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CARE GROUP MODULE 4

Family Planning

Promoter Manual

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Lessons, stories, and activities in the *Family Planning Promoter Manual* and *Lesson Plan* complement the information provided in *Family Planning Health Flipchart*.

Citations

1. Hanold, Mitzi J. and Borger, Sarah E. (2011) *Family Planning Leader Mother Flipchart*. Washington DC. Food for the Hungry (FH), made possible through support provided by World Learning and the U.S. Agency for International Development. The opinions expressed herein are those of the authors and do not necessarily reflect the view of the U.S. Agency for International Development.
2. Hanold, Mitzi J. (2011) *Mother Leader's Framework on Family Planning*. Washington DC. Foundation Against Hunger (FH), made available through support from the Office of Food for Peace, Bureau of Democracy, Humanitarian Aid, and Conflict, and the US Agency for International Development under terms FFP-A-00-08-00086 . The views expressed herein are those of the authors and do not reflect the views of the American Agency for International Development.
3. Yacobson, I. and Norton, M. (2016) *Healthy Timing and Spacing of Pregnancy*. USAID Global Health eLearning Center.

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UNDERSTANDING THE LESSON PLAN FORMAT

Lessons, stories, and activities in the *Module 4 Lesson Plan* complement the information provided in *Module 4 Care Group Volunteer Flipchart*. The *Module 4 Lesson Plan* is intended for use by Care Group Promoters when they meet with Care Group Volunteers (CGVs).



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Behavior objectives: Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers (i.e., neighbor women) to follow based on the key messages in the flipchart.

Belief objectives: We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making healthy behavior change. We can provide accurate knowledge to encourage changes in beliefs.

Behavioral determinant objectives: Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are twelve possible behavioral determinants identified in the Barrier Analysis¹. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. Materials with an asterisk (*) should be brought by the Activity Leader. See below for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate Care Group Volunteers of the order of the activities. For example, when it's time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue Care Group Volunteers of the next activity. Review the descriptions below for more information.

¹ See the practical guide on conducting a barrier analysis (fsnnetwork.org) for more information. Country specific barrier analysis were not conducted in the SCOPE countries. Behavioral determinants were added based on our understanding of the situation in SCOPE countries using qualitative and quantitative evidence from SCOPE and extensive programmatic experience.



Game

The first activity in each lesson is a **game or song**. Games and songs help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned.



Attendance and Troubleshooting

Following the game, all Activity Leaders will take **attendance**. Following attendance, the promoter follows up with any difficulties that the Care Group Volunteers had teaching the previous lessons². When Care Group Volunteers are teaching neighbor groups, this is a good time to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson.

Next the Activity Leader reads the **story** printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.



Ask about Current Practices

Discussion questions are used to discuss the problems faced by the characters in the story. Use the story and discussion questions to find out the current practices of the women in the group.



Share the Meaning of Each Picture in the Picture Box

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, explain the captions and key messages written on the back of the flipchart.

² Paid staff are called promoters. The role of the promoters is to train Care Group Volunteers to facilitate lessons with their neighbors. A few exercises (such as the Troubleshooting exercise and the Practice and Coaching exercise) **are only for promoters training Care Group Volunteers**. This exercise does not need to be used by the Care Group Volunteers when sharing with their neighbors.

The lesson plan also contains **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.



Activity

Next is an **activity**. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations.

An Activity Leader is a CGV selected by the Promoter who is responsible to organize materials for each lesson’s Activity. The **Activity Leader** meets with the Promoter ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Care Group Volunteers or neighbor women) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items. The Activity Leader will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the Activity Leader as needed during the activity.



Discuss Barriers

The Activity Leader asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the Activity Leader helps to solve problems and obstacles mentioned. The group may offer information, skills or tips to help mothers overcome obstacles.



Practice and Coaching

Next is **Practice and Coaching**. We want to make sure that each Care Group Volunteer understands the material and can present it to her neighbors. The promoter observes and coaches Care Group Volunteers as they practice teaching in pairs using the flipcharts.

When Care Group Volunteers teach their neighbors, they will repeat this activity asking each woman to share the key messages (and practices) that she has learned with the woman next to her or with another household member or neighbor if the lesson is being shared in a home visit. The Care Group Volunteer will go around and listen to each pair, making sure they understood the key messages correctly.



Request Commitments

Finally, the Activity Leader requests a commitment from each of the women in the group. It is up to each woman to make a choice. Do not force anyone to make a commitment if they are not ready.

Italics are used in the learning sessions to indicate tips and instructions to the facilitator. And a question mark (?) is used to indicate questions for discussion.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. A suggested time for each section is listed below. The exact timing per lesson may vary based on the content and number of flipchart images.

SECTION NAME	TIME NEEDED FOR THIS SECTION
Game or Song	5 - 10 minutes
Attendance and Troubleshooting	5 - 15 minutes
Story with Picture 1	5 minutes
Ask about Current Practices	5 - 10 minutes
Share the Meaning of Picture 2	10 minutes
Share the Meaning of Picture 3	10 minutes
Share the Meaning of Picture 4	10 minutes
Activity	15-30 minutes
Discuss Barriers	10 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
Total	2 – 2 ½ hours

LESSON 1: OVERVIEW AND BENEFITS OF HEALTHY TIMING AND SPACING OF PREGNANCY



Objectives

By the end of this lesson:

- Women and their families will understand that proper timing and spacing of pregnancies leads to the healthiest outcomes and wellbeing for women, children, and families.
- Women and their partners will understand that they can take action to delay new pregnancy to protect the health of the woman and future infants.
- Women and their families will understand the definitions of a “birth-to-birth” interval (the distance of time between the birth of one child and the birth of the next child) and a “birth-to-pregnancy” interval (the distance of time between the birth one child and the start of the next pregnancy).
- Women and their families will be able to list the benefits of waiting for two years before becoming pregnant after their last birth:
 - a. Mothers who get pregnant too early are more likely to die from blood loss and prolonged delivery during birth than mothers who wait two or more years before becoming pregnant again.
 - b. Infants born to mothers who get pregnant too early are more likely to have weak blood and be born too early, too small or dead.
 - c. Leaving two or more years between each pregnancy lowers the chances of infants becoming malnourished before age two: each infant is breastfed for a shorter period of time when the mother becomes pregnant too soon.
 - d. Two or more years between each pregnancy reduces the mental burden of pregnancy and infancy that can be weigh heavily on caregivers. By spacing pregnancies, postpartum hormone changes have time to return to normal and the responsibilities of caring for multiple young children are reduced.
 - e. Couples can avoid the physical, economic, social, psychological challenges of unintended, early, or too closely spaced pregnancies.
 - f. Families and communities can more easily reach their social and economic goals.
- Women and their families will perceive the severity of the increased risk of maternal and child death during pregnancy and childbirth of having children too close together.
- Women and their partner will delay new pregnancy for two years after the birth of the last child.
- Women and their partner will delay pregnancy until the woman is 18 years old.
- Women and their partner will delay new pregnancy for six months after a miscarriage or other loss of a child in pregnancy.

Materials

- Attendance Registers
- CGV Flipchart

Lesson Summary

- Game: Copy-Copy
- Attendance and Troubleshooting
- Share the story (Wanting to Wait) and ask about current practices
- Show pictures and share key message on flipchart: Overview of HTSP, Birth and Pregnancy Intervals, HTSP Recommendations, and Benefits of HTSP
- Activity: Agree or Disagree
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Copy Copy — 10 minutes

1. Everyone will work with a partner for this game (including the facilitator if there is an uneven number of participants).
2. One person in each pair will make certain movements. The other person is the "mirror" or "one who copies", who will try to reflect or mimic their movements. The first partner will move their body in different ways, such as jumping on one foot or patting their head. The "mirror" or "copy" partner must copy everything that the actor does.
3. The facilitator demonstrates with his partner until everyone understands.
4. Then the others pair up and try it.
5. After a few minutes, ask the women to find a new partner and to switch roles (the mirror becomes an actor, the actor becomes a mirror)
6. Repeat several times.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching Care Group Volunteers (CGVs)

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- Promoter helps to solve the problems mentioned.
- Promoter asks the CGVs to review the key practices from the last lesson.
- Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader³ to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors


- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for family planning, maternal services (e.g. antenatal care), child services (e.g. illness)..
- CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

³ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

3. Story: Wanting to Wait (Picture 1.1)—5 minutes

- Read the story in section 3 of the flipchart.

Barumwete has three children under four years of age and is worried about getting pregnant again. She wants to wait until she has gained new strength and has weaned her infant Mvuyekure. Her husband dreams of having many children. Barumwete agrees, but wants to delay new pregnancy. She is not sure what is the best timing for spacing children.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What individual, family, or community problems have you seen that might relate to timing and spacing or pregnancies? Why do you think these problems occurred?
- ? Why did Barumwete want to delay her next pregnancy?
- ? What is the spacing between pregnancies that is most beneficial for mothers and for children?
- ? How do you and your husband feel about delaying pregnancies or limiting the number of children you will have? Is there anything you do to space your children or limit the number of pregnancies?

Ask the first two questions to review perceptions about the benefits of healthy timing and spacing of pregnancies.

- Answers might include: pregnancy and breastfeeding are hard on a mother's body and she wants to regain strength before becoming pregnancy again; having pregnancies close together adds risk to the health of the mother and the child; limiting the number of children can reduce the financial strain and emotional responsibilities of caring for many children; being able to breastfeed a child for a full two years is cost saving and provides important nutrients for the child.

Ask the second question to assess current understanding of pregnancy timing and spacing recommendations.


- It is optimal to delay first pregnancy until women are age 18, to wait 24 months after a live birth before attempting the next pregnancy, and to wait 6 months after a miscarriage or other loss of a child in pregnancy before attempting the next pregnancy.

Ask the third question to discuss current perceptions and practices around spacing pregnancies.

- Women may share reasons why they do or do not currently want to space pregnancies. They may share about natural family planning methods or modern contraceptive methods they are using.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Overview of HTSP (Picture 1.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Proper timing and spacing of pregnancies leads to safer pregnancies and healthier women, children, and families.

- These recommendations are referred to as "Healthy Timing and Spacing of Pregnancy (HTSP)."
- These steps support couples in achieving their desired family size and prevent risk for mothers, children, and families.

Healthy timing and spacing of pregnancy is important throughout a woman's life—starting from understanding the healthiest age for the first pregnancy to spacing future pregnancies.

- HTSP guidelines include the ideal age of a woman's first pregnancy; spacing subsequent pregnancies following a live birth, stillbirth, miscarriage, or other loss of a child in pregnancy; and avoiding too many pregnancies or advanced maternal age.
- ? What are the consequences to a family when a woman becomes pregnant very young or because many pregnancies come very close together? Share why you think healthy timing and spacing of pregnancies may be important.



6. Share the Meaning of Each Picture: Birth and Pregnancy Intervals (Picture 1.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Understanding the time periods between births and pregnancies is important for understanding the ideal spacing between children that is healthiest for mothers and newborns.

- “Birth-to-Birth” is the distance of time between the birth of one child and the birth of the next child.
- “Birth-to-Pregnancy” is the distance of time between the birth of one child and the start of the next pregnancy.



7. Share the Meaning of Each Picture: HTSP Recommendations (Picture 1.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.4.
- Read the captions on the flipchart out loud.

? What do you think these pictures mean?

Wait until age 18 before getting pregnant for the first time.

- Women's undeveloped bodies are not ready for pregnancy or childbirth. It can be dangerous for women and their babies, leading to stillbirths and babies born too early.

Delay new pregnancy for two years after each delivery.

If the baby dies in your belly (abortion or miscarriage), wait 6 months before getting pregnant again to prevent poor outcomes for mother and baby.

? What cultural practices encourage new pregnancies?

? Do you think that it will be difficult to wait two years before getting pregnant after the birth of a child?



8. Share the Meaning of Each Picture: Benefits of HTSP (Picture 1.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

? What do you think these pictures mean?

Families that delay pregnancy for two years after each birth have healthy mothers and healthy children.

- Mothers have fewer troubles during pregnancy and delivery
- Children grow well and are sick less often
- Children can breastfeed for two years or more

- Families can give their children the attention and resources needed to grow and succeed.

Women who become pregnant too soon are more likely to die during delivery

- This mother suffered from weak blood
- Her body was not able to rest and recover after her last delivery
- She lost too much blood and died

Women who become pregnant too soon are more likely to have children born too small or dead

- This infant is too small
- He will have trouble surviving infancy
- His mother was not able to rest after her last child
- Her body had trouble giving the infant enough food

Caregivers, communities and nations will thrive and succeed.

- Pregnancy and the postpartum period place a heavy mental load on women and hormone changes can make mothers at risk for depression. Spacing pregnancies reduces the mental load mothers carry and allows hormones to return to normal states.
- Communities with healthier women and children have more opportunities and less poverty

? Have you seen mothers suffer because of pregnancies that have come too soon? Tell me about them.

Additional Information for the Trainer

The option of family planning is a right for all couples that should occur in an environment of evidence-based information and personal, voluntary choice.

Benefits of HTSP to Women

- HTSP saves women's lives! Family planning has been estimated to prevent nearly half of maternal deaths each year. (Contraceptive use has been estimated to prevent 44% of maternal deaths⁴)
- Prevent high-risk pregnancy by helping women bear children at the healthiest times of their lives—when women and their children are most likely to survive and stay healthy
- Reduces risk of other health conditions and complications, such as anemia, premature rupture of membranes, pre-eclampsia, hemorrhage, abortion, miscarriage

⁴ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60478-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60478-4/fulltext)

- Reduces risk of mental health challenges. Pregnancy and the postpartum period affect a women's hormones, which can place them at risk for postpartum depression. Caring for children, particularly in close intervals, places undue mental burden on women, which can be helped by healthy timing and spacing of pregnancies.

Benefits of HTSP to Children

- Increases chances of survival for children by lowering risk of children dying in or after childbirth
- Reduces risk of premature birth, stunted, or low birth weight baby
- Children whose births are spaced at healthy intervals are more likely to be well nourished and well educated and thus grow into successful adults. (Improves nutritional status, increased likelihood of healthy growth due to spacing of births approximately three years apart, and enhances likelihood of longer breastfeeding duration).

Benefits of HTSP to Families

- Provides them with the ability to choose the number and spacing of children
- Protects against unintended pregnancy and abortion
- Enhances the care and attention needed for each child to grow, develop, and succeed
- Supports economic wellbeing by allowing women to pursue education and/or paid employment and spreading resources across fewer children



9. Activity: Agree or Disagree — 20 minutes

Let's start our activity by making a little chant to help us remember the parts of healthy timing and spacing: "too soon, too many, too close, too young." Let's chant that together 10 times!

Ask women in the group to stand in a line. Slowly read each of the following statements, one at a time, pausing after each one. Invite women to take a step forward if they agree with the statement or to step backward if they disagree with the statement. Ask for a volunteer from those who stepped forward and from those who stepped backward to explain why they agreed or disagreed.

- Spacing pregnancies at least two years between a birth and the next pregnancy can still give a family the number of children they desire.
- I know of women who have suffered from becoming pregnant too young or from having pregnancies too closely together.

- Family planning saves women's lives.
- Babies that die in their mother's womb or soon after childbirth can be prevented.
- Men in our community will be open to delaying and spacing pregnancies.



10. Discuss Barriers — 10 minutes

- ? Is there anything that might prevent you from trying these new practices?
- ? What might prevent a couple from spacing their pregnancies or limiting the number of children they choose to have?
- ? What are some of the common cultural traditions around the number and timing of children that may be difficult to change?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching — 20 minutes

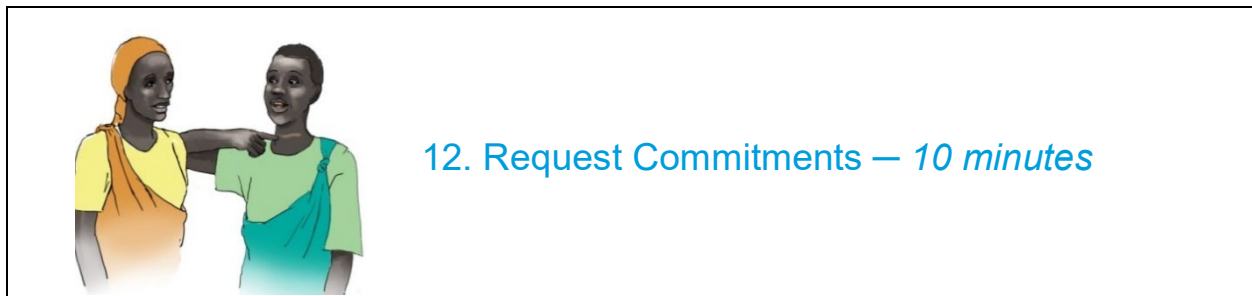
For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.

- *Each CGV will teach the person next to her in the same way the promoter taught her.*
- *After ten minutes, ask the women to switch roles. The other CGV will share the teaching.*
- *The Promoter watches, corrects, and helps CGVs who are having trouble.*
- *When everyone is finished, answer any questions that the CGVs have.*

For Neighbor Groups

- *Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.*



? Based on today's teachings, what commitment will you make?

For example:

- I commit to talking with my partner and family about the importance of spacing pregnancies for my wellbeing and the wellbeing of our children.
- I commit to making a plan with my partner for how we will space our new pregnancy at least two years after the most last birth.

LESSON 2: DETERMINING YOUR FAMILY SIZE



By the end of this lesson:

- Women and their partners will feel confident to initiate conversations about their desired family size and the family planning options to achieve this desire, based on access to trusted information and a full range of family planning options.
- Women and their partners will gain skills in creating a safe space to hold complex discussions that can respect the perspectives of both people.
- If conflict arises, couples will know how to seek advice from health workers, religious leaders or community leaders.
- Women and their partners will be familiar with the factors to consider when determining an ideal family size, including family capacity and family goals.
- Women and their partners will be familiar with the factors to consider when determining the family planning methods for their fertility desires and preferences, including user dependency, effectiveness, safety, side effects, and frequency of management.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: What We Have in Common
- Share the story (Talking about Talking) and ask about current practices
- Share the meaning of each picture on flipchart pages: Finding a Safe Space to Talk, Communicating about your Family Size, Factors in Determining Family Planning Methods, Talking with a Health Worker
- Activity: True or False
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: What We Have in Common— 10 minutes

1. Ask the women to sit in a circle.
2. The facilitator says, “Let’s play a game together. I am going to call out different characteristics of people. As I call out a character that you have, please raise your hand. Try to remember how many times you raise your hand.”
 - a. Raise your hand if you have been married for more than two years
 - b. Raise your hand if you enjoy music and singing
 - c. Raise your hand if you grew up in this community
 - d. Raise your hand if you have a sister
 - e. Raise your hand if you have a son
3. Ask the group, “How many times did you raise your hand? There were a lot of categories that the group have in common! What do you think would happen in this group if we talked about any of those topics?”
4. Talk about how having things in common can share in the joys of friendship. We can have friendships with the women and family members and also with our spouses.
5. The facilitator says, “Finding things in common and enjoying conversation can make it easier to discuss important decisions and personal feelings openly.”

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.

- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - *Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).*
- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Talking about Talking (Picture 2.1)—5 minutes

- Read the story in section 3 of the flipchart.

Rute and her sister were harvesting potatoes together. Rute had just given birth to her fourth child and was watching her three older children happily play with their cousins across the field. "I feel like our family is complete with our four healthy children," Rute told her sister. "I am so thankful for our three girls and baby boy."

"Are you and Mateyo planning to have more children in the future?" her sister asked? "We've never talked about it," Rute shared. "I have never really considered having that discussion with Mateyo. I think he wants a larger family, so I am afraid to tell him that I feel content with our four children."

"If you do not have an open discussion, Rute, the babies will keep coming," her sister shared. "Chisomo and I have had to have many conversations about our hopes and desires for our family. We don't always agree, but with practice, we have been able to each share our preferences in a safe way. Over time, we have learned to appreciate the other's perspective and we both agreed on the number of children we would like to have. It gives me peace and joy to know that we would like to have three children we can love and care for. If you would like to start talking with Mateyo, I can share more about our experience."

"I cannot imagine having those kind of conversations with Mateyo," Rute replied, "but I would like to learn how!"



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What did Rute feel when she looked at her four children?
- ? What was Rute's response when asked by her sister about having more children?
- ? Why would a couple want to discuss their ideal family size before having children?
- ? Do you think you and your husband (or partner) could have an open discussion about your preferences on family size? Why or why not?

Ask the first two questions to review the story.

- Rute felt joy and satisfaction in seeing her four healthy children play.
- Rute responded that she didn't know if she and her husband would have more children because they had never discussed it.


Ask the third question to encourage discussion on the benefits of couples discussing their ideal family size. Ask the last question to hear the women's feelings on having open conversations with their spouse about family size.

- Discussing an ideal family size helps a couple support one another in a shared goal. They can make plans for the future based on the number of children they feel ready to love and support.

- Women may believe that it is impossible for her and her husband to have these types of conversations.
- Encourage women that everyone can learn new skills, including how to have open and safe conversations about important life decisions.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Finding a Safe Space to Talk (Picture 2.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- What do you think these pictures mean?

Talking about their desired number of children can help couples make the best choice for the health and wellbeing of their family. Share with your partner your desire to talk about the future. Find a good time and place to talk as a couple.

- It is important to communicate together and make a plan for your future
- Start by sharing with your partner that you would like to find some good times over the coming weeks to discuss important decisions about your family and future
- Find a quiet space alone with your partner where you will not be bothered by other people
- Find a time when you and your partner are not busy with other activities

Take turns sharing your thoughts about your hopes for your family and the desired size of your family.

- Talk clearly and calmly

- Listen to what your partner says and repeat what you hear him sharing, even if you have a different perspective.
- After asking your husband's perspective, share your own desires and discuss the reasons you hold those views.
- Bring up specific points to discuss how many children you want in your family
 - Discuss the advantages and disadvantages of each family size
 - Discuss the good things about having children such as bringing joy and helping around the house and field
 - Discuss the hard things about having more children such as the cost of school fees and future weddings and sharing attention with many children
 - Discuss when you would like to be pregnant again and how far apart you want your children

Family desires and goals are complex discussions that will require multiple conversations

- It is common to need to revisit this conversation many times before coming to an agreement
- Both you and your partner may need time in between conversations to think more about what the other person shared
- At the end of a discussion, make a plan for when you will find another time to talk

? Have you had a discussion with your partner about your desired family size? Why or why not?

? What is the first step you could take in initiating a conversation with your partner?



**6. Share the Meaning of Each Picture:
Communicating about your Family Size (Picture 2.3)
— 10 minutes**

- Ask the caregivers to describe what they see in picture 2.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

The desired size of a family is the personal decision of each couple. Talk about your family's capacity and goals to determine your ideal family size.

- The decision should be informed by trusted information
- Family planning can help you achieve when and how many children to have

Discuss family capacity:

- How many children can we support?
- How many children do we have the physical resources—like money, food, housing, clothing—to support well?
- How many children can we send to school?
- How many children can we give needed time and attention to in order for each child to grow mentally and emotionally?

Discuss family goals:

- What do we hope to provide for each child in terms of food, housing, and educational opportunities? How many children can we support so each one can realize those goals?
- What are our own desires for education and vocation? How will children impact those?

If conflict arises, talk to someone you trust like a pastor, friend or neighbor, health worker or community leaders.

- Sometimes couples disagree on what is best for the family
- Talk to someone that you both trust to help you come to an agreement

? Would you be willing to discuss these factors with your partner? Why or why not?

? Who could you talk to about delaying or preventing new pregnancies if you wanted more information or guidance?



7. Share the Meaning of Each Picture: Factors in Determining Family Planning Methods (Picture 2.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 2.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

- What do you think these pictures mean?

Talking with your Partner about the Factors in Determining Family Planning Methods

- After discussing your ideal family size with your partner, you can discuss the best family planning method together. There are many different family planning methods available through Community Health Workers and health centers and many factors to consider in determining which is the best choice.
- Based on a couple's desired family size, there are multiple factors couples should consider when deciding what method of family planning to use.
- Find a time and place with your partner to begin talking about family planning options and each of these considerations.

Effectiveness—how well a method works when used correctly and consistently

- Consider common versus perfect use: some methods are more difficult to use correctly and consistently, which affects effectiveness and can lead to unintended pregnancy.
- The effectiveness, side effects, and personal preference for each method will vary from person to person. A health worker can help you make the best personal choice.

Safety—what are the risks

- Modern methods of family planning are safe to use and have been well tested.
- Health risks are extremely rare. Health risks of pregnancy-related complications are much greater than any potential risk of contraception method.
- Understanding the common, non-harmful side effects (such as headaches or changes in bleeding) can help prevent fears and misconceptions about contraception, such as the impact of contraception on future fertility or sexual desire.

Side Effects—how your body may react to the contraceptive

- Non-harmful side effects are common from using contraceptive methods. Each woman's body is unique. Some women will experience side effects and others will not.
- Side effects are not a sign of illness. While they may be a nuisance, these side effects are almost never harmful and should not result in discontinuing the method unless a different method is initiated.

Short-acting or Long-acting—how frequently do you want to manage your method of family planning

- Based on desired family size and the spacing we hope to achieve between children, do you want a method that provides protection from pregnancy for one act of sexual intercourse, one day at a time, one to several months at a time, or one to several years at a time

User-Dependency verses Independency—how dependent the method is on the user

- Some family planning methods are controlled by the user (the man or woman using the method) such as the Standard Days Method, TwoDay Method, pills, condoms, or the lactation amenorrhea method (LAM). These methods give the user control over when using these methods in the privacy of their own home.
- Other methods are administered by a provider, such as injectables, IUD, implants, female tubal ligation, and male vasectomy. Some require a healthcare provider to both place and remove the device (implants and IUD). These are methods last longer than those controlled by the user in the home and do not require regular attention.

? Which of these factors are most important to you?

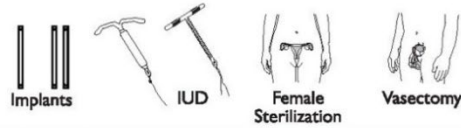
Additional Information for the Trainer

When no contraception is used, an estimated 85 out of 100 sexually active women will become pregnant within a year. When a family planning method is used, its effectiveness often depends on how accurately it is used. Methods that do not require attention once in place (such as implants, IUD, or sterilization) are highly effective. Methods that require more user action (such as remembering to take a pill daily or using a condom correctly) can be less effective when used poorly.

Comparing Effectiveness of Family Planning Methods

More effective

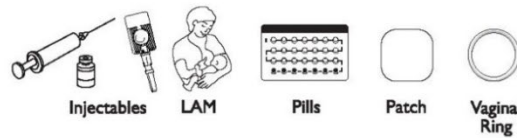
Less than 1 pregnancy per 100 women in one year



How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months



Injectables: Get repeat injections on time

Lactational Amenorrhea Method (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time



Male condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newer methods (Standard Days Method and TwoDay Method) may be easier to use.



Female condoms, withdrawal, spermicides: Use correctly every time you have sex

Less effective

About 20 pregnancies per 100 women in one year



8. Share the Meaning of Each Picture: Talking with a Health Worker (Picture 2.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

- What do you think these pictures mean?
- Where can you go to seek family planning information or services?

After discussing these factors, talk to a health worker about what options are best for you and your partner.

- Discuss the options that are available at the health center.

- Discuss the advantages and disadvantages of each option, including the effectiveness in preventing pregnancy as well as personal preferences. Remember that some methods are more reliable than others.
- Discuss the options that will help you and your partner achieve healthy timing and spacing of pregnancy recommendations:
 - After a live birth, wait at least 24 months before attempting the next pregnancy.
 - After a miscarriage or loss of a child in pregnancy, wait at least 6 months before attempting the next pregnancy.
 - Women should try to delay their first pregnancy until at least age 18.

There are special considerations to note for postpartum women. Discuss safe options for use after childbirth and while breastfeeding with a health worker.

- Many safe contraceptive methods are available for the breastfeeding mother. Immediately after birth, couples can use:
 - Lactational Amenorrhea Method (LAM)
 - Condom
 - Intrauterine Device
 - Male vasectomy
 - Female tubal ligation
- After six weeks postpartum, mothers can use:
 - Hormone injections (e.g., Depo-Provera)
 - Hormone implants
 - Progestin-only pills
- Together, choose the option which is most comfortable for you both.

? What health worker could you and your partner consult when deciding what family planning option is best?

Additional Information for the Trainer

Take time to pause after each of these points and invite reflection and discussion from the group. Encourage open discussion about how this new information applies to each woman personally and invite questions about any remaining concerns.



9. Activity: True or False — 20 minutes

To start the activity, invite two group members to sit side by side in front of the rest of the group. Explain that they represent a couple who wants to begin discussions about their desired family size and family planning. Provide a small handful of stones or beans to all other members of the group. Place a basket on the right side of the “couple” and another on the left side of the couple.

For the other members of the group, explain that you will make a series of statements that the woman could share with her partner or that her partner might share with her. For each statement, ask members of the group to put a stone or bean in the basket on the right if the statement is accurate or beneficial and put a stone or bean in the basket on the left if the statement is not true or would not be beneficial in this conversation. Share the correct answer (accurate or not accurate) for each statement after everyone has put their stone or bean in the basket. Encourage questions and discussions, particularly for statements that had mixed or incorrect responses.

- Talking about your desired family size should happen in a single conversation, ending with you and your partner both agreeing on the number of children you will have.

False; discussions about family desires and goals is complex and will require multiple conversations and dedicated times and spaces for open discussion.

- When discussing your desired family size with your partner, you should consider your ability to give the time, attention, and resources needed for each child to thrive.

True; decisions about family size should address the goals for your family, what resources you have, and what you feel you have the capacity to provide for your children.

- If you and your partner disagree about your desired family size, it is best to stay quiet to avoid conflict.

False; it is common for couples to not have the same opinions about family decisions. Practicing calm conversations in a quiet space at a time decided beforehand can help each partner express their desires and listen to the desires of their partner. If a conflict arises, seek out a trusted friend who can mediate your discussion.

- All family planning methods are equally effective at preventing pregnancy, so it is just a matter of personal preference.

False; while personal preference is important, the effectiveness of each method varies and should be considered. Some methods are only effective if used perfectly each and every time of intercourse, where other methods are effective with little action by the partners.

- Family planning is not safe soon after childbirth or while breastfeeding.

False; there are many safe methods of family planning postpartum and while breastfeeding. This is an especially important time to use family planning to prevent births too close together.



10. Discuss Barriers — 10 minutes

- ? Is there anything that might prevent you from discussing your desired family size and family planning options with your partner?
- ? What are some of the common communication patterns between couples difficult to change?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching — 20 minutes

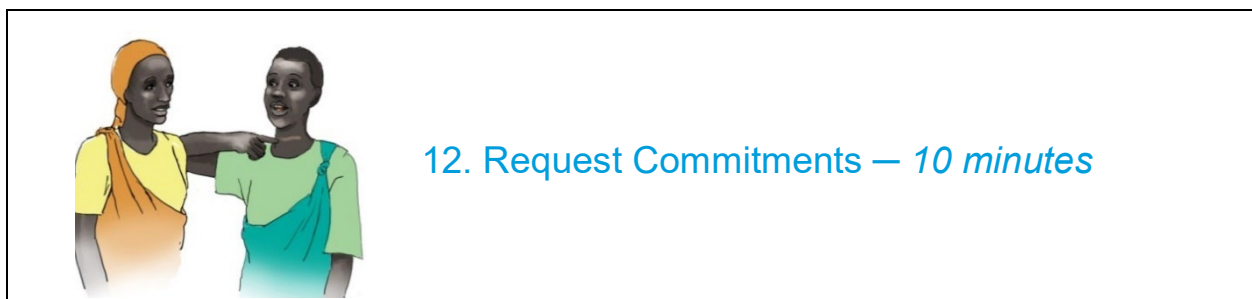
For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way the promoter taught her.

- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



? Based on today's teachings, what commitment will you make?

For example:

- I commit to talking with my partner about our desired family size, knowing this may take many conversations over a period of time.
- I commit to making a plan with my partner for what family planning is needed to achieve this goal.

LESSON 3: FERTILITY AWARENESS METHODS



Objectives

By the end of this lesson:

- Women and their partners will possess “fertility awareness,” understanding a woman’s natural cycles, how pregnancy occurs, and when pregnancy can occur.
- Women and their partners will have the knowledge, skills, abilities and confidence to decide upon and implement, if desired, a fertility awareness or calendar-based method of family planning.
- Women will talk with their spouse about fertility cycles. If they choose to follow the Standard Days method to delay pregnancy:
 - a. They will use a memory aid, such as a color-coded string of beads to track the woman’s monthly bleeding days and the days she could become pregnant if she has intercourse without a condom.
- If they choose to follow the TwoDay method to delay new pregnancy:
 - a. Women will check for vaginal secretions twice each day in the morning and afternoon. Vaginal secretions are a sign that new pregnancy is possible.
 - b. Women will use a memory device to keep track of secretions each day.
 - c. To delay new pregnancy, couples will abstain from sex if the woman sees secretions yesterday or today. They will only have sex after two days without secretions.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Five objects (beans or stones)
- Ten objects (a different type of bean or stone)
- A large calendar page or four rows of 7 boxes drawn with a stick on the ground.

Lesson Summary

- Game: Family Count
- Attendance and troubleshooting
- Share the story (Worth It) and ask about current practices
- Share the meaning of each picture on flipchart pages: Fertility Awareness and Calendar-Based Family Planning Methods, Standard Days Method, TwoDay Method
- Activity: Secretion Count
- Discuss Barriers

- Practice and Coaching in Pairs
- Request Commitments



1. Game: Family Count — 10 minutes

1. Ask the women to stand in a circle. The facilitator stands with them too.
2. The group will count, in turn, around the circle. Start at 1 and continue until 25 or above (depending on the literacy of the participants).
3. Anyone who has a 0 or 5 in their number must say “FAMILY” instead of saying the number. For example, 1, 2, 3, 4, FAMILY, 6, 7, 8, 9, FAMILY, 11... etc.
4. Encourage the women to count quickly. Those who make mistakes will leave the circle.
5. Continue until only one winner is left.
6. Repeat several times until everyone is laughing.

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making

home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Worth It (Picture 3.1)—5 minutes

- Read the story in section 3 of the flipchart.

A group of men meet together and learn about a new method to delay pregnancy. The speaker says, "It does not require money or medicine. However, you must avoid sex or use a condom with your spouse for two weeks each month." Some men laugh. Others shake their heads. One man says, "That is not possible!"

A man stands and says, "Every year my wife has become pregnant and given birth. We have six children and now it is difficult to give them each the food, education, and attention they need. I wish we had talked about how many children we want to have. My wife is now too weak and sick to care for herself or our children. To save her life and make the best choice for our family, I am going to try this new method. It is worth it!"



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? How did the men react to this new method? Why?
- ? Why did the man in the second picture decide to try the new method?
- ? Why would a couple want to discuss their ideal family size before having children?
- ? Do you think you and your husband (or partner) would use a method of family planning? Why or why not?

Ask the first two questions to review the story.

- The men at first said this method was not possible. They did not believe they could avoid sex even if they wanted to.
- Some men were angry; other men thought it was funny.
- One man, however, decided it was the only thing that he could do to save his wife's life. She had too many pregnancies. He decided that even though it would be hard, he must try it to allow her to recover and survive.

Ask the third question to encourage discussion on the benefits of couples discussing their ideal family size. Ask the last question to hear the women's opinions about how this method would (or would not) work for them.

- Women may believe that it is impossible for their husband to abstain or use condoms.
- Encourage the women to first discuss it with their partner before they decide it will never work.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Fertility Awareness and Calendar-Based Family Planning Methods (Picture 3.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

One way to delay or space pregnancy is to use fertility awareness or calendar-based family planning methods. These methods do not require a health worker or health facility.

Fertility awareness family planning methods track the days a woman can become pregnant using a calendar or a woman's body symptoms.

- “Fertility awareness” means that a woman and her partner know how to tell when the fertile time of her monthly bleeding starts and ends. This is the time when she can become pregnant. The couple prevents pregnancy by avoiding unprotected vaginal sex during these fertile days—usually by abstaining or by using condoms.
- Calendar-based methods involve keeping track of these days on a calendar. Symptoms-based methods depend on observing the body's signs of when pregnancy is possible (cervical secretions, body temperature).
- Even if a modern method of family planning is used, understanding fertility is important to understanding a woman's natural cycles and how pregnancy occurs.

Natural family planning methods are effective when followed closely. Couples need to commit to working together.

- Effectiveness depends on close tracking and following of method. Risk of pregnancy is greatest when couples have sex on the fertile days without using another method.
- Fertility awareness methods require partners' cooperation. Couples must be committed to abstaining or using another method on fertile days.

? What are the benefits of understanding your own fertility?

Additional Information for the Trainer

There are several reasons why couples may choose natural methods of family planning:

- Helps women learn about their bodies and fertility
- No side effects
- Does not require procedures and usually do not require supplies
- Allows some couples to adhere to their religious or cultural norms about contraception
- Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy



6. Share the Meaning of Each Picture: Standard Days Method (Fertility Awareness Method) (Picture 3.3) — 10 minutes

- Ask the caregivers to describe what they see in picture 3.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

A memory aid, such as a color-coded string of beads, can help track a woman's monthly bleeding days and the days she could become pregnant if she has intercourse without a condom.

- “CycleBeads” are pre-made rings of beads; similar strings of beads can be homemade or marking a calendar can be used as a memory aid.
- A woman can use this method if most of her menstrual (monthly bleeding) cycles are 26 to 32 days long. If she has more than 2 longer or shorter cycles within a year, the method will be less effective and she may want to choose another method.

A woman keeps track of the days of her menstrual cycle, counting the first day of monthly bleeding as day one and moving the counter forward each day.

- Avoid sex or use a condom on days 8–19, the days a woman could become pregnant
- The couple can have unprotected sex on all the other days of the cycle—days 1 through 7 at the beginning of the cycle and from day 20 until her next monthly bleeding begins.

- ?** Would you be willing to try this method to delay pregnancy or discuss it further with your partner? Why or why not?



7. Share the Meaning of Each Picture: TwoDay Method (Picture 3.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 3.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

- ?** What do you think these pictures mean?

Each month a woman has some non-bleeding secretions in addition to her regular time of bleeding. Checking for these secretions can help couples know the days they can become pregnant.

- After a woman urinates, she can use two clean fingers to gently wipe her vagina to check for mucous-like secretions. These often feel slightly sticky and are clear or white in color.
- Women may mark secretions (non-bloody, wet feeling from the vagina) on a calendar, use two rocks, or develop another method to remember today's and yesterday's secretions.
- The support of a woman's partner is important for success of this method. He can help her track secretions and be ready to adjust sexual behavior when necessary to prevent pregnancy.

Women using this method will look for secretions twice each day, once in the afternoon and once in the evening.

New pregnancy is possible today if you had non-bloody secretions today or yesterday.

New pregnancy is not possible today if you had no secretions today or yesterday.

To delay new pregnancy, you and your partner must agree to use a condom or avoid sex on days when new pregnancy is possible.

- This couple has agreed to delay new pregnancy in this way.

This method works if:

- Both partners agree to delay new pregnancy.
- Both partners agree to avoid sex or use a condom on days when new pregnancy is possible.
- The woman's bleeding has returned after childbirth for at least four months.
- The woman agrees to watch her secretions each day and inform her partner on days when new pregnancy is possible.
- They are not currently using another method to delay new pregnancy.

? What can women do to encourage their husbands to abstain from sex on days with secretions?

? If a couple wanted to get pregnant, how could they use this method to help them become pregnant?

Additional Information for the Trainer

- When correctly used, the TwoDay method is 96% effective in preventing new pregnancies.⁵ Out of 100 women using this method correctly, only 4 will get pregnant.
- The TwoDay method requires full support and participation from the partner, who will need to understand in detail how the method works to identify fertile days and be willing to abstain from intercourse or use a condom on these days.
- Benefits of the TwoDays method include a lack of side effects and a deeper understanding of a woman's monthly reproductive cycles.

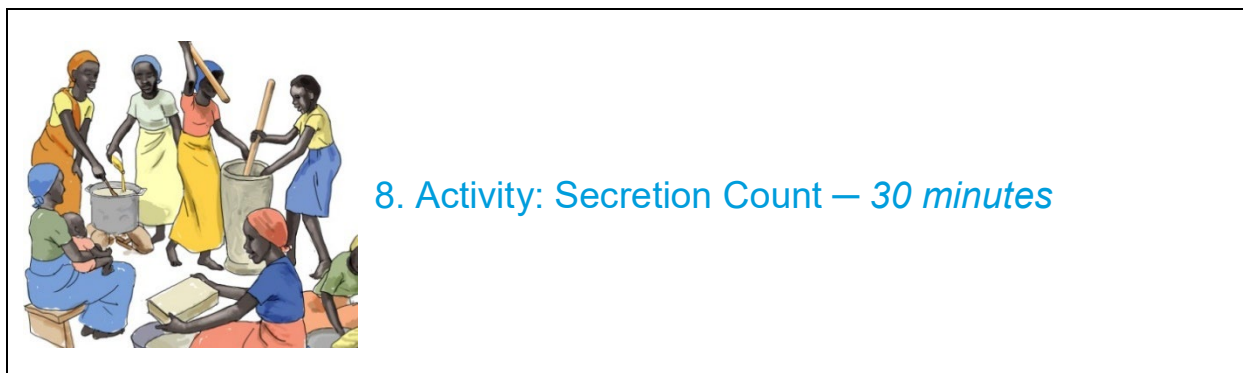
Secretions

- Secretions may be slippery and thin or thick and sticky. Women do not need to distinguish between the different types of secretions. All non-bloody secretions are signs that new pregnancy is possible.
- Most women can tell the difference between semen and genital secretions. Semen may be present on the woman's genitals the morning after sex. Checking for secretions in the afternoon and evening will help women to avoid this problem.
- If women notice secretions for more than 14 days in a row, she may have a sexually transmitted infection. She should visit the health center for diagnosis and treatment.
- On average, women will have 12-13 days each month when pregnancy is possible.

⁵ Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of Family Planning". *Fertility and Sterility* 82(4):885-892.

Postpartum Women

- Secretions can be difficult to notice and interpret before the return of the monthly bleeding. Women may have many days with secretions even on days when new pregnancy is not possible. This increases the days that she and her partner must abstain from sex.



Let's do an activity to better understand a woman's monthly cycle and when she can become pregnant. We will imagine we are checking for secretions in order to know what days we can have sex safely without becoming pregnant.

Needed objects:

- Five objects (beans or stones) to represent days when women bleed each month
- Ten objects (a different type of bean or stone) to represent non-bloody secretions
- A large calendar page or four rows of 7 boxes drawn with a stick on the ground

Each of these four rows represents one week of a month. I am going to put five objects in the boxes of first week to represent the days of a woman's monthly bleeding.

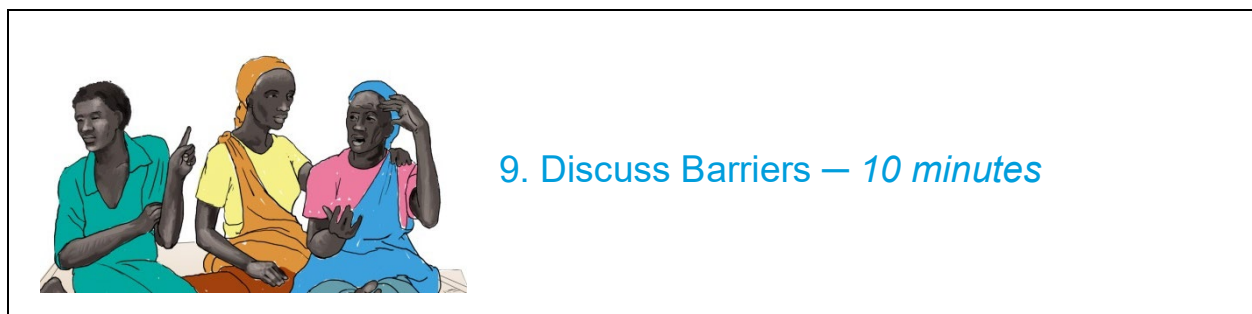
Next, I will put 7 different objectives in the second row and 3 in the third row to represent days of feeling non-bloody secretions.

Point to each secretion day on the calendar asking:

- ? If she has sex today, is it possible for her to get pregnant?
 - o New pregnancy is possible today if she had non-bloody secretions today or the day before.
- ? How do you feel about checking for secretions? Is this something you feel comfortable doing?
- ? How will you remember to check for secretions each day?
- ? How can a woman keep a record of what happened yesterday?

Ideas might include any of the following:

- Using a calendar to mark the secretions that you see.
- Using two rocks to remind you. Place two small rocks and a can inside the latrine. Put one rock inside the can on the first day of secretions. Put a second rock inside the can on the second day of secretions. If one or both rocks are inside the can, abstain from sex and use condom.
- On the first day that you do not see a secretion, remove one rock. On the next day that you do not see a secretion, remove the other rock. When both rocks are outside the can, you can have sex until secretions are seen again.



- ? What do you think are the main challenges for couples in communicating about ideal family size? What could overcome these barriers?

- ? To what degree do couples understand fertility and the calendar timing of when a woman can become pregnant?
- ? Have you and your partner considered using a fertility-awareness or calendar-based method of delaying pregnancy? Is there anything that might prevent you from trying these practices?

Ask participants to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible concerns and solutions

Some men will not agree to avoid sex or use condoms. For these families, they may consider other methods such as pills, injections or IUDs provided at the health facility. They may also consider other activities that do not cause pregnancy such as kissing or massaging genitals by hand on days when new pregnancy is possible.



10. Practice and Coaching — 20 minutes

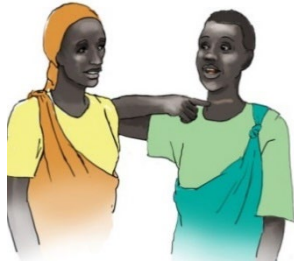
For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with

another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss my fertility cycle with my partner so we are both aware of when pregnancy can occur each month.
- I will track my vaginal secretions twice a day this month in order to better understand my fertility cycle. I will talk with my partner about which days we need to use a condom to protect against pregnancy.

LESSON 4: LACTATION AMENORRHEA METHOD (LAM)



Objectives

By the end of this lesson:

- Women and their partners will be familiar with the Lactation Amenorrhea Method and its ability to prevent new pregnancy for six months after childbirth if the following things are true:
 - a. The woman's monthly bleeding has not returned.
 - b. The child is younger than six months.
 - c. The mother never gives water, beer porridge or other foods or liquids.
 - d. The mother breastfeeds day and night whenever the child shows signs of hunger.
- Women and their partners will understand that when these criteria are not met, they will need to use another method of family planning to prevent pregnancy.
- Women and their partners will perceive the benefits of the Lactation Amenorrhea Method and will know to seek guidance from a health care provider as needed.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Small stone

Lesson Summary

- Game: Mother Says
- Attendance and Troubleshooting
- Share the story (Fatima and her baby both succeed) and ask about current practices
- Share the meaning of each picture on flipchart pages: Breastfeeding to Delay Pregnancy, LAM Criteria
- Activity: Does it Work?
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Mother Says — 10 minutes

1. Choose one volunteer to stand in front of the group and be the “mother.”
2. Ask the other participants to stand in a line facing her. They should mirror the actions of the mother only when she begins the statement with “mother says...” If she simply models a movement and doesn’t say, “mother says,” they should not mirror the movement.
3. Any time a participant mirrors the mother’s movement without her saying “mother says,” she sits down and is out of the game.

For example, the mother taps her head and says, “Mother says, tap your head.” Participants should then tap their own heads. Next, the mother may hop on one foot and say, “Hop on one foot.” Participants who hop on one foot will be told to sit down (because she did not first say “mother says”).

4. Continue the game until there is a single participant standing.

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with

those that are sick unless they have Personal Protective Equipment (PPE).

- *Promoter helps to solve the problems mentioned.*
- *Promoter asks the CGVs to review the key practices from the last lesson.*
- *Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *CGV will ask the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Fatima and her baby both succeed (Picture 4.1)—5 minutes

- Read the story in section 3 of the flipchart.

Fatima is about to give birth to her second child. She and her husband want to plan ahead to ensure this child is healthy and strong and does not have to suffer from limited time, attention, food, and future resources that would come from having another baby soon after. Fatima's sister told her about the Lactation Amenorrhea Method that benefits the baby by exclusively providing her with nutrient-rich breastmilk for six months and benefits the mother and entire family by delaying pregnancy.

Fatima's husband wants to know more. "We just need to be mindful of the four things that make the Lactation Amenorrhea Method work," Fatima shared. "My monthly bleeding has not returned, our child is less than six months old, we never give other foods or liquids, and I breastfeed day and night whenever the baby shows signs of hunger." "This sounds like the best choice for us and our baby!" exclaimed her husband.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What are Fatima and her husband's goals for their child and their family?
- ? What are the advantages of the Lactation Amenorrhea Method for the baby? For the mother?
- ? Would you consider this method of family planning postpartum? Why or why not?

Ask the first questions to review the story.

- Fatima and her husband have agreed that they want to delay their next pregnancy and want their baby to be healthy and strong.

Ask the second question to find out about understanding of the benefits and advantages of the Lactation Amenorrhea Method of family planning.

- The Lactation Amenorrhea Method doesn't require any supplies or services from a health provider. It benefits the child by providing the most optimal nutrition, bonding, and protection against disease. It benefits the family by preventing new pregnancy for six months.

Ask the last question to find out why participants might or might not consider this family planning method.

- Some responses for using this method may include: it is easy to use, it does not require a visit to a clinic, and it leads to the best nutrition for the baby. Hesitations may include the impulse to give other food or liquid to the child or inconsistent breastfeeding.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Breastfeeding to Delay Pregnancy (Picture 4.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 4.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

The Lactation Amenorrhea Method (LAM) is a modern and effective method of family planning based on the natural effect of breastfeeding on fertility.

- LAM is very effective at preventing pregnancy
- Breastfeeding during the baby's first six months prevents new eggs from being released
- LAM does not require any supplies or health services

LAM benefits both mother and baby.

- LAM encourages exclusive breastfeeding, which promotes bonding with baby
- Exclusive breastfeeding provides baby's with the best nutrients needed for brain and body growth and development
- Exclusive breastfeeding protects baby against sickness and disease

? Would you be willing to try this method to delay pregnancy or discuss it further with your partner? Why or why not?

Additional Information for the Trainer

LAM is 99.5% effective with correct use and more than 98% effective with typical use.

LAM works by:

- The baby's suckling stimulates the nipple, which triggers signals to the brain

- These signals disrupt hormone production, which suppresses ovulation
- Without ovulation (release of an egg), there can be no pregnancy



6. Share the Meaning of Each Picture: LAM Criteria (Picture 4.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 4.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

- What do you think these pictures mean?

Four things are needed for LAM to effectively prevent pregnancy.

1. The woman's monthly bleeding has not returned.
2. The child is younger than six months.
3. The mother never gives water, beer porridge or other foods or liquids.
4. The mother breastfeeds day and night whenever the child shows signs of hunger.

LAM can start as soon as baby is born.

- Breastfeeding can be challenging, especially in the beginning.
- Ask for support from a health worker or an experienced friend or family member.
- Partners can support mothers by making sure they have time and space to devote to breastfeeding.

When these criteria are not met, you and your partner will need to use another method of family planning to prevent pregnancy.

- There are many family planning options for postpartum women
- Talk to a health worker about what options are best

? How feasible do you think it would be to meet all four of these criteria?

? Where could you go to obtain another method of family planning if you did not meet these criteria?

Additional Information for the Trainer

General Information

Exclusive breastfeeding means that breastmilk is the only thing baby consumes. This means no water, no tea, no cereals, and no other foods. Breastmilk has all of the nutrients a baby needs.

Exclusive breastfeeding means offering the breast whenever baby displays feeding cues, breastfeeding frequently throughout the day, allowing baby to meet all their sucking needs at the breast (no pacifiers), and allow baby to feed as long as desired rather than limiting the amount of time.

Side Effects and Concerns

LAM is a temporary method that is effective up to six months. Couples should be prepared with another method of family planning when LAM is no longer effective.



7. Activity: Does it Work? — 20 minutes

Ask three women to stand at the front, representing three women who want to consider using LAM as a method of family planning. You will describe the scenario for each woman and ask the rest of the group if she has met all of the criteria for LAM to be effective.

Woman #1 is 24 years old and just gave birth to her second child. She began breastfeeding with an hour of birth with the support of her midwife. At home she breastfeeds throughout the day and night, whenever her baby shows signs of hunger. However, her mother-in-law says the baby needs water to stay hydrated and spoon feeds the baby sips of water and tea in the mornings and before bed.

? Does LAM work for woman #1?

No, she has introduced other liquids. LAM requires exclusive breastfeeding. Breast milk has all the water content babies need.

Woman #2 is 30 years old and gave birth to her fourth child two days ago. She is breastfeeding every 1-3 hours and has learned to anticipate when her baby is starting to feel hungry before he cries. At night though, she is too tired to breastfeed and uses a pacifier to soothe her baby. Sometimes her husband gives the baby some porridge just before bed to help him sleep. She plans to breastfeeding during the baby, but it feels like too much to nurse the baby at night.

? Does LAM work for woman #2?


No, she is not breastfeeding day and night upon demand. LAM requires frequent suckling to stimulate changes in ovulation. Newborns need breastmilk day and night.

Woman #3 is 18 years and has been exclusively breastfeeding her baby for six months. She loves the way she has bonded with her baby through breastfeeding and her daughter is growing well. Now that her baby is six months old, she plans to introduce soft foods and to continue breastfeeding until the baby is two years.

? Does LAM work for woman #3?

LAM has been successful at preventing pregnancy for six months. However, now the woman will need to use another method of family planning to continue to prevent pregnancy.

Invite participants to reflect on these scenarios and offer testimonies of what the postpartum period has looked like them previously. Ask if there are any questions about what is needed for LAM work.

An illustration of three women sitting and talking. The woman on the left is wearing a green shirt and is gesturing with her right hand. The woman in the middle is wearing a yellow shirt and an orange headscarf. The woman on the right is wearing a pink shirt and a blue headscarf, and is also gesturing with her right hand. They appear to be in a discussion.

8. Discuss Barriers — 10 minutes

- What might make it difficult for you or your partner to use the LAM to prevent pregnancy?
- What are challenges to exclusive breastfeeding whenever a baby wants to nurse for six months?

Let's discuss each of these barriers and discuss possible solutions. How have any of you overcome these barriers that you could share with the rest of the group?



9. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- Next, the CGV should practice communicating the same information as they would with their spouse or partner. Provide coaching on how to have open dialogue and provide clear information.
- After ten minutes, ask the women to switch roles. The other CGV will practice communicating as they would with their spouse or partner.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (pretending they are a spouse or partner). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



10. Request Commitments — 10 minutes

- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss LAM with my partner to be prepared for the next time we have a baby.
- I will review the criteria for LAM with my partner to ensure that it is effective to prevent pregnancy.

LESSON 5: SHORT-ACTING MODERN METHODS OF FAMILY PLANNING—CONDOMS & PILLS



Objectives

By the end of this lesson:

- Women and their partners will be familiar with condoms and pills as short-acting modern methods of family planning and will feel equipped to discuss the best method for their desires.
- Women and their partners will understand how condoms work as a barrier to keep sperm out of the vagina to prevent pregnancy and sexually transmitted infections. They will feel confident in how to properly use a condom to prevent pregnancy.
- Women and their partners will understand how pills work to delay pregnancy by preventing the release of eggs from the ovaries. They will understand that a pill must be taken every day at the same time, whether or not you have sex that day, to prevent pregnancy.
- Women and their partners will perceive the benefits of each of these short-acting methods and will seek guidance from a health care provider to identify the best method for their desires and preferences.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Small stone

Lesson Summary

- Game: Pass the Stone
- Attendance and Troubleshooting
- Share the story (Maria Ngomo Talks to a CHW) and ask about current practices
- Share the meaning of each picture on flipchart pages: Condoms to Delay Pregnancy, Other Benefits of Condoms, Pills to Delay Pregnancy, Pill Benefits & Considerations
- Activity: Fill in the Blank
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Pass the Stone — 10 minutes

1. Choose one volunteer.
2. Ask the other participants to stand in a circle, very close together. The volunteer stands in the middle of the circle.
3. The facilitator walks around the outside of the circle and secretly slips a small rock into someone's hand.
4. The participants in the circle must quickly pass the rock around the circle behind their backs.
5. When the facilitator says, "stop," the rock stays in the hand of the woman who was holding it, behind her back. The job of the volunteer is to study the faces of those in the circle and guess who is holding the rock.
6. When the volunteer guesses correctly, she chooses someone else to stand in the middle and continue the game.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.

- Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- *Promoter helps to solve the problems mentioned.*
- *Promoter asks the CGVs to review the key practices from the last lesson.*
- *Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *CGV will ask the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Maria Ngomo Talks to a Community Health Worker (Picture 5.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo and her husband just gave birth to their second child and have decided they want to delay a next pregnancy. They have heard about several options that are short-acting and are not sure which is the best fit for them. “Do you think condoms or oral pills would be best?” Maria Ngomo asks her husband. “Or what about a hormone injection?” Her husband waited a moment as he thought, and asked, “Do all methods work the same for delaying pregnancy? What makes someone choose one over another?” They both smiled as they said at nearly the same time, “Let’s ask a Community Health Worker.”



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What are Maria Ngomo and her husband trying to decide?
- ? What are the different reasons someone might choose one method of delaying pregnancy over another?
- ? What would be most important for you in choosing a method of family planning?

Ask the first questions to review the story.

- Maria Ngomo and her husband have agreed that they want to delay their next pregnancy, but are not sure which short-acting method of family planning is best for them.

Ask the second question to find out the beliefs about the different benefits and advantages of each method of family planning.

- All methods of modern family planning can effectively prevent pregnancy when used consistently and properly. But some methods may be more desirable based on different factors. Some couples prefer a certain method based how it makes them feel or how often you need to remember to use it.

Ask the last question to find out what aspects are most important to participants when they consider a family planning method.

- Some responses may include: what is easiest to use; what method can be used privately; what method is most effective at delaying pregnancy.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Condoms to Delay Pregnancy (Picture 5.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 5.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Male condoms are sheaths, or coverings, that fit over a man's erect penis.

- Condoms are only used once and then must be disposed of.
- Condoms may dull the sensation of sex for some men. However, discussion between couples sometimes can help overcome this objection.

Condoms work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy.

- Condoms require correct use with every act of sex for greatest effectiveness. Risk of pregnancy or sexually transmitted infection (STI) is greatest when condoms are not used with every act of sex.

As per the picture below, learn how to properly unroll the condom all the way to the base of the erect penis, and how to safely slide the condom off the penis after intercourse.

- If a condom breaks or fails in another way, additional methods such as emergency contraception can be used to prevent pregnancy.

? Would you be willing to try this method to delay pregnancy or discuss it further with your partner? Why or why not?



6. Share the Meaning of Each Picture: Other Benefits of Condoms (Picture 5.3) — 10 minutes

- Ask the caregivers to describe what they see in picture 5.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Condoms also keep infections that are in semen, on the penis, or in the vagina from infecting the other partner.

- Unlike many other methods of contraception, male condoms are the only method to prevent pregnancy and protect against sexually transmitted infections, including HIV. Even if couples use another form of family planning, condoms can be used for their protection against infections.

Condoms have other benefits including that they:

- have no hormonal side effects
- can be used as a regular, temporary or backup method
- can be used without seeing a health care provider
- are sold in many places and generally easy to obtain; and
- can _____ make _____ sex _____ last _____ longer.

Talking about condom use before sex can improve the chances one will be used.

- This requires both male and female partner's cooperation.
- Do not use a condom more than once.
- Condoms are generally accessible at the health center or from a Community Health Worker.

? What benefits of condoms seem most appealing to you?



7. Share the Meaning of Each Picture: Pills to Delay Pregnancy (Picture 5.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 5.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

- What do you think these pictures mean?

A pill taken daily by a woman can prevent pregnancy.

- Pills that contain low doses of hormones—like the natural hormones called progesterone and estrogen that are already produced in a woman's body. Examples include XXX (country-specific contextualization is required – include name and if it is progestin only, combined hormone, etc.) Both types of pills include hormones that are naturally found in a woman's body.
- Pills work by preventing the release of eggs from the woman's ovaries.

You must remember to take the pill every day, whether or not you have sex that day.

- Take one pill each day, at the same time each day.
 - It can be helpful to combine the habit of taking the pill with another daily activity, such as preparing the morning meal.
 - When you skip a day, miss a pill, or stop taking the pills, new pregnancy is possible.
- If you miss one pill, take it as soon as you remember. If you don't remember until the next day, go ahead and take 2 pills that day. If you forget to take your pills for 2 days in a row, take 2 pills the day you remember and 2 pills the next day. You will then be back on schedule. If you miss more than 2 pills, contact a healthcare provider for guidance.

Return to the health center and get more pills before you run out, so you do not miss any days.

- ?** Would you be willing to try this method to delay pregnancy or discuss it further with your partner? Why or why not?

Additional Information for the Trainer

General Information

- Pills can consist of progesterone or estrogen or a combination. Both types of hormones are naturally found in women's bodies.
- Take any missed pill as soon as possible. Missing pills risks pregnancy and may make some side effects worse.



8. Share the Meaning of Each Picture: Pills Benefits and Considerations (Picture 5.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 5.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

- ?** What do you think these pictures mean?

Pills have many benefits as a method of family planning.

- Its use is controlled by the woman.
- Pill use can be stopped at any time without a provider's help
- Pills do not interfere with sex
- Pills are easy to use

- The method is effective. For greatest effectiveness a woman must take pills daily and start each new pack of pills on time. Must be taken every day, whether or not a woman has sex that day.

Like all medicine, birth control pills have possible side effects.

- Some users experience some mild nausea when first starting birth control pills. Usually this goes away within a short time. Taking the pill with food or taking it before bedtime may help.
- It is common for women to have changes to their monthly bleeding when using pills, including spotting, irregular bleeding, or missed periods. This is not harmful and does not mean anything is wrong. The bleeding changes usually return to normal after three months of using the pill.
- The hormones in the pill may cause a decrease in sexual interest or a slight change in their emotions. Monitor these changes and ask your healthcare provider for support if the changes feel significant. A different type of pill or method of family planning may be prescribed if needed.

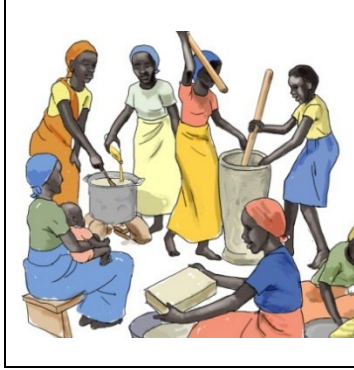
? What benefits are most appealing to you about the pill for family planning?

? What questions or concerns do you have about side effects?

Additional Information for the Trainer

Side Effects and Concerns

- Bleeding change—differences in the length or heaviness of the woman's monthly bleeding—are normal and not harmful. Typically, there is irregular bleeding for the first few months and then lighter and more regular bleeding. If a woman finds them bothersome, counseling and support can help. Many women experience lighter bleeding and fewer days of bleeding. Other normal side effects for some women could include: headaches, dizziness, nausea, breast tenderness, weight change, or mood changes but these generally will go away after few weeks or months.
- Nearly all women can use oral contraceptives safely and effectively, including women of any age, after childbirth and during breastfeeding; (progestin-only pills can be taken immediately postpartum by breastfeeding women and combined oral contraceptives after a period of time (6 months)).
- Many people mistakenly believe that contraception pills will make a woman infertile (unable to have future children) or will harm a baby. These are not true and should be dispelled. Using the pill for family planning has no effect on future fertility when women stop taking the pill.



9. Activity: Fill in the Blank — 20 minutes

Tell the group you are going to review some information about condoms and pills as short-acting methods of family planning.

Ask the group to sit in a circle and give a stone or stick to one woman. Say the following statements and ask the woman holding the stone or stick to fill in the blank with the correction information by discussing the answer with her “neighbor.” After the pair answers, they pass the stone or stick to the next two women in the circle who will respond to the next question.

1. _____ is a method of preventing pregnancy that also prevents sexually transmitted infections. *[Answer: Condoms]*
2. _____ is a method of preventing pregnancy that uses hormones that are naturally found in a woman’s body. *[Answer: Pills]*
3. A condom can be used _____ time(s). *[Answer: one]*
4. In addition to preventing pregnancy, another reason people like using condoms is _____. *[Possible answers: prevent sexual infections; have no hormonal side effects; can be used as a regular, temporary or backup method; can be used without seeing a health care provider; are sold in many places and generally easy to obtain; and can make sex last longer]*
5. _____ is a method of preventing pregnancy that is controlled by the woman. *[Answer: Pills]*
6. Pills must be taken every day, whether or not the couple _____, to effectively prevent pregnancy.

Conclude the activity with time for discussion or any questions based on the statements.



10. Discuss Barriers — 10 minutes

- What might make it difficult for you or your partner to use any of these short-acting methods of family planning—condoms or pills—that might prevent you from trying these new practices?

Let's discuss each of these methods one at a time and any barriers there could be to using it.

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the method. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what solutions they have discussed.

If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching — 20 minutes

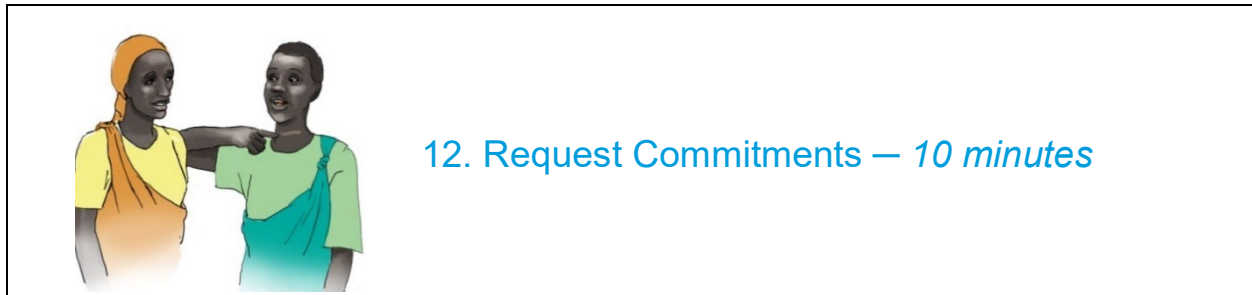
For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- Next, the CGV should practice communicating the same information as they would with their spouse or partner. Provide coaching on how to have open dialogue and provide clear information.
- After ten minutes, ask the women to switch roles. The other CGV will practice communicating as they would with their spouse or partner.
- The Promoter watches, corrects, and helps CGVs who are having trouble.

- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (pretending they are a spouse or partner). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss different options for short-acting method of family planning with my partner. We will talk about the benefits of condoms, including its ability to prevent pregnancy and prevent sexually transmitted infections.
- I will see a healthcare provider to obtain pills to delay pregnancy. I will take the pills every day at the same time in or to prevent pregnancy.

LESSON 6: SHORT-ACTING MODERN METHODS OF FAMILY PLANNING—INJECTIONS & EMERGENCY CONTRACEPTION



Objectives

By the end of this lesson:

- Women and their partners will be familiar with injections and emergency contraception as short-acting modern methods of family planning and will feel equipped to discuss the best method for their desires.
- Women and their partners will understand how hormone injections work to delay pregnancy by preventing the release of eggs from the ovaries. They will understand that injections prevent against pregnancy for 1-3 months depending on which variety is used.
- Women and their partners will understand how emergency contraceptives work to prevent pregnancy within five days of unprotected intercourse. They will understand this method is not for regular use of pregnancy prevention but can prevent ovulation without harming an existing pregnancy.
- Women and their partners will perceive the benefits of each of these short-acting methods and will seek guidance from a health care provider to identify the best method for their desires and preferences.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Small stone

Lesson Summary

- Game: Charades
- Attendance and Troubleshooting
- Share the story (Maria Ngomo Plans Ahead) and ask about current practices
- Share the meaning of each picture on flipchart pages: Injections to Delay Pregnancy, Injectables Benefits and Considerations, Emergency Contraceptive Pills to Delay Pregnancy, Emergency Contraceptive Pills Considerations

- Activity: Five Women
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Charades — 10 minutes

1. Choose one volunteer.
2. Ask the other participants to sit in a circle around her and guess the word or phrase the volunteer is acting out.
3. The volunteer may not talk or make any noise with her mouth, but should do her best to act out the word or phrase.
4. Let the group call out guesses until the right response is shared.
5. Then pick a new volunteer and a new word/phrase to act out.

Possible words to act out:

- School / going to school
- Making porridge
- Childbirth
- Harvesting vegetables
- Collecting water
- Getting married

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- Promoter helps to solve the problems mentioned.
- Promoter asks the CGVs to review the key practices from the last lesson.
- Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors


- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- CGV will ask the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Maria Ngomo Plans Ahead (Picture 6.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo and her husband discussed various family planning options with the local community health worker. With their full days and many responsibilities, they have decided they want a method that will not require them to remember to do something every day or every time they have intercourse. “I have a hard enough time remembering to put my shoes on,” laughs Maria Ngomo. She tells her sister the various methods the health worker described that can last several months.

“But we still want the option to have another child!” said Maria Ngomo’s husband with a smile. “So we are not ready for a permanent solution.” “That’s right,” Maria Ngomo shares. “That’s why I got my injectable today!”



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What are Maria Ngomo and her husband hoping for in a family planning method?
 - ? What are the reasons a couple might want a method that can be reversed but lasts weeks or months?
 - ? What would be most important for you in choosing a method of family planning?

Ask the first questions to review the story.

- Maria Ngomo and her husband want a method to prevent pregnancy temporarily , but do not want to have to remember to use the method every day or every time they have sex.

Ask the second question to find out the beliefs about the different benefits and advantages of short-acting methods of family planning.


- Short-acting methods of family planning allow couples to temporarily prevent pregnancy in order to space births. Options like injectables do not require the couple to remember to use the method daily (e.g., the pill) or during every act of intercourse (e.g., condom).

Ask the last question to find out what aspects are most important to participants when they consider a family planning method.

- Some responses may include: what is easiest to use; what method is controlled by the woman; what method can be used privately; what method is most effective at delaying pregnancy.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Injections to Delay Pregnancy (Picture 6.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 6.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Hormone injections can prevent pregnancy for weeks or months at a time.

- The injections contain hormones like those naturally found in women's bodies.
- Injections work by preventing the release of eggs from the ovaries.
- Local names of hormone injections include: XXX.

Injections only require action every 1-3 months.

- For 1-3 months, depending on the type of injection used, new pregnancy is not possible.
- Women will need to return to a health provider for a new injection before the injection wears off to delay new pregnancy.
- If a woman misses or is late in getting an injection, she should talk to her healthcare provider about using another method of contraception such as condoms.

? Would you be willing to try an injection to prevent new pregnancy? Why or why not?

Additional Information for Trainers

General Information

- Injections can come in different varieties, including those that are progestin only and those that are a combination of estrogen and progestin. Both include hormones that are naturally found in a woman's body.
- Nearly all women can use safely and effectively, including women who are breastfeeding, starting as soon as 6 weeks after childbirth.



6. Share the Meaning of Each Picture: Injectables Benefits and Considerations (Picture 6.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 6.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Hormone injections have many benefits.

- Injections are highly effective, nearly 100% of pregnancies are prevented when used properly
- Injections requires action only every 1- 3 months
- No daily action is needed
- Injections do not interfere with sex
- The use is private, no one else can tell that a woman is using contraception
- Injections stop monthly bleeding (for many women); and
- Can be stopped at any time.

Injectables have side effects that are not harmful and can be managed.

- Bleeding changes are common but not harmful.
- Gradual weight gain is common, averaging 1–2 kg per year.

- Some women may also experience headaches, dizziness, mood changes, stomach discomfort, or less sex drive.
- Return of fertility is often delayed. It takes several months longer on average to become pregnant after stopping progestin-only injectables than after stopping other methods.
- Injections do not make women infertile (unable to have babies).

? Would you be willing to try an injection to prevent new pregnancy? Why or why not?

Additional Information for Trainers

General Information

- Effectiveness depends on getting injections regularly. Risk of pregnancy is greatest when a woman misses an injection.

Side Effects and Concerns

- Typically, irregular bleeding for the first several months and then after one year of regular injections, a woman's monthly bleeding may be infrequent or disappear altogether. This is not harmful to the woman. Blood will not build up in the woman's body and the differences in bleeding do not affect her fertility.
- For more information, see the Global Health Media 4.5 min video on [contraceptive injection](#)

Contraceptive Patch

- Another less common short-acting form of family planning is the contraceptive patch. If this is available in your area or if members of your group ask about it, you can provide the following basic information and encourage further discussion with a health provider.
 - A patch placed on the skin can prevent pregnancy. The patch is worn at all times day and night. Hormones from the patch slowly pass through the skin into the bloodstream.
 - The patch works by preventing a woman's eggs from passing from the ovaries.
 - A new patch is put on each week for three weeks, and then no patch for the fourth week. Replace each patch on time for greatest effectiveness.



7. Share the Meaning of Each Picture: Emergency Contraception Pills (ECPs) to Prevent Pregnancy (Picture 6.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 6.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Emergency contraception, offers a “second chance” at preventing pregnancy when another method is not in place, such as a broken condom, a missed pill, or a sexual assault.

- It works best when taken as soon as possible, within five days of unprotected sex.
- Unlike long-acting forms of family planning, emergency contraception is not intended for use as a regular, routine method of preventing pregnancy.

When taken within five days of intercourse, emergency contraception can prevent most pregnancies by delaying ovulation.

- Emergency contraception does not provide protection against sexually transmitted infections, including HIV.
- Emergency contraception is for a one-time act and does not protect against future pregnancies.

? What would be an occasion that an emergency contraception pill may be useful?

Additional Information for the Trainer

General Information

- Data suggest that Emergency Contraceptive Pills are less effective or ineffective for heavier women or women with higher body mass index, but it is unclear at exactly what point effectiveness diminishes and by how much. Current guidance recommends that because Emergency Contraceptives are so safe, no woman should be denied them based on her weight.



8. Share the Meaning of Each Picture: Emergency Contraception Pills (ECPs) Considerations (Picture 6.5) — 10 minutes

- Ask the caregivers to describe what they see in picture 6.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

? What do you think these pictures mean?

Emergency contraceptives do not abort an existing pregnancy and they do not work if a woman has already ovulated.

- If a woman is already pregnant, emergency contraception will not impact her pregnancy.
- Emergency contraception does not affect the ability to get pregnant in the future

Emergency contraception may cause temporary side effects.

- Some women may experience side effects such as nausea, vomiting and vaginal spotting or bleeding. These symptoms will resolve with time.

? Would you consider using emergency contraception? Why or why not?

Additional Information for the Trainer

Concerns

- Common misconceptions about emergency contraception include its effect on fertility. Emergency contraception has no impact on future pregnancies.



9. Activity: Five Women — 20 minutes

Tell the group about the following five women. Ask the group what method of family planning discussed in this lesson or the previous ones they would recommend to prevent new pregnancy.

Woman 1 (give her a local name).

This mother wants to delay pregnancy for two years. She has an infant that is 10 months old who takes much of her attention so she does not want a method she needs to address daily.

- What method(s) might be best for her?
 - *An injectable contraceptive would provide protection against pregnancy without having to remember anything daily.*

Woman 2 (give her a local name).

The mother has two children under the age of two. She is breastfeeding both of them. She does not feel comfortable using a modern method of family planning, but wants to understand her fertility better to make sure she and her husband have more space before their next child. Her husband also wants his wife to recover physically and emotionally before she bears another pregnancy, birth, and breastfeeding.

- What method(s) might be best for her?
 - *The Standard Days Method or TwoDay Method would allow her to track her fertile days and avoid sex or have her partner use a condom on those days to prevent pregnancy.*

Woman 3 (give her a local name).

This woman wants to prevent pregnancy until she is finished with her university studies. She also wants protection against sexually transmitted infections, including HIV.

- What method(s) would be best for her?
 - *A condom used correctly and regularly during every act of sexual intercourse will prevent pregnancy and transmission of any sexual infections including HIV.*

Woman 4 (give her a local name)

This woman wants to be in control of her own family planning method. She is interested in delaying pregnancy until her youngest child is three years old.

- What method(s) would be best for her?
 - *Pills would allow the woman to start and stop when she wants. She could also seek help from a healthcare provider to obtain regular injections.*

Woman 5 (give her a local name).

This woman and her husband have been using the Standard Days Method to prevent pregnancy. They use condoms on the days they know she could become pregnant. Tonight the condom broke during intercourse. They want to make sure they prevent a pregnancy.

- What method(s) might be best for them?
 - *This couple could use emergency contraception; when taken within five days of unprotected intercourse, it can prevent most pregnancies.*

If possible, conclude the activity with a personal testimonial from a woman or multiple women who have successfully used one or more of these methods, who you have asked in advance to share about their personal experience. Invite them to share briefly about why they chose that method of family planning and why it is beneficial for them and their spouse. Invite the group members to ask about any commonly held misconceptions and let the testimonial woman respond.



- What might make it difficult for you or your partner to use any of these short-acting methods of family planning—such as condoms, pills, injections, or a contraceptive patch that might prevent you from trying these new practices?

Let's discuss each of these methods one by one (condoms, pills, injections, patch) and any barriers there could be to using it.

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the method. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what solutions they have discussed.

If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching – 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- Next, the CGV should practice communicating the same information as they would with their spouse or partner. Provide coaching on how to have open dialogue and provide clear information.
- After ten minutes, ask the women to switch roles. The other CGV will practice communicating as they would with their spouse or partner.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (pretending they are a spouse or partner). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



12. Request Commitments – 10 minutes

- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss different options for short-acting method of family planning with my partner. We will talk about the benefits of each method and decide together which option is best for delaying pregnancy.
- I will see a healthcare provider to obtain pills to delay pregnancy. I will take the pills every day at the same time in or to prevent pregnancy.

LESSON 7: LONG-ACTING REVERSIBLE CONTRACEPTION (LARCS)—IMPLANTS AND IUDS



Objectives

By the end of this lesson:

- Women and their partners will understand how implants and intrauterine devices work as long-acting, reversible methods to delay pregnancy.
 - a. Implants are small flexible sticks placed under the woman's skin on her arm to prevent new pregnancy for up to five years.
 - b. An intrauterine device can be inserted by a health worker into the woman's uterus (womb) to prevent new pregnancies for up to five years.
- They will perceive the benefits of using these types of methods, including their effectiveness to protect against pregnancy for months or years without regular action by the couple.
- Couples will feel empowered to meet with a health worker and receive counseling to decide which of the following methods is best for them.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Ball of string

Lesson Summary

- Game: Spider Web
- Attendance and Troubleshooting
- Share the story: Thinking of the Future
- Share the meaning of each picture on flipchart pages: Implants to Delay Pregnancy, Implants Considerations, IUD to Delay Pregnancy, IUD Considerations
- Activity: Case Scenarios
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Spider Web — 10 minutes

1. Ask the women to stand or sit in a circle.
2. The facilitator holds a ball of string in her hands. She will begin by telling the group one change (or improvement) she has made in her life since she began learning health lessons through Care Groups.
3. While still holding tightly to one end of the string, the facilitator tosses the ball of string to someone on the other side of the circle.⁶
4. The woman who catches the ball explains one change (or improvement) she has made since she began attending the group. She then holds tightly the string that connects her to the facilitator and tosses the ball to another woman in the circle.
5. As the participants continue sharing, a web will form. Continue until all of the women have shared.
6. Then ask, “Why were you able to change? What helped you to change?” Reinforce the positive messages that the women share.

One line of string is not very strong, but when we work together, and encourage one another, we can take the knowledge, skills, and experiences that we have and build a very strong community.

Now that we are energized, let's begin our lesson!

⁶ This game works best with a ball of string. If women do not have string, the facilitator can reach out and take the hand of another woman and tell her a change she has made. The woman then grabs the hand of a different woman in the group and tells her a change she has made. Continue with each woman grabbing a hand of someone new until the whole group is inter-connected.



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader⁷ to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), and for family planning methods and services.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Thinking of the Future (Picture 7.1)—5 minutes

- Read the story in section 3 of the flipchart.

Kiona and her husband had been dreaming together about the future lately, particularly during the pregnancy of their third child. After the birth of their daughter, they now have three healthy children and their crops are doing better than previous seasons. They want to plan ahead and make sure they have the resources and attention to give their growing children what they need to gain an education, be healthy, and successful.

Previously, Kiona used oral pills to space their pregnancies, but now she would like to be assured they will not become pregnant without having to remember to take her pill every morning. The midwife shares with the couple about long-term options such as IUDs and implants as well as permanent methods. They decide to select an intrauterine device, which the midwife is able to put in just after birth. They are so grateful for their family of five and if they decide to add more children in the future, they know the IUD can be removed.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What decision have Kiona and her husband made about their family size?
- ? Why did they select an IUD for their method of preventing pregnancy? What other long-term options could they use?
- ? What do you know about long-term options of preventing pregnancy?


Ask the first question to review the story.

- Kiona and her husband feel content with their three children. They do not think they want to have any future pregnancies, but are not ready for a permanent solution to preventing pregnancy.

Ask the second question to explore the benefits of long-term methods of family planning.

- With an IUD, Kiona and her husband will be confident they will not become pregnant for many years, but will not have to take regular action such as remember a pill daily.
- They could also use an implant or a permanent method such as a male vasectomy or female tubal ligation.

Ask the third question to determine what participants already know about long-term methods of family planning.



5. Share the Meaning of Each Picture: Implants to Delay Pregnancy (Picture 7.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- What do you think these pictures mean?

Some methods of preventing pregnancy can last for months or years at a time. These options are very effective and do not require regular action.

Implants are one of the most effective and long lasting non-permanent methods of delaying pregnancy.

An implant prevents pregnancy by stopping the release of eggs from the ovaries and blocking the man's sperm from reaching an egg.

- Implants stop working when they are removed. The hormones (chemicals) do not stay in the woman's body.

Implants are small plastic sticks or rods that are inserted under the skin on a woman's arm to prevent new pregnancy for three to five years.

- The sticks must be put in and removed by a trained health provider.

- Inserting the implants is not painful and can be done quickly and easily at a health center.
- To delay a new pregnancy, return to the health center to remove it after three to five years are over and get a new implant.
- When the sticks are removed, a new pregnancy is possible immediately.

? What are the advantages to using a method that is long-lasting, but also not permanent, like an implant?

Additional Information for the Trainer

General Information

- Long-acting reversible and permanent methods of family planning—such as implants or sterilization—are highly effective methods of contraception since they don't depend on the individual's ability to use them correctly.
- Common names of implants include Jadelle, Levoplant, Sino-Implant, Implanon, Nexplanon.
- For more information, see the Global Health Media 5.5 min video on [contraceptive implant](#), which is available in multiple languages.



6. Share the Meaning of Each Picture: Implants Considerations (Picture 7.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

- What do you think these pictures mean?

There are many benefits of implants for family planning.

- Implants can be used by nearly all women safely and effectively, including women who are breastfeeding

- Implants do not work once they are removed and can be removed at any time by a skilled provider.
- Many women choose implants to prevent pregnancy because they do not have to do anything once the implant is inserted
- Implants are both long-lasting and reversible when a couple wants to become pregnant.

Implants have mild side effects and do not have long term negative effects.

- They do not interfere with sex.
- The hormones do not remain in a woman's body and do not cause any harm if they stop monthly bleeding.
- Implants do not make women infertile (unable to have babies).
- Common, non-harmful side effects may include:
 - Changes in bleeding patterns in the first year—after about one year, there is often lighter bleeding and fewer days of bleeding, irregular bleeding, infrequent bleeding, or no monthly bleeding.
 - Other mild side effects may include: headaches, abdominal pain, acne, weight change, breast tenderness, dizziness, mood changes, and nausea.

? What are the advantages to using a method that is long-lasting, but also not permanent, like an implant?

Additional Information for the Trainer

Infertility from contraception methods like implants is disinformation that must be countered by factual information about how the contraceptive method works.

The hormones do not remain in a woman's body and do not cause any harm if they stop monthly bleeding. This is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman. Implants do not make women infertile.



7. Share the Meaning of Each Picture: IUD to Delay Pregnancy (Picture 7.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 7.4.

- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

- What do you think these pictures mean?

An IUD (intrauterine device) is a small object put inside the womb (uterus) to prevent pregnancy for 5-12 years, depending on the type of IUD used.

- The IUD must be put in and removed by a trained health worker.

IUDs are one of the most effective and long-lasting, non-permanent, methods of pregnancy prevention. The IUD can be removed if a couple wants another pregnancy.

- The IUD prevents pregnancy by not allowing the man's sperm to join with the woman's egg.

New pregnancy is possible immediately after the IUD is removed.

- If the IUD is replaced, protection against pregnancy continues.
- The IUD can be taken out at any time if a couple wants to become pregnant.
- Using an IUD does not make a woman infertile.

? Why might a couple choose to use an IUD to prevent new pregnancy?

Additional Information for the Trainer

- IUDs are 99% effective. This means that if 100 women used this method for one year, one of them would become pregnant.
- The IUD is in the shape of a T (or cross) and made of plastic and metal.
- The couple must keep track of the date that they received the IUD and have it removed by a health worker. IUDs should be removed after five or ten years (5 years for copper-bearing IUD or 10 years for Levonorgestrel IUD).
- For more information, see the Global Health Media 5.5 min video on [IUD](#)



8. Share the Meaning of Each Picture: IUD Considerations (Picture 7.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

- What do you think these pictures mean?

There are many reasons couples choose an IUD to prevent pregnancy.

- An IUD has no further costs for supplies after it is inserted and does not require the couple to do anything while it is in place.
- It is private—usually no one else can tell a woman is using contraception (sometimes a partner may feel the strings during sex).
- An IUD is highly effectively because it does not require repeated action each day or every time a couple has sex.
- An IUD can be removed anytime if you want to get pregnant

Some minor side effects may result from using an IUD. These are mostly mild and temporary.

- It is common for women to have changes in their monthly bleeding when using an IUD, such as longer and heavier bleeding in the first six months and/or increased cramping and pain. This is not harmful, unless the woman has low iron (anemia).
- Other minor side effects from IUDs are not signs of illness and may include changes in monthly bleeding, more pain (cramping) during monthly bleeding

? What benefits of using an IUD to prevent new pregnancy are most appealing to you?

Additional Information for the Trainer

Bleeding changes are common with an IUD and generally not harmful. However, women with low iron (anemia) should not use an IUD as heavy bleeding may cause severe anemia. Return to the health facility if it feels like it is out of place or is causing pain.



9. Activity: Case Scenarios — 30 minutes

I will read two short stories. Let's spend 10 minutes for each story discussing how we could best respond to the scenario using the information we learned today.

1. A married couple has three children, ages 12, 8, and 4. They have enjoyed the individual attention they have been able to give each child because of their spacing and are eager to see each of their children attend school through the secondary level or beyond and are beginning to think they have completed their family size. They want to ensure they do not become pregnant, but sometimes consider having a fourth child.
 - What family planning method would you recommend for this couple?
 - *An implant or IUD would provide long-term protection, but could be removed at any point if they decide they do want another child.*
2. Your neighbor recently had an IUD inserted at the time of the birth of her second child. She and her husband want to wait at least three years before considering having another child so an IUD seemed like a good choice. Today she visits you and tells you she has had heavier bleeding over the past two months since the IUD was put in and increased cramping and pain during her menstrual cycles. She is worried the IUD has given her a serious illness.
 - What would you tell your neighbor?
 - *Heavier bleeding in the first six months of an IUD being placed is common. This is not harmful, unless a woman already had low iron or anemia. Pain and cramping are generally temporary and go away after the initial months. If bleeding or pain seems excessive or interferes with daily life, a woman can talk with a health worker.*



10. Discuss Barriers — 10 minutes

- Is there anything that might prevent you from trying a long-acting, reversible form of contraception like an implant or IUD?
- What makes it difficult for couples to use a long-acting reversible methods of family planning?
- What are some misconceptions couples may have about these methods?

Ask participants to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



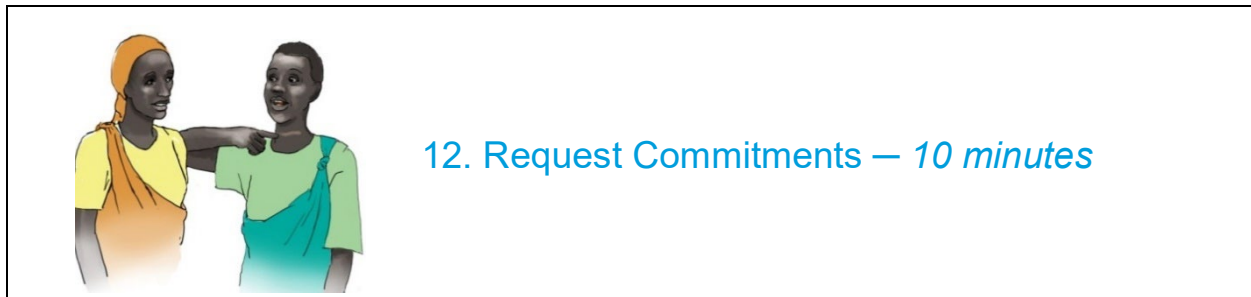
11. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will talk openly with my partner about the benefits of long-term methods of family planning. We will discuss whether a long-acting option might be a good choice for our family.
- I will talk with my midwife about inserting an IUD after my next baby is born. This will ensure that we have two years or more of spacing before we attempt our next pregnancy.

LESSON 8: LONG-ACTING AND PERMANENT METHODS (LAPMS)—VASECTOMIES AND BILATERAL TUBAL LIGATION



Objectives

By the end of this lesson:

- Women and their partners will understand when a long-acting and permanent method of family planning might be beneficial.
- Women and their partners will have skills on how to discuss permanently preventing all future pregnancies.
- Women and their partners will understand the options for long-acting permanent methods (LAPMs) of family planning
 - a. Permanent methods include bilateral tubal ligations for females and vasectomies for males
 - b. LAPMs are surgeries that will permanently prevent all future pregnancies
- Women and their partners will perceive the benefits of permanent modern methods of family planning when they do not want to have additional children. They will understand that these methods are safe, highly effective, and do not have long-term side effects.
- Couples will have the self-efficacy to meet with a health worker and receive counseling to decide which of the following methods is best for them.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Ball of string

Lesson Summary

- Game: Going on a Journey
- Attendance and Troubleshooting
- Share the story: A Complete Family

- Share the meaning of each picture on flipchart pages: Discussing Permanent Methods to Prevent Pregnancy, Tubal Ligation and Vasectomy to Prevent Pregnancy, Considerations for LAPMs
- Activity: Case Scenarios
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Going on a Journey – 10 minutes

1. Ask the women to stand or sit in a circle.
2. Tell the group they are going on a journey and need to pack items from their home to take along. They can be food items, clothing items, or anything else they may need. However the item can only begin with the same letter-sound as the first letter-sound of their first name. (For example, Esther could bring eggs)
3. Continue around the circle, with each woman stating what she will bring, and stating what the woman who went before her will bring. (For example, Esther might say, “I’m Esther and I’m bringing eggs. This is Ngendo and she is bringing nuts.”)
4. Keep going around the circle until everyone has gone and is laughing.
5. Tell the group what a fun journey they will have with all of these assorted items!

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- *Promoter fills out attendance sheets for each CGV.*
- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - *Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).*
- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader⁸ to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), and for family planning methods and services.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: A Complete Family (Picture 8.1)—5 minutes

- Read the story in section 3 of the flipchart.

Esther and her husband just gave birth to their third child—a little girl after their two boys, now ages four and seven. They are overjoyed with a healthy baby and they feel their family size is “complete” with the three children they had prayed to be able to have. They talk with the midwife after birth and ask what is the best method of preventing pregnancy for the longer term.

Esther adheres to the Lactation Amenorrhea Method for the first six months of their daughter's life. During this time, she and her husband set aside several times to continue the discussions they had had previously about their desire to have three children. During these conversations, they came to an agreement that their family was "complete" and that they did not want to pursue future pregnancies. "This is how I hoped our family would be!" Esther declared. "I agree," her husband, "our family is complete!"

At her six month postpartum visit, Esther and her husband about the option of vasectomy. The health worker shared the details of the minor procedure, including what to expect during and after the operation. "I didn't know there were no side effects after this method," her husband shared. "I have such peace of mind in this decision!"



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What decision have Esther and her husband made about their family size?
- ? Why did they select a permanent method of preventing pregnancy? What other long-term options could they use?
- ? What do you know about permanent options of preventing pregnancy?

Ask the first question to review the story.

- Esther and her husband feel their family is "complete" and they are content with their three children. They do not want to have any future pregnancies.

Ask the second question to explore the benefits of permanent methods of family planning and other long-term options.

- With permanent methods of preventing pregnancy, couples do not have to take further action and can ensure their family size.
- They could also use an implant or IUD as a long-acting, but not permanent method of family planning.

Ask the third question to determine what participants already know about long-term methods of family planning.



5. Share the Meaning of Each Picture: Discussing Permanent Methods to Prevent Pregnancy (Picture 8.2) — 10 minutes

- Ask the caregivers to describe what they see in picture 8.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- What do you think these pictures mean?

Couples who are ready to prevent all future pregnancies have options for permanent methods of family planning.

- In women, the method is called “Tubal Ligation”
- In men, it is called “Vasectomy”
- These are relatively short, simple procedures that do not require hospitalization.

Making this decision is important and requires in-depth conversation and agreement between couples.

- Deciding to permanently prevent pregnancy is an important decision since it cannot be reversed.
- Couples may have different perspectives. It often takes several discussions for couples to understand their spouse’s opinions and come to a common understanding.
- For couples who know they do not want more children, using a permanent method of pregnancy prevention can provide a one-time solution without further action or side effects.
- Finding several pre-planned, safe times to talk with your partner can help you come to an agreement to determine if a long-acting and permanent method (LAPMs) are right for you.

These methods of family planning are permanent. They cannot be undone and so are ideal when a couple understands other available highly-effect contraception methods and has their desired number of children.

- These methods do not affect a woman or man’s ability to have sex.
- These methods are safe and do not have any long-term side effects.

- ?** Would you and your partner feel comfortable talking about permanent methods of future pregnancy if you did not want to have more children? Why or why not?

Additional Information for Trainers

These methods are for couples that do not want to have any more children. It is important that women do not feel pressured to adopt a permanent method of preventing pregnancy by their partner and also that they have agency to engage with their partner in this discussion if they feel ready to prevent future pregnancies.



6. Share the Meaning of Each Picture: Tubal Ligation and Vasectomy to Permanently Prevent Pregnancy (Picture 8.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

- What do you think these pictures mean?

Permanent methods are two of the most effective forms of pregnancy prevention.

- These methods require no further action for the man or woman to prevent pregnancy.

Tubal ligation permanently prevents pregnancy. It prevents a woman's egg from traveling to the woman's womb to reach a man's sperm.

- Female tubal ligation involves making a small cut in the abdomen to cut the women's fallopian tubes.
- Fallopian tubes allow eggs to travel from the ovaries to the uterus. They are also the place where the sperm meets the egg (fertilization). By cutting the tube, the egg from the ovary does not come in contact with the sperm.
- This permanently prevents pregnancy.

- Tubal ligation can be done within seven days of childbirth, or after six weeks of childbirth.

Male vasectomy permanently prevents pregnancy. The man's sperm does not enter the semen.

- Vasectomy involves a puncture or small cut in the male's scrotum. The provider locates each of the two tubes that carries sperm to the penis (vas deferens) and cuts or blocks them by cutting and tying them closed.
- Vasectomy works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy.
- Vasectomy can be done at any time for a man.
- After vasectomy, a man will still be able to get a woman pregnant for three months. The couple should use another form of contraception during this time. This method will not affect a man's ability to have sex.

? What have you heard about permanent methods of preventing pregnancy that might encourage you to explore these options in the future?

? What questions or concerns do you have regarding these methods?

Additional Information for Trainers

Permanent methods are two of the most effective forms of pregnancy prevention.

- In women, the permanent method is 99% effective. This means that if 100 women used this method for one year, one of them would become pregnant.
- In men, the permanent method is 97%-98% effective. This means that if 100 men used this method for one year, two or three of their partners would become pregnant
- These methods are for couples that do not want to have any more children.



7. Share the Meaning of Each Picture: Considerations for LAPMs (Picture 8.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 8.4.

- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

<ul style="list-style-type: none"> • What do you think these pictures mean? <p>Permanent methods of family planning are a long term investment.</p> <ul style="list-style-type: none"> • LAPMs may require more effort and have a higher initial cost, but over time, they are more cost-effective than other methods because there is no recurrent cost of drugs or supplies. • While no further action is needed to prevent pregnancy, LAPMs do not protect against sexually transmitted diseases, such as HIV. <p>Tubal ligation and vasectomy are free from common side effects.</p> <ul style="list-style-type: none"> • For both women and men, permanent methods do not change sexual behavior or sex drive. • In women, the permanent method does not remove the uterus (womb). • In women, the permanent method does not change a woman's monthly bleeding. • In women, the permanent method does not cause any changes in weight, how much a woman eats or what she looks like. • In men, permanent methods do not remove the testicles (the man's reproductive organs). • In men, permanent methods do not change how much ejaculate (sex fluid) a man produces. <p>? What benefits do you see in long-acting, permanent methods of family planning?</p>

Additional Information for Trainers

Many myths and misinformation exist regarding permanent methods of family planning. It is important to specifically address and correct common misunderstandings.

If there are questions or concerns you do not know how to address, tell the group you will consult a health worker and discuss the topic at the next meeting.



8. Activity: Case Scenarios — 30 minutes

I will read two short stories. Let's spend 10 minutes for each story discussing how we could best respond to the scenario using the information we learned today.

1. Your neighbor has had many difficult pregnancies and childbirth experiences. Most recently during the birth of your fourth child, she suffered from post-partum hemorrhage and were fortunate to have survived. She is grateful for the lives of her four children, two of whom were nearly lost in childbirth. She knows she cannot physically or emotionally bear additional pregnancies or births, but she has not yet discussed this with her husband and are unsure of what he thinks.
 - What is the next step you would recommend to your friend?
 - *This woman feels convinced that she does not want further children. Encourage the neighbor to ask her husband for a dedicated time to talk about their family's future, knowing this may take several conversation.*
2. Your sister and her husband welcomed their second child into their home last month. They are delighted to have two healthy girls and want to give them all the attention and resources they need to grow and thrive. They are eager to find a method of contraception that will allow them to still be intimate without risking any future pregnancy.
 - What family planning method would you recommend for this couple?
 - *Because this couple does not want any future pregnancies, they could consider a permanent method such as female tubal ligation or male vasectomy.*




9. Discuss Barriers — 10 minutes

- Is there anything that might prevent you from considering a permanent method of pregnancy prevention when you no longer want additional children?
- What makes it difficult for couples to consider a permanent method of family planning?
- What are some misconceptions couples may have about these methods?

Ask participants to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



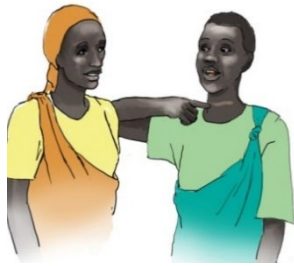
10. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teaching.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will talk openly with my partner about the benefits of permanent methods of family planning for when our family is complete. We will discuss when this method might be best for our family.
- Even if we are not yet ready to permanently prevent pregnancy, I will plan a time to discuss this topic with my partner to prepare us for the future.

APPENDIX I: PRE/POST TEST

Before and after teaching the materials to staff and trainers (SCOPE supervisors, Promoters), give the posttest to evaluate their comprehension. For those who score less than 75% (23 questions correct), give them more training to help them grasp the key content.

Questions from Lesson 1

1. Select the responses that correctly complete the two blanks in this sentence:
A _____ interval of at least _____ is recommended for the health and wellbeing of mothers and children.
 - a. Birth-to-birth 1 year
 - b. Birth-to-pregnancy 1 year
 - c. Birth-to-birth 2 years
 - d. Birth-to pregnancy 2 years
2. *True or False:* Women's undeveloped bodies are not ready for pregnancy or childbirth before age 18. It can be dangerous for women and their babies.
3. Which of the following are benefits of the recommended timing and spacing of pregnancies?
 - a. Prevents high-risk pregnancy
 - b. Reduces risk of health complications in the mother
 - c. Increases chances of survival for newborns
 - d. Improves nutritional status of children
 - e. Supports economic wellbeing of families
 - f. Supports improved mental health of mothers

Questions from Lesson 2

4. Name at least two factors to consider when discussing your ideal family size with your partner.

5. Name at least two factors to consider when determining the best family planning method for you and your partners' desires.

Questions from Lesson 3

6. In the Standard Days method of tracking fertility, at what point on the color-coded string of beads should a couple abstain from sexual intercourse or use a condom?

7. Select the responses that correctly completes the two blanks in this sentence:

In the TwoDay method, a woman will check for non-bloody vaginal secretions _____.
If a vaginal secretion is present _____, new pregnancy is possible
and the couple should abstain from sexual intercourse or use a condom.

- a. Twice each day today
- b. Twice each day today or yesterday
- c. Once each day today
- d. Once each day today or yesterday

Questions from Lesson 4

8. Which of the following must be true for the Lactation Amenorrhea Method to effectively prevent pregnancy? (Choose all that apply)
- a. The woman's monthly bleeding has not returned.
 - b. The child is younger than one year.
 - c. The mother never gives water, beer porridge or other foods or liquids.
 - d. The mother breastfeeds day and night whenever the child shows signs of hunger.

Questions from Lessons 5-6

9. Fill in the blanks of each of these sentences with the best answer from the following short-acting methods of family planning:

Condoms Pills Injections Emergency Contraceptives

_____ must be taken every day at the same time, whether or not you have sex that day.

_____ prevent pregnancy for 1-3 months at a time.

_____ prevent pregnancy up to five days after unprotected intercourse.

_____ act as a barrier to keep sperm out of the vagina to prevent pregnancy and sexually transmitted infections.

10. *True or False:* Hormones injections can cause a woman to become infertile (unable to have future children).

Questions from Lesson 7-8

11. Fill in the blanks of each of these sentences with the best answer from the following long-acting methods of family planning:

Implants

IUDs

Tubal Ligation

Vasectomy

_____ is a permanent method of preventing pregnancy in females.

_____ is a permanent method of preventing pregnancy in males.

_____ are small flexible sticks placed under a woman's arm to prevent pregnancy for up to five years.

_____ are inserted by a health worker into a woman's uterus to prevent pregnancy for up to five years.

12. Describe at least two benefits of using a long-acting method of family planning.

APPENDIX II: PRE/POST TEST ANSWER KEY

Before and after teaching the materials to staff and trainers (SCOPE supervisors, Promoters), give the posttest to evaluate their comprehension. For those who score less than 75% (9 questions correct), give them more training to help them grasp the key content.

Questions from Lesson 1

1. Select the responses that correctly completes the two blanks in this sentence:
A _____ interval of at least _____ is recommended for the health and wellbeing of mothers and children.
 - a. ~~Birth to birth~~ _____ 1 year
 - b. ~~Birth to pregnancy~~ _____ 1 year
 - c. ~~Birth to birth~~ _____ 2 years
 - d. **Birth-to pregnancy 2 years**
2. **True** or **False**: Women's undeveloped bodies are not ready for pregnancy or childbirth before age 18. It can be dangerous for women and their babies.
3. Which of the following are benefits of the recommended timing and spacing of pregnancies?

All of the following answers are correct.

 - a. **Prevents high-risk pregnancy**
 - b. **Reduces risk of health complications in the mother**
 - c. **Increases chances of survival for newborns**
 - d. **Improves nutritional status of children**
 - e. **Supports economic wellbeing of families**
 - f. **Supports improved mental health of mothers**

Questions from Lesson 2

4. Name at least two factors to consider when discussing your ideal family size with your partner.
 - Family capacity (available time, space, money, attention that can be given to children)
 - Family goals (hopes and dreams for children such as education, employment, life experiences, marriage)
5. Name at least two factors to consider when determining the best family planning method for you and your partners' desires.
 - Effectiveness (how well it prevents pregnancy)

- Safety (is it free of risk)
- Side Effects (non-harmful symptoms that may occur with use)
- Frequency of Management (if it requires action with every sexual act or not)
- User Dependency (woman/man can use by her/himself or requires healthcare provider)

Questions from Lesson 3

6. In the Standard Days method of tracking fertility, at what point on the color-coded string of beads should a couple abstain from sexual intercourse or use a condom?

The white bead days that occur after the monthly bleeding days represent the time period when pregnancy is possible.

7. Select the responses that correctly completes the two blanks in this sentence:

In the TwoDay method, a woman will check for non-bloody vaginal secretions _____. If a vaginal secretion is present _____, new pregnancy is possible and the couple should abstain from sexual intercourse or use a condom.

- a. ~~Twice each day~~ _____ ~~today~~
- b. Twice each day today or yesterday**
- c. ~~Once each day~~ _____ ~~today~~
- d. ~~Once each day~~ _____ ~~today or yesterday~~

Questions from Lesson 4

8. Which of the following must be true for the Lactation Amenorrhea Method to effectively prevent pregnancy? (Choose all that apply)
- a. The woman's monthly bleeding has not returned.**
 - ~~b. The child is younger than one year. [correct response is child less than 6 months]~~
 - c. The mother never gives water, beer porridge or other foods or liquids.**
 - d. The mother breastfeeds day and night whenever the child shows signs of hunger.**

Questions from Lessons 5-6

9. Fill in the blanks of each of these sentences with the best answer from the following short-acting methods of family planning:

Condoms Pills Injections Contraceptive Patches Emergency Contraceptives

Pills must be taken every day at the same time, whether or not you have sex that day.

Injections prevent pregnancy for 1-3 months at a time.

Emergency contraceptives prevent pregnancy up to five days after unprotected intercourse.

Condoms act as a barrier to keep sperm out of the vagina to prevent pregnancy and sexually transmitted infections.

10. *True or **False***: Hormones injections can cause a woman to become infertile (unable to have future children).

Questions from Lesson 7-8

11. Fill in the blanks of each of these sentences with the best answer from the following long-acting methods of family planning:

Implants

IUDs

Tubal Ligation

Vasectomy

Tubal Ligation is a permanent method of preventing pregnancy in females.

Vasectomy is a permanent method of preventing pregnancy in males.

Implants are small flexible sticks placed under a woman's arm to prevent pregnancy for up to five years.

IUDs are inserted by a health worker into a woman's uterus to prevent pregnancy for up to five years.

12. Describe at least two benefits of using a long-acting method of family planning.

Long-action methods of family planning are highly-effective, they don't depend on the individual's ability to use them correctly, use is discrete, they do not require regular action by the couple, and they do not have any long-term side effects.