for IUD clients:</p> <ul style="list-style-type: none"> • Period is late or missing period. • Persistent pain or cramping in lower abdomen, especially if accompanied by not feeling well, fever, or chills (these symptoms suggest possible pelvic infection). • Prolonged or excessive bleeding or abnormal vaginal discharge. • Plastic tip of IUD can be felt. • Pain during intercourse. • If she is at risk for RTIs/STIs including HIV, IUDs do not protect women from them. <p>Immediately contact health care provider or clinic if you develop any of the above problems.</p>

Methods of Training	Trainer's Notes
<p>Step 8: Ask the participants to brainstorm for whom an IUD is most appropriate. Complete the list and say that these women can choose IUDs.</p>	<p>IUDs are most appropriate for clients:</p> <ul style="list-style-type: none"> • Who have a medical risk for pills • Who want a long term, very effective, easily reversible method and is in a monogamous relationship. • A breastfeeding mother who does not fulfill LAM criteria.
<p>Step 9: Explain that IUDs are not appropriate for all women. The nurse or doctor examines and screens the woman to decide if an IUD can be inserted in her uterus or not. Then use a prepared flipchart to explain the conditions in which an IUD is not appropriate for women.</p>	<p>Who should not use an IUD:</p> <ul style="list-style-type: none"> • Women who are pregnant (known or suspected) • Women who have not borne any children • Women with undiagnosed vaginal bleeding (irregular bleeding during the last three months, between periods or after intercourse) • Women who have had an STI (currently or in past 3 months) and women who have multiple sexual partners or whose partners have multiple sexual partners (high risk) • Women at risk of HIV/AIDS • Women with active RTIs i.e. infection of vagina, cervix or pelvic –current or in past 3 months • Post-partum women (up to 6 weeks) or post-septic abortion, puerperal sepsis (infection after delivery) • Cervical, endometrial or ovarian cancer • Pelvic TB • Structural abnormality that prevents IUD insertion/retention • Severe anemia • Heavy and prolonged menstrual periods
<p>Step 10: CHW should know when to guide the client to go to clinic for IUD insertion. Explain when a client should be referred for an IUD.</p>	<p>Timing of IUD insertion</p> <p>An IUD can be inserted:</p> <ul style="list-style-type: none"> • Between the 1st and 7th day of the menstrual cycle or anytime during the menstrual cycle as long as provider can be reasonably sure that the woman is not pregnant. • It can be inserted six weeks after delivery, i.e., when the uterus is completely involuted and has come back to its original shape and size. • Immediately after abortion or anytime after it if no infection. • In a breastfeeding woman who is using LAM as a method of contraception, an IUD can be inserted when she requires a complementary method of contraception.

Methods of Training	Trainer's Notes
<p>Step 11: Ask the CHW if they know where they will refer cases for IUD insertion and to whom. Complete their list.</p>	<p>Where IUDs can be inserted:</p> <ul style="list-style-type: none"> • Hospitals • Sub-centres • PHCs • CHCs • Private Clinics <p>Who can insert IUDs:</p> <ul style="list-style-type: none"> • Medical Officers • Staff Nurses • ANMs/LHVs
<p>Step 12: Explain to CHWs how a doctor or trained nurse inserts the IUD. A CHW never has to do it but should know about the process in order to educate the client.</p>	<p>How an IUD is inserted in the uterus:</p> <p>IUD insertion is a minor procedure that is performed by trained personnel. The cervix or mouth of the uterus is approached through the vagina with a simple instrument. A sterile IUD is loaded in the applicator and is put in the uterus through the cervix. The applicator is removed and thrown away. The two nylon threads hanging out of the cervix are shortened. The instruments are removed from vagina.</p>
<p>Step 13: Ask the group what messages the CHW should convey to the client after the IUD is inserted</p>	<p>Instruction to the client after IUD insertion:</p> <ul style="list-style-type: none"> • She may resume sex after seven days of insertion or earlier if she so desires. • Return for checkup after the first post-insertion menses, three to six weeks after insertion. <p>After the first post-insertion checkup, she may need to come for check-up if she has:</p> <ul style="list-style-type: none"> • Mild to moderate pain in the lower part of the abdomen, especially at/around the time of period. • Slight bleeding between periods or after intercourse. • If her partner experiences discomfort during sex. <p>Client must return immediately to the clinic if she has any warning sign. (as discussed in Step 7) as the IUD will need to be removed by the provider.</p> <p>If there is no medical reason for the client to return after the post insertion checkup (4-6 weeks after insertion) unless there is a problem or she wants to have the IUD removed. All clients should, however, be encouraged to return for routine reproductive health care.</p>

Methods of Training	Trainer's Notes
<p>Step 14: Explain to CHW when an IUD can be removed.</p>	<p>Timing of IUD Removal</p> <p>The IUD may be removed at any time during the month but preferably during menses when it is easy to remove and any spotting that may follow removal will not be seen by the client.</p> <p>How an IUD is Removed</p> <p>IUD removal is a very simple procedure in which the trained persons pulls out the IUD threads through the vagina.</p>
<p>Step 15: Ask the CHW what they would do when they revisit an IUD client. Trainers to add notes.</p>	<ul style="list-style-type: none"> • Ask the client, and partner if possible, whether they were satisfied with the IUD. • Ask if there are any complaints or problems following the insertion of the IUD. • Refer her for side effects, if any. • If the client has developed any serious conditions that are considered precautions for IUD use or if she finds the method or its side effect unacceptable. Refer for the removal of IUD and help her make an informed choice about another method. • If the client is satisfied with the method and there are no indications for removal of the IUD: <ul style="list-style-type: none"> - Remind the client of the reasons for going to the clinic (side effects, warning signs and symptoms of STIs, completion of 3 years with Cu-T-200). - Plan for the return visit in six months
<p>Step 16: Discuss with CHWs the myths and rumors they have heard about IUDs and clarify doubts</p>	<p>Myths and Facts</p> <p>Myth: The IUD can travel from the uterus to other places in the woman's body, such as the heart or the brain.</p> <p>Fact: The IUD usually stays in the uterus until a trained person removes it. If it comes out by itself, it usually comes out through the vagina. An IUD is too big to travel to the heart or brain. Rarely, an IUD may puncture the wall of the uterus and rest in the abdomen beside the uterus.</p> <p>Myths: The IUD causes discomfort and harm to the male partner during intercourse.</p> <p>Fact: The male partner may sometimes "feel" the strings but they do not cause him discomfort or harm him. If the couple wants, the string may be trimmed accordingly. If the male partner feels the hard part of IUD, the woman should go for a check-up as the IUD might be dislocated.</p> <p>Myth: The IUD prevents pregnancy by destroying a fertilized egg.</p> <p>Fact: IUDs work mainly by preventing fertilization and not by</p>

Methods of Training	Trainer's Notes
	<p>destroying a fertilized egg.</p> <p>Myth: IUDs usually do not “suit” women and cause them harm.</p> <p>Fact: IUDs are inserted after correctly checking/screening the client for conditions that may cause health problems. Therefore they usually do not cause health problems and are very well tolerated by most of the client.</p>
<p>Voluntary Surgical Contraception</p> <p>Step 17: Trainer should explain the types of surgical contraceptives available for men and women who do not want any more children.</p> <p>Re-emphasize that it is a permanent method and CHW should counsel about this point clearly.</p>	<p>Voluntary Surgical Contraception (VSC) is the most popular and widely promoted method of family planning in India and Uttar Pradesh</p> <p>It is permanent, safe, and relatively free of side effects. It is also called sterilization. Once the couple completes the size of the family, the man or woman may opt for permanent contraception.</p> <p>Types of VSC</p> <p>There are two types of VSC:</p> <ul style="list-style-type: none"> • Male Sterilization or Vasectomy for men. • Female Sterilization or Tubal Ligation for women. <p>Both are minor operations, generally performed by injecting local anesthesia at the site of operation. Vasectomies are relatively simpler, safer, and less expensive than tubal ligation.</p> <p>Counseling is very important for VSC because the method involves surgery and it is intended to be permanent. The most important aspect of VSC is its permanence. Clients must understand that sterilization is a permanent contraception and counselors must be able to communicate this effectively.</p> <p>Reversal of vasectomy or tubal ligation requires microsurgical facilities and may not be successful. Therefore, couples that are considering VSC should be certain that they do not wish to have any more children and VSC is their informed choice.</p> <p>Informed Consent for VSC is a client's agreement to undergo the surgical procedure voluntarily (i.e. without any force or coercion) after complete understanding of the relevant facts of the procedure. A consent form is used to document the client's agreement.</p> <p>Although there is no requirement for a spouse's consent, a joint decision usually will mean a more satisfied client and less complains to health workers following the procedure. So both partners should be counseled about VSC.</p>

Methods of Training	Trainer's Notes
<p>Step 18: Ask the participants which clients can undergo VSC. Listen to their answers and then reinforce the correct answer.</p>	<p>Who can undergo VSC:</p> <ul style="list-style-type: none"> • One who is fully informed and is absolutely certain that s/he wants no more children • Women who have health condition which makes pregnancy very risky.
<p>Step 19: Ask the CHWs where they will refer clients for VSC.</p>	<p>Where can VSC be provided:</p> <ul style="list-style-type: none"> • Hospitals • CHCs • PHCs • Private Hospitals/Nursing Homes <p>Who can provide VSC:</p> <ul style="list-style-type: none"> • Trained Medical Officers <p>Note: VSC can be performed in any facility with a minor operating theater, appropriate equipment, recommended infection prevention practices and they ability to provide drugs and equipment to handle emergencies.</p>
<p>Vasectomy</p> <p>Step 20: With the help of a male reproductive system chart – explain a vasectomy, how it works, and how it is performed.</p>	<p>Vasectomy, surgical sterilization for men, is one of the safest, simplest, and most effective methods of contraception. The two Vas Deferens are tied at two places and cut.</p> <p>How a Vasectomy Works</p> <p>Sperm is made in the man's testes. The two tubes (vas deferens) that carry sperm from both the testes to the urethra in the penis are cut and blocked. After the minor operation, the sperm produced in the testes cannot travel beyond the blocked ends of the vas deferens and can no longer enter the male seminal fluid (semen).</p> <p>However, the semen becomes sterile, or completely free of sperm, only after 20 ejaculations. Condoms or another contraceptive method should be used until then.</p> <p>A vasectomy is not castration, where testes are removed. With vasectomy, function of testes (sperm and male hormone production) is not affected. The male hormones help the man to continue to have erections of penis, sex drive, feeling, and ejaculations. A man may even feel his sex drive increase since he no longer has to worry about getting his partner pregnant. The amount, smell, appearance, and thickness of semen after the vasectomy appear the same as before.</p> <p>Effectiveness of Vasectomy</p> <p>It is one of the most effective methods of contraception. It is more effective than COCs, IUDs or condoms. The failure rate is usually</p>

Methods of Training	Trainer's Notes
	<p>0.2-1% in the first year.</p> <p>The most common cause of pregnancy after vasectomy is failure to use a contraceptive during the first 20 ejaculations or for 3 months after surgery.</p> <p>Timing of Vasectomy</p> <p>Vasectomy can be performed at any time under local anesthesia.</p> <p>Types of Vasectomy:</p> <p>There are two types of vasectomy depending upon the use of scalpel (surgeon's knife) to approach the Vas Deferens in the scrotum.</p> <p>Scalpel Vasectomy or the old method</p> <p>This is the old method. In this method, the scalpel is used to make a small incision (cut) of 1 cm. in man's scrotum. The two vas deferens are identified, gently lifted out by small forceps through the incision and blocked by cutting a small piece of the vas deferens and tying the cut ends.</p> <p>The vas deferens are returned to the scrotum and the incision is closed with 1-2 sutures (stitches).</p> <p>No-Scalpel Vasectomy (NSV) or the new method:</p> <p>This technique was developed in China in 1974. It is a more refined version of the standard approach, with fewer complications.</p> <p>In this method, incision or sutures are not needed as a small puncture hole of less than 1mm. is made in the scrotum with a sharp tipped forceps. This opening is stretched to locate the vas deferens, which are then pulled out through the puncture using special forceps designed for this purpose.</p> <p>Each vas deferens is blocked by the same method used in the standard old approach. No sutures are required to close the puncture. A Band-Aid is put at the site of the hole.</p>
<p>Step 21: Explain what the side effects of vasectomy are and what instruction should be given to the client before and after the operation.</p> <p>Discuss warning signs or symptoms that may occur after Vasectomy.</p>	<p>Common Immediate Side Effects:</p> <ul style="list-style-type: none"> • Pain at incision site • Minor swelling of scrotum • Bleeding or collection of blood (hematoma) in the scrotum • Bruising or discoloration around incision site. <p>Client Instructions</p> <p>Before Operation:</p> <ul style="list-style-type: none"> • Clip hair around scrotum • Bathe

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Have someone go with you <p>After Operation:</p> <ul style="list-style-type: none"> • Wear a scrotal support • Keep the operative site dry (do not bathe) for 2-3 days • If comfortable, you may resume sexual intercourse with condom in 2 or 3 days, but delay sexual activity if you are uncomfortable Remember to use condoms or another family planning method until you have ejaculated at least 20 time (or waited 3 months) • To avoid pain, take one or two analgesic tablets (acetaminophen, ibuprofen or paracetamol) every 4 to 6 hours and apply ice packs • Return after 1 week for removal of non-absorbable stitches. (If no stitches or if absorbable stitches were used to close the skin, there is no need to return unless there are problems) • Come back for a semen test 3 months after the operation if you wish to have proof that the vasectomy is completely effective <p>Warning Signs:</p> <ul style="list-style-type: none"> • Fever • Bleeding or pus at the site of operative site • Pain, redness, swelling or heat at operative site • Partner thinks she might be pregnant
<p>Step 22: Discuss the Myths and Facts about vasectomy.</p>	<p>Myths and Facts</p> <p>Myth: A vasectomy is a big operation that reduces the person's strength and ability to work.</p> <p>Facts: A vasectomy is a very small operation and has no ill-effects on the health of the person. After a vasectomy, he can resume normal activity after 2-3 days.</p> <p>Myth: A vasectomy makes the man impotent and he cannot have a normal sex life.</p> <p>Fact: A vasectomy does not affect the sexual performance of the man in any way because the testes continue to produce the male hormone as before and with a vasectomy, only the tubes carrying the sperm from the testes to the penis are blocked.</p> <p>Myth: After the vasectomy there will be no sexual fluid (semen) during intercourse.</p> <p>Fact: After a vasectomy the semen remains the same as before in</p>

Methods of Training	Trainer's Notes
	<p>terms of amount, smell, appearance and thickness. The only difference is that it does not contain sperm.</p> <p>Myth: A vasectomy causes the testes to shrink.</p> <p>Fact: A vasectomy does not effect the size of the testes in any way.</p>
<p>Tubal Ligation</p> <p>Step 23: With the help of the Female Reproductive Organs Chart, explain how tubal ligation works and how it is performed.</p>	<p>How Does Tubal Ligation Work?</p> <p>This method involves blocking the fallopian tubes by cutting and tying or applying clips, rings, or bands. Tubes can also be blocked with electrical heat. The sperm cannot travel beyond the blocked area and cannot reach the female egg or ovum, so there is no fertilization.</p> <p>Types of Tubal Ligation</p> <p>There are two procedures of choice to reach the fallopian tubes:</p> <ul style="list-style-type: none"> • Mini Laparotomy (Mini – small; laparotomy – opening in the abdomen) <p>A small cut is made in the abdomen through which the surgeon locates and identifies both the tubes, picks them up one by one and blocks them.</p> <ul style="list-style-type: none"> • Laparoscopy (Laparo- abdomen; scope-to look into.) <p>An instrument called laparoscope is put inside the abdomen through a very small cut and the surgeon gets a direct view of the tubes. S/he then blocks the tubes without putting her/his hands inside the abdomen.</p> <p>Both the procedures are simple, safe and inexpensive and they can be performed on an outpatient basis under local anesthesia.</p>
<p>Step 24: Ask the CHWs to brainstorm when a Minilaparotomy and Laparoscopy can be performed. (This will help the CHW refer clients for them at the appropriate time). Trainer to add and discuss as per notes.</p>	<p>Minilaparotomy can be performed:</p> <ul style="list-style-type: none"> • Within two days of child birth • After a normal menstrual period • Immediately after abortion <p>Laparoscopy can be performed:</p> <ul style="list-style-type: none"> • After a normal menstrual period • After abortion
<p>Step 25: List out the benefits and limitations of tubal ligation.</p>	<p>Benefits:</p> <ul style="list-style-type: none"> • Highly effective (0.2 – 1 pregnancies per 100 women during the first year of use) • Effective immediately • Permanent

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Does not interfere with breastfeeding • Does not interfere with intercourse • Good for client if pregnancy would pose a serious health risk • Simple surgery usually done under local anesthesia • No long-term side effects • No change in sexual function (no effect on hormone productions by ovaries) <p>Limitations:</p> <ul style="list-style-type: none"> • Must be considered permanent (not reversible) • May regret later • Small risk of complications • Requires trained physician (gynecology specialist or surgeon for laparoscopy) • Does not protect against RTIs and other STIs and HIV/AIDS
<p>Step 26: Explain who can use tubal ligation and who cannot use it.</p>	<p>Who can have tubal ligation performed on them:</p> <ul style="list-style-type: none"> • Women who are certain they have achieved their desired family size • Women who want highly effective, permanent protection against pregnancy • Women who are breastfeeding (within 48 hours of childbirth or after 6 week post-partum) • Women who are post-partum (within 3 days) or immediately after post-abortion • Women who understand and voluntarily consent to the procedure <p>Who should not have tubal ligation performed on them:</p> <ul style="list-style-type: none"> • Women who are pregnant (except following MTP) • Women with acute pelvic or other infections • Women who cannot withstand surgery • Women who are uncertain of their desire for future fertility • Women who do not give voluntary, informed consent
<p>Step 27: Explain and discuss the side-effects of tubal ligation and the instructions that should be given to the client before and</p>	<p>Common Immediate Side Effects:</p> <ul style="list-style-type: none"> • Pain at operation site • Fever after operation

Methods of Training	Trainer's Notes
<p>Step 30: Discuss the advantages and limitations of an injectable such as Depo-Provera.</p>	<p>Advantages:</p> <ul style="list-style-type: none"> • As it does not contain oestrogen, it does not have some of the serious complications associated with the pill. • Highly effective • Long lasting method • Does not interfere with sex life • Easy to use and offers privacy to the user • Can be used by breastfeeding women as it has no adverse effect on milk <p>Health Benefits:</p> <ul style="list-style-type: none"> • DMPA which is used in Depo-Provera reduces the risk of: • Endometrial cancer • Acute pelvic inflammatory disease • Vaginal yeast infections • Ectopic pregnancy <p>Limitations:</p> <ul style="list-style-type: none"> • Does not protect against STIs/HIV • Most women experience change in their menstrual pattern, e.g., slight bleeding may occur off and on and then periods usually stop for many months. Rarely, women may have heavy or prolonged bleeding. • A client must go to a provider to receive the injection • It has delayed return of fertility as it usually takes 6-10 months to become pregnant after stopping the injection • Cannot be withdrawn from body after injection is given
<p>Step 31: Tell the participants when Depo-Provera or DMPA can be started.</p>	<p>When to start Depo-Provera/DMPA:</p> <ul style="list-style-type: none"> • Any day between the first to seventh day of the menstrual cycle or any day the provider is reasonably sure that the client is not pregnant. • Immediately after abortion or within seven days post-abortion, even if infection is present. • After delivery – after six weeks if breastfeeding; after three weeks if not breastfeeding. Depo/DMPA becomes effective immediately.

Methods of Training	Trainer's Notes
Discuss how the injection is administered.	<p>A Depo-Provera/DMPA injection is administered in the following way:</p> <ul style="list-style-type: none"> • After the client makes an informed choice of Depo-Provera/DMPA she is referred to a private doctor who checks up the client's weight, blood pressure, and examines her. • The site of injection (upper arm or buttock) is cleaned with an alcohol swab. • The phial (bottle) of injection is shaken vigorously and is filled-up in a sterile disposable syringe. • It is injected deep inside the muscle of the arm or buttock. Injection site should not be rubbed (to prevent fast absorption of the long lasting injection.) • Client is given a card/doctor's prescription with instructions to come for the next injection after three months.
<p>Step 32: Discuss common side effects of Depo-Provera/DMPA.</p> <p>Discuss its serious side effects.</p>	<p>Common side effects of Depo-Provera/DMPA:</p> <ul style="list-style-type: none"> • Weight gain - about 1-2 kg in one year. • Menstrual changes - prolonged or heavy bleeding, irregular bleeding, spotting, or absence of period for many months. • Headache, dizziness, and mood changes • Delayed return of fertility, i.e., it usually takes 6-10 months to become pregnant once Depo-Provera/DMPA is stopped. <p>Serious side effects of Depo-Provera/DMPA:</p> <p>There are no serious side effect, but rarely a client may have:</p> <ul style="list-style-type: none"> • Heavy and prolonged bleeding for which she should go to a doctor immediately. • Abscess at injection site, if it was administered without infection-prevention precautions.
<p>Step 33: Discuss the key messages that should be given to clients during Depo-Provera/DMPA counseling.</p>	<p>Key messages about Depo-Provera/DMPA:</p> <ul style="list-style-type: none"> • It should be taken once every three months • It causes change in menstrual patterns, mainly absence of period • After stopping the injection, it usually takes 6-10 months to become pregnant • Women of all ages and parity may use it • Women who cannot use pills due to oestrogen-related precautions can use it e.g. breastfeeding women, smokers

Methods of Training	Trainer's Notes
<p>Step 34: Ask participants to brainstorm for which client Depo-Provera/DMPA is most appropriate.</p> <p>Discuss who should not use Depo-Provera/DMPA.</p>	<ul style="list-style-type: none"> • Do not take injection with unclean syringes or from an untrained person. <p>Depo-Provera/DMPA injections are most appropriate for a client:</p> <ul style="list-style-type: none"> • Who wants a safe, highly effective, and long lasting method • Who wants to postpone her next pregnancy for at least a year or more • Who wants a private method, which is not related to sex • Who has completed her family size but does not want VSC. • Who wants to postpone her first pregnancy • Who has had an abortion recently • Who forgets to take the pill <p>Who should not use Depo-Provera/DMPA:</p> <p>Women with:</p> <ul style="list-style-type: none"> • Pregnancy (known or suspected) • Undiagnosed vaginal bleeding • Breast cancer

LEARNING GUIDE

Counseling for Copper-T Clients

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Briefly explain the purpose of her visit.										
Ask about her reproductive goals.										
Tell the health benefits of family planning.										
Determine what the client already knows about Copper-T.										
Address myths and misconceptions about Copper-T.										
Briefly explain: (showing a picture of Copper-T) <ul style="list-style-type: none"> • Copper-T is a small plastic device, which has copper wire wrapped on its stem, and two nylon threads • It is an effective, long lasting, reversible method • It is placed inside the womb of the woman by a trained doctor or nurse • It protects from pregnancy by reducing the speed of sperm and preventing them from reaching the ovum 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> Its benefits (very effective, provides long-term protection, does not interfere with sexual intercourse, immediate return to fertility upon removal) 										
<ul style="list-style-type: none"> Its limitations (it does not protect from STIs/AIDS, has to be inserted at a health centre by a trained person) 										
Explain the insertion procedure in a simple manner, using non-alarming language.										
Explain:										
<ul style="list-style-type: none"> It can be inserted any time during her menstrual cycle whenever the woman is reasonably certain that: <ul style="list-style-type: none"> - She is not pregnant - Six weeks after childbirth - Just after abortion (immediately or within first 7 days) 										
<ul style="list-style-type: none"> Some woman may experience the following common side effects, especially during first 2 - 3 months: <ul style="list-style-type: none"> - Heavier periods - Spotting off & on - Pain in lower abdomen - Backache 										
Refer to Subcentre, PHC, PPC or NGO doctor for Copper-T insertion.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up/revisit.										

LEARNING GUIDE

Follow-up of Copper-T Client

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Ask:										
• Is the client and his/her partner satisfied with the method?										
• Are there any complaints or problems following the insertion of Copper - T?										
Tell the client:										
• Minor complaints like heavier periods and some cramping in the lower abdomen usually disappear after initial few months										
• If the complaints continue or are intolerable, she should go to a health centre for checkup										
Return to clinic if she:										
• Cannot feel the string										
• Feels the hard part of the IUD										
• Expels the IUD										
• Misses a period										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
If the client is satisfied with the method remind the client to return to a clinic after first menses.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Counseling for Tubal Ligation

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Briefly explain the purpose of her visit.										
Ask about her reproductive goals.										
Tell the health benefits of family planning.										
Determine what the client already knows about tubal ligation.										
Address myths and misconceptions about tubal ligation.										
Briefly explain: (showing a picture of tubal ligation) <ul style="list-style-type: none"> • tubal ligation is a safe and permanent method for women • It is 99% effective • It is a permanent method for couples who want no more children • It is a minor operation done under local anesthesia and does not require hospitalization • Tubal ligation is performed in hospitals, CHCs, PHCs and private clinics by trained medical officers 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> In this operation, the two fallopian tubes are tied so that the sperm cannot travel beyond the blocked area and cannot reach the ovum, so there is no fertilisation 										
<ul style="list-style-type: none"> It can be performed: <ul style="list-style-type: none"> Within 3 days of childbirth Anytime during the menstrual cycle when the woman is reasonably certain she is not pregnant Just after abortion 										
<ul style="list-style-type: none"> That the woman continues to menstruate and remains healthy and capable of performing her day-to-day work 										
Explain in a simple manner how the operation is performed.										
Tell that tubal ligation does not protect from STI/AIDS.										
Refer to PHC/Hospital/camp for tubal ligation.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Follow-up of Tubal Ligation Client

I - First Visit (within 7 days)

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.

- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Ask:										
• How she is feeling?										
• Is she keeping the operative site dry? (for 3 days)										
• Is she having pain at operative site? If yes, how much? - Reassure for mild to moderate pain & tell her she can take 1-2 pain relieving tablets										
Refer her to health facility if she:										
• Has a fever										
• There is severe pain at operative site										
If client has no problems and is satisfied, briefly reminds the client that:										
• She can return to normal activity within seven days										
• To go for a check-up to the health centre by 7-10 days										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Follow-up of Tubal Ligation Client

II - Subsequent Revisits

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Ask:										
• How she is feeling?										
• If there are any problems?										
Remind the client to go to the health centre, if she has any problems or questions.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Counseling for Vasectomy

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.
- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Briefly explain the purpose of her visit.										
Ask about her reproductive goals.										
Tell the health benefits of family planning.										
Determine what the client already knows about a vasectomy.										
Address myths and misconceptions about a vasectomy.										
Briefly explain: (showing a picture of vasectomy) <ul style="list-style-type: none"> • A vasectomy is a safe and permanent method for men. • It is 99% effective 										
<ul style="list-style-type: none"> • It is a permanent method for couples who want no more children 										
<ul style="list-style-type: none"> • It is a minor operation done under local anesthesia and does not require hospitalisation 										
<ul style="list-style-type: none"> • It is relatively simple & safer than tubal ligation 										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> Vasectomies are performed in hospitals, CHCs, PHCs, and private clinics by trained medical officers 										
<ul style="list-style-type: none"> A small portion of each of the two tubes (that carry sperm from both the testes to the urethra in the penis) is cut so that the sperm produced in testes cannot enter the semen. 										
Explain in a simple way, how the operation is performed.										
State that reversal or opening of the operation is not easy and may not be successful.										
Emphasize that after a vasectomy semen becomes free of sperm only after 20 ejaculations so the couple should use another method (e.g., condom) until then.										
Refer to PHC/RCH/hospital for vasectomy.										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

LEARNING GUIDE

Follow-up of Vasectomy Client

First Visit (Within 7 days)

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.

- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the clients respectfully.										
Ask:										
• How is he feeling?										
• Is he wearing a scrotal support?										
• Is he keeping the operative site dry? (for 3 days)										
• Are there any common side effects? (pain at operation site, swelling of scrotum, bleeding in scrotum)										
Tell the client:										
• If there are common side effects, they usually disappear within a few days? He can take 1-2 pain relieving tablets										
Refer to health facility if there is:										
• Excessive swelling										
• Fever										
• Bleeding, redness, or pus at site										
If there are no problems and the client is satisfied , briefly reminds him that:										

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
<ul style="list-style-type: none"> • He should go to the health centre for a check up after 7 days 										
<ul style="list-style-type: none"> • He should use condoms or another method until 20 ejaculations. 										
<p>Ask the client if he has more questions/concerns and respond appropriately.</p>										
<p>Discuss a date for a follow-up visit.</p>										

LEARNING GUIDE

Follow-up of Vasectomy Client Subsequent Visits

- Use this Learning Guide to practice counseling skills. Go step by step while learning how to counsel or use it while observing another CHW counsel.

- Rate your observations in the appropriate box against each step/task on the basis of the following:

✓ = Satisfactory - Performs the step/task according to standard procedures or guidelines

X = Not Satisfactory -Unable to perform the step/task according to the standard procedures or guidelines

O = Step/task not performed.

Steps	Result									
	1	2	3	4	5	6	7	8	9	10
Greet the client respectfully.										
Ask:										
• How he is feeling?										
• Are there any problems related to vasectomy?										
Tell:										
• Him that he will not need to go to the health centre unless he has problems or his partner thinks she is pregnant										
Ask the client if she has more questions/concerns and respond appropriately.										
Discuss a date for a follow-up visit.										

MODULE 3

Session Five: Post-Partum Contraception and Post-Abortion Contraception Time: 2 Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe post-partum contraception and the guidelines for service-providers
- Describe contraceptive options for breastfeeding women
- Describe contraceptive options for non-breastfeeding women
- Describe post-abortion contraception

Methods of Training	Trainer's Notes
<p>Step 1: Tell the participants what post-partum contraception means.</p>	<p>Post-partum contraception means family planning options for a woman after delivery. As many women want no more children or would like to delay pregnancy, they should be provided with appropriate family planning options. The following two points are to be kept in mind when giving options to a post-partum woman:</p> <ul style="list-style-type: none"> • Is she breastfeeding or not • The physical changes that occur in her body after delivery, e.g., the uterus comes back to its normal shape and size six weeks after delivery
<p>Step 2: Tell and discuss the guidelines recommended for family planning service providers regarding post-partum contraception.</p>	<p>The following guidelines are recommended for service providers:</p> <ul style="list-style-type: none"> • Encourage full breastfeeding for all women. • Do not discontinue breastfeeding to begin use of a contraceptive method. • Contraceptive methods used by breastfeeding women should not adversely affect breastfeeding or the health of the infant. • Even for women who do not breastfeed, there are special recommendations for the post-partum period. It is important to note that the timing for beginning a method after delivery varies among contraceptives for breastfeeding and non-breastfeeding mothers.

Methods of Training	Trainer's Notes
<p>Step 3: Ask the participants which contraceptive can be used by a breastfeeding woman. Write on a flipchart. Trainer to add information, if necessary, and to discuss rationale for using each method.</p>	<p>Contraceptive Options for Breastfeeding Women</p> <p>First Choice - Non-Hormonal Methods:</p> <p>Non-hormonal methods do not have any harmful effect on lactation, breast milk, or infant growth, they should be considered as a first contraceptive choice. They include:</p> <ul style="list-style-type: none"> • LAM • Condom • IUDs like Copper-T • Male or female sterilization • Natural family planning methods like withdrawal method or Rhythm Method. <p>Second Choice - Progestin Only Methods:</p> <p>If non-hormonal methods are not available or acceptable to the couple, progestin-only hormonal methods can be considered. They include:</p> <ul style="list-style-type: none"> • Long-acting injectables like Depo-Provera and Noristerat. Currently they are available only through private doctors in India. • Progestin-only pill, also known as mini-pill. It is not available in India. • Norplant. It is not available in India. <p>Third Choice - Combined Estrogen/Progestin Method:</p> <p>Hormonal methods containing both estrogen and progestin, for example, oral pills should be the third choice for a breastfeeding woman. As they reduce the milk production so their use is not recommended till the baby is 6 months old.</p>
<p>Step 4: Ask the participants which methods can be used by a non-breastfeeding post-partum woman. Write answers on a flipchart. Trainer to add information, if needed, and to emphasize that this group of women cannot benefit by LAM.</p>	<p>Though all post-partum women should be encouraged to breastfeed their babies, sometimes they are unable to do so due to reasons like death of baby, separations from baby during job hours, serious illness of mother, etc. For the group of non-breastfeeding, post-partum women, all contraceptive options are available except LAM.</p>

Methods of Training	Trainer's Notes
<p>Step 5: Tell the participants when to begin each family planning method for post-partum women (breastfeeding and non-breastfeeding)</p> <p>Using a prepared flipchart, show and explain Table I on when to begin family planning methods for post-partum woman.</p>	<p>It is important to initiate or begin a family planning method for them at an appropriate time after delivery, keeping in mind the physical changes that occur in their bodies such as:</p> <ul style="list-style-type: none"> • Uterus shrinks back to its normal size within six weeks so IUD can be inserted • There is a state of hypercoagulability of blood (increased tendency of blood to clot) during first 3 weeks post-partum and all hormonal contraceptives should be avoided during this period.
<p>Step 6: Explain the meaning of post-abortion contraception.</p>	<p>Post-abortion Contraception</p> <p>Many clients come into contact with a family planning provider only when management of miscarriage (spontaneous or incomplete abortion) is necessary. These clients, who already may have experienced unplanned pregnancy either as a result of non-use of contraception or method failure, may be in need of effective contraception.</p> <p>Because the risk of pregnancy returns rapidly following an abortion, post-abortion family planning services need to be started immediately.</p> <p>In general, all methods of contraception are appropriate for use immediately after post-abortion care, provided:</p> <ul style="list-style-type: none"> • There are no complications requiring further treatment (i.e. severe bleeding, anemia or infection) • The provider screens for any precautions for use of a particular method. <p>It is recommended that women do not have intercourse until post-abortal bleeding stops.</p>
<p>Step 8: Using a prepared flipchart of Table 2, explain and discuss when and how to choose a family planning option for a woman after abortion.</p>	

Table 1: When to Begin Family Planning Methods for Post-Partum Women

Method	Breastfeeding Women	Non-Breastfeeding Women
LAM	Immediately after delivery	—
Condoms	Immediately after delivery	Immediately after delivery
Female Sterilization	Immediately after delivery or after six weeks	Immediately after delivery or after six weeks
IUD	Immediately after delivery or after six weeks	Immediately after delivery or after six weeks.
Depo-Provera Injection	Six weeks after delivery	21 days after delivery
Oral Pill	Six months after delivery	Six weeks after delivery

Table 2: Post abortion contraception

Method	Time After Abortion	Important Considerations	Remarks
Oral Pill	Start from day of abortion	Can be started immediately even if infection is present. Decreased blood loss	Is highly effective immediately
Condoms	Start as soon as intercourse is resumed	Protects from RTIS	Intercourse should be delayed until bleeding stops
Tubal Ligation	Can be done immediately after abortion, if no infection	Do not perform until infection is treated	Is highly effective immediately
IUD	Can be inserted immediately after abortion, if no infection	Do not insert until infection is treated and severe bleeding stops	Uterus is soft and needs careful, skilled insertion. If insertion is delayed, give other methods
Depo-Provera or DMPA	Can be given immediately after abortion	Can be started immediately even if infection is present	Is highly effective immediately
Note: Vasectomy of partner can be performed at any time.			

MODULE 3

Session Six: Dual Protection Time: 30 Minutes

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Tell the meaning of Dual Protection
- Explain different methods that can be used by couples for Dual Protection

Methods of Training	Trainer's Notes
<p>Step 1: Introduce the concept of Dual Protection by asking the following questions:</p> <ol style="list-style-type: none"> 1. What are the consequences of sexual intercourse? 2. Who becomes pregnant? 3. Who can get STIs/HIV/AIDS? 4. What do couples need to protect themselves from? <p>Now explain what Dual Protection means.</p>	<p>Answers:</p> <ol style="list-style-type: none"> 1. Unplanned Pregnancy, STIs/HIV/AIDS 2. The woman 3. Both partners 4. Both pregnancy and infections <p>Dual Protection means protecting oneself from both unplanned pregnancy and STIs/HIV/AIDS</p>
<p>Step 2: Brainstorm on how they think dual protection can be achieved. Listen carefully to their answers. Praise them for correct answers.</p> <p>Now show a prepared flipchart of family planning methods:</p> <ul style="list-style-type: none"> • Abstinence • Withdrawal method • SDM • LAM • Condom • Oral Pills • IUD • Injectables • VSC <p>Take one method from the above list at a time and ask if it provides dual protection or not. Give the</p>	

Methods of Training	Trainer's Notes
correct answer by showing a prepared flipchart with Table 1.	
<p>Step 3: Now explain that only abstinence is 100% effective dual protection. Condoms also provide dual protection to a large extent. However, the other family planning methods do not provide dual protection.</p> <p>Explain how those family planning clients who use methods which do not protect them from STIs/HIV/AIDS can achieve dual protection by using condoms along with their family planning method of choice.</p>	
<p>Step 4: Invite participants' comments or queries related to their new learning. Answer them. Reinforce that while providing family planning services in the community, the service providers should keep in mind and discuss the issue of dual protection with the family planning clients.</p>	

Table 1: Which Family Planning Methods Provide Dual Protection

S. No	Name of FP Method	Does it protect from unplanned pregnancy	Does it protect from STIs/HIV/AIDS
1	Abstinence	Yes	Yes
2	Withdrawal Method	Yes	No
3	SDM	Yes	No
4	LAM	Yes	No
5	Condom	Yes	Yes
6.	Oral Pills	Yes	No
7.	IUD	Yes	No
8.	Injectables	Yes	No
9.	Voluntary Surgical Contraception	Yes	No

**Module 4: Reproductive Tract Infections
(RTIs), Sexually Transmitted Infections
(STIs) and HIV/AIDS**

**MODULE 4: REPRODUCTIVE TRACT INFECTIONS (RTIs),
SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV/AIDS
TIME: 3 HOURS**

Tasks to Be Performed by CBD Workers:

- Educate community members on how to protect themselves from RTIs, STIs, including HIV/AIDS.
- Educate community members about the importance of early treatment of STIs.
- Dispel myths and misconceptions related to these infections.
- Identify and refer all cases of RTIs and STIs for treatment.

LEARNING OBJECTIVES:

1. Describe the terms ‘RTIs’ and ‘STIs.’
2. Describe factors responsible for the spread of these infections.
3. Describe the signs and symptoms of STIs.
4. Tell the importance of early treatment of RTIs and STIs and enlist serious complications of untreated RTIs and STIs.
5. Dispel myths and conceptions about STIs.
6. Describe what is HIV/AIDS and how it is spread.
7. Create awareness about prevention of STIs /HIV/AIDS.

Sessions:

Time

- | | |
|--|----------|
| 1. Reproductive Tract Infections (RTIs),
including Sexually Transmitted Infections (STIs) | 1½ Hours |
| 2. Facts about HIV/AIDS | 1½ Hours |

MATERIALS REQUIRED FOR TRAINING:

- Flipcharts
- Markers
- Trainers Notes and Transparencies

MODULE 4

Session One: Reproductive Tract Infections (RTIs), Including Sexually Transmitted Infections (STIs) Time: 1½ Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe what are reproductive tract infections (RTIs) and sexually transmitted infections (STIs)
- Identify the factors that can cause RTIs and STIs
- Describe common signs and symptoms of RTIs/STIs in men and women
- Describe the relationship of family planning services to RTIs/STIs, and CHW's role regarding RTIs/STIs

Methods of Training	Trainer's Notes
<p>Step 1: Ask participants what they understand by Reproductive Tract Infection. Then explain the definition by working on a flipchart.</p>	<p>Reproductive tract infections are the infections of reproductive organs. There are many types of infections and inflammations of the reproductive tract exhibiting different symptoms in men and women. They are caused by different organisms/germs that can enter the reproductive tract. They can also be caused by several organisms, which normally live in the reproductive tract, when these expand in numbers.</p>
<p>Step 2: Discuss how the Reproductive Tract can get infected.</p> <p>Now explain that when RTIs occur due to sexual intercourse with an infected person, they are called sexually transmitted infections or STIs. This means that STIs are also RTIs and are spread through sexual intercourse.</p>	<p>The reproductive tract can get infected by:</p> <ul style="list-style-type: none"> • Poor general health due to poor a diet, lack of sleep, and life stresses which lowers the body's resistance to infection. • Poor genital hygiene, which promotes infections, e.g., unclean underwear, failure to change or remove pads, wiping from rear to front after passing stools. • Use of some soaps, perfumes and deodorants, which irritate tender skin. • Some medicines (antibiotics) that kill normal bacteria that protect the vagina's health. • Sexual intercourse with an infected person. • Trauma (e.g. from delivery, sexual intercourse or use of chemicals, etc.)

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Unhygienic practices of health-care providers (e.g. unhygienic delivery or abortion practices, insertion of contaminated IUD) <p>RTIs are more common in women because of their body structure and functions (like menstruation, pregnancy and childbirth). They are much more vulnerable to entry and growth of disease-germs.</p>
<p>Step 3: Explain that both men and women can get STIs. There are many types of STIs e.g. Syphilis, Gonorrhoea, Chlamydia. STIs can be recognized by some signs and symptoms.</p> <p>Explain that STIs may be asymptomatic especially in women</p> <p>Group Work:</p> <p>Divide the group into two and give them the following work:</p> <p>Group one – write down the signs and symptoms of STIs in women.</p> <p>Group two - write down the signs and symptoms of STIs in men.</p> <p>One person to present group work from each group.</p> <p>Trainer to add and discuss.</p>	<p>In Women:</p> <ul style="list-style-type: none"> • Foul-smelling, unusual vaginal discharge • Pain in the pelvic area between the navel and sex organs, i.e., pain in lower abdomen • Genital sores or blisters, with or without pain • Swollen and painful lymph glands in the groin • Pain or bleeding during intercourse • Painful or itchy genitals • Changes in menstrual bleeding, e.g. very little bleeding or heavy bleeding <p>In Men:</p> <ul style="list-style-type: none"> • Genital rashes and redness • Sores or ulcers on the penis • Discharge from the penis • Swollen and painful lymph glands in the groin • Painful urination, difficulty in urinating • Pain during intercourse
<p>Step 4: Explain that it is important to learn how to differentiate between normal and abnormal vaginal discharge.</p>	<p>Normal vaginal discharge consists of clear mucus discharge from the cervix which increases in quantity and becomes thin and slimy at the time ovulation, or at mid-cycle. The clear fluid from the walls of the vagina increases more during sexual excitement and emotional stress. It has normal body odor.</p> <p>Abnormal discharge has unpleasant smell, unusual color and consistency and it usually causes irritation and soreness and soreness in genital area.</p>

Methods of Training	Trainer's Notes
<p>Step 5: Explain how STIs are spread.</p>	<p>STIs are spread if a person has unprotected sexual intercourse with an infected partner.</p> <p>The sexual act can be vaginal, anal, or oral.</p> <p>The vagina, penis, rectum, and mouth provide the ideal environment from which the STI germs can invade the body.</p> <p>Key message about STIs:</p> <ul style="list-style-type: none"> • STIs affect both sexes • A person can get an STI even after a single unprotected sexual act with an infected partner. The more a person exposes him/herself, the more likely he/she is to get infected. • No one is immune to STIs. • It is importance to note that some STIs may not produce any signs/symptoms particularly in women. But, they act as carriers, or may have the infection which can spread to others although they are healthy themselves. • One cannot recognize a person having STI just by looking at him/her as s/he may look normal.
<p>Step 6: Discuss how STIs can be prevented</p>	<p>There is no vaccine or immunity against these diseases. Measures that can help reduce the chance of infection are:</p> <ul style="list-style-type: none"> • Abstain from having sex (the only guaranteed protection) • One faithful sexual partner • Treatment of STIs in both sexual partners • Use of condoms • Avoid sexual intercourse if any signs are present • Routine genital self-examination to detect signs of infection
<p>Step 7: Discuss serious complications of untreated RTIs and STIs. Discuss the importance of their prevention/early treatment.</p>	<p>Untreated RTIs and STIs can cause serious complications such as:</p> <ul style="list-style-type: none"> • Infertility in men and women • Eight to ten times increased risk of getting HIV/AIDS, if exposed • Increased risk of cervical cancer • Risky pregnancy, e.g., miscarriage, still births or

Methods of Training	Trainer's Notes
	<p>infants born with birth defects, including brain damage</p> <ul style="list-style-type: none"> • During birth, the newborn can get severe eye-infection from mother's birth-canal and can become blind.
<p>Step 8: Ask participants the reasons for integrating RTIs/STIs with family planning services.</p>	<ul style="list-style-type: none"> • Family planning clients are sexually active and are most likely to get STIs. • STIs can be prevented by promoting family planning methods like condoms • Client screening for certain family planning methods like IUDs is a good tool for screening for RTIs/STIs • Serious complications of RTI/STIs, such as infertility, need to be checked by a family planning service provider
<p>Step 9: Discuss with participants why CHWs should be concerned about RTIs/STIs.</p>	<p>As CHWs, they can:</p> <ul style="list-style-type: none"> • Educate the clients about prevention of RTIs and STIs. • Help in early detection of RTIs and STIs and referral for their treatment to prevent serious complications. • Help their clients choose an appropriate family planning method depending upon whether they are at risk or are suffering from RTIs, STIs or pelvic inflammation diseases (PID) or not. IUD should not be inserted in a women with and STI or PID that is current within past three months.
<p>Step 10: Discuss the key message regarding RTIs/STIs.</p>	<p>Key Messages regarding RTIs/STIs:</p> <ul style="list-style-type: none"> • All RTIs/STIs can be prevented • Most RTIs/STIs can be treated • Early detection and treatment can significantly decrease serious complications, including infertility in both men and women
<p>Step 11: Participants to brainstorm about common myths and facts about STIs. Discuss the fact about each myth.</p>	<p>Myths and Facts</p> <p>Myth: STIs are caused by a curse from God.</p> <p>Fact: STIs are caused by germs which are transmitted during sexual contact and can be prevented by safe sex practices.</p> <p>Myth: A man suffering from an STI can get rid of it by having sex with a virgin.</p>

Methods of Training	Trainer's Notes
	<p>Fact: STIs can be treated by medicines so one should seek medical help at the earliest.</p> <p>Myth: STIs take time to disappear and one cannot do much in this regard.</p> <p>Fact: STIs can be treated by medicines. If untreated, some symptoms might disappear, but the causative agent remains inside one's body and can cause complications later on.</p> <p>Myth: If a woman is suffering from an STI, she is of 'low' character and has definitely been unfaithful to her husband.</p> <p>Fact: In many cases women get the infection from their husbands who have had unprotected sex with infected partners.</p> <p>Myth: A person suffering from an STI should keep it a secret from his/her spouse.</p> <p>Fact: In order to treat the disease, it is important to get both the partner treated. If an infected male seeks treatment without letting his wife know, he may be re-infected through his wife who acts as a 'reservoir' of infections until treated.</p> <p>Myth: Men should use condoms only with prostitutes.</p> <p>Fact: Men should use condoms to protect themselves, their wives and their unborn children from STIs and their complications.</p> <p>Myth: If you are suffering from any disease of your genital tract, you should never talk about it.</p> <p>Fact: Diseases of the genital tract are like diseases in any other part of the body and one should seek medical advise for them.</p>

MODULE 4

Session Two: Facts About HIV/AIDS Time: 1½ Hours

LEARNING OBJECTIVES

At the end of the session, participants will be able to:

- Describe HIV/AIDS and tell the difference between HIV, HIV infection, and AIDS
- List the four ways of how HIV can enter the human body
- Describe the key message about the transmission of HIV
- Discuss how to prevent the disease
- Discuss the factors that can worsen an HIV infection

Methods of Training	Trainer's Notes
Step 1: Explain what is HIV/AIDS.	<p>AIDS (Acquired Immune Deficiency Syndrome) is a fatal and dangerous disease. It is spreading at an alarming rate all over the world, including India. Besides sexual intercourse, it can be spread by other ways such as sharing needles with an infected person and from mother-to-child during birth, amongst others.</p> <p>A virus known as Human Immunodeficiency Virus (HIV) causes the disease. Once HIV enters the body of a healthy person (by any one of its modes of transmission), it multiplies and slowly destroys the immune system of the body by entering the human blood cells (which fight against infections) and destroying them. The HIV infected person may look normal for 2-10 years while the immune system is breaking down slowly. Once the immune system is destroyed the person is liable to get a variety of diseases, as her/his body cannot fight against any infections. This condition is AIDS.</p> <p>With AIDS, symptoms of many diseases appear and that is why it is called a syndrome (group of symptoms). AIDS is always fatal, has no treatment, but it can be prevented.</p>

Methods of Training	Trainer's Notes
<p>Step 2: Explain the difference between HIV, HIV infection and AIDS.</p>	<ul style="list-style-type: none"> • HIV is the virus that causes the disease by destroying the ability of the human body to fight against any infections. • HIV infection is the condition when the virus is present in the body. The HIV infected person has no symptoms and s/he may look healthy for 2-10 years but s/he can spread HIV to other person. • AIDS is the late stage of the HIV infection when symptoms appear. It leads to death. HIV is present in the blood and other body fluids of the infected person.
<p>Step 3: Ask the participants to brainstorm the four possible routes of HIV transmission.</p>	<p>HIV is present in the blood and other body fluids of the infected person.</p> <p>HIV virus enters the body of the uninfected person through:</p> <ul style="list-style-type: none"> • Sexual intercourse with an infected person • Blood transfusion of HIV-infected blood • Use of syringes, needles and other instruments if infected with HIV (used by HIV-infected person) • Infected mother to her unborn child
<p>Step 4: Discuss important messages regarding HIV transmission.</p>	<p>Important messages regarding HIV-transmission:</p> <ul style="list-style-type: none"> • The most common route of transmission is sexual intercourse. • All clients suffering from other STIs are eight to ten times more prone to HIV infections. • Persons with HIV infections look normal and have no symptoms like vaginal discharge or ulcer or pus, etc., which other STI cases have. But they can infect others, as the HIV virus is present in their bodily fluids like semen and blood. • HIV can also be passed through breast milk of an infected mother to the infant.
<p>Step 5: Discuss fears about the disease and how it is not spread.</p>	<p>The disease is not spread by:</p> <ul style="list-style-type: none"> • Mosquito bites • Hugging • Touching • Sharing food and utensils

Methods of Training	Trainer's Notes
	<ul style="list-style-type: none"> • Shaking hands or holding hands • Kissing • Looking after an infected person • Sitting next to an infected person
<p>Step 6: Discuss the signs and symptoms of AIDS. Although often times an HIV positive person may not show symptoms, it is important to recognize some signs to protect oneself from infection.</p>	<p>The following signs/symptoms can be associated with AIDS:</p> <ul style="list-style-type: none"> • Persistent cough for more than one month, not related to smoking or other causes • Itchy skin rashes • Cold sores all over the body • Recurrent herpes zoster (shingles) • Swollen lymph glands at two or more sites (excluding the groin) for more than three months • Loss of greater than 10% of body weight • Fever for more than one month • Persistent, severe fatigue • Severe night sweats • Diarrhea for longer than one month (on and off or all the time)
<p>Step 7: Discuss the factors that worsen the condition of an HIV-positive person and lead to full-blown AIDS and subsequent death. Tell them how important it is to prevent these factors, in order to delay the onset of AIDS, an ultimately death.</p>	<p>The immune system of an HIV positive person breaks down slowly over a long period of 2-10 years. However, the system breaks down easily if one has:</p> <ul style="list-style-type: none"> • Poor immune system • Pregnancy • Repeated exposure to HIV infection or any other infection • Poor diet, life stresses, and lack of sleep which lower body's resistance to infection • Poor personal hygiene, which promotes entry and growth of disease-germs in the body • Physical trauma or injury • Any major illness or disease, e.g. tuberculosis

Methods of Training	Trainer's Notes
<p>Step 8: Do a brainstorm session on how people can protect themselves from HIV/AIDS.</p> <p>Emphasize that HIV/AIDS can be prevented but it cannot be cured.</p>	<p>Possible Responses:</p> <ul style="list-style-type: none"> • Having a mutually faithful relationship with one sexual partner who is uninfected • Using condoms every time one has sex • Avoiding injections with infected syringes or needles • By being sure that instruments used to pierce the skin are sterilized • Avoid blood transfusions if possible by keeping healthy and avoiding anemia caused by malnutrition, repeated pregnancies, etc. If required, blood should be tested for HIV before transfusion.
<p>Step 9: Ask participants to write the messages that they would pass on in the community regarding protection against HIV/AIDS.</p>	<p>Any man or woman can get an STI and/or AIDS from intercourse with an infected person, therefore:</p> <ul style="list-style-type: none"> • Stay with one partner • The more partners, the greater the risk • Use condom carefully, correctly, and consistently • Get STIs treated as early as possible • If there is a possible risk of transmission, be tested early to prevent further spread • Also, it is important to keep yourself healthy, disease-free and clean.

