

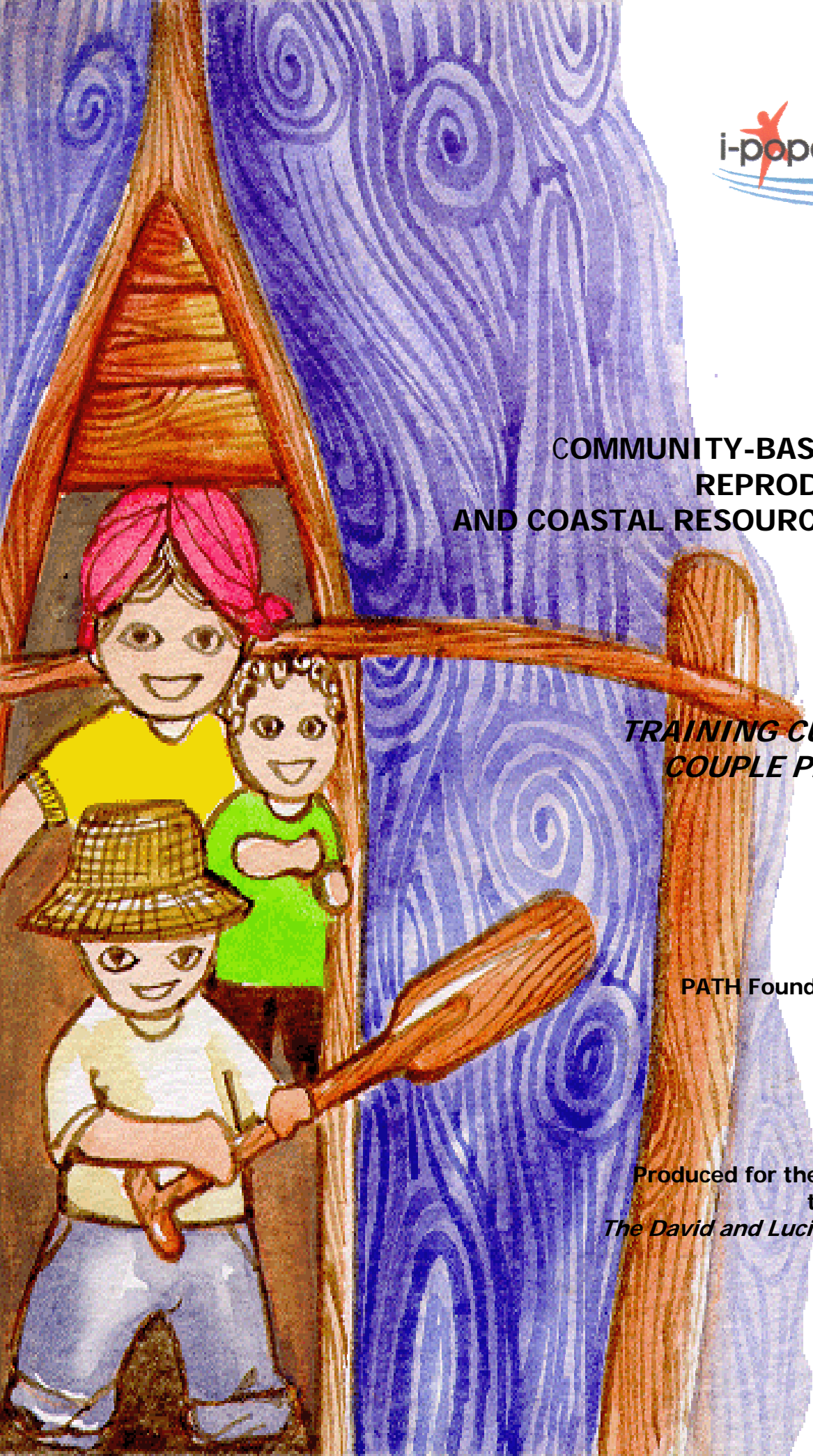


**COMMUNITY-BASED INTEGRATED
REPRODUCTIVE HEALTH
AND COASTAL RESOURCE MANAGEMENT**

***TRAINING CURRICULUM FOR
COUPLE PEER EDUCATORS***

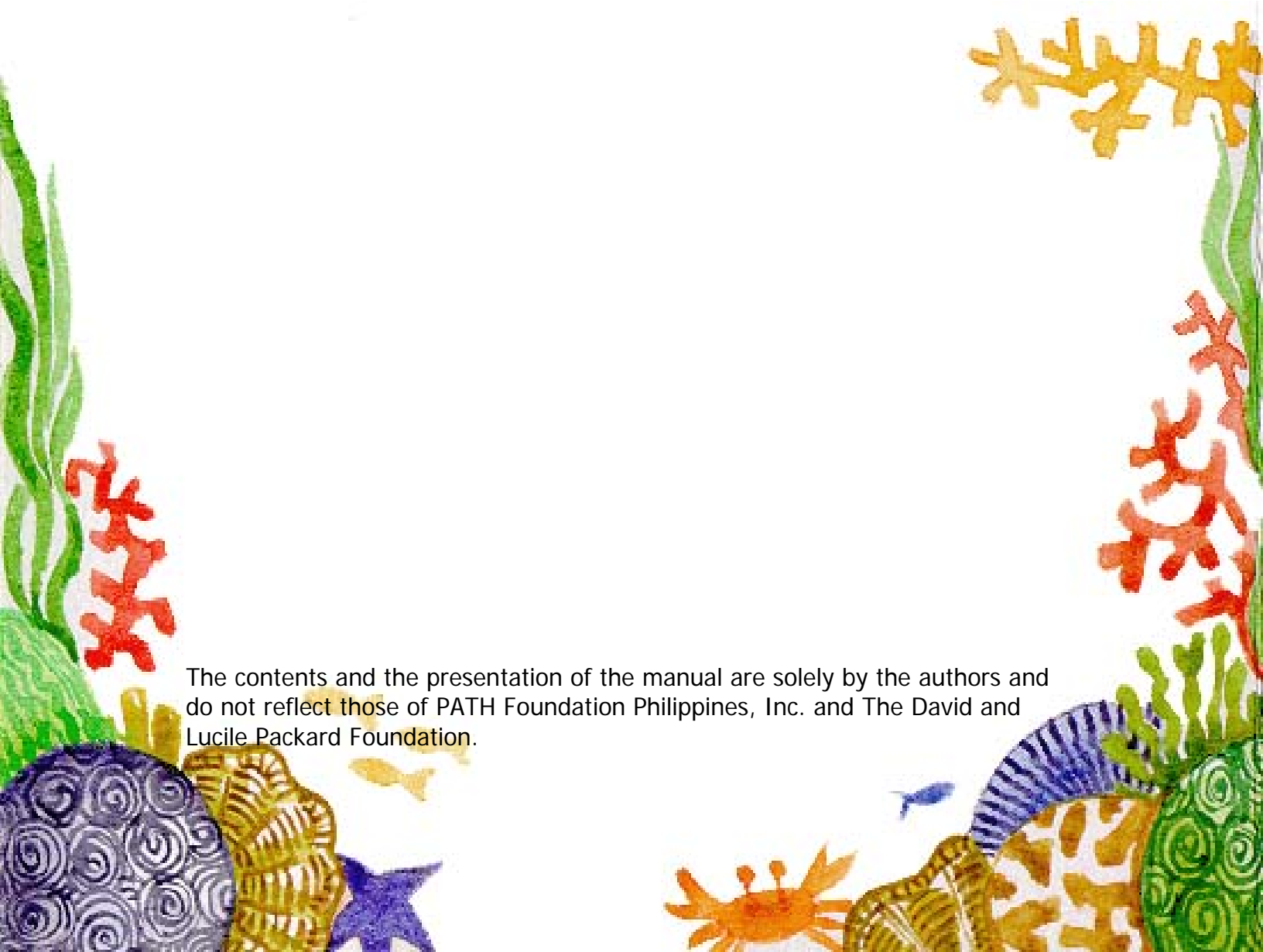
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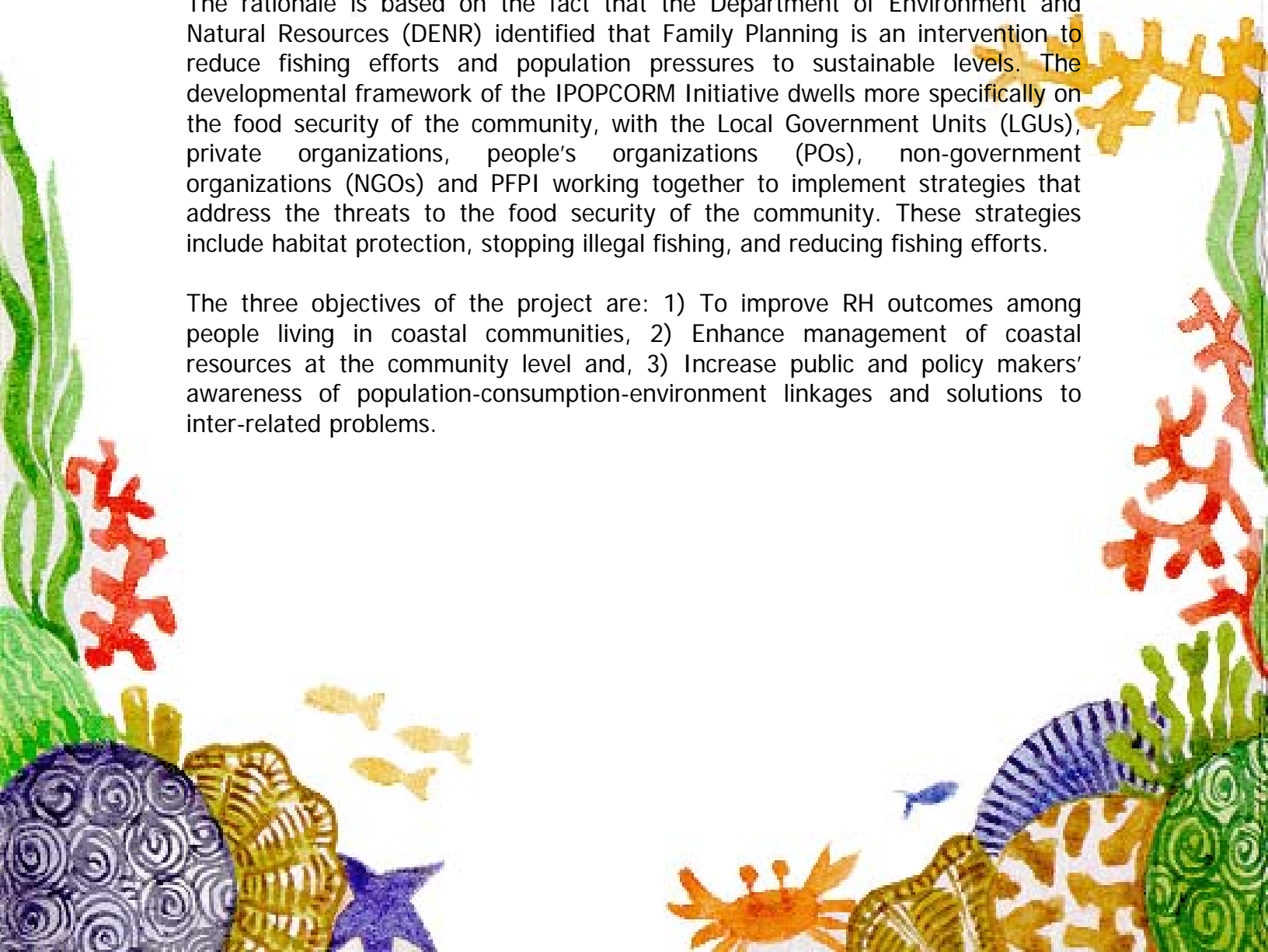




Integrated Population and Coastal Resource Management Initiative (IPOPCORM)

The Integrated Population and Coastal Resource Management Initiative (IPOPCORM) is a project designed to improve the quality of life of communities that depend on coastal resources while maintaining biological diversity and productivity of coastal ecosystems. The purpose of the project is to encourage and support integration of Reproductive Health (RH)/Family Planning (FP) strategies into Coastal Resource Management (CRM) agenda, plans, and models in selected areas in Palawan, Bohol, Cebu, Siquijor, Negros Oriental and Camiguin where population pressures are threatening critical marine habitats. The rationale is based on the fact that the Department of Environment and Natural Resources (DENR) identified that Family Planning is an intervention to reduce fishing efforts and population pressures to sustainable levels. The developmental framework of the IPOPCORM Initiative dwells more specifically on the food security of the community, with the Local Government Units (LGUs), private organizations, people's organizations (POs), non-government organizations (NGOs) and PFPI working together to implement strategies that address the threats to the food security of the community. These strategies include habitat protection, stopping illegal fishing, and reducing fishing efforts.

The three objectives of the project are: 1) To improve RH outcomes among people living in coastal communities, 2) Enhance management of coastal resources at the community level and, 3) Increase public and policy makers' awareness of population-consumption-environment linkages and solutions to inter-related problems.



The beneficiaries are the fisherfolks and members of their sexual network, the youth and the entrepreneurs specifically to address the unmet needs on human sexuality information, education and communication and Reproductive Health services including STDs and AIDS prevention-education, contraceptives management and FP. Similarly, the youth are assisted to become future stewards of the environment and the entrepreneurs, who profit from the natural resources, are encouraged to create economic livelihood that are environmentally friendly.

The IPOPCORM Initiative is a community-based initiative. It builds upon the strengths of the community in partnership with the local non-government and government organizations. The thrust is towards being aware and able to take care of their personal Reproductive Health needs and the environment that provides their needs. The strategic step of integrating population and CRM systems aims to maximize the synergy of those working together in partnership for the greater good of the community.

The project is implemented by PATH Foundation Philippines, Inc. (PFPI) in collaboration with the Local Government Units (LGUs) and Non-Government Organizations (NGOs), with support from The David and Lucile Packard Foundation, and other contributors.

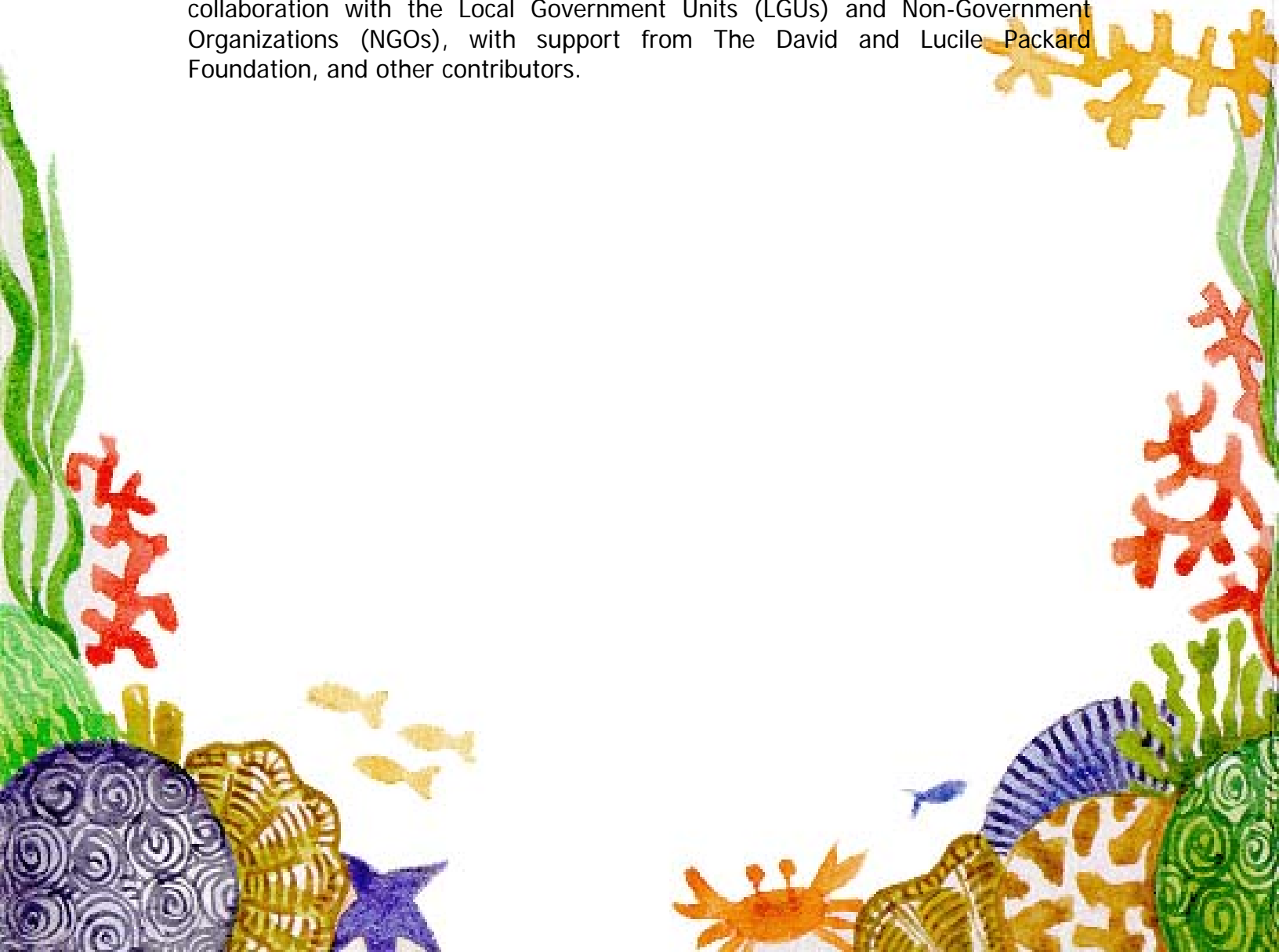


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TRAINING CURRICULUM

Purpose:

This training curriculum has been designed for Community Health Outreach Workers (CHOWs) as a guide in conducting training for selected couples to be peer educators in coastal barangays. This curriculum will aid the CHOWs in presenting the link of Reproductive Health (RH) and Coastal Resource Management (CRM), and educating Couple Peer Educators (CPEs) in promoting contraceptive use among sexually-active couples in coastal barangays.

Content:

This training curriculum contains 5 modules composed of different sessions with their respective topics. This will aid the participants in specifically accomplishing their role and function as couple peer educators (CPEs) in the IPOPCORM Initiative. The different sessions deliver relevant information related to Reproductive Health such as: the importance of family planning, human fertility, human reproductive anatomy, modern contraceptive-use, and the myths/misconceptions on family planning. A unique feature of this curriculum is the demonstration and presentation of the link of RH and CRM. There is also a separate module dedicated to discussing the functions and implementation of peer education work and guidelines in promoting family planning among couples in coastal barangays.

Each session has a summary page containing the following: the session purpose, total time allotted, topics covered, preparation needed, training aids/materials required, and the necessary handouts/reference materials to be given.

The summary page of each session is then followed by the suggested steps and the trainer's notes. The 'Steps' provide the specific guidelines for the trainer to follow in the conduct of the exercises and necessary lectures in the session. The 'Trainer's Notes' provide the additional information needed, the possible responses to questions asked in the session, and the main points and learning to be emphasized. The trainers can modify the 'Steps' in the sessions and adapt them according to the preference and need of their participants as long as the main points are covered.

The training aids and references/handouts for the participants are attached at the end of each session. The training aids will provide additional information to the trainers. This will aid them in the conduct of the exercises for the CPEs. The necessary materials needed for the exercises are also found in the training aids. The references/handouts can be photocopied and distributed to the participants.

These materials could also be translated in the local dialect as needed prior to distribution.

Conduct of the Training:

Participants

This curriculum is designed to train selected couples to be 'Couple Peer Educators' or CPEs. They should be able to read and write, 25-35 years of age, and with no more than 3 children. They should have no reservations about family planning or modern contraceptives. The ideal number of participants to be trained could be from 16 – 20. The schedule of the training for these participants should be adapted to their situation and circumstance. The selection of the participants for this training should also be based on the established qualifications of CPEs by the project.

Facilitators

The CHOWs or the Community Facilitators (CFs) from the different organizations involved in the IPOPCORM Initiative can use this training curriculum for CPEs. They should initially have undergone a *Training of Trainers on Community-based Integrated Reproductive Health and Coastal Resource Management* and are currently doing community health outreach work within their identified project site.

Methodology

The sessions are rarely didactic in method and are mostly conducted in various participative learning exercises. The selected peer educators are encouraged to learn the information in the most simple, comfortable and easiest way by their participation in the exercises. Salient points are emphasized before or after the exercise through a short discussion-lecture. This will reinforce the participants' learning without making them bored and inattentive.

The conduct of the training sessions could be done in resource poor settings and can be adapted according to the conditions prevalent in the participants' community.

Language

The training can be conducted in the local dialect. The handouts or reference materials in this curriculum are in 'Tagalog'. The trainers can also consider or develop other information, communication and education (IEC) materials that are appropriate to the participants for reference. They just have to employ what they have learned in pre-testing IEC materials.

Evaluation Tools

Pre- and post-test questionnaires have been included to assess the impact of the training on the participants' level of knowledge and skills about Reproductive Health, more specifically the promotion of family planning and modern contraceptives, and its link to Coastal Resource Management. A course evaluation has also been added to assess the effectiveness of the training course content and the efficiency with which these are given. These tools are contained in Modules I and V.

Training Schedule

The training schedule should be adaptable to the circumstances particular to the situation of the participants. The schedule of the training curriculum could be done continuously within 2 full days or distributed for a longer duration depending on the availability of the participants.

A sample of a training schedule could be seen below:

| Time | Day 1 | Day 2 |
|--------------------|-----------------------|-----------------------|
| Morning Schedule | Module I Module II | Module III |
| Afternoon Schedule | Module III | Module IV Module V |

Handouts and References

Community Health Outreach Workers (CHOWs) will use this particular training manual for training future Couple Peer Educators (CPEs). The handouts or references for the CPEs can be found at the end of each session. Other appropriate information, education, and communication (IEC) materials related to the topic of each session should also be given. This would depend on the pre-testing results of possible IEC materials for CPEs conducted by CHOWs.

The references for the CPEs are 'loose' handouts that could be given at the end of each training session. It is advised that at the start of the training, the participants could be given 'filing notebooks' to collate these handouts.

TRAINING PREPARATION

Planning for the Training

The facilitators that will train the CPEs should know that careful planning is important. This should start several weeks ahead of the intended training schedule. As you plan the course, review the following list as your guide:

1. Establishing Objectives:

- Determine intended audience and establish criteria for participants.
- Know the training needs of the participants that will benefit the project goals.
- Develop a budget for the training.
- Identify training facilitator/s and other assistant/s for particular sessions.
- Know their availability, knowledge about the topics of the training, their communication skills, and abilities in training a large group of participants.

2. Arrangement of Logistics:

- Decide on the training date and venue. This should be agreeable with the participants and the facilitators.
- Determine the cost per participant with regard to food, lodging, transportation, and materials.
- The training venue preferably should be large enough to accommodate group activities. The place should be conducive to learning (i.e. well-lit, good ventilation, not noisy)

3. Identification of Participants and External Resource Persons:

- Ensure attendance of your participants either by direct contact or through letters of invitation.
- Ensure also that the participants are followed-up. Put in record or file their responses.
- If there is a need for external resource persons for handling or facilitating more important and technical topics, then make a listing of possible persons to invite prior to final selection. The list will be narrowed down depending on their availability, eagerness to provide technical assistance, their fee and the comfort level of the facilitators with the resource speakers.
- Send out letters also to the selected resource speakers. It is good also to inform them, either personally or through the letter of invitation, with regard to the goals and directions of the training.

4. Preparation and Review of the Curriculum:

- Design the methodologies and activities of the training sessions.
- Determine documents to use based on training needs of the participants.

5. Preparation of Materials and Equipment:

- Develop or collect handouts, notebooks, video, or reference materials for training use or distribution.
- Prepare manila paper, marker pens, pencils, ball-pens, transparency acetate/films (if possible), nametags, chalkboard, board markers and many others that you may need. Prepare materials that are applicable and most suited to the circumstance of your training venue.

Use of the Training Curriculum Manual:

The *Training Curriculum Manual for Couple Peer Educators* has 5 modules that would guide the trainers in training *Couple Peer Educators (CPEs)* to do outreach work, to understand the link of RH and CRM, and to promote family planning in their coastal communities. Modules I and V contain the description and direction of the training course as well as its evaluation. Modules II and III contain the necessary information and activities that will assist CPEs in the provision of modern contraceptives and FP education, and in understanding the link of RH and CRM. Module IV contains the important guidelines on how to conduct outreach work among couples and promote FP use among them.

Each *Module* is composed of *Sessions*.

Sessions are the different activities or exercises that will guide the trainers in training the participants to be effective peer educators.

Each *Session* is composed of the following:

Purpose states the reason for using the session in the conduct of training for couple peer educators.

Time indicates the allowable period to conduct the exercise, to summarize, clarify and receive feedback.

Preparation contains the necessary pre-requisites or initial activities needed to be done by the trainers/facilitators to facilitate the conduct of the exercise.

| | |
|----------------------------|---|
| <i>Topics Covered</i> | shows the different subtopics or sub-activities that will be conducted and discussed in the selected sessions; some sessions do not have this item because only one major activity is conducted under that session. |
| <i>Training Aids</i> | provides the different materials that are needed or that could be used in the conduct of the training session, and; other sources of information that could assist the facilitators in the training. |
| <i>Reference Materials</i> | provides the different reading or informative materials that could strengthen and reinforce the learning of the participants. |
| <i>Steps</i> | provides the step-by-step or detailed instructions for the facilitators/trainers in the conduct of the sessions and sub-activities. |
| <i>Trainer's Notes</i> | provides reminders to the facilitator/trainers in following the 'Steps' or instructions; also provides the expected scenario or answers coming from the participants. |

Reminders/Pointers for the Facilitators:

The following statements are included to help trainers conduct this training for Couple Peer Educators more effectively.

1. Facilitators should have undergone a 'Training of Trainers on Community-Based Integrated Reproductive Health and Coastal Resource Management.'
2. Facilitators could utilize the manual of the abovementioned training to complement this curriculum for Couple Peer Educators.
3. Read all parts of this training curriculum carefully before beginning.
4. Check that all materials needed to complete an exercise are ready. Follow the 'Steps' described for each exercise.
5. Give clear instructions to the participants.
6. In training, do not forget to close with a recap of key points, and provide regular review.
7. Preview key points at the beginning. First impressions are important. Ensure accuracy first time. Explain to the participants the purpose of the exercises included in that section.
8. Use practical exercises (as contained in this manual). If possible give hands-on experience.
9. The content must be meaningful and worthwhile to the participant. Identify their need to be part of the sessions/activities.
10. Use examples, exercises, discussions, etc. to reinforce what has been learned.
11. Ask for feedback by asking questions or by providing praise and constructive criticism. Through feedback, the trainer comes to know if the participants are learning appropriately. Positive reinforcement increases probability of learning.
12. Continuously ask for comments from the participants regarding what they think of the workshop. Use this feedback to improve your training style.
13. Apply multi-sense learning. During training, try to show as well as tell. Do not always focus on pure lecture. Encourage discussion and provide examples.
14. Use appropriate humour. Try to reduce the stress associated with learning. Providing participative learning exercises that are fun and simple and yet full of learning can be of assistance.
15. Training must be relevant to participants' needs and linked to information that is known or situations that are familiar.
16. Design some interactions into the presentation, even if it is not a discussion.
17. The more often information is repeated, the more likely it will be remembered, especially if it is repeated in a variety of ways.

Grouping Techniques to Encourage Participation of Trainees:

1. Grouping according to assigned numbers: The facilitator can instruct the trainees/participants to count from one (1) to a certain number (i.e. the desired number of groups). For example count-of from one (1) to three (3), if you wish to have 3 groups. Remind the participants to remember the number they called-out. Group together all the similar numbers (i.e. group together the entire one's, the two's, and the three's if you wish to have 3 groups).
2. Grouping according to personal items: The facilitator can instruct the trainees/participants that he will collect a piece of belonging from them. It could be a watch, bracelet, ring, pen or any other piece of small item. This item should not be exactly similar to the others. After collecting, the facilitator then groups the items randomly according to the desired number of groups and group members. The trainees/participants will then group themselves according to the grouping made with their respective personal items. Volunteers for a particular exercise can also be chosen by randomly selecting a number of objects from the collected items.
3. Grouping according to colored cut-outs: The facilitator can prepare in advance cut-outs of small colored papers or stickers. These colored papers or stickers could be cut into shapes of triangles, circles, squares or any other shapes desired. These can then be pasted randomly on the back of the trainees'/participants' nameplate prior to the start of the actual training or workshop. The grouping of the trainees/participants could be based on the shape or the color of the cut-outs. The number of cut-outs and colors depend on the desired number of groups. Volunteers for a particular exercise can also be chosen by calling out a certain shape and color.
4. Grouping according to drawing of lots: The facilitator can group or call out volunteers by collecting or grouping the nametags of the participants.
5. Grouping through the conduct of a game: This is similar to the game of 'The Boat is Sinking'. The facilitator requests the trainees/participants to stand and move away from their respective chairs. They are then instructed to group themselves together according to the number that the facilitator will call out. The first trainees/participants who will not be able to join a particular group could then be the volunteers for a particular exercise.

Tips on Using Audio Visual Materials:

Source: Population Reports, Series J, Number 48

Audiovisual materials help Family Planning (FP) clients and participants in an FP training learn and remember. These materials include sample contraceptives, wall charts, take-home pamphlets and wallet cards, flip charts, audio tapes, video tapes, drawings, and diagrams such as those in this manual for CPEs. Even simple, handmade audiovisual materials are better than none at all. Here are some tips on using audiovisual materials:

- Make sure FP clients (or FP training participants) can clearly see the visual materials.
- Explain pictures, and point to them as you talk.
- Look mostly at the FP client (or FP training participants), not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Family Planning clients can learn something new each time they come.
- Invite FP clients (or FP training participants) to touch and hold sample contraceptives.
- Use sample contraceptives when explaining how to use the methods. For example, condom usage can be practiced on a model penis, or a banana. Privacy may be needed for this.
- If possible, give the FP clients (or FP training participants) pamphlets or instruction sheets to take home. These print materials can remind FP clients (or FP training participants) what to do. Be sure to go over the materials with the FP client (or FP training participants). The information you have mentioned will be remembered when he or she looks at the print material later.
- Suggest that the FP client show take home materials to other people. For training participants, the take home materials should be viewed regularly to facilitate learning and recall.
- Order more take-home materials before they run out.
- Make your own materials if you cannot order them or if they run out.

COURSE OBJECTIVES for COUPLE PEER EDUCATORS' TRAINING

General Objective:

To assist Couple Peer Educators in understanding the link of Reproductive Health and Coastal Resource Management, and providing Reproductive Health services and education to sexually-active couples along coastal barangays.

Specific Objectives:

By the end of the training, participants will:

1. be able to discuss the importance of integrating reproductive health with coastal resource management;
2. be able to provide and discuss the use of contraceptives to sexually-active couples in coastal barangays;
3. have acquired the appropriate attitudes, skills and information on family planning to educate sexually-active couples in coastal barangays, and;
4. have acquired the appropriate information and skills in recruiting and motivating other couples to be contraceptive users.

COURSE CONTENT

| Exercises | Time |
|--|--|
| <p>Module I: Introduction to the Course</p> <p>Session 1: Pre-test</p> <p><i>Purpose:</i> To measure participants' related baseline knowledge on community-based integrated reproductive health and coastal resource management</p> <p>Session 2: Getting Acquainted/Expectations Check</p> <p><i>Purpose:</i> 1. To establish rapport among the participants</p> <p style="padding-left: 40px;">2. To know each participant with regard to their expectations from the course</p> <p>Session 3: Overview of the Training Course</p> <p><i>Purpose:</i> To familiarize the participants with the objectives, methodology and schedule of the training</p> <p>Session 4: House Rules</p> <p><i>Purpose:</i> To create an environment conducive to learning</p> <p>Session 5: Overview of the Couple Peer Education Program</p> <p><i>Purpose:</i> To familiarize the participants with the peer education program of their NGO's IPOPCORM Initiative</p> | <p>15 minutes</p> <p>35 minutes</p> <p>15 minutes</p> <p>5 minutes</p> <p>15 minutes</p> |
| <p>Module II: Integration of Reproductive Health and Coastal Resource Management</p> <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <p><i>Purpose:</i> To show the effect of rapid population growth on coastal resources</p> | <p>60 minutes</p> |

| Exercises | Time |
|--|--|
| <p>Module III: Family Planning Program and Modern Contraceptives</p> <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <p><i>Purpose:</i> 1. To illustrate the difference between a planned and unplanned family</p> <p>2. To demonstrate the advantages of birth spacing to the family</p> <p>3. To provide information and raise awareness regarding Family Planning situation in the country</p> <p>4. To demonstrate the effect of increasing family size to the demand and supply of adequate food</p> <p>Session 2: Basic Human Reproductive Anatomy and Fertility</p> <p><i>Purpose:</i> 1. To provide the participants with the information on the different parts and functions of the male and female reproductive anatomy</p> <p>2. To provide the participants with the information on the vital process involved in the fertility of an individual</p> <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p><i>Purpose:</i> 1. To equip participants with the necessary information on modern contraceptive methods that would prevent unwanted pregnancy</p> <p>2. To explain in very basic terms how contraceptive methods prevent pregnancy</p> <p>3. To equip participants with the necessary information on combined oral contraceptive pills</p> <p>4. To teach the participants how to advise users about the correct use of the pill, using an illustrated sheet as guide</p> <p>5. To teach participants what health conditions prevent a woman from choosing combined oral contraceptives</p> | <p>60 minutes</p> <p>60 minutes</p> <p>5 hours</p> |

| Exercises | Time |
|---|-------------------------------------|
| <p>6. To provide the participants with the necessary and correct information regarding the use of oral contraceptive pills in emergency contraception</p> <p>Session 4: Counteracting Rumors and Misconceptions on Family Planning</p> <p><i>Purpose:</i> To identify and clarify negative rumors about the different modern contraceptive methods</p> <p>Session 5: Sexually Transmitted Disease (STD)</p> <p><i>Purpose:</i> To demonstrate how STD is spread and review ways to avoid infection</p> | <p>45 minutes</p> <p>60 minutes</p> |
| <p>Module IV: Promoting Family Planning through Peer Education Work</p> <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>Session 2: Recruiting and Motivating Couples to Practice Family Planning</p> <p>Session 3: Qualifications and Responsibilities of Couple Peer Educators</p> <p>Session 4: Resources and Tools for Couple Peer Educators</p> <p>Purpose:</p> <ol style="list-style-type: none"> 1. To provide the participants with the necessary information and skills in the conduct of interpersonal communication in promoting modern contraceptives 2. To familiarize the participants on how to conduct peer education work among couples along coastal areas 3. To make the participants apply the information and skills learned in recruiting and motivating couples to practice Family Planning 4. To make the participants realize the importance of assisting other couples to practice Family Planning 5. To familiarize the participants with the accomplishment of their tasks and functions as CPEs 6. To enable the participants develop their own personal and project work plan and schedule of activities that will fulfill their duties during peer education work | <p>4 hours 50 minutes</p> |

| Exercises | Time |
|---|------------|
| 7. To make the participants aware of the sources of support in the fulfillment of their peer education activities | |
| Module V: Evaluation of Training Course Session 1: Post-test/Evaluation <i>Purpose:</i> 1. To measure participants' level of related knowledge post-Training 2. To assess overall conduct of the course | 15 minutes |

MODULE I: INTRODUCTION TO THE TRAINING COURSE

Session 1: Pre-test Examination

Purpose: To measure participants' related baseline knowledge on community-based integrated reproductive health and coastal resource management

Time: 15 minutes

Preparation:

1. Prepare relevant pre-test questions for the examination.
2. Prepare printed copies of the pre-test questionnaires adapted to the level of education of the selected participants.

Training Aids:

Materials needed:

- pens or pencils
- bond paper for photocopying
- printed copies of the pre-test questionnaire

Reference needed:

- The trainers could refer to the sample pre-test contained in 'Training Aids'.

Reference Materials for Participants:

- none

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 1: Pre-test Examination</p> <ol style="list-style-type: none"> 1. Greet the participants 2. Explain that they will each receive an examination related to their training. Clarify that the purpose of the examination is to determine their baseline knowledge on the integration of reproductive health and coastal resource management and not to measure their intellectual capability. 3. Mention also that they have to finish the examination in 15 minutes. 4. Emphasize that they should strictly follow the directions of the examination. They can ask questions if there are items/questions/instructions in the questionnaire that is confusing. 5. Collect the test papers after 15 minutes. 6. Explain to them that all of the questions they encountered will be discussed during the training. 7. Assure them that you will discuss the answers to the questions after the training course. 8. After this, proceed to the next scheduled activity. | <ul style="list-style-type: none"> • Reminder: Remember to ask questions in the pre-test that is representative of the entire training course. Ideal number of questions is 10 – 15. Make the fonts large enough. The questions should not be too technical or medical. |

TRAINING AIDS

PRE-TEST QUESTIONNAIRE

Name: _____ Date: _____

I. Piliin ang tamang sagot. Isulat sa blanko ang letra o mga letra ng tamang sagot.

_____ 1. Ang *Oral Contraceptive Pill* ay:

- a) maaaring inumin ng babaeng may sakit sa puso at mataas ang presyon ng dugo
- b) maaaring inumin ng inang nagpapasuso ng sanggol na may gulang na di-hihigit sa 6 na buwan
- c) maaaring inumin bago ang ika-5 araw ng regla at araw-araw sa nakasanayang oras magmula sa araw na sinimulan ito
- d) maaaring magbigay ng proteksyon laban sa mga sakit na nakakahawa tulad ng Sexually Transmitted Disease

_____ 2. Ang Paraan Dos ay maaaring gamitin kung nangyari ang alinman sa mga ito:

- a) nalimutang inumin ang *oral contraceptive pills*
- b) nabutas o nahugot ang condom
- c) nagahasa
- d) hindi gumamit ng paraan tulad ng condom, pills, IUD or natural family planning method para maiwasang mabuntis

_____ 3. Ang pinakamabuting paraan ng family planning para makaiwas sa pagbubuntis at sa STD (sexually transmitted disease) ay ang paggamit ng:

- a) condom
- b) pills
- c) Intra-uterine Device (IUD)
- d) Natural Family Planning Method (NFP)

_____ 4. Alin sa mga sumusunod ang hindi mabisang paraan para makaiwas sa pagbubuntis:

- a) condom
- b) pills
- c) DMPA
- d) IUD
- e) Rhythm/Calendar method

TRAINING AIDS

- _____ 5. Mahalaga ang pagpapalano ng pamilya o *family planning* dahil:
- e. mapangangalagaan ang kalusugan ng ina at ng anak
 - f. maaaring maplano ang tamang dami at agwat ng mga anak
 - g. maaaring maplano ng babae ang tamang edad ng panganganak

II. Tama o Mali: Isulat sa blanko ang TAMA kung wasto ang mensahe ng pangungusap o MALI kung hindi wasto.

- _____ 1. Lahat ng babae ay maaaring uminom ng pills.
- _____ 2. Nagbabago ang dami at daloy ng regla ng isang babaing gumagamit ng DMPA.
- _____ 3. Ang pag-inom ng pills ay maaaring magdulot ng kanser sa katawan.
- _____ 4. Ang mababang dami ng isdang nahuhuli mula sa mga baybaying dagat ay maaaring sanhi ng mabilis na pagdami ng mga pamilya na nakatira malapit dito.
- _____ 5. Siguradong kapaki-pakinabang sa kabuhayan ng magulang at ng buong pamilya ang pagkakaroon ng maraming anak.

Key answers: (15 points)

| <i>Piliin ang Tamang Sagot:</i> | <i>Tama o Mali</i> |
|--|---------------------------|
| 1. – C | 1. Mali |
| 2. – A,B,C,D | 2. Tama |
| 3. – A | 3. Mali |
| 4. – E | 4. Tama |
| 5. – A,B,C | 5. Mali |

Session 2: Getting Acquainted/Expectations Check

Purpose:

1. To establish rapport among the participants
2. To know each participant with regard to their expectations from the course

Time: 35 minutes

Preparation:

1. Prepare beforehand, 2-3 questions that will assist the participants in describing themselves and discussing their expectations on the training. These questions should be boldly printed on manila paper or on the board.
2. Write down 'Expectations' on one big sheet of manila paper or on one side of the board. This will be used to record the participants' answers.

Training Aids:

Materials needed:

- manila paper or board
- marker pens or chalks
- adhesive tape or masking tape
- scissors

Reference Materials:

- Handouts on 'Names and Addresses of Couple Peer Educators'

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 2: Getting Acquainted/ Expectations Check</p> <p>1. Instruct the participants to introduce themselves following the guide questions you have posted in the board or written on the board.</p> <p>It is also recommended to include in their introduction a question that may solicit their personal anxieties or concerns which may affect their participation in the training.</p> <p>Ask for a volunteer to start.</p> | <ul style="list-style-type: none"> • Only ask 2-3 questions from the initial list you have prepared. This will not consume more time than needed. • If there is a need, address and resolve the participant's anxieties or concerns that are related to their participation in the training prior to the start of the CPE program. • Refer to 'Grouping Techniques to Encourage Participation of Trainees'. • Possible groups of question that could be used are listed below. You may choose some of them or you may just develop your own that is adapted to your participants. <p>Example 1:</p> <ol style="list-style-type: none"> a. What is your name? b. Give one word that describes you most. c. What are you most proud of in your work? d. What do you wish to learn from this training? e. What are your anxieties or worries at the moment which you think will affect your participation in the training? <p>Example 2:</p> <p>Make the couples answer the following:</p> <ol style="list-style-type: none"> a. Husband's line: <i>I am (name), husband of (wife's name).</i> |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 2: Getting Acquainted/ Expectations Check</p> <p>2. List on the manila paper only the participants' answer to the question related to their expectations of the training.</p> <p>Place their answers on the board or manila paper under the title 'Expectations'.</p> <p>3. After all of the participants have finished, thank them for their cooperation. Set aside what you have recorded under 'Expectations' and proceed to the next session.</p> | <p>b. Wife's line: <i>We have been together for</i> (number of years together).</p> <p>c. Husband' line: <i>We already have</i> (how many) <i>children</i>.</p> <p>d. Couple's line: <i>The quality that I love about my partner is</i> (what is the quality).</p> <p>e. Couple's line: <i>What we wish to learn from this training are:</i> (mention here)</p> <p>f. Couple's line: <i>We are concern with</i> (mention concerns related to the training)</p> <p>Remember: Translate these questions in the dialect most suitable for the majority of participants. Sample of translation of Example 2 is found in the 'Training Aids'.</p> |

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1. Just prepare the materials. No 'Reference' attached.
2. The following is the Tagalog version of the questions in Example 2 in the 'Introduction'.
 - a. Lalaki: *Ako si _____ asawa ni _____.*
 - b. Babae: *Nagsasama na kami sa loob ng _____ taon/buwan.*
 - c. Lalaki: *Meron na kaming _____ anak.*
 - d. Lalaki at Babae: *Ang katangiang nagustuhan ko sa aking asawa hanggang ngayon ay _____.*
 - e. Lalaki at Babae: *Ang gusto naming matutunan sa training na ito ay ang mga sumusunod: _____.*
 - f. Lalaki at Babae: *Ang mga inaalala namin ay _____.*

REFERENCE MATERIALS FOR PARTICIPANTS

Handouts on Names and Addresses of Participants (CPEs):

(sample)

| Names of Participants | Address |
|--|--|
| <i>(list names of participants here)</i> | <i>(list addresses of the participants here)</i> |

Session 3: Overview of the Training Course

Purpose: To familiarize the participants with the objectives, methodology and schedule of the training

Time: 15 minutes

Preparation:

1. Print on manila paper the training objectives and schedule.
2. Prepare copies of the training schedule on sheets of paper for the participants.

Training Aids:

Materials needed:

- manila papers
- bond paper
- marker pens
- adhesive tape or masking tape
- scissors

Reference Materials for Participants:

- Handouts on 'Objectives and Schedule of the Training Course'

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 3: Overview of the Training Course</p> <p>Topic 1: <u>Presentation of 'Training Objectives and Schedule':</u></p> <ol style="list-style-type: none"> 1. Present the 'General Objective' and the 'Specific Objectives' of the training course using the prepared visual aids. 2. Compare these objectives with the expectations of the participants. State what expectations will be addressed by the training course. 3. Present the schedule of the training to the participants. Distribute copies of the schedule to them. 4. After presenting the schedule and the objectives, ask them if they have any clarifications or questions regarding the program. If none, proceed to the next activity. | <ul style="list-style-type: none"> • The 'General Objective' and the 'Specific Objectives' are presented in the 'Course Objectives' of this manual. • You may mention that the expectations that will not be covered by the training could be covered by future training designs of the IPOPCORM initiative or other training programs of partner agencies. • The training schedule is presented in the 'Objectives and Schedule of the Training Course' attached to this session. |

Session 4: House Rules

Purpose: To create an environment conducive to learning

Time: 5 minutes

Preparation:

- Write down 'House Rules' or *Mga Paalala* on one big sheet of manila paper or on one side of the board. This will be used to record the participants' answers.

Training Aids:

Materials needed:

- manila paper
- marker pens or chalk
- scissors
- adhesive tape or masking tape

Reference Materials:

- none

| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 4: House Rules</p> <ol style="list-style-type: none"> 1. Explain to the participants that you are going to ask them appropriate 'house rules' to observe during the training. The participants as well as the facilitators of the training will follow these rules during the conduct of the training. 2. Ask any volunteer from the group to mention possible 'house rules'. Let the participant expound or explain his/her answer. 3. After a particular request or rule has been given, ask the rest of the participants if they agree with it and accept it. If they don't agree with it, ask for any changes or modifications that will satisfy most. If they agree with it, write it on the manila paper. 4. After all the possible rules have been stated and agreed upon, post the manila paper in an area where the participants can easily view it. 5. Proceed to the next session. | <ul style="list-style-type: none"> • 'House rules' are a few guidelines or norms of behavior to be observed by the participants and facilitators during the training. • This will encourage harmonious flow of training and proper decorum during the conduct of the different activities in the training. • Possible responses: <ul style="list-style-type: none"> - Listen when somebody is talking. - Minimize distractions. (e.g. unnecessary remarks or noise) - Punctuality; Start and end on schedule. - It is okay to ask questions. |

Session 5: Overview of the Couple Peer Education Program

Purpose: To familiarize the participants with the peer education program of their NGO under the IPOPCORM Initiative

Time: 15 minutes

Preparation:

- Prepare a 5-10 minutes overview or project orientation on the IPOPCORM initiative of your NGO. This will be presented to the CPEs.

Training Aids:

Materials needed:

- manila papers
- adhesive tape or masking tape
- bond paper
- scissors
- marker pens

Reference needed:

- The Project Description and Structure of your NGO under the IPOPCORM Initiative.
- Notes on 'Rationale for the Couple Peer Education (CPE) Program'.

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 3: Overview of the Couple Peer Education Program</p> <p><u>Presentation of the 'Project Overview and Structure'</u></p> <ol style="list-style-type: none"> 1. Present a project orientation/overview of your organization's IPOPCORM Initiative to the participants. Limit this to 5-10 minutes. 2. After the orientation on the organization and project structure, discuss the importance of 'Couple Peer Education Program' to the implementation of the organization's project. 3. After the presentation, ask them if they have any clarifications or questions. If none, proceed to the next activity. | <ul style="list-style-type: none"> • This is a suggested activity for the training organization. This is the opportunity for the participants, who are the selected CPEs, to know how they relate to the NGO's IPOPCORM Initiative and how they will contribute to its success. This will give them an overview of the program in their project area. They will be familiarized with their target clients and target sites. • It may also be helpful if the project structure of the NGO is presented. Refer to 'Training Aids' for the sample of the 'Project Organization, Management and Operational Structure' diagram. • This lecture is contained in the 'Training Aids' of this module. Please refer to 'Notes on the Rationale for the Couple Peer Education (CPE) Program'. • If they have questions regarding their role as CPEs, remind them that this will be thoroughly discussed in Module IV. |

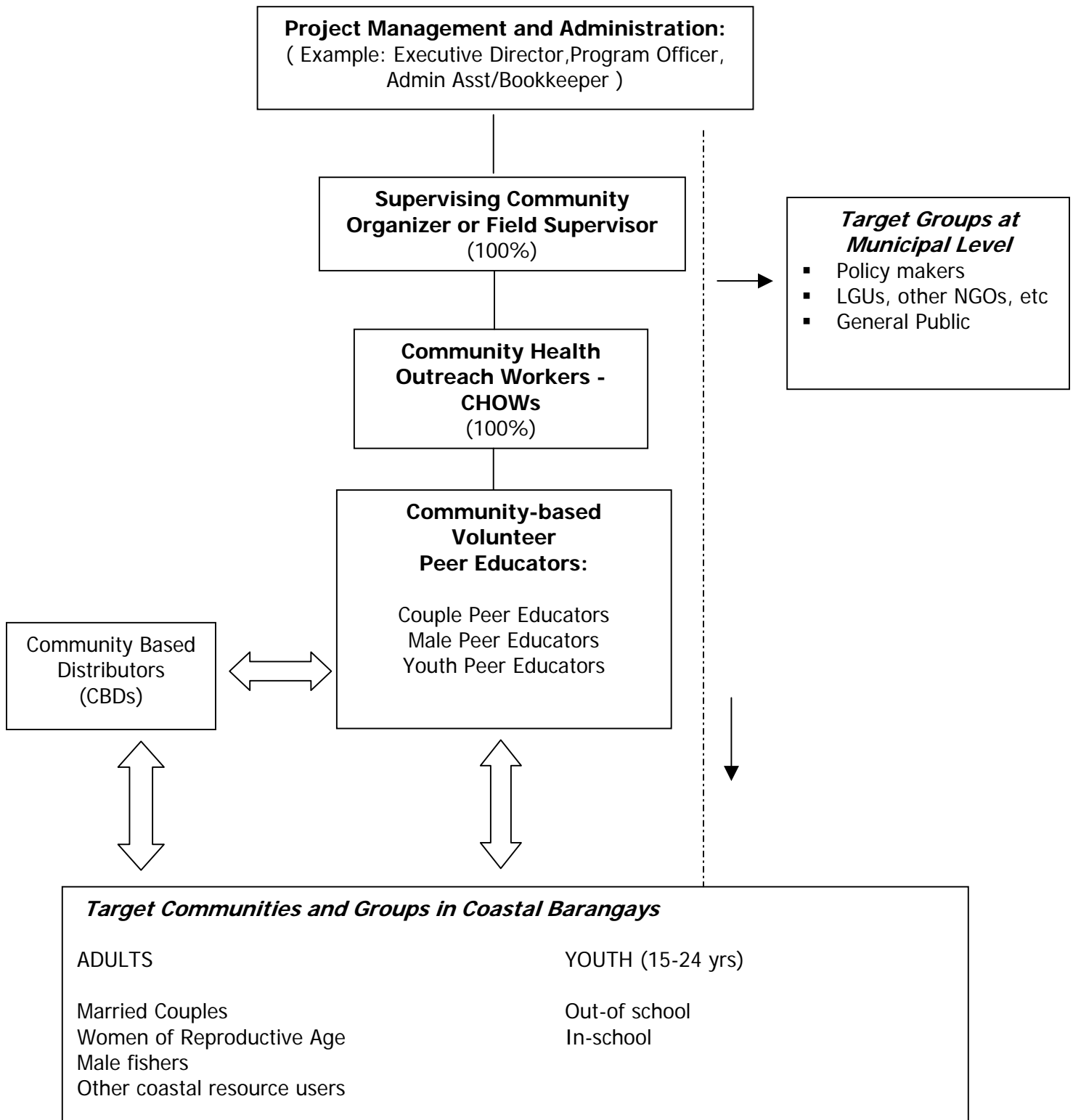
Notes on Rationale for the Couple Peer Education (CPE) Program:

The need for couples as peer educators in assisting a community health outreach work depends on the reproductive health and family planning goals of the project. For the IPOPCORM project, couple peer educators was found to be necessary in promoting use of modern contraceptive methods. Reasons for such are the following:

- Peer education provides the avenue for delivering culturally sensitive messages from within the social group. It is particularly more advantageous to promote family planning to partners or married individuals if it is coming from couples within their community.
- This is a community level intervention that supports and complements the program of the local health unit. It is linked to other community-based strategies of the project. Similarly important is the intervention that should be done in communities
- Community members are more comfortable relating to somebody or a couple they know about their intimate and personal concerns. It is particularly effective if they are informed of solutions to their problem if it comes from a credible person/couple.
- This provides an increase delivery family planning service to the community at a smaller cost. Services are also provided effectively.

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Community-based IPOPCORM Project Project Organization, Management and Operational Structure (sample diagram)



MODULE II: INTEGRATION OF REPRODUCTIVE HEALTH AND COASTAL RESOURCE MANAGEMENT

Session 1: Integration Exercise: “Ang Barangay Namin”

Purpose: To show the effect of rapid population growth on coastal resources through participatory learning exercise

Time: 60 minutes

Preparation:

1. The materials needed for this exercise depend on the venue of the activity.
 - If the activity will be held in-door: prepare pieces of chalk and small cut-outs of coastal and mangrove resources (e.g., mangrove trees, crabs, shrimps, fishes) to represent the resources commonly utilized by residents.
 - If out-door: collect dry leaves and twigs to substitute for the cut-outs. Make sure the participants understand what each material represents.
2. It would help a lot to have an idea of the map of the community, specifying the locations of the settlement, mangroves, and other natural resources found along their coastline.

Training Aids:

Materials needed:

- manila paper
- marker pens or chalk
- colored paper
- scissors
- adhesive tape or masking tape

Reference needed:

- *Coastal Resource Management for Food Security*, CRMP, DENR
- Notes on ‘Salient Points on Reproductive Health and Coastal Resource Management’

Reference Materials for Participants:

- Handouts on 'Salient Points on Reproductive Health and Coastal Resource Management'

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <ol style="list-style-type: none"> 1. Have the participants stand around a clear area. 2. Draw a sketch of the community's map on the board (if available), manila paper or on the ground/floor using a marker or chalk. With the help of the participants, label the portions and mark the boundaries of the mangrove areas ('bakawan'), settlement ('bahayan') and the sea ('dagat'). 3. Create a story of how the community was 20 – 25 years ago. Invite 2 participants to stand inside the 'settlement' area. These 2 volunteers will represent the first family who settled in the area. 4. Using a chalk or marker, divide the settlement area into two. Distribute the cut-outs in the delineated coastal areas (e.g., mangrove resources inside the 'mangrove'; fish, seaweed and other resources in the 'sea'). 5. Ask the volunteers what resources they need for household-use (e.g., shelter, food), and have them gather what they need by picking-up the 'resources'. 6. Ask the volunteers how many children they have or would like to have, and let them call other participants who they would like to be identified as their 'children'. Have the 'children' stand inside the area allocated to their parent. | <ul style="list-style-type: none"> • Asking the participants to volunteer for the activity could be difficult. You can do innovative and easy activities that will facilitate the process. Refer to 'Grouping Techniques To Encourage Participation of Trainees'. • You can have cut-outs of the following: <ul style="list-style-type: none"> - mangrove - coral reefs - fishes - sea grass/sea weeds - crustaceans (e.g. crabs or shrimps) - squids • The cut-outs should be discernible and really represent the actual living counterpart. Be sure to have sufficient number of cut-outs for the conduct of the exercise. |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <p>7. Divide the settlement again according to the number of 'children', and ask them to gather the resources they need (e.g., mangrove for houses; fish, shellfish, etc. for food). Have the 'children' state the number of children they have or would like to have. Continue the process until all the 'resources' are depleted (no more cut outs to gather) and/or a participant says he/she no longer has space to build his/her house (i.e., settlement has encroached on the mangroves, or have 'reclaimed' parts of the sea).</p> <p>8. Bring the whole group together again and ask them the following guide questions:</p> <ul style="list-style-type: none"> <i>What did you observe and/or experience during the session? (Ano ang naranasan o napansin ninyo sa ginawa nating pagsasanay/exercise?)</i> | <ul style="list-style-type: none"> Be sure that the questions you will ask them are printed on a manila paper. They could be in the local dialect. <p>Possible answers are:</p> <ul style="list-style-type: none"> The land area is not enough to support increasing family size. ; The areas for settlement are decreasing. There is overcrowding. Some families are encroaching into the coastlines. There is rapid consumption of food supply/source among families with increasing 'size'. The food source is decreasing in quantity.; Supply of food source is diminishing. Since the supply of food is decreasing, some families/fisherfolks may resort to illegal fishing. This will provide immediate alleviation of their problem. There is competition in acquiring food. There is possible degradation of the |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <ul style="list-style-type: none"> <i>Were the circumstances seen in the exercise similar to your experience in their community? In what way? (Ang naranasan niyo ba o nakita sa pagsasanay ay hawig o katulad ng nararanasan ninyo sa inyo barangay? Sa papaanong paraan?)</i> | <p>coastal environment due to destruction of natural resources, pollution and overfishing. These are due to the increasing population along coastal areas and increasing cases of illegal and destructive fishing practices.</p> <ul style="list-style-type: none"> Some may not know the value of FP and therefore are not actively practicing it. <p>Possible answers are:</p> <ul style="list-style-type: none"> Yes, there is encroachment of human settlement into coastal areas. Yes, the family size along coastal areas and <i>poblacion</i> are increasing; there is overcrowding; there is also migration to developing barangays/sitios for better economic & livelihood opportunities. Yes, since there is a need to immediately alleviate the food shortage or lack of economic sustenance, illegal fishing/logging is increasing in incidence. Yes, due to poverty, some children in 'big' families do not even complete their secondary education. The family's finances would rather be prioritized for food sustenance Yes, some families along coastal areas, may not have sufficient & nutritious food to eat and may eventually suffer from malnutrition among children. Yes, there are existing problems in maintaining community cleanliness. Yes, there is already pollution of the sea waters |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <ul style="list-style-type: none"> <i>What did you learn from the exercise?</i> <p>9. Write down all their answers on the board or on the manila paper.</p> <p>10. When all the questions have been answered, read through what has been written.</p> <p>11. Ask them if all their inputs were taken. If not, clarify what other answers were left out.</p> | <ul style="list-style-type: none"> Yes, there is evidence of destruction of natural resources. <p>Possible answers are:</p> <ul style="list-style-type: none"> There is a need to promote and educate coastal families about the benefits of family planning. There is a need to promote and educate coastal families about the proper management of coastal resources. There is a need to have alternative livelihood. This will decrease fishing efforts and eventually reduce illegal forms of fishing. There is a need for cleanliness and sanitation program. There is a need to preserve coastal areas. There is a need to strengthen enforcement of laws/ordinance that could protect the natural resources from further destruction. <ul style="list-style-type: none"> Be sure that the list you write on the manila paper/or on the board can be understood and read by the participants. |

| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 1: Integration Exercise: 'Ang Barangay Namin' (Our Community)</p> <p>12. Upon completion of their answers, leave the written data on the board. Proceed by providing additional discussion and input regarding the topic on 'Integrating Reproductive Health (RH) and Coastal Resource Management' (CRM).</p> <p>13. Proceed to the next activity.</p> | <p>Remember: The input you will add should just strengthen or augment what they have already answered. You can do this in 15 minutes. Refer to the 'Training Aid' for reference. Just remember to emphasize the following:</p> <ul style="list-style-type: none"> • Why do we have to link RH and CRM? • What is the link between RH and CRM? • What are the critical results needed for a sustainable coastal resource use? |

Notes on 'Salient Points on Reproductive Health and Coastal Resource Management':

What are the salient points to emphasize in Reproductive Health?

- **Definition of Reproductive Health:**

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and processes.

- **Implication of Reproductive Health definition:**

- people are able to have satisfying and safe sex life, which contributes to the enhancement of life and personal relations;
- have the capacity to reproduce, and;
- have the freedom to decide if when and how often to do so.

- **Reproductive Rights:**

- right of men and women to be informed of safe, effective, affordable and acceptable methods of family planning of their choice;
- right to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law, and;
- right to access appropriate health care services that will enable women to go safely through their pregnancy and childbirth, and provide couples with the best choice of having a healthy infant.

- **Ten (10) Elements of the Philippine Reproductive Health Program:**

- ***Family Planning*** – focuses on the right of couples to be informed and to have access to safe, effective and affordable modern methods of family planning.
- ***Maternal and Child Health Care, Nutrition*** – focuses on the child-bearing function of the woman and ensures her health during pregnancy as a way of promoting child and family health.
- ***Prevention and Treatment of Reproductive Tract Infection (RTI and HIV/AIDS)*** – program for prevention and management of RTI and HIV/AIDS and the promotion of safe sex practices.

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- ***Women and Men's Cancers of the Reproductive Tract*** (Breast and Reproductive Tract Cancers and other Gynecological Conditions, prostate cancer) – focuses on the early detection and management of male and female cancers as part of the RH program.
- ***Prevention and Management of Abortion complications*** – focuses on the effective use of FP methods to avoid abortion and provision of health and counseling services to the complications of abortion.
- ***Men's Reproductive Health*** – focuses on the role of males in the prevention of RTI and HIV/AIDS; male involvement in family planning program; early detection and management of cancers of the male reproductive tract.
- ***Adolescent's Health*** - focuses on the prevention and management of RTI, HIV/AIDS; and the issues and concerns about early and unwanted pregnancies.
- ***Violence Against Women and Children*** – focuses on the effective referral and networking system for the prevention of VAC and the provision of emergency services for survivors.
- ***Prevention and Treatment of Infertility and Sexual Dysfunction*** – focusing on counseling clients with problems on infertility and provision of assistance for their reproductive needs.
- ***Education and counseling on Sexuality and Sexual Health*** – focuses on counseling on issues and concerns of clients related to sexuality.

Why do we have to integrate RH/FP and CRM?:

- The 1994 International Convention on Population and Development (ICPD) document decisively advocates the promotion of gender equity across development programs. RH/FP programs and activities are focused on both men and women, and yet majority of service providers, health educators/counselors and advocates are women. FP has conventionally been a woman's domain while CRM programs are considered to be the realm of men. Men should be tapped not only in conservation of coastal resources but should also be involved in Reproductive Health and in the reduction of

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population pressure. Men should be brought out in the forefront of RH as service providers/educators/advocates in order to increase contraceptive-use, address men's Reproductive Health needs and promote more equitable relations between sexes. It is high time to integrate and target men in all RH/FP activities because the process of reproduction and decision-making rely on both sexes.

What are the salient points to discuss when we talk about integrating Reproductive Health and Coastal Resource Management?

- People need food for survival. This need is only realized in practice if they can lay their claim and derive food either from home production, through purchase in the market place, from gathering (e.g. fishing), or through barter arrangements, gifts or other means of transfer. The nature of food access depends on the particular conditions prevalent in a given farming or fishing system.
- The on-going population pressure and the inadequate food supply affect the health and well being of the people. There is a need to ensure food security. **Food security** provides the link between Reproductive Health (RH)/Family Planning (FP) and Coastal Resource Management (CRM).

What is Food Security?

- This has been defined in the Philippine Implementing Rules and Regulations of Agriculture and Fisheries Modernization Act as:

Policy objective, plan and strategy of meeting the food requirements of the present and future generations of Filipinos in substantial quantity, safety and nutritional quality that meets desirable dietary requirements, ensuring the availability and affordability of food to all, either through local production or importation, or both, based on the country's existing and potential resource endowment and related production advantages, and consistent with the overall national development objectives and policies. However, sufficiency in rice and white corn should be pursued.

- According to the Food and Agriculture Organization (FAO), food security is:

...enough nutritious and safe food being available and accessible for a healthy and active life by all people at all times.

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- Food security programs need *short-, medium-, and long-term plans that integrate a variety of strategies to ensure a nutritionally balanced food supply for all the people, all the time. In order to achieve food security, a stable, sustainable, and predictable supply of nutritionally balanced food must be available through equitable access over a time horizon that extends essentially forever.*

What is the role of fisheries in achieving food security?

- *Fish and other aquatic resources should factor significantly in the food security equation.*
- Fishery resources should be considered in the inventory of stable, sustainable and predictable food supply because these resources supply the highest quality and most efficiently produced dietary protein in the world.
- Fishery resources play an important role in food security in the Philippines. Fish provide approximately 50 percent of the animal protein in our country. In rural communities, fish provides 80 percent of the highest quality and most efficiently produced protein supplement to their regular diet that typically lack essential vitamins and minerals.
- Rapid population growth and migration to coastal areas result in continuous increase in commercial and municipal fishing efforts. As population pressure increases, over-fishing and habitat destruction are resulting in decreasing fish stocks in the Philippines.
- As the population and demand for coastal resources continue to grow, environmental limits will become increasingly apparent. The Philippines could avoid environmental crisis if they take STEPS now to conserve and manage supply and demand better, and by slowing population growth through the provision of information and services needed to make *informed choices about Reproductive Health. Family Planning programs play a key role.* When Family Planning information and services are widely available and accessible, couples are better off in achieving their fertility.
- *The cycle of food insecurity and poverty will be broken only when all rural coastal people have the means to generate income or resources to produce for their needs. Macro-economic policies to stimulate the rural sector are essential. But equally important is strengthening the capacity of the poor to participate in socio-economic development.*

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- Men and women need to be alerted to the threats that environmental degradation and increasing population pressure pose to food security. *They need to be informed on the need for integration of population and coastal resources management initiatives, and get their involvement in undertaking the initiatives for the preservation of the coastal resources and the environment, and improvement of their standard of living for their food security.* It is therefore imperative that food security programs include integrated population and coastal resource management, working multi-sectorally with national government agencies and local government units, as a strategy for food security in the Philippines.

What are the 3 critical results needed for a sustainable coastal resource use?

- A sustainable food supply from the municipal waters will only be realized when: (1) *fishing effort is reduced to sustainable levels,*
(2) *destructive and illegal fishing is stopped, and*
(3) *coastal habitats are protected and managed.*

To achieve these results a multi-sectoral collaboration, cooperation and partnership must be organized to implement specific interventions. Such interventions are explained below.

(1) fishing effort is reduced to sustainable levels

- Strategic interventions to reduce fishing effort include: improving license, permit, fee, and regulation system for commercial fishers; identify sustainable economic incentives that target reducing the number of municipal fishers; limit all fish-aggregating devices and artificial reefs in municipal waters; and, reduce population pressure in coastal areas.

(2) illegal and destructive fishing practices is stopped

- Strategic interventions to stop illegal fishing in municipal waters include: enforce fishery laws; and, pass municipal ordinances that prohibit destructive fishing practices.

(3) coastal habitats protected and managed

- The quality of critical coastal habitats particularly the coral reef, seagrass and mangrove habitats must be maintained and improved through: strictly

enforcing laws protecting coastal habitats; establish marine sanctuaries to rehabilitate habitats and increase fisheries production; develop Community-Based Forest Management Areas (CBFMAs) for sustainable mangrove resource use; revert abandoned fishponds to mangrove areas to increase fisheries production; and, establish functional Protected Area Management Boards for Marine Protected Areas, Parks, and Seascapes under the National Integrated Protected Areas System.

MODULE III: ORIENTATION ON THE PHILIPPINE FAMILY PLANNING PROGRAM

Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning

Purpose:

1. To illustrate the difference between a planned and unplanned family
2. To demonstrate the advantages of birth spacing to the family
3. To provide information and raise awareness regarding Family Planning situation in the country
4. To demonstrate the effect of increasing family size to the demand and supply of adequate food

Time: 60 minutes

Preparation:

- Prepare lecture material and visual aid on 'What is Family Planning?', 'Family Planning Situation in the Philippines' and 'Why Practice Family Planning?'. This will be used for the short lecture after the exercise.

Training Aids:

Materials needed:

- manila papers
- bond paper
- marker pens or chalk
- two pieces loaf bread
- adhesive tape or masking tape
- scissors
- radio or cassette player (if available)

References needed:

- Notes on 'What is Family Planning?'
- Notes on 'Benefits of Family Planning'
- Notes on 'Family Planning Situation in the Philippines' based on Population Reference Bureau, 2001 and National Statistics Office

Reference Materials for Participants:

1. Handouts on 'What is Family Planning?'
2. Handouts on 'Benefits of Family Planning'
3. Handouts on 'Family Planning Situation in the Philippines'

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <ol style="list-style-type: none">1. Before the session, make up a story about 2 couples that got married on the same day. One couple plans their family, while the other does not.2. On the floor, draw 2 chalk circles of the same size, in which 4 people will fit comfortably. You can also use manila paper.3. Ask for 4 volunteers to help you. If the group is mixed, ask for 2 women and 2 men. If the group is not mixed, have the volunteers form 2 couples anyway.4. Place 2 volunteers in each circle. Explain that one will play the role of the father and the other the role of the mother.5. Begin the story, telling how both couples got married on the same day. If possible, music can be played. Let the couples dance inside the circle6. Continue the story: "Then, about a year later, each couple had their first child." Bring another volunteer into each circle. | <ul style="list-style-type: none">• Asking the participants to volunteer for the activity could be difficult. You can do innovative and easy activities that will facilitate the process. Refer to 'Grouping Techniques To Encourage Participation of Trainees'.• In the absence of any electricity or music, you can instruct the participants to move or march round clockwise inside the circle.• Selecting volunteers to become the 'child' could be done by asking the 'couple' to choose among the rest of the participants. You could tell the couple: <i>'If you have to choose a child among your</i> |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <p>7. "After having been married 2 years, one couple had their second child." Bring another volunteer into one circle. The other family remains with only 1 child.</p> <p>8. "After being married 3 years, each couple had another child." Add another volunteer to each circle.</p> <p>9. "After 5 years the couple with 3 children had a fourth (bring another volunteer into the circle) while the other couple still had 2."</p> <p>10. "When they were married 7 years, the couple with 2 children had a third, while the other had their fifth." Let both families dance inside their respective circles.</p> <p>11. At the end of the story and dancing, give each mother or father a piece of bread and ask them to distribute it to the 'family'. Instruct each 'family member' to show how much he or she got so that the whole group can clearly see the difference in size.</p> <p>12. Ask the families the following questions:</p> <ul style="list-style-type: none"> <i>How did you feel during the conduct of the activity? (Ano ang inyong naramdaman habang ginagawa natin ang pagsasanay?)</i> | <p><i>co-participants, who would it be?</i></p> <p>Ask first the family that did not space births and has more children.</p> <p>Possible answers:</p> <ul style="list-style-type: none"> 'Happy'/'Excited' - because we have a lot of children. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <ul style="list-style-type: none"> <i>How does your experience relate to the source of food in the coastal barangay? (Sa palagay ninyo, ano ang kaugnayan ng inyong naranasan sa pagkakaroon ng sapat na mapagkukuhaan ng pagkain para sa tahanan?)</i> | <p>enough space/area to live on.</p> <p>Possible answers from both families:</p> <ul style="list-style-type: none"> The sources of food can only supply a certain number of families in a community/coastal barangay. There would be more appropriate food available for a fewer number of families. If the family size is small and manageable, then the distribution and portioning of food (e.g. fish, rice, bread) for each family member is sufficient for his/her particular health needs. If the family size in a community and the number of families (or households) is small and manageable, then the sources of food (e.g. fish from the sea, rice from the fields) will not be overburdened by too much demand. There is always an unlimited demand for adequate and nutritional food needed for the healthy subsistence of families. If supply is unable to meet the demand, some families may resort to immediate and yet destructive ways of acquiring it (e.g. dynamite fishing). To ensure adequate supply of nutritious food from the coastal areas for each member of a family and the various households in the community, planning the family will reduce fishing efforts to sustainable levels and reduce population pressures in coastal areas. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <ul style="list-style-type: none"> <i>What needs to be achieved to realise sustainable food supply from the municipal waters?</i> <p>13. Bring the two families together and ask the whole group the following questions:</p> <ul style="list-style-type: none"> <i>What difference do you see between the two families?</i> | <p>Remember: Whatever the answers are from the participants, work their responses to the question by emphasizing that:</p> <ul style="list-style-type: none"> In order for families (esp. living along coastal barangays) to have healthy members, they should have adequate, appropriate and nutritional supply of food. This could be achieved if there is proper management of the health of the family. This is in terms of family planning and spacing births. Couples can meet the needs and demands of their children (e.g. food) adequately. Reduction of rapid population growth especially along coastal barangays will provide less stress and pressure on the local sources of food. Whatever their answers are, work their responses to the '3 critical results needed for sustainable coastal resource use' found in the 'Training Aids' of Module II. <p>Possible Answers:</p> <ul style="list-style-type: none"> The family with more children have lesser resources to allocate such as space for living and food for sustenance. The family with lesser children has more resources to use due to the lesser number of individuals to support. The family whose mother spaced births and pregnancy has lesser children. She can adequately support them |

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <ul style="list-style-type: none"> <i>Why did those differences develop?</i> <i>What advantage did the family that space births have? What advantage did the family with smaller number have?</i> | <ul style="list-style-type: none"> There are fewer mouths to feed with more allocated food for the family with lesser children. <p>Possible answers:</p> <ul style="list-style-type: none"> Maybe one family was informed about FP and spaced births, and the other was not. Misconceptions/myths about FP could have affected the decision of one family from practicing family planning. Maybe the other family was responsible enough to plan for the future by spacing births or observing family planning. The parents may want to have better quality of living thus they planned their family. The parents of the 'big family' may have decided to have more children to help in their livelihood. They may agree with the opinion that having more children could be economically beneficial. More working force or labor means more chances of earning money for the family. <p>Possible answers:</p> <ul style="list-style-type: none"> more food to allocate for each family member more living space to occupy more time to take care of children more time for mother to regain health after birth more attention is given to children more opportunities for self-improvement for each member of the family less demand for the available resources; fewer mouths to feed less consumption of allocated resources |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning</p> <ul style="list-style-type: none"> <i>How can you (as CPEs) use what we have observed in the exercise in helping others plan for their family?</i> <p>14. List all their answers to these questions on a manila paper or board.</p> <p>15. After all answers have been given, summarize the advantages of planning a family and spacing birth that the participants have shared. Provide additional input by emphasizing what was not discussed or mentioned by the group. Place emphasis on the 'Benefits of Family Planning', definition of family planning and the situation in our country. Make use of your prepared visual aids.</p> | <p>Possible answers:</p> <ul style="list-style-type: none"> advocate for family planning among sexually active couples living along coastal barangays promote birth spacing among sexually active couples along coastal barangays promote use of contraceptive among sexually active men and women to plan the family and space births promote the advantages of birth spacing and having manageable number of children understand the importance of family planning and its effect on the use of available and allocated coastal resources understand that family planning is a good strategy of reducing population pressures on coastal resources <p>Remember: You may also add the advantages listed below.</p> <p>In terms of health advantages:</p> <ul style="list-style-type: none"> Spacing between births is healthier for mother and child. Less risk of mortality for mother and child. The untoward effects of having too many children, too young to be pregnant, too soon to get pregnant and too old to be pregnant are AVOIDED. |

| STEPS | TRAINER'S NOTES |
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| Session 1: The Philippine Family Planning Program and the Philippine Situation on Family Planning | <p>In terms of social advantages:</p> <ul style="list-style-type: none"> • More satisfying sexual relations between couples if fear of pregnancy is avoided through family planning. • Parents will be able to prepare for the arrival of each child. • Couples can meet the needs and demands of their children – such as food, clothing, education, comfort and care. • Family planning could help infertile couples have children. • Reduction of rapid population growth. This is good for developing nations – less stress on resources. |

Notes on Family Planning:

Definition of Family Planning according to the Philippine Family Planning Program (PFPP):

- Voluntary and positive action of couples to plan and decide for the number of children they want and when to have them
- Achieved by using legal and medically-accepted contraceptive methods
- Spaces or limits child-bearing when family size is attained
- Helps childless couples to have children

Philippine Family Planning Situation:

- Fast population growth:
 - 1995: growth rate of 2.32% (1.6 million Filipinos are born every year)
 - 2000: growth rate of 2.36% (1.8 million Filipinos are born every year)
- 30 births every 1000 population
- 7 deaths every 1000 population
- Rank 13: most populated country in the world
- Rank 7: most populated country in Asia

Benefits of Family Planning:

Family Planning benefits individuals, couples and communities in many ways. Among the most important are the following:

1. Ensures health and well-being of family members:

- Women's lives are saved:
 - Avoiding Unsafe Abortion: Family planning could avoid most of the maternal deaths that result from unsafe abortion because of unintended/unwanted pregnancies.
 - Limiting Risks of Pregnancy and Childbirth: Every pregnancy presents health risks. Pregnancy may aggravate pre-existing medical conditions such as cardiovascular diseases (e.g. hypertension, valvular heart disease), diabetes, malaria, tuberculosis or hepatitis. A woman avoiding pregnancy by using contraception consistently and correctly helps protect herself from exposure to pregnancy and childbirth risks especially if quality obstetric care is not available.

- Limiting birth to the safest age range: The use of contraceptives may delay pregnancy at such a young age. It can also help older women avoid health risks that are associated with aging. Pregnancy is safer between ages 20-40
- Having fewer births: The increase risk for maternal complications with births more than four times are avoided with contraceptive use.
- Children's lives saved:
 - Spacing Births is Beneficial to Children: Spacing pregnancies more than two years apart help the women achieve healthier children and increases their chances of survival. A baby born too soon (less than 24 months from previous birth of mother) is vulnerable to diseases since the mother has not yet fully recovered from vitamin depletion, blood loss, and reproductive tract damage/trauma and healing.
 - Limiting Pregnancy to the Healthiest Ages: Birth defects, low birth weight, malnutrition and slower physical development and growth of the infant are more likely to occur in pregnancies below the age of 20 y/o or beyond 40 y/o.
 - Birth spacing assures that babies are adequately breastfed: Breastfeeding the infant for at least six months helps guard the infant against infection/illnesses and deaths from diarrhea and respiratory complications.

2. Assists women to have more choices:

- Family planning empowers women by enabling them to choose the number and timing of their births. Control over their own childbearing can open opportunities to more education, employment, and social development.
- Enables women to go to school. The two most common reasons that young women do not complete secondary education are marriage and pregnancy.
- Families with fewer children are more likely able to provide education among their daughters and sons. The family's resources tend to be distributed more equally among sons and daughters.

3. Family planning programs play an important role in preventing STDs:

- FP programs provide communication, education and counseling that encourages adoption of safer sexual behavior, This would include delayed sexual initiation, monogamy and condom use.

4. Promotes responsible sexuality among youths: Sex education programs and human fertility awareness through FP programs help young people receive accurate information about sexuality and reproductive health. These may assist them to remain healthy.
5. Involving men in FP programs benefits the whole family: It is a good strategy in encouraging men (especially along coastal areas) to discuss RH concerns, including family planning, with their partners and to share responsibility for RH decisions. Couples who talk to each other about family planning and RH reach healthier decisions. They are more likely to use contraception effectively.
6. Protection of the environment by slowing population growth:
 - Providing quality family planning information and services can help people (especially along coastal areas) have smaller families they prefer, can lead to fertility reduction and decrease in population growth. These would ease human pressures on the environment.
 - Slowing population growth would help ease demand for freshwater supplies, and arable land, avoid air and water pollution, and reduce competition for scarce resources.
7. Family planning programs play an important role in economic and social development:
 - When couples have fewer children, population growth slows. When this occurs, developing countries are better able to invest more in education, health care, and other improvements. Investment per capita increases with a slow population growth.
8. Practice of family planning also protects the personal values, religious beliefs and family resources.
 - Family planning programs provide information and various contraceptive choices that is suited to the distinct values and beliefs of each couple.

REFERENCE MATERIALS FOR PARTICIPANTS

Ano ang 'Family Planning'?

- Ito ang kusang desisyon ng mag-asawa, magkasintahan o mag-*partner* na pag-usapan at planuhin ang dami at agwat ng kanilang magiging anak. Ginagawa ito sa pamamagitan ng paggamit ng mga legal na pamamaraan ng pagpapalano ng pamilya.
- Tumutukoy ito sa pagkakaroon ng anak ayon sa paniniwala, kalusugan at kakayahang pangkabuhayan ng mag-asawa
- Tumutukoy rin ito sa tamang pag-aagwat ng anak at ang panganganak ng ina sa tamang panahon.

Ano ang kahalagahan ng pagpapalano ng pamilya?

- Mapapangalagaan ang kalusugan ng ina, anak at ng buong pamilya
- Magkakaroon ng tamang agwat ang mga anak
- Maaaring manganak ang ina sa tamang gulang kung kailan ang pagbubuntis ay ligtas
- May panahon ang inang may sakit na magpalakas at magpagaling muna bago siya muling magbuntis
- Maiiwasan ang pagkakataong magpalaglag o magpa-*abort* sa mga hindi inaasahan, wala sa plano o hindi ginustong pagbubuntis
- Masisiguro na ang pagbubuntis ay tanggap ng mag-asawa o ng pamilya kung kaya ang mga anak ay sagana sa pagmamahal at pangangalaga

Session 2: Basic Human Reproductive Anatomy and Fertility

Purpose:

1. To provide the participants with the information on the different parts and functions of the male and female reproductive anatomy
2. To provide the participants with the information on the vital process involved in the fertility of an individual

Time: 60 minutes

Preparation:

1. Illustration of the internal and external Male Reproductive System without labels. This should be seen clearly from a distance of 10 feet.
2. Illustration of the internal and external Female Reproductive System without labels. This should be seen clearly from a distance of 10 feet.
3. Prepare separately printed labels of anatomy parts and functions.

Topics Covered:

Topic 1: Exercise & Lecture on 'Human Reproductive Anatomy and Function'

Topic 2: Discussion-Lecture on 'Human Fertility and Reproduction'

Training Aids:

Materials needed:

- manila papers
- bond paper
- marker pens
- meta-cards
- adhesive tape or masking tape
- scissors
- prepared illustrations

Reference needed:

- Guide illustrations and notes on 'Male Reproductive Anatomy & Functions' and 'Female Reproductive Anatomy & Functions'
- Notes on 'Human Fertility'

Reference Materials for Participants:

- Handouts on 'Human Reproductive Anatomy and Functions'
- Handouts on 'Human Fertility' (Tagalog version)

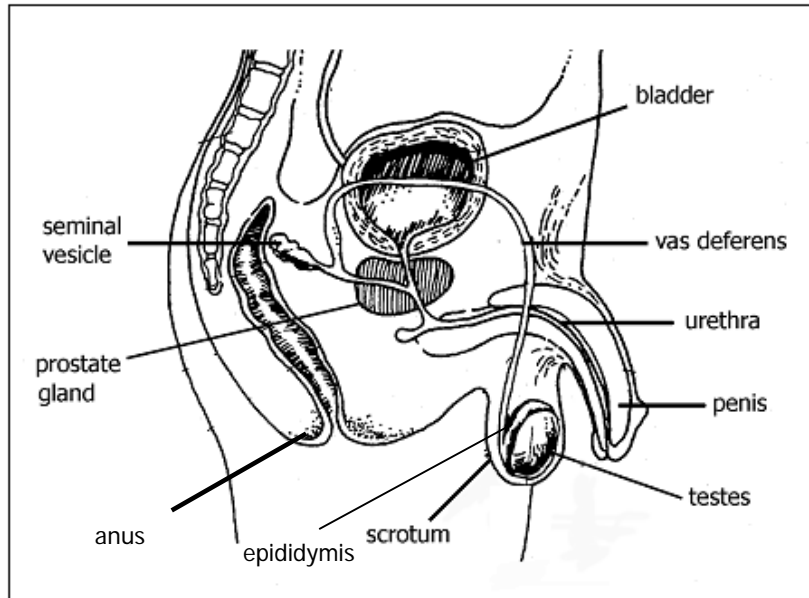
| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 2: Basic Human Reproductive Anatomy and Fertility</p> <ol style="list-style-type: none"> 7. After the 3 groups have finished the activity, go over the parts one by one making sure that the parts are labeled correctly. 8. After you have gone through all the parts, ask the participants if they have any clarification or questions. If none, proceed to the next step. 9. Go over the functions of each labelled part one by one making sure that the participants understand the functions. Ask them to repeat the function of a particular part you have just mentioned. 10. After you have gone through all the functions, ask the participants if they have any clarification or questions. If none, proceed to the next topic. <p>Topic 2: Discussion - Lecture: <u>Human Fertility and Reproduction:</u></p> <ol style="list-style-type: none"> 1. Introduce the session. | <ul style="list-style-type: none"> • The facilitator should be able to discuss the parts and the functions necessary for the following events leading to human fertility and reproduction. <p>Remember: The facilitator summarizes the important roles of the parts of the human reproductive system in human reproduction by discussing the important events that determine fertility and how these relate to pregnancy and sexually transmitted diseases (STD). This could be done by guiding the participants through the biological processes and STDs that occur in our bodies using the illustrations of the male and female reproductive systems. Participants are encouraged to ask questions about their bodies and to clarify.</p> <ul style="list-style-type: none"> • Mention that this topic is related to the discussion of the human reproductive anatomy. Emphasize also that this activity will present sensitive and delicate topics. What will be discussed in this session |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 2: Basic Human Reproductive Anatomy and Fertility</p> <ol style="list-style-type: none"> 2. Post the prepared visual aids for the topic. 3. Proceed with the discussion-lecture making use of the pictures of the 'Pre-ovulatory Phase', 'Ovulatory Phase' and 'Post-ovulatory Phase'. Also include the pre-drawn picture of 'Fertilization' and 'Implantation'. 4. Instruct them to write down any clarification or questions; or just ask questions they may have during the course of the discussion-lecture. These will be answered either immediately or at the end of the topic of the lecture. 5. After the discussion-lecture and all inquiries have been answered satisfactorily, proceed to the next session. | <p>should not be taken as offensive or malicious.</p> <ul style="list-style-type: none"> • Be guided by the facts listed in 'Training Aids'. Emphasize the diagrammatic presentation of the 'Fate of the Egg after Ovulation'. |

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For Topic 1:

Illustration on Male Reproductive Anatomy



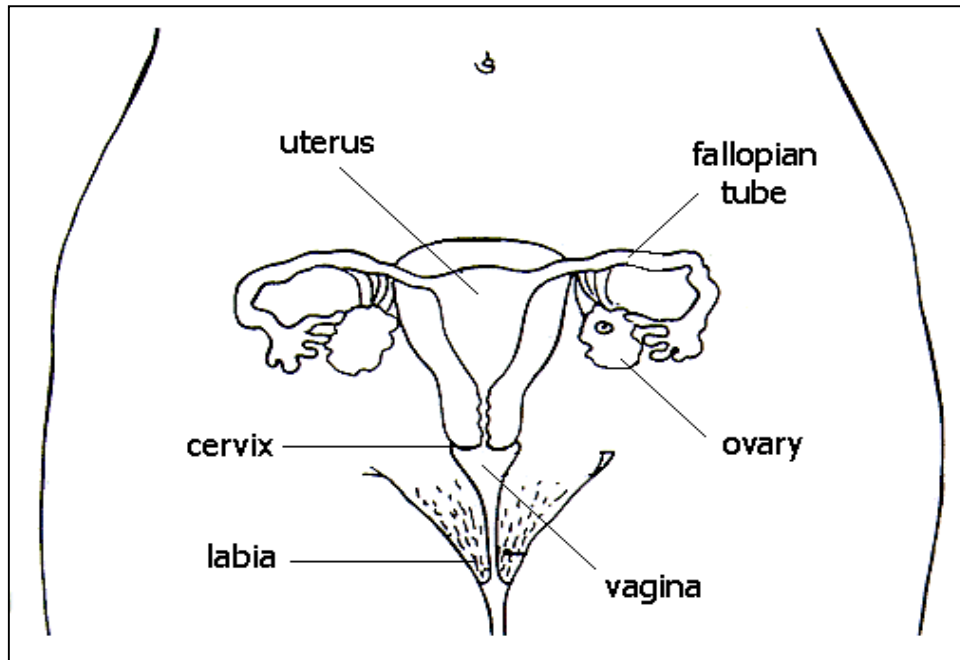
Parts and Functions of the Male Reproductive Anatomy:

| Parts | Functions |
|-------------------------|---|
| Penis | male organ for sexual intercourse, for urinary excretion and ejaculation of sperm |
| Scrotum | sac below the penis that holds the testes; the scrotal muscles contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm |
| Urethra | tube that provides passage for urine and semen |
| Testes | site of the production of sperm and male hormone (i.e. testosterone) |
| Epididymis | serves as storage for sperm |
| Vas deferens | tubes that provide passage for sperm from epididymis to the urethra during ejaculation |
| Seminal vesicles | glands that produces the sugar- and protein-containing fluid that provides nourishment for the sperm |
| Prostate gland | round-shaped body located below the urinary bladder that secretes fluids that aids in the motility of the sperm |

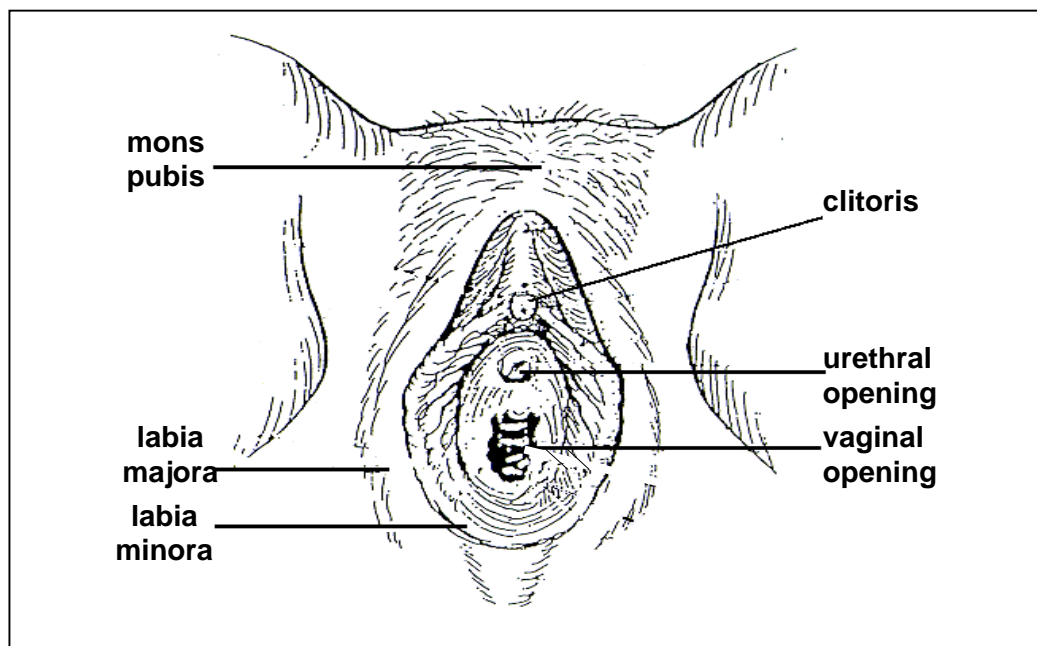
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Illustration on Female Reproductive Anatomy

Internal Female Reproductive Anatomy



External Female Reproductive Anatomy



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Parts and Functions of the Female Reproductive Anatomy:

| Parts | Functions |
|------------------------|--|
| Mons pubis | a soft fatty tissue which lies over the prominent pubic bone |
| Labia | the outer and inner folds covering the vagina: Labium majora – outer, rounded folds of fatty tissue with overlying skin and covered with hair Labium minora – inner folds of tissue covered with mucous membrane |
| Clitoris | a small projection which contains tissue that becomes erect during sexual stimulation; counterpart of the penis |
| Vagina | an elastic, muscular canal that provides passage for the menstrual flow, for the birth of babies and receives the penis during sexual intercourse |
| Cervix | the neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus |
| Uterus | a thick-walled hollow organ which houses and protects the fetus during pregnancy; commonly called the womb; the inner lining of the uterus, endometrium, undergoes thickening in the ovulatory and early post-ovulatory stages of the menstrual cycle to prepare the uterus for possible implantation of fertilized egg |
| Fallopian tubes | two tubes that extend from the uterus to the ovaries. Sperm travels through the tubes to reach the egg. Fertilization of the egg takes place in the tubes. The fertilized egg then travels to the uterus where further growth takes place. |
| Ovaries | two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e. estrogen and progesterone |

For Topic 2:

Notes on Human Fertility and Reproduction:

What is human fertility?

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- It is closely linked to age:
 - it begins in puberty:
 - menarche – when a woman starts to menstruate
 - spermatarche – when a man begins to produce sperms
 - it ends:
 - women – menopause
 - men – later age

What is a menstrual cycle?

- Approximately monthly cycle of ovulation and shedding of the lining of the uterus (endometrium).
- The cycle responds to changing levels of many essential hormones of the body such as estrogen and progesterone.
- The menstrual period (menstruation) marks the start of the menstrual cycle.
- The normal range of the cycle is 25 – 35 days. The average cycle of 28 days is often used as a model for the discussion of the cycle and for some hormonal contraceptive cycling.
 - 1st day of the cycle --- first day of menstrual bleeding
 - last day of the cycle --- the day before the first day of menstruation of the next cycle

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What is menstruation or menstrual bleeding?

- This is the result of the vaginal shedding of the endometrium or the lining of the uterus.
- Average menstrual blood loss: 25 – 75 ml
- Average duration of menstruation: 3 – 7 days
- The first day of menstruation marks the start of the menstrual cycle.
- There are several factors influencing the length and regularity of menstruation:
 - Poor nutrition
 - Obesity
 - Abnormally-low body weight
 - Stress
 - Emotional trauma
 - Hormonal problems
 - Problems in the uterus or ovary (ex. Endometriosis; ovarian cysts)

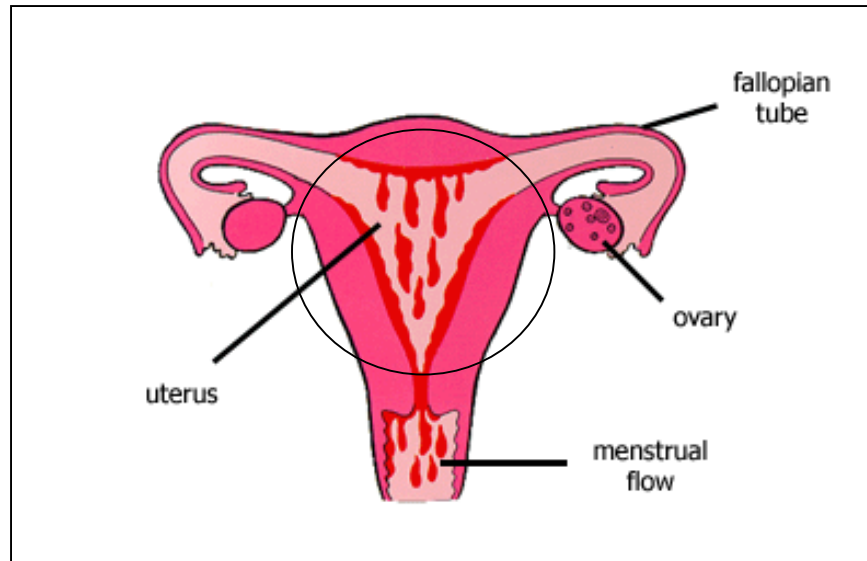
What are the 3 stages of the menstrual cycle?

| Stages | Description |
|--------|-------------|
|--------|-------------|

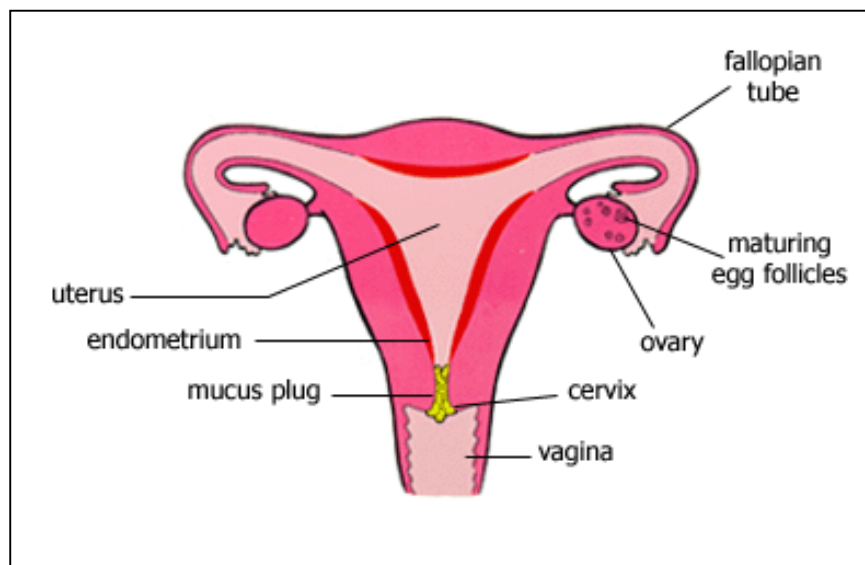
- a) Pre-ovulatory**
- The length of this phase is the most variable.
 - This is the phase when menstruation occurs. It usually occurs in the first 3-7 days of this phase.
 - After menstruation, estrogen steadily increases during this phase in preparation for the release of the mature egg/ovum.
 - During this phase, the follicles in both ovaries start to mature. Only one egg/ovum will be dominant and then released from the ovary during the next phase.

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Menstruation

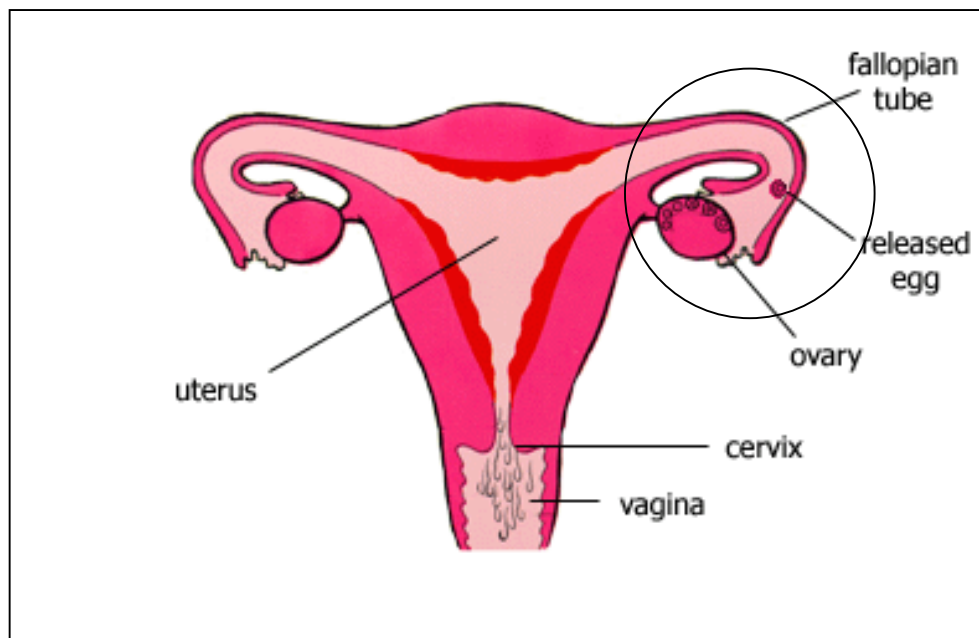


Maturation of the Follicles



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| Stages | Description |
|---------------------|--|
| b) Ovulatory | <ul style="list-style-type: none">• It is the release of the mature egg from the ovary.• Occurs approximately 14 days before a woman begins to menstruate again.• Can happen at different times in different cycles.• Most fertile period and most likely to conceive if unprotected sex occurs.• The ovaries are the source of eggs as well as the hormones that regulate female reproduction:<ul style="list-style-type: none">➤ At birth: there are one million egg follicles present in the ovary➤ During puberty: +/- 100,000 egg follicles➤ Adulthood: one mature egg is released from the ovary every 28 days (ovulation) until menopause• Can be identified through changes in the cervical mucus, body temperature, and by being aware of the changes in the woman's body. |

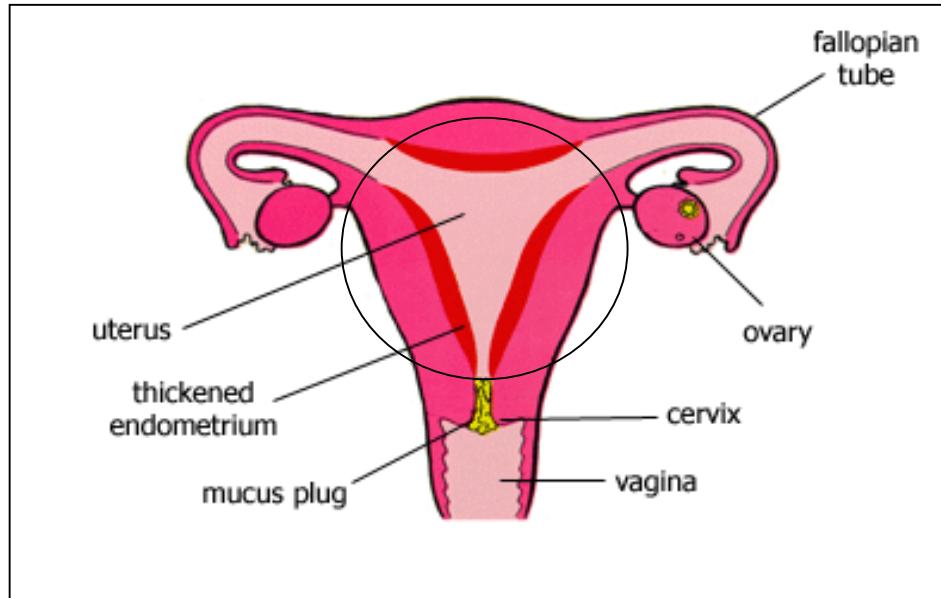


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| Stages | Description |
|--------|-------------|
|--------|-------------|

c) Post-Ovulatory

- Last phase of the menstrual cycle. During this period, the lining of the uterus (endometrium) thickens to prepare the uterus for possible implantation of the fertilized egg. If no fertilization occurs, shedding of the endometrium occurs resulting in menstruation.



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What are some of the changes in a woman's body that may be associated with the period of ovulation?

a. Cervical Mucus

- Egg-white in appearance and texture
- Can be stretched between thumb and finger

b. Body Temperature

- rises about 12-24 hours before ovulation and extends throughout post-ovulation
- temperature is taken first thing in the morning with a basal body thermometer
- other factors can cause rise in temperature

c. Body Awareness

- increase in sex drive
- occurrence of mild degree lower pelvic pain or discomfort

What are the possible events that could happen after ovulation?

- Two events can happen to the egg/ovum after being released from the ovary and picked up by the fallopian tube: *(Refer to diagram in #9)*
 - a) The egg could be fertilized and then implanted in the uterus resulting in pregnancy.
 - b) The egg is not fertilized resulting to menstruation.

What is fertilization?

- It is the union of the egg and the sperm.
- Usually occurs in the middle third of the fallopian tube.
- The sperm will take minutes to hours to travel through the 6-7-inch length of the fallopian tube just to reach the egg.
- Approximately more than 100 million sperms are ejaculated and starts the journey and approximately 500 will reach the right fallopian tube. Only one will fertilize the mature egg.
- Sperm may remain viable inside the reproductive tract for 3 days.

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What are the reasons for changes in the menstrual cycle?

- Changes in the menstrual cycle are due to changing levels of many essential hormones of the body such as estrogen and progesterone.

What is estrogen?

- This hormone is responsible for female sexual development.
- This hormone is primarily the cause of the signs and symptoms observed during the pre-ovulatory phase.
- The surge or sudden increase in the level of estrogen is the reason ovulation occurs.

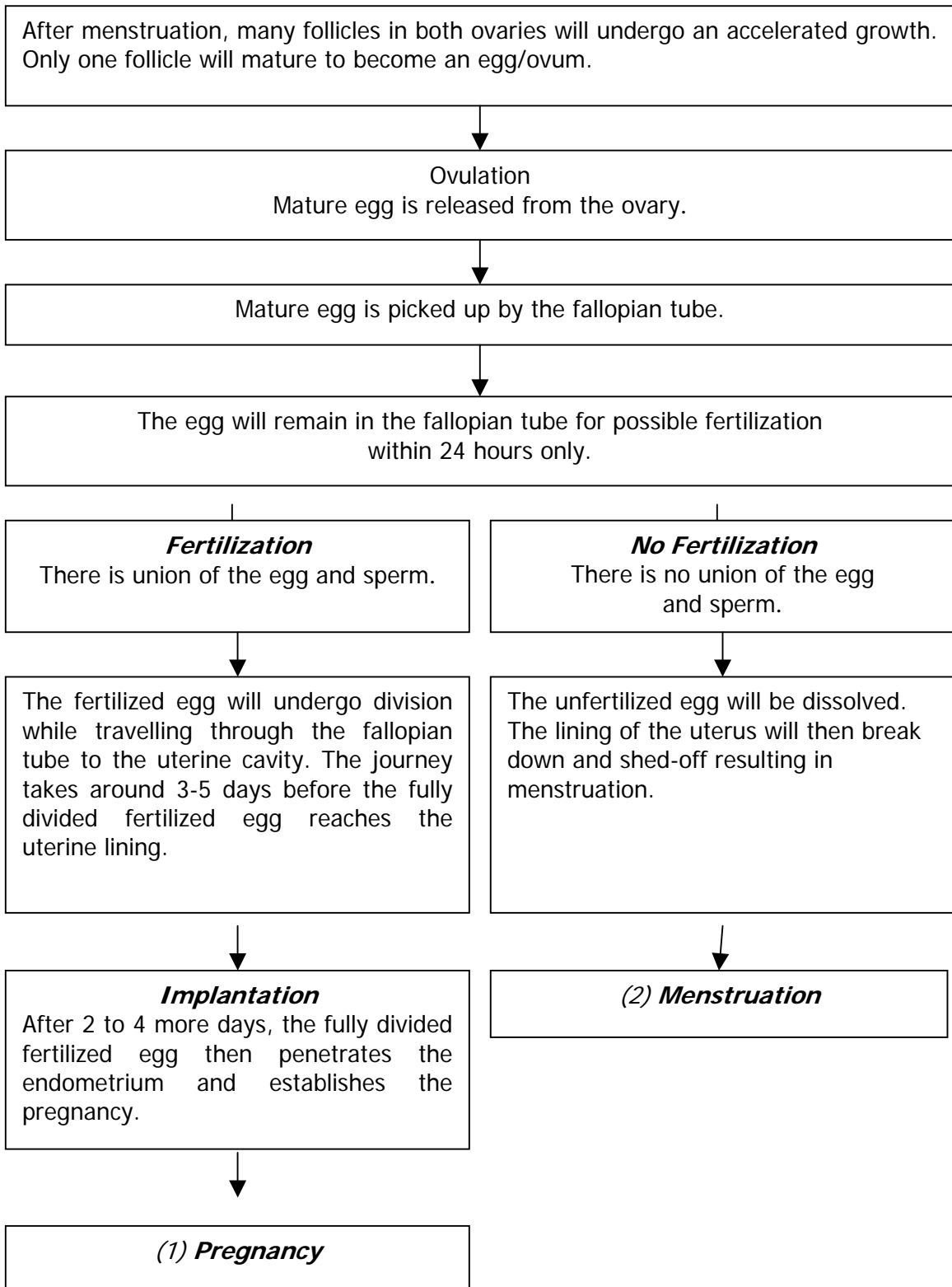
What is progesterone?

- This hormone prepares the uterine lining (endometrium) for possible implantation of a fertilized egg.
- It also protects the embryo and enhances the development of the organ (placenta) that nourishes the growing baby. It also aids in preparing the breasts for nursing the infant.

What is implantation?

- The process in which the fertilized egg penetrates and is embedded into the uterine lining (endometrium) to establish contact with the mother's blood supply for nourishment.
- This event establishes pregnancy.
- It takes 6-7 days for the fertilized egg from the fallopian tube to reach the uterus and implant itself into the uterine lining.

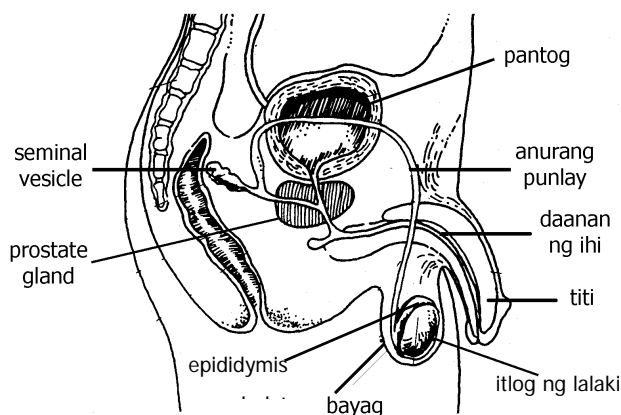
Fate of the Egg after Ovulation



REFERENCE MATERIALS FOR PARTICIPANTS

Mga Bahagi ng Katawan na May Kinalaman sa Pag-aanak

Mga Bahagi ng Lalaki



Titi, Ari ng Lalaki (Penis): bahagi ng lalaki para sa pakikipag-sex, paglabas ng tamod, at pag-ihi

Bayag (Scrotum): ang balat sa labas ng katawan na bumabalot sa bayag ng lalaki

Daanan ng Ihi (Urethra): ang tubong daluyan ng ihi

Itlog ng Lalaki (Testes): ang bahagi kung saan ginagawa ang semilya o punlay (sperm cells) ng lalaki

Anurang Punlay (Vas deferens): mga tubong nagdudugtong sa bayag patungo sa urethra; dinadaluyan ito ng semilya o punlay tuwing nilalabasan (ejaculation) ang lalaki

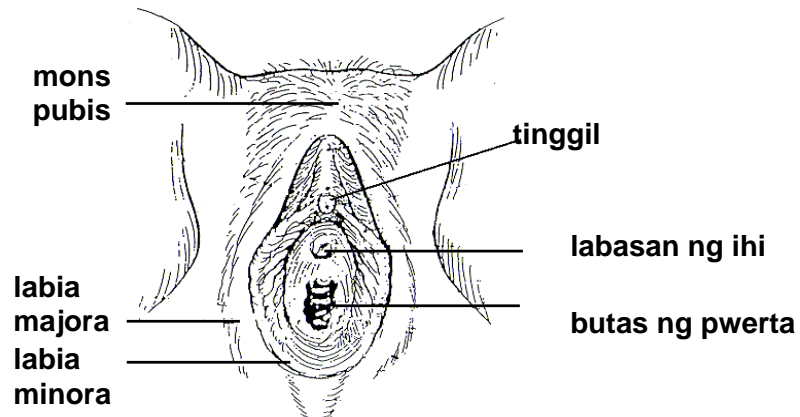
Epididymis: ang bahaging imbakan ng semilya o punlay ng lalaki

Seminal Vesicle: bahagi na pinanggalingan ng karamihan ng likido ng tamod. Tuwing nilalabasan ang lalaki, ang katas mula sa seminal vesicle at prostate gland ay naghahalo sa semilya o punlay mula sa bayag upang maging tamod

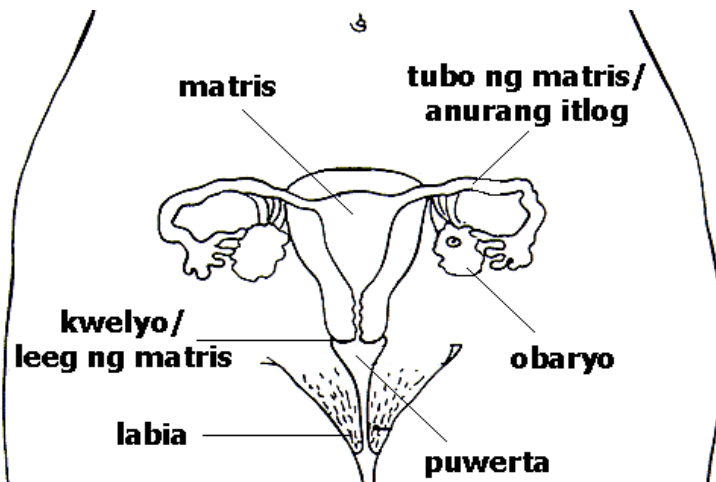
Prostate gland: ang bahaging nasa ilalim ng pantog; ito ang pinanggagalingan ng likido na tumutulong para mapadali ang paglangoy ng semilya o punlay

Mga Bahagi ng Babae

Sa labas ng katawan:



Sa loob ng katawan:



Tinggil (Clitoris): isang bahagi ng ari ng babae na maaaring tumigas kapag may pakikipagtalik na nagaganap

Puwerta (Vagina): isang nababangat at malaman na daluyan na papasok mula sa butas ng puwerta at patungo sa kuwelyo ng matris; dito lumalabas ang regla, ang ipapanganak na sanggol at dito rin pumapasok ang ari ng lalaki

Kuwelyo ng Matris o Leeg (Cervix): ang daluyan sa pagitan ng puwerta at matris

Tubo ng Matris o Anurang Itlog (Fallopian tubes): dalawang tubong nagdurugtong sa matris at obaryo; dumadaloy rito ang semilya o punlay ng lalaki patungo sa itlog ng babae

Matris o Bahay-Bata (Uterus): bahagi ng reproductive system ng babae na binubuo ng makakapal na kalamnan; ito ay makinis at kasinlaki ng kamao; dito lumalaki ang sanggol sa loob ng 9 na buwan ng pagbubuntis

'Lining' o Sapin ng Matris (Endometrium): ito ang nakasapin sa bahay-bata o matris; ito'y kumakapal upang maihanda ang bahay-bata kung sakaling may magsanib na itlog at punlay

Obaryo (Ovary): bahagi kung saan ang mga itlog ng babae ay nahihinog at lumalabas sa takdang panahon

Ang mga Dapat Malaman Ukol sa Kalusugang Sekswal ng Kababaihan

| | |
|--|--|
| <p>Ano ang “Menstrual Cycle”?</p> | <ul style="list-style-type: none"> • Ito ang buwan-buwang pagreregla at pangingitlog ng babae. • Ang karaniwang <i>menstrual cycle</i> ay tumatagal ng 25 hangang 35 araw pero may mga babae na maaaring mas maigsi o mas mahaba ang tagal ng <i>cycle</i>. • Ito ay nagsisimula sa unang araw ng daloy ng regla hanggang sa araw bago dumating ang susunod ng regla. |
| <p>Ano ang regla?</p> | <ul style="list-style-type: none"> • Ito ang resulta ng buwan-buwang paghuhulas ng sapin ng matris. • Nangyayari lamang ito kung hindi napunlaan ang sapin ng matris at di-nagsanib ang itlog (ovum/egg) mula sa obaryo at ang punlay (sperm) ng lalaki. • Ang regla ng babae ay maaaring tumagal ng 3 hanggang 7 araw. Ang ibang babae ay maaaring mas maigsi o mas mahaba ang tagal ng regla. • Ito ay bahagi ng <i>menstrual cycle</i>. |
| <p>Ano ang mga iba’t-ibang bahagi ng “Menstrual Cycle”?</p> | <p>Ang “Menstrual Cycle” ay may tatlong bahagi:</p> <p>a. pre-ovulatory</p> <ul style="list-style-type: none"> • Ito ang unang bahagi ng menstrual cycle na kung saan naghahanda ang matris at obaryo para sa paglabas ng itlog mula sa obaryo • Ang pagreregla ng babae ay nangyayari sa bahaging ito • Ito rin ang bahagi kung saan ang itlog ng babae ay nagsisimulang mahinog <p>b. ovulatory</p> <ul style="list-style-type: none"> • Nagaganap ito minsan isang buwan; • ito ang panahon ng paglabas ng itlog mula sa obaryo; nananatiling buhay ang itlog sa loob ng tubo ng matris sa loob ng 24 oras; naghihintay ang itlog na ito para sa punlay; |

Ano ang mangyayari sa itlog na lumabas mula sa obaryo?

- nagaganap ang bahaging ito ng *menstrual cycle* 2 linggo bago dumating ang susunod na regla

c. post-ovulatory

- ito ang huling bahagi ng *menstrual cycle* na kung saan naghahanda ang matris para mapunlaan ng nagsanib na itlog at punlay;
- lalong kumakapal ang sapin ng matris sa bahaging ito ng *menstrual cycle*; kung hindi magtagpo ang itlog at punlay, ang kumapal na sapin ng matris ay maghuhulas at ang babae ay rereglahin na

Dalawa ang maaaring mangyari sa itlog na lumabas mula sa obaryo:

1. Maaaring magsanib ang hinog na itlog at ang semilya o punlay. Ito ay maaaring magtuloy sa pagbubuntis.
2. Maaaring hindi magkita ang semilya o punlay at hinog na itlog. Walang *fertilization* na mangyayari. Ang babae ay rereglahin.

Mga Pangyayari sa Fertilization

Ano ang dahilan sa mga pangyayaring nagaganap sa *menstrual cycle*?

Ano ang estrogen?

Ano ang progesterone?

- Sanhi ito ng paglabas ng *hormones* mula sa iba't ibang bahagi o parte ng katawan ng babae.
- Ang halimbawa ng mga *hormones* na tinutukoy ay ang *estrogen* at *progesterone*.
- Ito ang sangkap o *hormone* ng katawan na nangagaling sa obaryo.
- Dahilan ito ng maraming pagbabago sa katawan ng babae sa unang bahagi ng *menstrual cycle* (*pre-ovulatory*).
- Ang biglang pagtaas ng dami ng estrogen sa katawan ng babae ay nagreresulta sa paglabas ng itlog mula sa obaryo.
- Ito ay isa ring sangkap o *hormone* ng katawan.
- Dahilan din ito ng ibang pagbabago sa katawan ng babae sa huling bahagi ng *menstrual cycle* (*post-ovulatory*).

**Anu-anong
kadalasang
pagbabago sa
katawan ang
maaaring
maranasan ng
babae sa
“Menstrual Cycle”?**

- Dumarami ang progesterone pagkatapos ng paglabas ng itlog. Ito ang dahilan ng pangangapal ng sapin ng matris.
1. Pagbabago ng temperatura ng katawan ng babae
 - And temperatura ng katawan ng babae ay tumataas kapag lumabas ang itlog mula sa obaryo
 - Ang pagtaas na ito ay dahil sa *progesterone*
 2. pagbabago ng *cervical mucus*
 - Sa huling bahagi ng *menstrual cycle*, mapapansin na ang cervical mucus ay malagkit, malabo at dinababanat
 - Kung nalalapit na ang paglabas ng itlog mula sa obaryo, ang cervical mucus ay nagiging madulas, madaling mabanat at malinaw tulad ng puti ng hilaw ng itlog
 3. pagbabago ng sapin ng matris
 - Kumakapal ang sapin ng matris kapag nalalapit na ang paglabas ng itlog mula sa obaryo; sa ganitong paraan nagiging handa ang matris para mapunlaan ng nagsanib na itlog at punlay (*fertilized egg*)

Session 3: Contraceptive Methods and Prevention of Pregnancy

Purpose:

Topic 1:

- To equip participants with the necessary information on modern contraceptive methods that would prevent unwanted pregnancy.
- To explain in very basic terms how contraceptive methods prevent pregnancy.

Topic 2:

- To equip participants with the necessary information on combined oral contraceptive pills (COCs).

Topic 3:

- To teach the participants how to advise users about the correct use of the pill, using an illustrated sheet as a guide.

Topic 4:

- To teach participants what health conditions prevent a woman from choosing combined oral contraceptives.

Topic 5:

- To provide the participants with the necessary and correct information regarding the use of oral contraceptives pills in emergency contraception.

Time:

| | |
|----------|-------------------|
| Topic 1: | 1 hour 30 minutes |
| Topic 2: | 60 minutes |
| Topic 3: | 40 minutes |
| Topic 4: | 60 minutes |
| Topic 5: | 50 minutes |

Preparation:

Topic 1:

1. Prepare 2 drawings or symbols showing the mechanism of action of contraceptives. The first drawing/symbol shows an ovary with a slanted bar or "X" across it (whichever symbol you think would be easiest for your

- participants to recognize). This represents methods that prevent ovary from releasing the egg (ovulation). The second drawing/symbol shows a barrier or bar with a sperm on one side and an egg/ovum on the other. This represents methods that act as barrier to the meeting of the egg and the sperm (fertilization). See 'Figure for Topic 1' found in 'Training Aids'.
2. Decide how many methods you wish to cover. Have on hand samples or drawings of those methods.

Topic 2:

1. Prepare lecture material for 'Combined Oral Contraceptive Pills' (COCs). Make use of manila paper or overhead transparencies, whichever is readily available.

Topic 3:

1. Prepare an illustrated guide showing the correct use of the pill. Make copies for all the participants. Please refer to the reference contained in 'Training Aids' of this module labeled as 'Figure for Topic 3'.
2. Have on hand samples of contraceptive pills. Have at least one packet for every participant.

Topic 4:

1. From a poster-board or manila paper, cut a rectangle 80 cm x 35 cm and draw the outline of a woman's body. Use the figure found under 'Training Aids' labeled as 'Figure for Topic 4'.
2. Make a number of blue cardboard or colored paper circles 2 cm across.

Topic 5:

1. Prepare lecture materials or training aids showing the itemized points of this topic. These lecture points could be placed on manila paper with prints discernible at 10 feet or on overhead transparencies if possible.

Topics Covered:

Topic 1: Exercise & Lecture: 'How does it work?'

Topic 2: Discussion-Lecture: Combine Oral Contraceptive Pills

Topic 3: Exercise: 'Doing it right'

Topic 4: Exercise & Lecture: 'Outlines'

Topic 5: Discussion-Lecture: 'Paraan Dos'

Training Aids:

Materials needed:

- manila papers or card-board or poster board
- scissors
- marker pens
- prepared drawings
- colored papers (red & blue)
- adhesive or masking tape
- samples of contraceptive commodities
- sample product of 'Paraan Dos'

Reference needed:

- Notes on 'Modern Contraceptive Methods'
- Notes on 'Oral Contraceptive Pills'
- Notes on 'Paraan Dos'
- 'Illustrated Guide on Oral Contraceptive Pill-Use'
- Sample illustrations of the modern contraceptive methods
- Illustration of Danger Signs and Side Effects
- Sample of IEC Materials on family planning (pills, condoms, DMPA, Paraan Dos)

Reference Materials for Participants:

- Handouts on 'Modern Contraceptive Methods'
- Handouts on 'Oral Contraceptive Pills'
- Handouts on "Paraan Dos"

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>Topic 1: <u>'How Does It Work?' Lecture & Exercise:</u></p> <ol style="list-style-type: none"> 1. Introduce the topic. 2. Proceed with the short discussion-lecture first. Post on the board the prepared visual aids. Be guided by the reference under 'Training Aids'. | <ul style="list-style-type: none"> • Mention that this topic will give the participants the basic information about contraceptive methods and how they prevent pregnancy. • In your lecture be guided by the reference, 'Notes on Modern Contraceptive Methods'. Initially, inform your trainees that you will discuss contraceptives that the CPEs themselves can readily promote. These are: <ul style="list-style-type: none"> • Condoms • DMPA • IUD • Combined Oral Contraceptive Pills (COCs) • Paraan Dos <p>Discuss first condoms, IUD, DMPA. Mention that COCs and Paraan Dos will be discussed together with their respective exercises.</p> <p>Focus your discussion on the following questions:</p> <p>For condoms:</p> <ul style="list-style-type: none"> • What is the method? • How does the method work? • How to use the method? (Focus on condom use and condom care. Have practice sessions using penile models.) • Common Advantages / Disadvantages and Side Effects |

| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> | <p>For DMPA and IUD:</p> <ul style="list-style-type: none"> • What is the method? • How does the method work? • How to use the method? • Common Advantages/Disadvantages including Side Effects • Indications for the method <p>Mention that if the clients from the community are interested using these 2 methods, they have to be referred to the CHOWs or health center.</p> <ul style="list-style-type: none"> • Discuss the rest of the contraceptive methods such as Natural Family Planning Method, LAM and Voluntary Surgical Contraception. Focus on the following: <ul style="list-style-type: none"> • What is the method? • How does the method work? • Emphasize that these methods need to be supervised by trained medical personnel. Each of the couple should have their consent and cooperation in using these types of contraceptives. Thus, they have to be referred to the health center. • It is also good to call the participants' attention regarding other ways or practices found in the community that could prevent pregnancy. Such examples would be the rhythm/calendar practice and withdrawal. Emphasize that these are not scientific and not reliable. Also mention about abstinence. |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>6. Give the groups 2 or 3 minutes to decide how their assigned method prevents pregnancy.</p> <p>7. When the sub-groups are ready, ask for volunteers to come forward and place their method in front of the symbol that represents how the method prevents pregnancy. As each volunteer comes forward, ask the whole group if they agree with the placement of the method. If not, why not? Clarify any doubts. Continue until all methods have been categorized.</p> <p>8. Summarize the activity.</p> | <ul style="list-style-type: none"> • DMPA • IUD • Illustration of Bilateral Tubal Ligation • Illustration of Vasectomy • Illustration of a Cervical Mucus Method • Illustration of a Basal Body Thermometer or Chart <ul style="list-style-type: none"> • In making sub-groups, please refer to 'Grouping Techniques To Encourage Participation of Trainees'. • Doubts could arise due to misunderstanding of the contraceptives' mechanism of action or due to misconceptions. In clarifying these doubts, always refer to the reference on 'Modern Contraceptive Methods' found in the 'Training Aids'. Misconceptions are discussed in the next session. <p>You can summarize by stating the following:</p> <ul style="list-style-type: none"> • Contraceptive Methods, particularly hormonal methods, that prevent the ovary from releasing the egg are: <ul style="list-style-type: none"> – Oral Contraceptive Pills including Paraan Dos – DMPA – Lactational Amenorrhea Method |

| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>9. After this particular activity, have the participants form a circle. Take any small object that could easily be pass around. Give the object to the first participant who should quickly pass it to the second participant and so on around the circle. When you clap, ask the participant who was left holding the object to name a method that belongs under one of the drawing/ symbols. Circulate the object again and repeat until all methods covered have been named.</p> <p>10. Proceed to the next topic of this session</p> | <ul style="list-style-type: none"> • Methods that act as barrier to the meeting of the egg and sperm: <ul style="list-style-type: none"> – Condoms – Natural Family Planning Methods (Cervical Mucus Method, Basal Body Thermometer, Sympto-thermal Method) – Intrauterine Device – Voluntary Surgical Contraception (Bilateral Tubal Ligation, Vasectomy) |

Notes on Modern Contraceptives Methods:

The information in this section focuses on contraceptive methods that are modern and part of the Department of Health's (DOH) program. Other methods that are considered traditional and non-scientific have been added as well.

What are the different modern contraceptive FP methods?

The following contraceptives are methods that basically **prevent the union of the egg and sperm:**

- a. Condoms
- b. Intra-Uterine Device (IUD)
- c. Voluntary Surgical Contraception (VSC)
 - c.1. Vasectomy
 - c.2. Bilateral Tubal Ligation
- d. Natural Family Planning Methods (NFP)
 - d.1. Basal Body Temperature
 - d.2. Cervical Mucus Method
 - d.3. Sympto-thermal Method

TRAINING AIDS

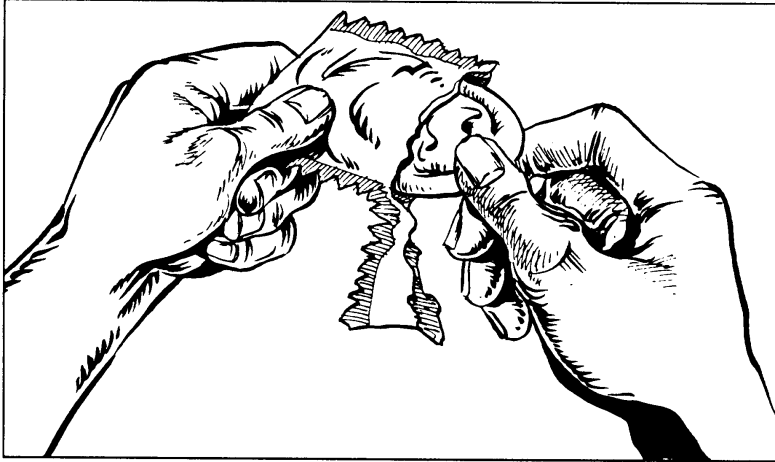
a. CONDOMS

- What is it?**
- Rubber device worn over the erect penis during sex
 - A barrier method
- How does it work?**
- Prevents sperm from entering the vagina
- How effective is it?**
- Highly effective, if used correctly and consistently
- Advantages**
- Easy to use
 - Reversible
 - Can serve as back-up method
 - Can protect from STD/HIV
- Disadvantages**
- Interrupts sex
 - Can break easily if not stored properly
 - One-time use only
 - Allergy
- Indications**
- For couples at risk for STD/HIV
 - For women needing back-up method

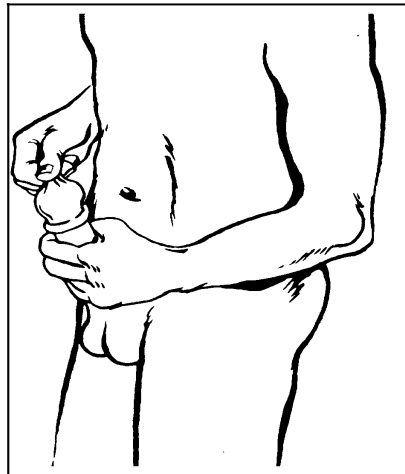
MALE CONDOM



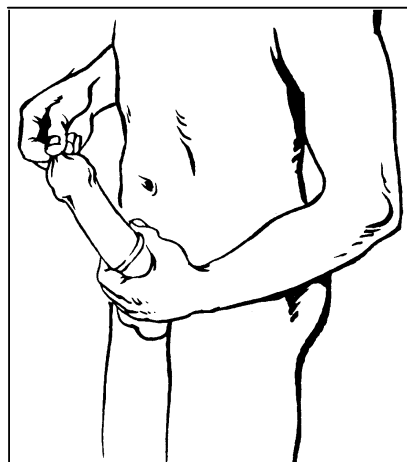
Illustrated condom instruction



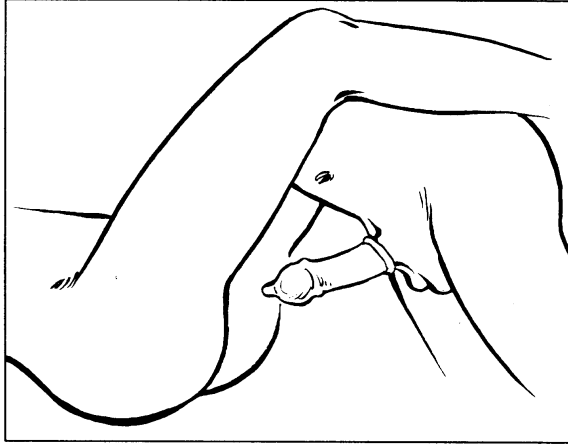
- Carefully open the package so the condom does not tear.



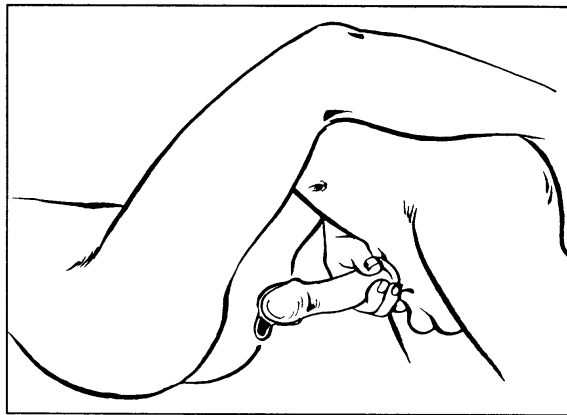
- Squeeze tip of condom and put it on end of hard penis



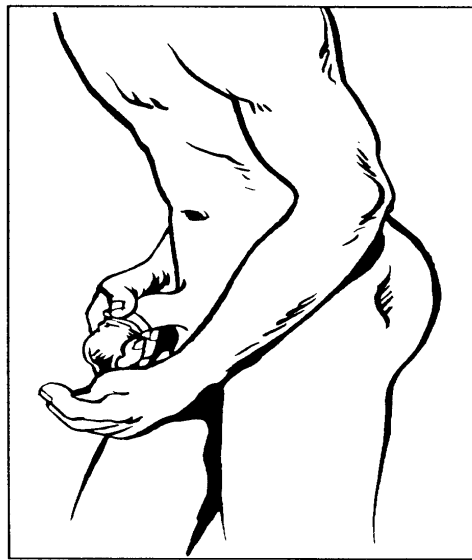
- Continue squeezing tip while in unrolling condom until it covers all of penis..



- Always put on condom before entering partner.

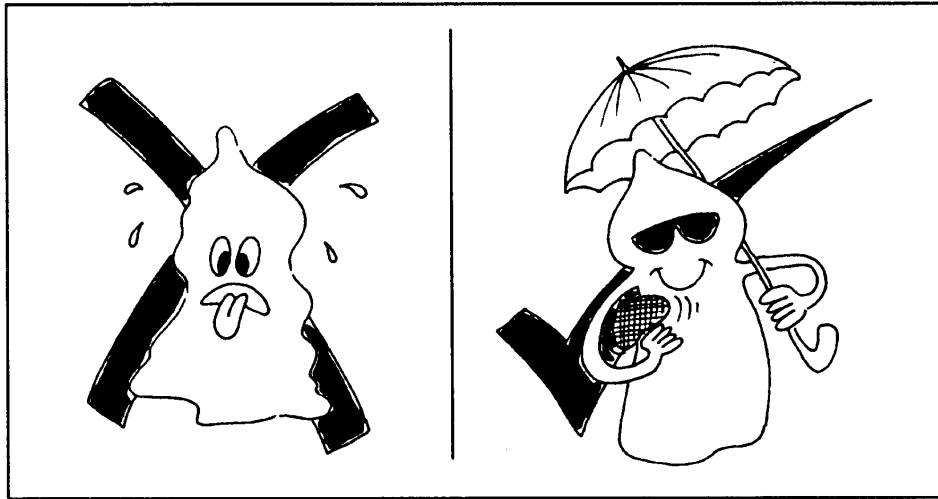


- After ejaculation (coming) hold rim of condom and pull penis out before it gets soft.

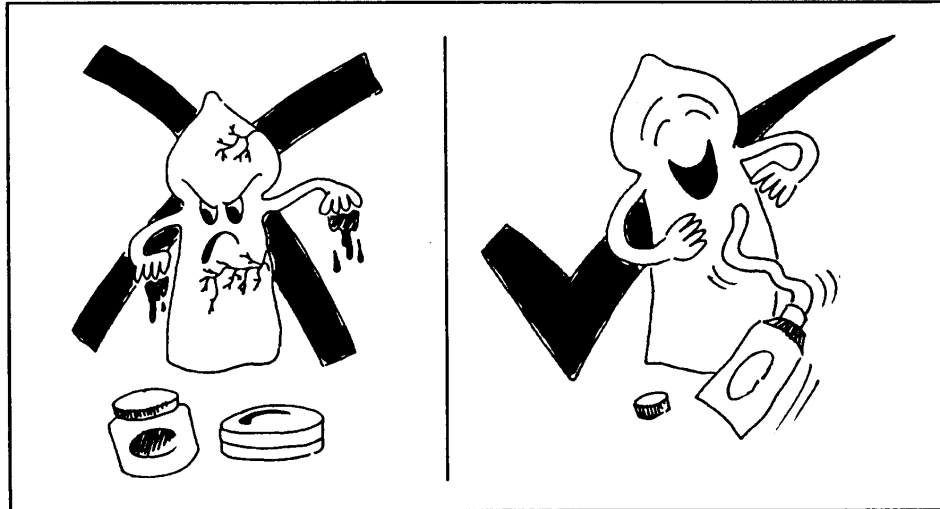


- Slide condom off without spilling liquid (semen) inside vagina.

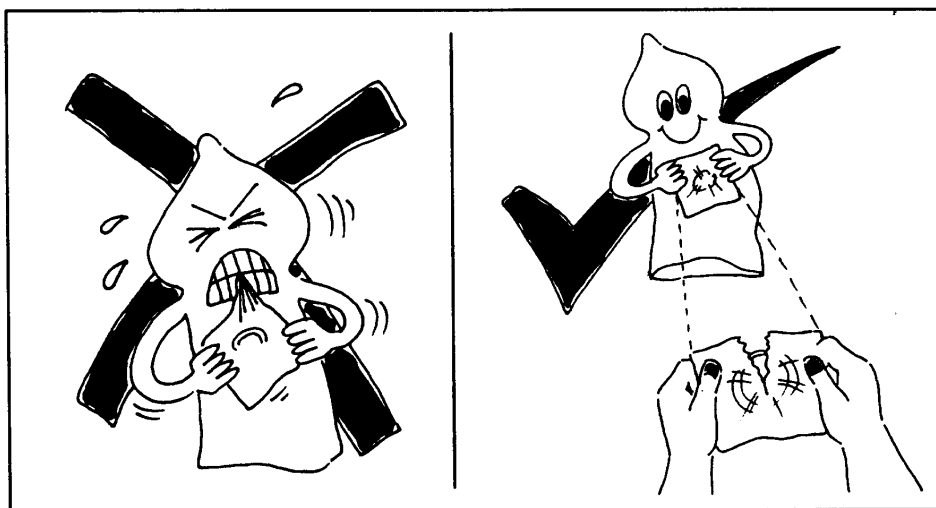
5) *Illustrated Condom Care*



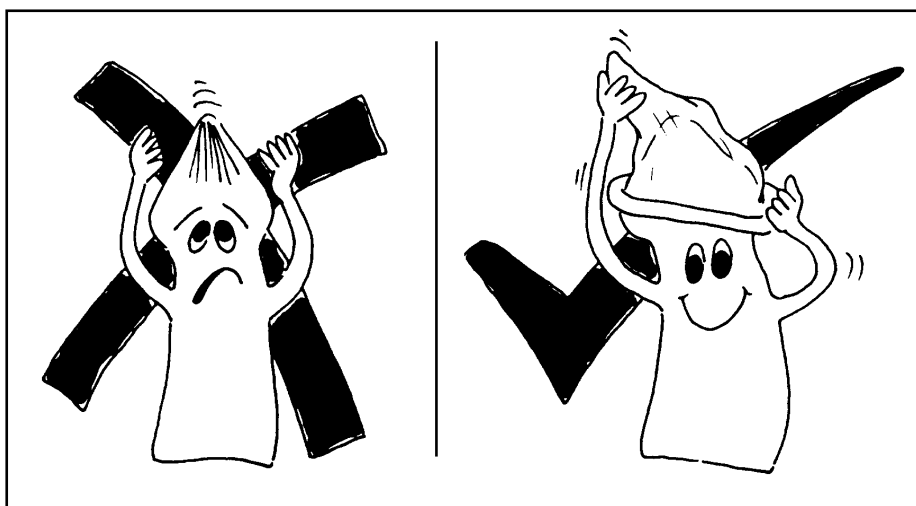
- Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted or damaged. Store in dark, dry place away from sunlight, moisture and heat.
- Do not keep your condom in a tight pocket, or in your wallet for a long period — it is too hot.



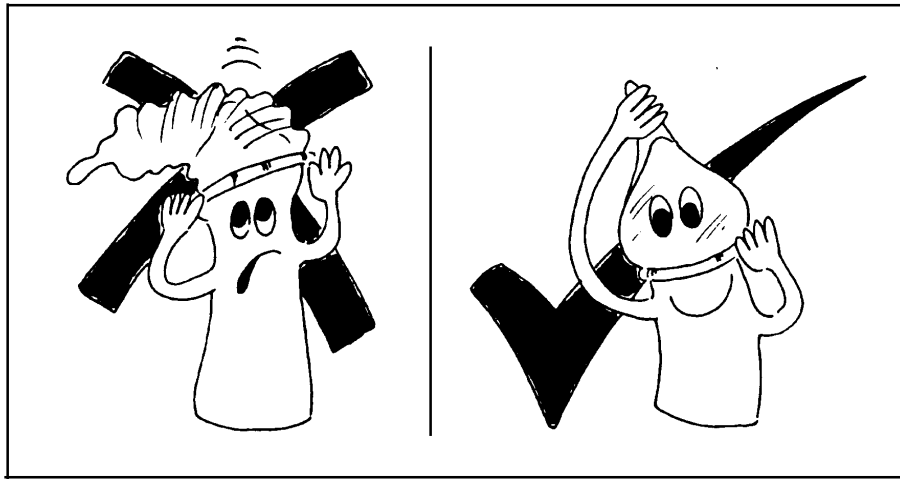
- Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms the oils cause the condom to break. Use water based lubricants.



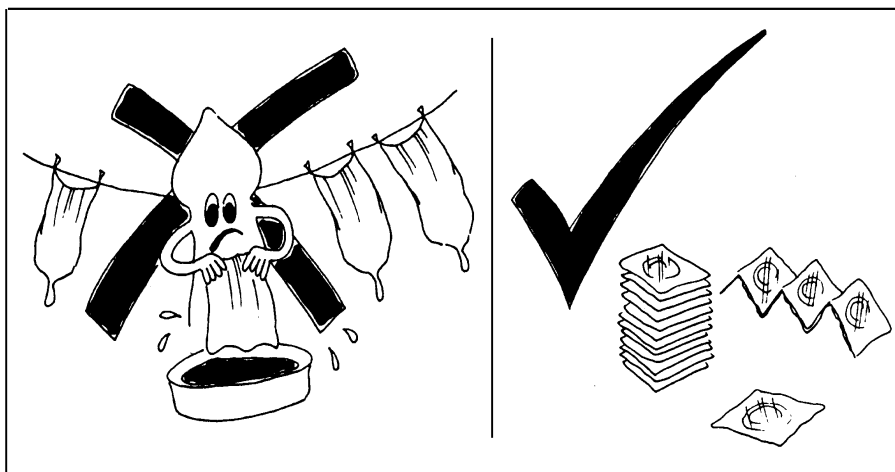
- Do not use your teeth or other sharp object to open the package — it may tear the condom. Tear the condom package open carefully using the guides in the package.



- Do not pull the condom tight over the head of the penis — it may cause the condom to burst. Squeeze the air out of the tip of the condom before you put it on to leave space for the semen to collect.



- Do not unroll the condom to check for tears before putting it on. Unroll the condom directly onto an erect penis.

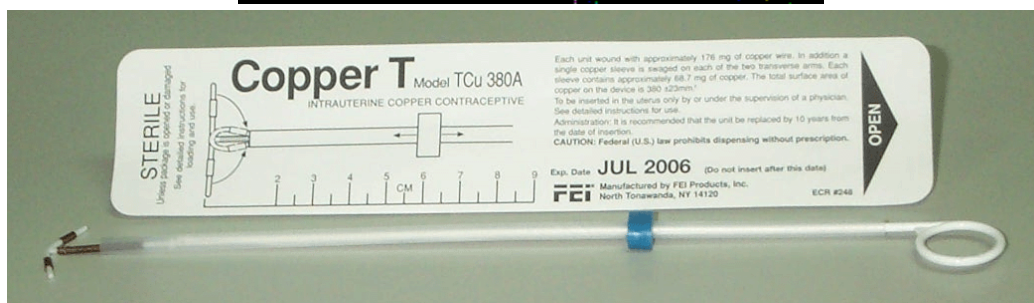
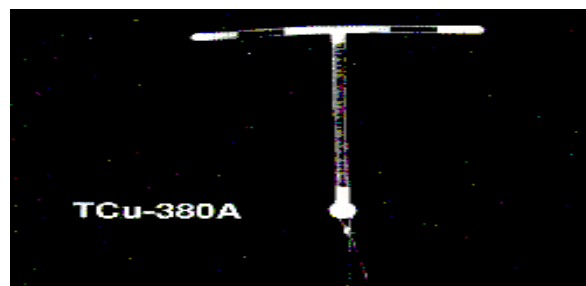


- Do not wash out and attempt to reuse a condom – it may break. Use condoms one at a time and then dispose of it properly. Keep new supplies.

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b. Intrauterine Device (IUD)

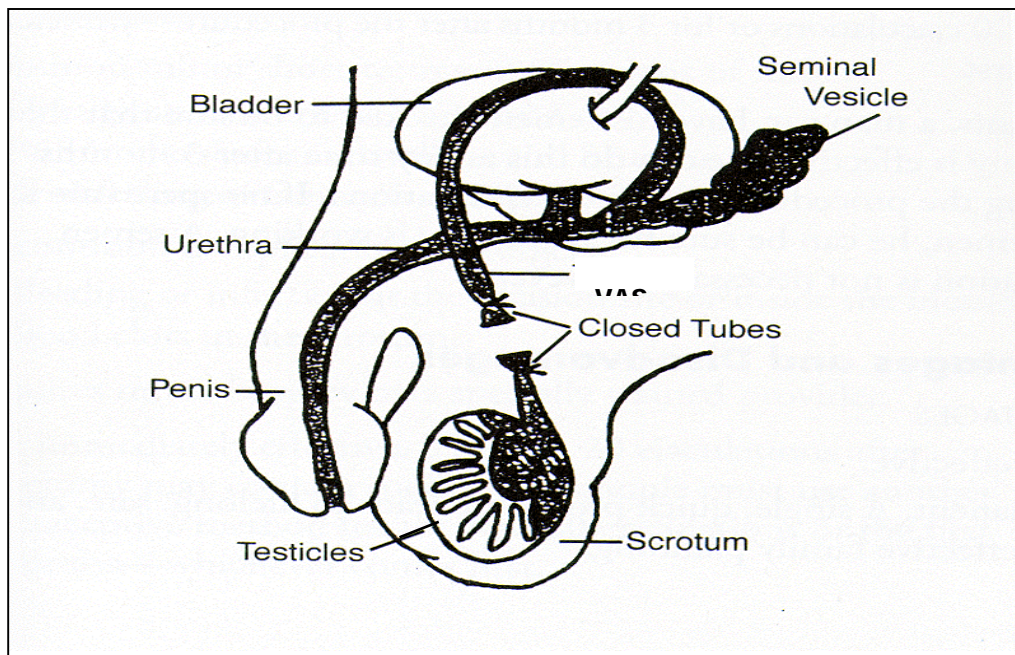
- What is it?**
- Small plastic and copper device inserted into the uterus to prevent pregnancy
- How does it work?**
- Prevents sperm from meeting the egg
- How effective is it?**
- Highly effective
 - If 100 women use IUD for a year, only 1 will become pregnant
- Advantages**
- Long duration
 - Can be used by lactating women
 - Can be used immediately after giving birth
 - Reversible
- Disadvantages**
- Slight pain during the first few days after insertion
 - May predispose to Pelvic Inflammatory Disease (PID)
 - Does not protect from STD/HIV
- Indications**
- Long-term birth-spacing
 - Can be used by breastfeeding women
 - Women over 35 years-old who smoke
 - Precaution to estrogen



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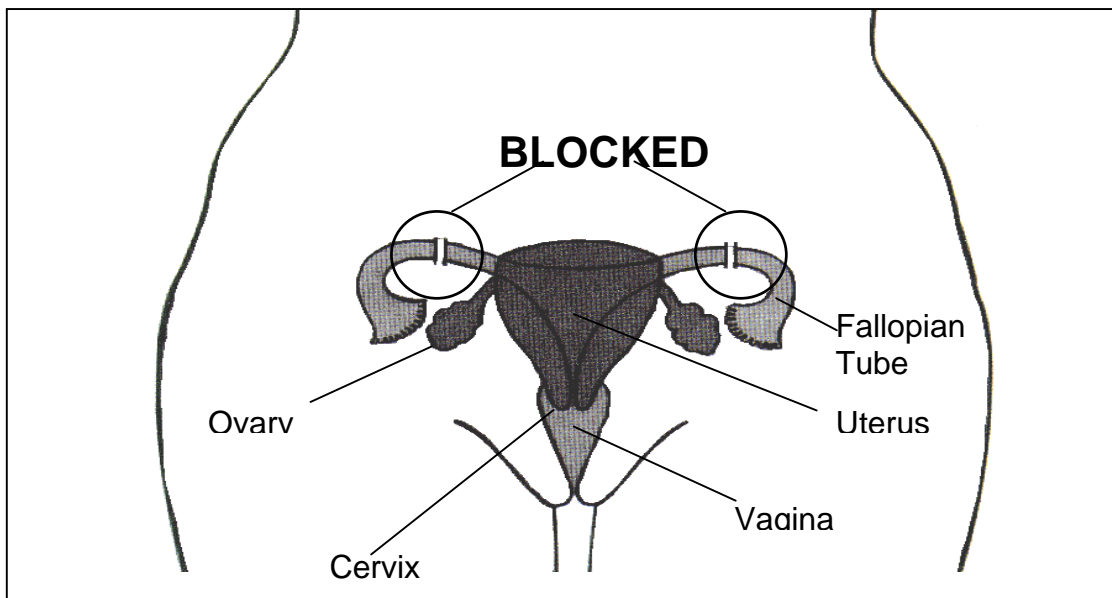
c.1. Voluntary Surgical Contraception: Vasectomy

- What is it?**
- Permanent sterilization for men who do not want any more children
- How does it work?**
- Tubes (vas deferens) that carry sperm from the testes to the urethra of the penis are cut
- How effective is it?**
- Highly effective
- Advantages**
- Highly effective
 - Safe
 - Convenient
 - Single procedure
- Disadvantages**
- Surgical
 - Permanent
 - Requires training of provider
 - Does not protect from STD/HIV
- Indications**
- For those who no longer want to have any more children



c.2. Voluntary Surgical Contraception: Bilateral Tubal Ligation

- | | |
|-----------------------------|--|
| What is it? | <ul style="list-style-type: none">• Permanent sterilization for women |
| How does it work? | <ul style="list-style-type: none">• Tubes (fallopian) that carry eggs from the ovary to the uterus are cut |
| How effective is it? | <ul style="list-style-type: none">• Highly effective |
| Advantages | <ul style="list-style-type: none">• Highly effective• Safe• Convenient• Single procedure |
| Disadvantages | <ul style="list-style-type: none">• Surgical• Permanent• Requires training of provider• Does not protect from STD/HIV |
| Indications | <ul style="list-style-type: none">• For those who no longer want to have any more children• For those whose lives are endangered by pregnancy |



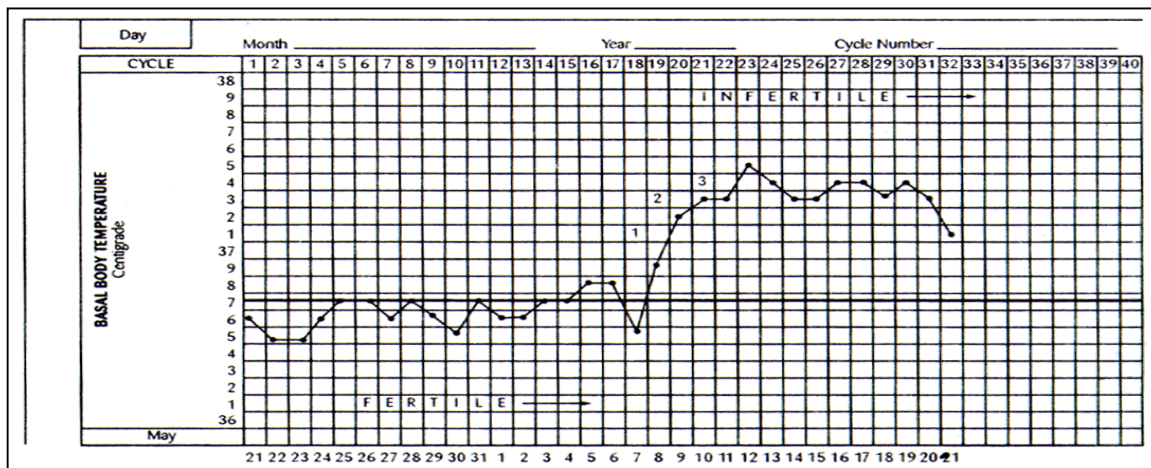
TRAINING AIDS

d. Natural Family Planning Methods

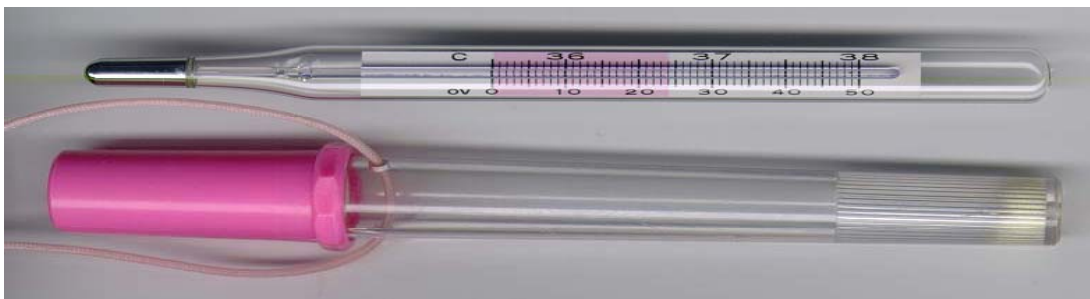
d.1. Basal Body Temperature (BBT)

- Body temperature is taken in the same manner at the same time every morning, using basal body thermometer and recorded over several months
- Temperature rises around the time of ovulation (0.2 to 0.5 degree Celsius)

BBT Chart



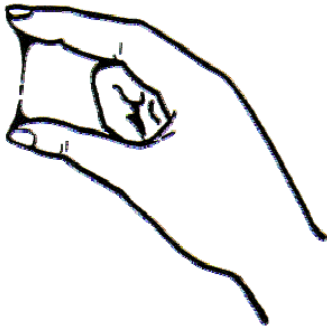
Basal Body Thermometer



d. Natural Family Planning Methods

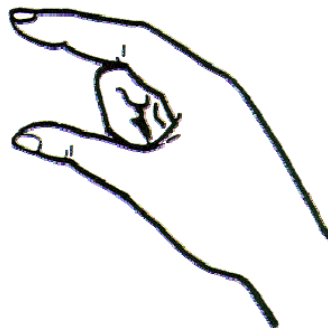
d.2. Cervical Mucus Method (CMM)

- Mucus is monitored
- Sexual intercourse is avoided during the appearance of wet cervical mucus until 4 days after the last day of slippery mucus
- As ovulation nears, mucus becomes clear and whitish, wet and slippery
- Following ovulation, mucus becomes sticky and pasty again



Avoid Sex

Secretions – especially when slippery, wet, and can be stretched – mean the couple should avoid sex or use a barrier method until the 4th day after the peak day.



Can Have Sex

No secretions mean the woman probably cannot become pregnant. She can have unprotected vaginal sex.

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d. Natural Family Planning Methods

d.3. Sympto-Thermal Method (STM)

- Basal body temperature plus signs of ovulation like breast tenderness, back pain, abdominal pain/discomfort, and light bleeding between menstrual periods are observed
- Sexual intercourse is avoided from first appearance of wet cervical mucus until temperature remains elevated for 3 days after the last day of clear slippery mucus or until thin mucus is no longer observed

Sample of STM Chart

| Month _____ Year _____ Cycle Number _____ | | |
|---|-----------|--|
| BASAL BODY TEMPERATURE Centigrade 38 9 8 7 6 5 4 3 2 1 37 9 8 7 6 5 4 3 2 1 36 | | |
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| | | |
| | Cycle Day | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 |
| | Safe | |
| Intercourse | | |
| Symbols | | |
| What do you feel? | | |
| What do you see? (Mucus Description) | | |
| Cervix | | |
| Disturbances Schedule Changes, etc. | | |
| SYMBOLS OF OBSERVATION R Menses S Spotting D Dry Day No mucus (and dry vaginal sensation) 1,2,3-3 days allowance M Sticky, pasty, crumbly mucus (and dry vaginal sensation) X Slippery, stretchy, wet mucus (and wet vaginal sensation) (X) Last day of very wet, slippery, stretchy mucus (and wet vaginal sensation) "Peak Day" | | |

TRAINING AIDS

The following contraceptives are methods that basically **prevent ovulation**:

- a. Lactational Amenorrhea Method (LAM)
- b. DMPA (Depo-Medroxy Progesterone Acetate) Injection
- c. Oral Contraceptive Pills (Combined Oral Contraceptive Pills – COCs)
- d. Paraan Dos

(Discussion on COC and Paraan Dos is found after their respective 'Topic' section.)

a. Lactational Amenorrhea Method (LAM)

| | |
|-----------------------------|--|
| What is it? | <ul style="list-style-type: none">• Method for breastfeeding women with natural protection against pregnancy for up to 6 months |
| How does it work? | <ul style="list-style-type: none">• Can be used if woman fully breastfeeds her baby, both day and night; if her menstruation has not returned; and if her baby is less than 6 months |
| How effective is it? | <ul style="list-style-type: none">• One pregnancy for every 50 women in the first 6 months after childbirth |
| Advantages | <ul style="list-style-type: none">• No prescription required; economical |
| Disadvantages | <ul style="list-style-type: none">• Can be used only by women who have just given birth |
| Indications | <ul style="list-style-type: none">• For breastfeeding women only |

TRAINING AIDS

b. Injectable – DMPA

- What is it?**
- Injectable contraceptive which contains progestin, given every 3 months
- How does it work?**
- Thickens mucus making it difficult for sperm to pass
 - Also prevents the release of egg from the ovary
- How effective is it?**
- Given every 3 months, 1 out of 333 women get pregnant
- Advantages**
- Safe and effective
 - Lasts for 3 months
 - Reversible
 - No daily pill-taking
 - Can be used at any age
 - For breastfeeding women
 - Few side effects
- Disadvantages**
- Injection every 3 months
 - Does not protect from STD/HIV
- Indications**
- Can be used by breastfeeding women
 - Those who have estrogen-related side effects from COC



What are the other ways or practices of preventing pregnancy?

- a. Traditional Practice
 - a.1. Calendar/Rhythm
 - a.2. Withdrawal
- b. Abstinence

a.1. Traditional Practice: Rhythm or Calendar

- | | |
|-----------------------------|--|
| What is it? | <ul style="list-style-type: none">• The woman records the duration of the last 6 cycles and determines the duration of her fertile days |
| How does it work? | <ul style="list-style-type: none">• Abstain from sex during fertile days to avoid pregnancy• This is done through:<ul style="list-style-type: none">• First day of probable fertile period: length of the shortest cycle minus 18• Last day of probable fertile period: length of the longest cycle minus 11 |
| How effective is it? | <ul style="list-style-type: none">• High failure rate |
| Other facts: | <ul style="list-style-type: none">• Does not prevent transmission of STD and HIV• Traditional and common in rural communities• Remember: Emphasize that this is not very effective in preventing pregnancy. It is not scientific. Pregnancy prevention is by chance only. |

a.2. Traditional Practice: Withdrawal

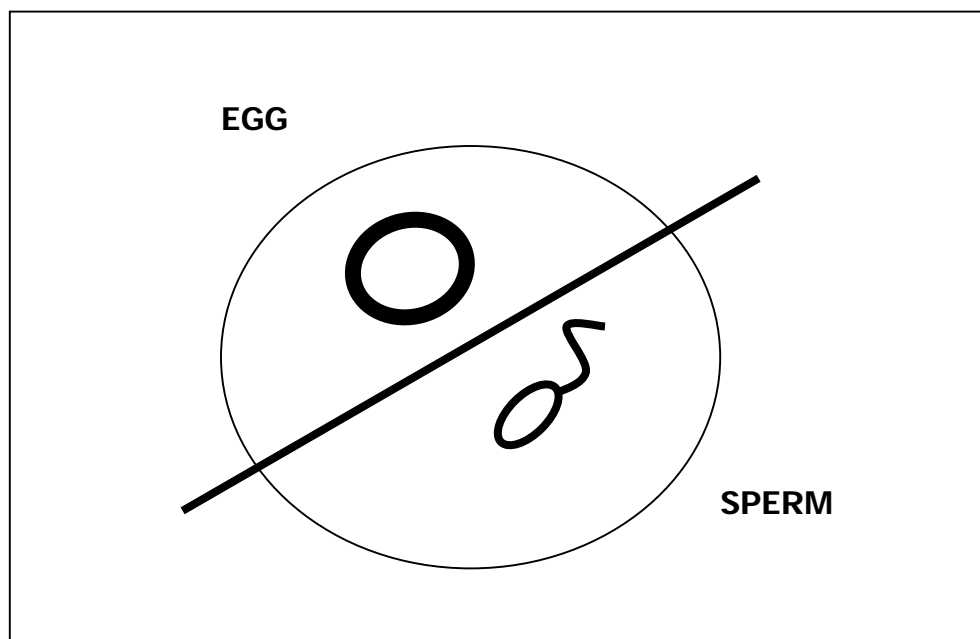
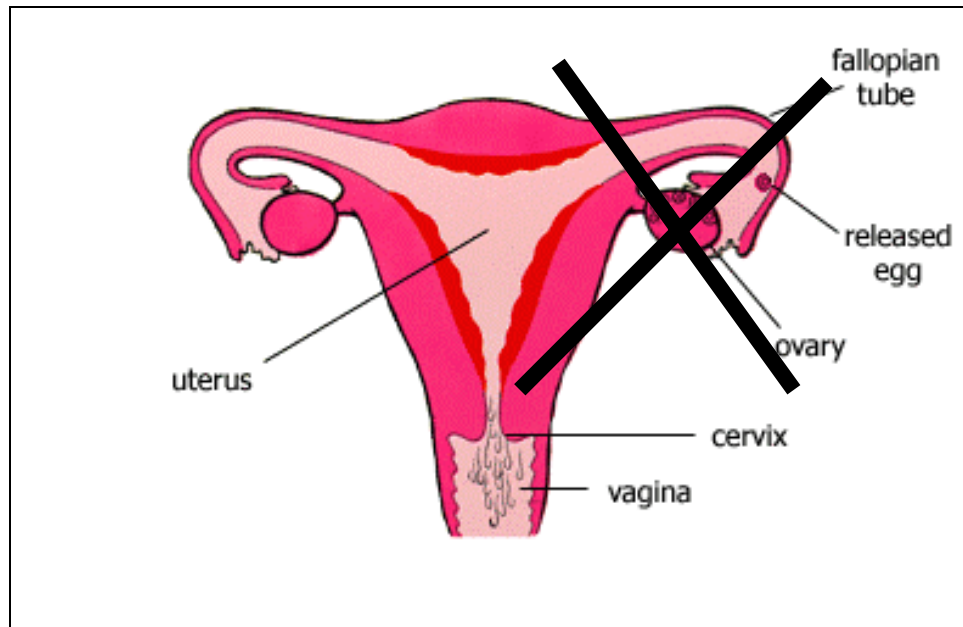
- | | |
|-----------------------------|--|
| What is it? | <ul style="list-style-type: none">• The penis is withdrawn from the vagina before ejaculation. |
| How does it work? | <ul style="list-style-type: none">• Prevents union of egg and sperm |
| How effective is it? | <ul style="list-style-type: none">• High failure rate• Effectiveness depends on the man's ability to withdraw prior to ejaculation |
| Other facts: | <ul style="list-style-type: none">• Does not prevent transmission of STD and HIV• Traditional and common in rural communities• Remember: Emphasize that this is not very effective in preventing pregnancy. It is not scientific. Pregnancy prevention is by chance only. |

TRAINING AIDS

b. Abstinence

- What is it?**
- Avoiding sex or sexual activities with another person
- How does it work?**
- Prevents union of egg and sperm
- How effective is it?**
- Effective in preventing pregnancy and transmission of STD and HIV
- Other facts:**
- Health service providers should support the choice and teach negotiating and planning skills to avoid sex effectively

FIGURE FOR TOPIC 1



| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>Topic 2: <u>Discussion-Lecture - Combined Oral Contraceptive Pills:</u></p> <ol style="list-style-type: none"> 1. Post the prepared training aids or visual aids on combined oral contraceptives (COCs). 2. Give a simple lecture and discuss information regarding COCs. 3. During and after the lecture, you could ask the participants for any inquiries or clarifications regarding the topic. If none, proceed with the scheduled activity. | <ul style="list-style-type: none"> • In the conduct of the lecture, please be guided by the 'Notes on Oral Contraceptive Pills'. Focus your discussion-lecture on COCs. • You may mention the existence of Progestin Only Pills (POPs) but emphasize that these are not readily available in their area. No need to discuss it fully. <p>In your lecture and discussion on oral contraceptive pills, emphasize the following:</p> <ul style="list-style-type: none"> • What is the method? • How does the method work?(as seen in 'Topic 1' of this session.) • Advantages and Disadvantages of the method including Side Effects • Screening Questions on COCs/Precautions to Pill Use/Indications for the method • Proper Use of Pills • Cases of Missed Pills |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>4. After the lecture, thank the participants for listening.</p> <p>5. Proceed to the next topic of this session.</p> <p>Topic 3: <u>'Doing it Right' Exercise:</u></p> <ol style="list-style-type: none"> 1. Explain to the participants that they are going to learn how to guide a user about how to take the pill using an illustrated guide. 2. Next, give each participant a copy of the illustrated guide and go over it with the group, explaining each drawing. 3. Give a demonstration in front of the group, with a volunteer, on how to use the guide. If there are any questions, repeat the demonstration. 4. Form pairs to practice. Each participant teaches his or her partner the correct use of the pill, using the guidelines. Walk around to supervise where necessary. 5. Tell them to ask their partners to repeat what they heard to make sure that their partner understood how to use the pill correctly. | <p>Remember: Emphasize at this stage that as CPEs they should be very knowledgeable in the proper use of pills in order for them to properly guide new users and reminding current users on proper pill use. The CPEs should be reminded that proper pill use is very important in guaranteeing the pill's effectiveness.</p> <ul style="list-style-type: none"> • You can find the 'Illustrated Guide to Oral Contraceptive Pill (OCP) Use' in the 'Training Aids' labeled as 'Figure for Topic 3'. • Use the Illustrated Guide during demonstration. • In forming sub-groups, please refer to 'Grouping Techniques to Encourage Participation of Trainees'. |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <ol style="list-style-type: none"> 4. Make sure the participants understand each precaution. 5. Leaving the circles on the drawing, ask the participants to think of some medical problem that they have had or that a friend has had. It could be one of the precautions or any health problem. Ask for a volunteer to relate to the group the medical problem. Then, ask for another volunteer to decide if the problem represents a precaution to pill use or not. If it is, the volunteer comes up and shows the group which blue circle on the drawing represents the precaution just mentioned. 6. Continue the exercise by asking the volunteer that has just answered, to share his or her medical problem with the group. 7. Continue until everyone has had a chance to share his or her case and evaluate the case presented by someone else. 8. After everyone had his or her turn, proceed to the next activity if no other clarifications are needed. | <ol style="list-style-type: none"> j. Has unusual vaginal bleeding. k. Currently breastfeeding baby under 6 months old. l. problem with continuous bleeding <ul style="list-style-type: none"> • If you are working with a large group, this exercise can be done in small groups of 4 to 6 people. |

TRAINING AIDS

d. Oral Contraceptive Pills

| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|-----------------------------|--|---|
| Sample Product Names | Trust, Lady, Nordiol, Logynon, Femenal, Diane 35, Nordette, Minulet, Micropil, Logentrol | Exluton |
| How does it work? | Prevents ovulation No meeting of egg and sperm Alters uterine lining preventing implantation | |
| How effective is it? | <ul style="list-style-type: none"> • Very effective when used correctly | <ul style="list-style-type: none"> • Very effective when used correctly by breastfeeding women |
| Reasons for Failure | <ul style="list-style-type: none"> • Improper use • Proper instructions not provided • Drug interaction • Vomiting/diarrhea • Expired pills | <ul style="list-style-type: none"> • Improper use • Proper instructions not provided • Drug interaction • Expired pills |
| Advantages | <ul style="list-style-type: none"> • Very effective with correct use • Not permanent, temporary • Does not interfere with sexual intercourse • Protects against cancer of the ovary and lining of the uterus • Reduces painful menstruation, anemia, mood changes before menstruation • No harm to women who breastfeed 6-month old babies and above | <ul style="list-style-type: none"> • Very effective with correct use • Not permanent, temporary • Does not affect breastfeeding • Reduces danger of blood-clotting • Protects against cancer of the ovary and lining of the uterus • Reduces bleeding and pain during menstruation • No harm to women who breastfeed 6-week old babies and above |
| Disadvantages | <ul style="list-style-type: none"> • Needs regular and adequate supply • Success depends on client • No protection from STD/HIV | <ul style="list-style-type: none"> • Must be taken at the same time everyday • Minor side effects (no menses, weight gain/ loss, mood changes, nausea, headache, breast |

d. Oral Contraceptive Pills

| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|---------------------|--|---|
| | <ul style="list-style-type: none"> Last choice for breastfeeding women | tenderness) <ul style="list-style-type: none"> Does not protect against ovarian cyst and STD/ HIV/AIDS |
| Indications | <ul style="list-style-type: none"> Those who want effective, reversible method Anemic women with too much menstrual bleeding Couple who want birth-spacing History of ectopic pregnancy History of ovarian cancer in the family | <ul style="list-style-type: none"> Breastfeeding women who do not want to get pregnant Women who are sensitive to COCs High blood pressure Over 35 years-old and a cigarette-smoker |
| Side Effects | <ul style="list-style-type: none"> Spotting Nausea Headache Depression Weight gain Breast tenderness Loss of sex drive Acne Darkening of skin | <ul style="list-style-type: none"> No menstruation Menstrual irregularities/ spotting |

Remember: *Side effects of pills are the common, minor, non-alarming and non-life-threatening discomforts experienced by a pill user. These are temporary signs and symptoms that a first-time pill user may or may not experience. The user will not experience all of the side effects. The side effects may last 3 months on the average, from the time of use. If they persist, it is recommended that the user consult a physician.*

d. Oral Contraceptive Pills

| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|--|--|--|
| Danger Signs | <p>J - aundice or yellowish discoloration of skin and eyes</p> <p>A - bdominal pain</p> <p>C - hest pain, cough, shortness or breath</p> <p>H - eadache, dizziness, weakness, or numbness</p> <p>E - ye problems (doubling/loss of vision)</p> <p>S - peech problem, severe pain in the calf (clot)</p> | <ul style="list-style-type: none"> • Abdominal pain • Heavy bleeding <p>- could be signs of ectopic pregnancy, PID, or other gynecological problem</p> |
| <p>Remember: Danger signs or warning signs are sudden and unusual signs and symptoms that a contraceptive-user may experience. Pill users who experience these danger signs need to see a physician immediately. Until she does, she should stop using the pill and use a barrier method to avoid unwanted pregnancy. These types of complaints are very serious since the client's health may deteriorate dangerously.</p> | | |
| Screening Check List | <p>Ask the potential client the following questions:</p> <ol style="list-style-type: none"> 1. Is your menstruation regular but is now delayed? 2. Have you ever had a problem with continuous bleeding? 3. Do you have chest pains or have you been diagnosed as having heart disease? 4. Do you smoke and are over 35 years old? 5. Do you often have very bad headaches with blurred vision? 6. Do you have lumps that do not disappear especially in your breasts? | <p>Ask the potential client the following questions:</p> <ol style="list-style-type: none"> 1. Is your menstruation regular but is now delayed? 2. Do you have lumps in your breasts? 3. Have you ever had liver disease (yellowish discoloration of the skin and eyes)? 4. Do you have unusual vaginal bleeding between periods? 5. Are you now taking medications for TB or a fungal infection? 6. Are you breastfeeding a baby under 6 weeks? |

d. Oral Contraceptive Pills

| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|-------------------------------------|--|---|
| | <p>7. Do you have high blood pressure?</p> <p>8. Do you have Diabetes?</p> <p>9. Do you have any unusual vaginal bleeding between menstrual period?</p> <p>10. Have you had liver disease (yellowish discoloration of the skin and eyes)?</p> <p>11. Are you now taking medications for TB or a fungal infection?</p> <p>12. Are you breastfeeding a baby under 6 months old?</p> <p>If client answers "yes" to #1, advise pregnancy test. If "yes" to #s 2-12, refer to a clinic</p> | <p>If client answers "yes" to #1, advise pregnancy test. If "yes" to #s 2-6, refer to a clinic.</p> |
| Client specific instructions | <ul style="list-style-type: none"> • Ask what she knows about COCs • Explain how COCs work to prevent pregnancy • Show the type of pills she will take (21- or 28 day) • Explain potential side effects common during the first three months • Screen client for COC – precautions • Provide the pills and give instructions: <ul style="list-style-type: none"> - how to take the pill out - how to follow the directions or arrows in the packet - take the pill by mouth everyday at a fixed time | <ul style="list-style-type: none"> • Ask what she knows about POPs • Explain how POPs work to prevent pregnancy • Hand the 28-pill pack (Exluton) • Explain potential side effects common during the first three months • Screen client for POP – precautions • Provide the pill and give instructions: <ul style="list-style-type: none"> - how to take the pill out - how to follow the directions or arrows in the packet - to start the pill on first day of menstruation |

d. Oral Contraceptive Pills

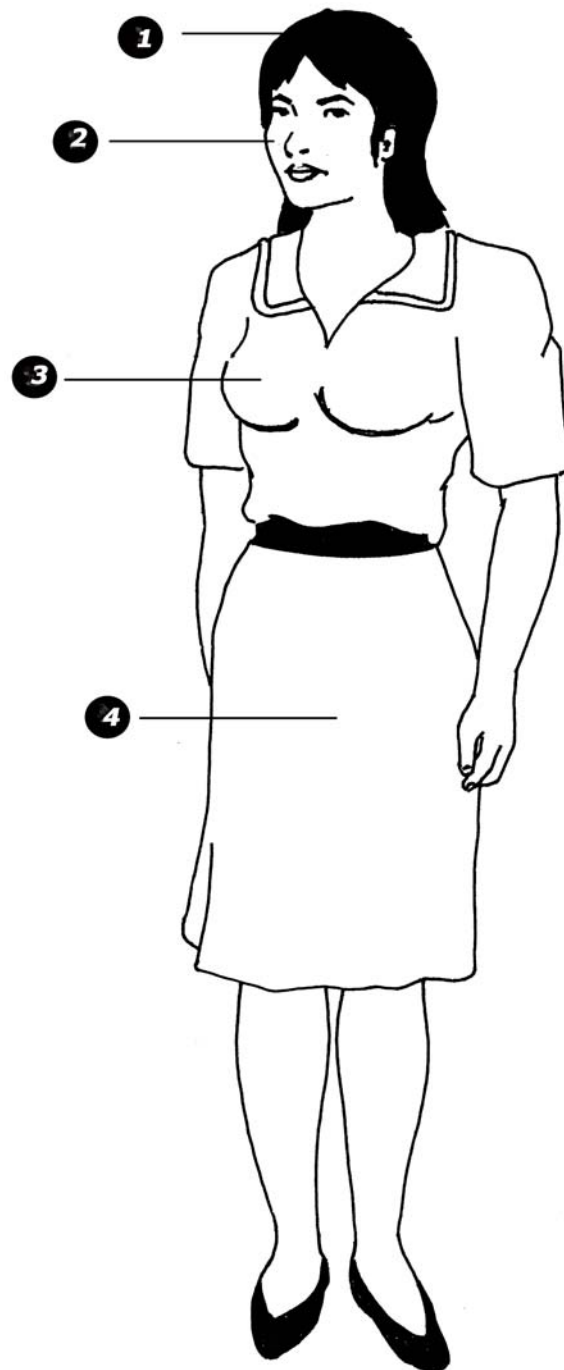
| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|---------------------------------|--|--|
| | <ul style="list-style-type: none"> - to start the pill on or before the 5th day of menstrual cycle or use specific instructions of the packet - if she uses 28-day cycle, start a new pack after she finishes the previous packet without stopping - if she uses 21-day packet, stop for 7 days before starting a new pack | <ul style="list-style-type: none"> - continue taking 1 pill by mouth everyday strictly at the same time - when she finishes 1 packet, take the first pill from the next packet |
| | <ul style="list-style-type: none"> • Provide her with back-up method (explain how and when to use) during the first month of regular COC pill-use • Explain in a non-alarming way possible danger signs • Ask client to repeat instructions, including that for missed pills • Remind to store away from children • Explain that COCs do not provide protection from STD/HIV • Follow-up | <ul style="list-style-type: none"> • Provide her with back-up method (explain how and when to use) during the first month of regular POP pill-use • Explain in a non-alarming way possible danger signs • Ask client to repeat instructions, including that for missed pills • Remind to store away from children • Explain that POPs do not provide protection from STD/HIV • Follow-up |
| In cases of missed pills | If misses 1 pill: take missed pill at once & the next pill at the regular time, then take the rest as usual | <p>If misses 1 pill: take missed pill at once & take the rest of the pills as usual</p> <p>If more than 3 hours late in taking a pill, should use condoms as back-up or avoid sex for 7 days</p> |

d. Oral Contraceptive Pills

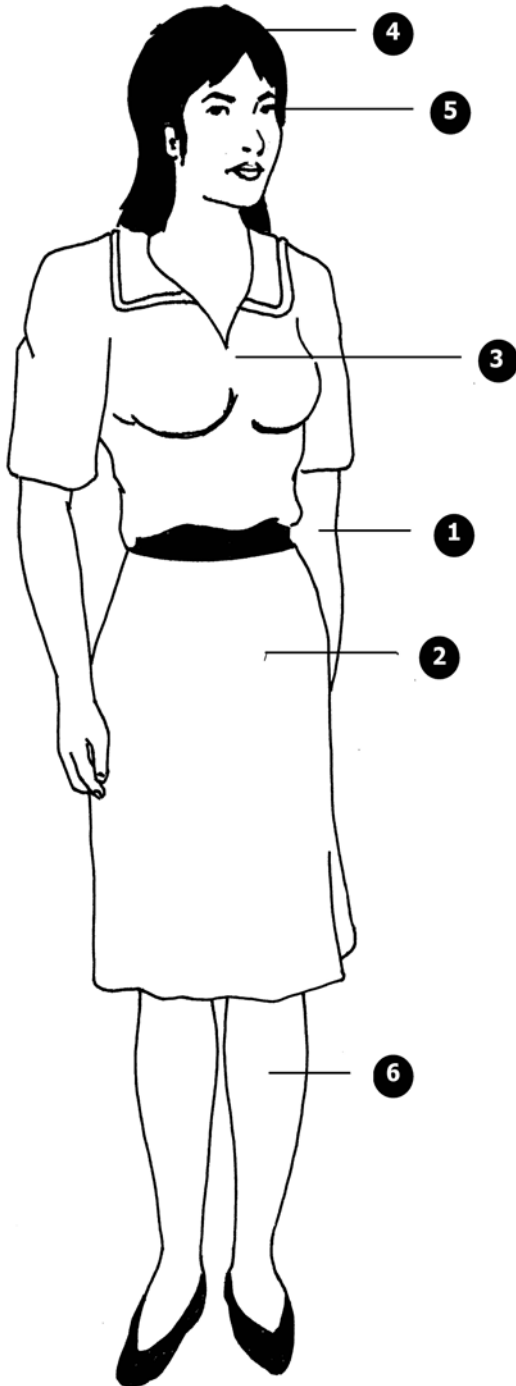
| | COMBINED ORAL CONTRACEPTIVES (COCs) | PROGESTIN-ONLY PILLS (POPs) |
|--|--|---|
| | <p>If misses 2 pills: take 2 pills as soon as she remembers, then take 2 pills the next day. Use a back-up method for 7 days and take the rest of the pills as usual</p> <p>If misses more than 2 pills:</p> <ul style="list-style-type: none"> - Throw away packet - Start a new one on or before the 5th day of the next menstrual cycle - Use a back-up method for a month <p>If menstrual period does not begin within 4 – 6 weeks, see a physician for pregnancy exam</p> | <p>If misses 2 pills: take 2 pills a day for 2 days and re-start your pills right away. Use a back-up method for 7 days</p> <p>If misses more than 2 pills:</p> <ul style="list-style-type: none"> - Throw away packet - Start a new one on the 1st day of the next menstrual cycle - Use a back-up method for a month <p>If menstrual period does not begin within 4 – 6 weeks, see a physician for pregnancy exam</p> |

Common Side Effects

- ¹ Nasusuka o nahihilo
- ² Maraming Tagihawat o pimples
- ³ Pananakit ng Suso
- ⁴ Pagbabago ng Daloy ng Regla; Minsan walang regla



Danger Signs



1 J aundice

Naninilaw ang Balat

2 A bdominal Pain

Matinding Pananakit ng Puson

3 C hest Pain

Pananakit ng Dibdib;
Nahihirapan sa Paghinga

4 H eadache Severe

Matinding Pananakit ng Ulo

5 E ye Problems

Panlalabo ng Mata

6 S welling of Legs

Namamaga at Sumasakit
ang Binti

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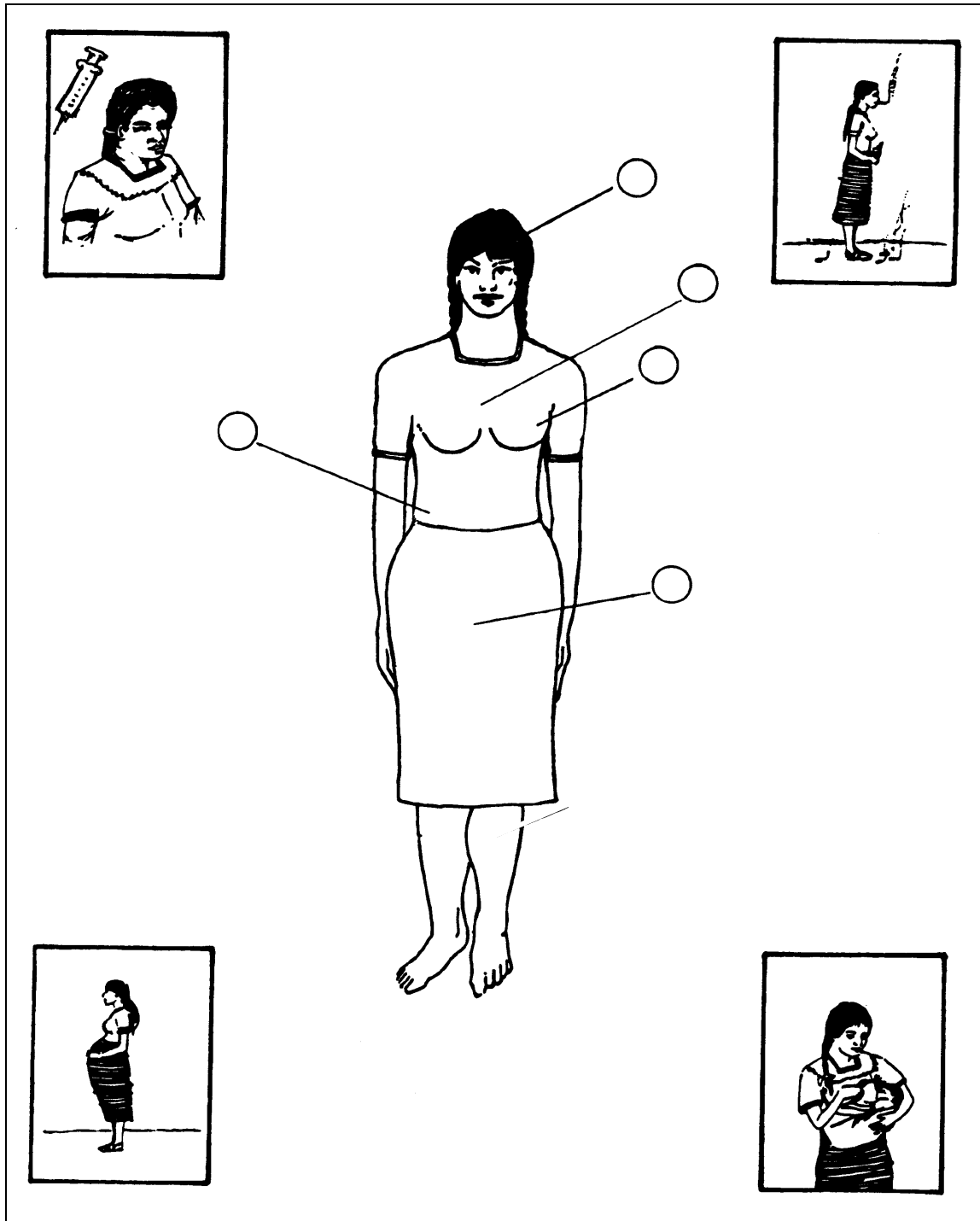
FIGURE FOR TOPIC 3



The steps on the guide are:

- (1) Start taking the pill on or before the 5th day of your menstrual period, counting from the day you start to bleed.
- (2) Start with the light colored pill, like the arrow shows you at the back of the pill packet.
- (3) Take one pill a day until you decide you want to get pregnant again; and don't forget to go to the clinic for regular check up.
- (4) & (5) If you forget to take the pill one day, take it as soon as you remember, and take the second the usual time. (Refer to topic on missed pills for further information.)
- (6) Take the pill regularly at night (if possible) before going to bed to get into the habit and to avoid any possible side effects.

FIGURE FOR TOPIC 4



This drawing helps the participants learn to identify the precautions to pill use which require medical referral. Central figure: head (repeated strong headaches or stroke), body (heart problems, breast lumps, liver problems, vaginal bleeding without apparent cause). Small drawings: a diabetic, a smoker (over 35 years old and more than 15 cigarettes a day), a pregnant woman, and a woman who is breastfeeding a baby less than six months old.

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>Topic 5: <u>Lecture on Paraan Dos</u>:</p> <ol style="list-style-type: none"> 1. Post the prepared training aids or visual aids on Paraan Dos. 2. Give a lecture and discuss information regarding Paraan Dos. 3. During and after the lecture, you could ask the participants for any inquiries or clarifications regarding the topic. If none, proceed with the scheduled activity. | <ul style="list-style-type: none"> • In the conduct of the lecture, please be guided by the 'Notes on Paraan Dos'. • During lecture, you may distribute the samples of the 'Paraan Dos' <p>In your lecture and discussion on Paraan Dos, emphasize the following:</p> <ul style="list-style-type: none"> • What is the method? • How does the method work?(as seen in 'Topic 1' of this session.) • How effective is the method? • Advantages and Disadvantages of the method • Indications for the method • Show the tagalog version of the 'Prevention Case Management for Preventing Unwanted Pregnancy' found in 'Reference Materials for Participants'. <p>Remember: Emphasize that Paraan Dos is the term to be used in the community for emergency contraception. Focus only on the use of COC for 'Paraan Dos'. Do not discuss POP.</p> |

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 3: Contraceptive Methods and Prevention of Pregnancy</p> <p>4. After the lecture and questions are no longer asked, thank the participants for listening. You may review them regarding vital information about Paraan Dos. You may ask:</p> <ul style="list-style-type: none"> • <i>What situations can we use Paraan Dos? (Anong mga sitwasyon ang maaaring paggamitan ng Paraan Dos?)</i> • <i>How are Paraan Dos used? (Papaano ba gamitin ang Paraan Dos?)</i> • <i>What are the messages that we should give for Paraan Dos users? (Anu-ano ang dapat nating sabihin sa mga iinom ng Paraan Dos?)</i> <p>5. Proceed to the next session if no clarifications are needed.</p> | <ul style="list-style-type: none"> • Possible answers to all these questions are contained in your 'Training Aids'. |

e. Paraan Dos

What is Paraan Dos?

- It is a safe and effective way to prevent an unwanted pregnancy after unprotected sex within 72 hours or 3 days. It should not be used as a regular contraceptive method.

What kinds of pills can a client use as Paraan Dos?

- Only two types of Oral Contraceptives Pills can be used as Paraan Dos:
 - Combined Oral Contraceptives (COCs)
 - Progestin-Only Pills (POPs) *(No need to discuss this topic with the CPEs since it is not readily available in coastal areas.)*

In what cases can a client use Paraan Dos?

Paraan Dos is suitable for a woman who has had any of the following:

- Rape/sexual assault or other non-consenting sexual intercourse
- Unprotected sexual intercourse
- Contraceptive-use errors
- Missed pills (if she forgets to take COCs 2 or more days in a row)
- Miscalculated safe days with Natural Family Planning method
- Contraceptive accidents (ex. condom breakage or slippage, IUD expulsion)

What are the directions for using Paraan Dos? (Please refer to PCM Diagram-Tagalog Version in the 'Reference Materials for Participants')

- Initially determine if the client had unprotected sex within 72 hours or 3 days before the consultation.
- Determine also if the pregnancy is unwanted.
- If there is risk for unwanted pregnancy and unprotected sex occurred within 72 hours or 3 days, provide Paraan Dos upon informed consent of the client.
- Provide the necessary take home messages.
- Remind the client to follow-up with a physician.

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- If **Combined Oral Contraceptives (COCs)** are used as Paraan Dos:

| COC DOSE | DOSAGE | EXAMPLE |
|---|---|--|
| High Dose – contains 50 mcg or 0.5 mg ethinyl estradiol | Take 2 pills as first dose within 72 hours after unprotected sexual intercourse, followed by another 2 pills after 12 hours | Nordiol Femenal |
| Low Dose - contains 30 mcg or 0.3 mg ethinyl estradiol | Take 4 pills as first dose within 72 hours after unprotected sexual intercourse, followed by another 4 pills after 12 hours | Trust Lady Microgynon Nordette Logentrol |

TANDAAN
ang Paraan Dos ay:

- * hindi nagbibigay proteksyon laban sa HIV/AIDS/STD
- * hindi pwedeng gamitin ng palagian para makaiwas sa pagbubuntis
- * hindi na mabisa kung inumin ito lampas ng 72 oras o 3 araw matapos ang di-protektadong pagkikipag-sex

Ang pangmatagalang gamit ng contraceptive tulad ng condom, pills, injectable, IUD, o sterilization ay mas mabisa para makaiwas sa pagbubuntis.



Ayokong mabuntis ngayon...

PARAAN DOS

If **Progestin-Only Pills (POPs)** are used: *(No need to teach this to the CPEs)*

Dosage: One tablet should be taken as first dose no later than 72 hours after unprotected sexual intercourse, followed by another tablet after 12 hours

Example: Postinor 2, which contains 0.75 mg levonorgestrel.

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How does Paraan Dos work in preventing pregnancy?

- prevents ovulation and fertilization
- changes the lining of the uterus (endometrium) making it not suitable for implantation of a fertilized ovum

(Both are mechanisms of action shared by other hormonal contraceptive methods.)

How effective is Paraan Dos?

Effective when used correctly. If 100 women had sex during mid-cycle, 8 would become pregnant. With an emergency contraceptive pill, only 2 would become pregnant.

What are the side effects of Paraan Dos and how are these managed?

| Side Effect/ Description | Management of Side Effect |
|--|--|
| Nausea | Take pills with food or milk Take anti-emetic one hour before taking Paraan Dos |
| Vomiting | Repeat dose if vomiting occurs within 2 hours of taking Paraan Dos |
| Irregular bleeding | Refer if menstruation is delayed |
| Breast tenderness, headache, dizziness and fatigue | Non-prescription pain relievers can be used to reduce discomfort |

When can a client start with regular contraception after the use of Paraan Dos?

a. Contraceptive methods that can be started immediately:

- Condoms
- Spermicides

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b. Contraceptives that can be started during the next menstrual cycle:

- Oral contraceptives - can be started on or before the 5th day of the next menstrual cycle. She should use a condom or abstain from sex for the remainder of the current cycle.
- Injectable contraceptives – can be given on or before the 5th day of the next menstrual cycle
- IUDs - should be inserted during the week of the next menstruation
- Natural Family Planning - should be started after the onset of menstruation if there are no bleeding irregularities
- Sterilization - should only be performed when it is clear that this method has been freely chosen and the client is fully aware of the issues involved

Important to Remember:

- Paraan Dos is not effective once a fertilized egg is implanted.
- Paraan Dos cannot be used to disrupt an established pregnancy.
- Paraan Dos has no known adverse effects on the growth and development of an established pregnancy.
- Oral contraceptives do not cause fetal malformations or congenital defects.
- Paraan Dos is considered very safe. In the more than 20 years that emergency contraceptive pills have been used, no deaths or serious medical complications have been reported.

Issues Related to the Use of Paraan Dos:

Frequent use. Emphasize that Paraan Dos is for emergency use only. This is not recommended for routine use because this is less effective than regular contraceptives. Note: Although not recommended, repeated use of Paraan Dos is not known to pose health risks to users and is not a logical reason for denying women access to treatment.

Use after multiple acts of unprotected intercourse. If more than 72 hours have elapsed since the time of the first unprotected sexual intercourse, Paraan Dos may not be effective in preventing pregnancy that resulted from the first unprotected sexual intercourse. Paraan Dos, however, would not be expected to disrupt or harm subsequent pregnancy development.

TRAINING AIDS

Regular contraception refused. Women requesting emergency contraception should be offered information and services for regular contraception. Not all of them however, will want contraceptive counseling. Thus, while counseling about regular contraceptives is recommended, it should not be a prerequisite for providing emergency treatment. If the reason for requesting emergency contraception is that the regular contraceptive method failed, discuss the reasons for failure and how it can be prevented in the future.

STD and HIV. Messages that Paraan Dos treatment does not protect one from STD or HIV infection should be a part of the counseling session when providing Paraan Dos treatment.

Stress. Clients may feel particularly anxious after unprotected sexual intercourse due to:

- fear of becoming pregnant
- worrying about missing the 72-hour window of opportunity for emergency contraception
- embarrassment at failing to effectively use contraception
- general embarrassment about sexual issues
- rape-related trauma
- concern about HIV
- a combination of these factors

Note: For these reasons, maintaining a supportive atmosphere during counseling is especially important.

REFERENCE MATERIALS FOR PARTICIPANTS

Handouts on Modern Contraceptive Methods:

Ang Dapat Malaman ng Kababaihan at Kalalakihan Ukol sa *Family Planning*

| | |
|---|---|
| <i>Ano ang 'Family Planning'?</i> | <p>Ito ang kusang desisyon ng mag-asawa, magkasintahan o mag-<i>partner</i> na pag-usapan at planuhin ang dami at agwat ng kanilang magiging anak. Ginagawa ito sa pamamagitan ng paggamit ng mga legal na pamamaraan ng pagpapalano ng pamilya.</p> <p>Tumutukoy ito sa pagkakaroon ng anak ayon sa paniniwala, kalusugan at kakayahang pangkabuhayan ng mag-asawa</p> <p>Tumutukoy rin ito sa tamang pag-aagwat ng anak at ang panganganak ng ina sa tamang panahon.</p> |
| <i>Ano ang kahalagahan ng pagpapalano ng pamilya?</i> | <p>Mapapangalagaan ang kalusugan ng ina, anak at ng buong pamilya</p> <p>Magkakaroon ng tamang agwat ang mga anak</p> <p>Maaaring manganak ang ina sa tamang gulang kung kailan ang pagbubuntis ay ligtas</p> <p>May panahon ang inang may sakit na magpalakas at magpagaling muna bago siya muling magbuntis</p> <p>Maiiwasan ang pagkakataong magpalaglag o magpa-<i>abort</i> sa mga hindi inaasahan, wala sa plano o hindi ginustong pagbubuntis</p> <p>Masisiguro na ang pagbubuntis ay tanggap ng mag-asawa o ng pamilya kung kaya ang mga anak ay sagana sa pagmamahal at pangangalaga</p> |
| <i>Ano ang iba't-ibang pamamaraan sa pagpapalano ng pamilya?</i> | <p>Ang mga sumusunod na family planning methods ay pumipigil sa pagbubuntis sa pamamagitan ng <i>pagpigil sa pagtatagpo o pagsasanib ng itlog at punlay</i>:</p> |

1. *Condoms*
2. *Natural Family Planning Method (NFP)*
 - *Basal Body Temperature*
 - *Cervical Mucus Method*
 - *Sympto-thermal Method*
3. *Intrauterine Device (IUD)*
4. *Voluntary Surgical Contraception*
 - *Vasectomy*
 - *Bilateral Tubal Ligation*

Ang mga sumusunod na family planning methods ay pumipigil sa pagbubuntis sa pamamagitan ng *pagpigil sa paglabas ng itlog mula sa obaryo*:

1. *Oral Contraceptive Pills (Combined Oral Contraceptives), kasama ang Paraan Dos*
2. *Depo-Medroxy Progesterone Acetate (DMPA)*
3. *Lactational Amenorrhea Method*

CONDOM

Ano ito?

- Isang uri ng latex rubber na isinusuot sa matigas na ari ng lalaki

Gaano kabisa ito?

- Mabisa, kung wasto o palagian ang paggamit

Magandang katangian

- Madaling gamitin
- Maaaring magbuntis agad ang isang babae kung ititigil ang paggamit nito
- Maaaring gamitin bilang back-up method
- Proteksyon laban sa STD at HIV/AIDS

Di-magandang katangian

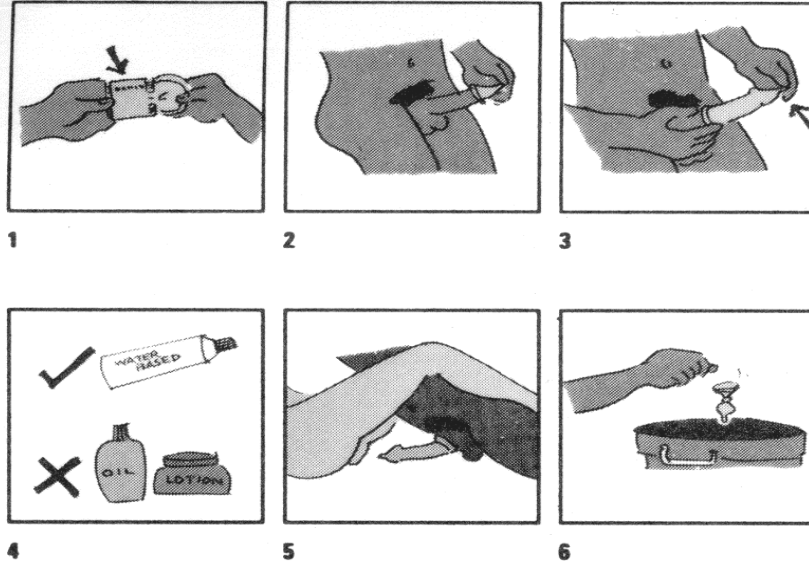
- Nakasasagabal sa pagtatalik o pakikipag-sex
- Madaling mapunit o mabutas kung hindi wasto ang paggamit, pagtatago o pangangalaga
- Isang beses lamang maaaring gamitin
- Maaaring magkaroon ng allergy

Para kanino ito?

- Para sa mga magpartner o mag-asawa na mataas ang panganib na magkaroon ng STD at HIV/AIDS

- Para sa mga babaeng nangangailangan ng back-up method

Ang Tamang Paggamit ng Condom:



1. Siguraduhin na ang condom ay hindi expired.
2. Pisilin ang dulong bahagi ng condom upang mawala ang hangin.
3. Isuot ang condom hanggang sa pinakapuno ng matigas na ari.
4. Gumamit lamang ng mga pampadulas na water-based tulad ng laway. Iwasang gumamit ng langis o lotion.
5. Hugutin ang matigas pang ari mula sa puwerta at siguraduhing hindi mabubutas o mahuhugot ang condom.
6. Maingat na alisin ang condom at itapon ng maayos.

INTRAUTERINE DEVICE (IUD)

Ano ito?

- Maliit na plastic na hugis letrang "T" na mayroong copper wire; inilalagay ito sa loob ng matris

Gaano kabisa ito?

- Mabisa

Magandang katangian

- Pangmatagalan ang gamit; maaaring gamitin sa loob ng 7-10 taon
- Hindi permanente
- Maaaring gamitin ng mga nagpapasusong ina

**VOLUNTARY
SURGICAL
CONTRACEPTION**

Di-magandang katangian

- May kaunting kirot o sakit sa bahagi ng puson pagkatapos itong mailagay sa loob ng matris
- Maaaring magkaroon ng pelvic inflammatory disease (PID)
- Di-nagbibigay ng proteksyon laban sa STD at HIV/AIDS

Para kanino ito?

- Para sa mga magpartner o mag-asawa na nangangailangan ng mahabang agwat ng pag-aanak
- Maaaring gamitin ng nagpapasusong ina o mga kababaihan na ang edad ay 35 anyos pataas

1. VASECTOMY

Ano ito?

- Uri ng FP method na permanente
- Tinatali at pinuputol ang anurang punlay

Gaano kabisa ito?

- Mabisa

Magandang katangian

- Operasyon ay sandali lamang
- Minsan lamang ginagawa
- Ligtas

Di-magandang katangian

- Kinakailangan ang operasyon
- Permanente
- Kailangan ang tulong ng isang service provider
- Di-nagbibigay ng proteksyon laban sa STD at HIV/AIDS

Para kanino ito?

- Para sa mga lalaki o mag-asawa o magpartner na ayaw magkaanak

2. BILATERAL TUBAL LIGATION

Ano ito?

- FP method na permanente
- Tinatali at pinuputol ang anurang-itlog/tubo ng matris o

**LACTATIONAL
AMENORRHEA
METHOD (LAM)**

fallopian tube

Gaano kabisa ito?

- Mabisa

Magandang katangian

- Operasyon ay sandali lamang
- Minsan lamang ginagawa
- Ligas

Di-magandang katangian

- Kinakailangan ng operasyon
- Permanente
- Kailangan ang tulong ng isang trained provider
- Di-nagbibigay ng proteksyon laban sa STD at HIV/AIDS

Para kanino ito?

- Para sa mga lalaki o mag-asawa/magpartner na ayaw magkaanak
- Para sa mga babae na delikado ang pagbubuntis

Ano ito?

- Isang family planning method para lamang sa mga nagpapasusong ina
- Maaaring hindi mabuntis ang ina sa loob ng anim na buwan kung palagian siyang nagpapasuso sa kanyang sanggol at ang gatas ay sa ina lamang nanggagaling. Kailangang wala pang regla ang ina sa loob ng anim na buwan

Gaano kabisa ito?

- Mabisa

Magandang katangian

- Matipid
- Hindi kailangan ang reseta ng doktor

Di-magandang katangian

- Maaari lamang gamitin ng babaeng kapapanganak lamang
-

Para kanino ito?

- Para lamang sa mga inang nagpapasuso ng sanggol

**DEPO-MEDROXY
PROGESTERONE
ACETATE
(DMPA)**

Ano ito?

- Isang uri ng contraceptive na ibinibigay ng midwife, nurse o doktor sa pamamagitan ng pagturok
- Ito ay ibinibigay tuwing 3 buwan

Gaano kabisa ito?

- Mabisa

Magandang katangian

- Hindi permanente
- Tumatagal ang bisa ng 3 buwan
- Maaaring gamitin ng nagpapasusong ina

Di-magandang katangian

- Kinakailangan ang pagturok tuwing 3 buwan
- Hindi nagbibigay ng proteksyon laban sa STD at HIV/AIDS

Para kanino ito?

- Maaaring gamitin ng mga nagpapasusong ina na 6 na linggo at pataas ang gulang ng sanggol
- Para sa mga babaeng ipinagbabawal ang estrogen

Handouts on Combined Oral Contraceptive Pills:

***Ano and mga
dapat malaman
ukol sa oral
contraceptive
pills?***

COMBINED ORAL CONTRACEPTIVES (COC)

Mga halimbawa

- Trust
- Lady
- Nordiol
- Logynon
- Femenal
- Diane 35
- Nordette
- Minulet
- Micropil
- Logentrol

Paano napipigilan ang pagbubuntis?

- Napipigilan ang pagbubuntis sa pamamagitan ng pagpigil sa paghinog at paglabas ng itlog mula sa obaryo

Gaano kabisa ito?

- Mabisa kung tama ang paggamit

Magandang katangian

- Hindi permanente; maaaring magbuntis muli ang ina kapag itinigil ang pag-inom
- Hindi sagabal sa pagtatalik
- Hinahadlangan ang posibilidad na magkaroon ng kanser ng matris, sapin ng matris at obaryo
- Nagiging regular ang pagrereglá
- Maaaring inumin ng inang nagpapasuso ng sanggol na may gulang na 6 na buwan at pataas
- Mabuti ito para sa mga babaeng anemic at malakas duguin kapag may reglá
- Mabuti sa mga babaeng nakaranas na ng pagbubuntis sa labas ng matris (ectopic pregnancy)

Di-magandang katangian

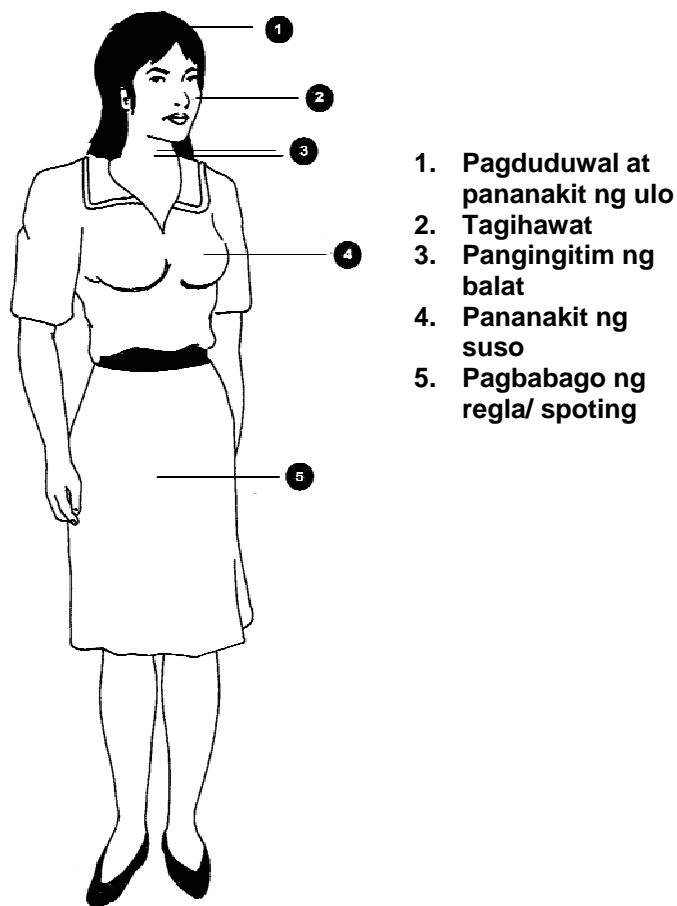
- Kinakailangang inumin araw-araw
- Di-nagbibigay ng proteksyon laban sa STD at HIV/AIDS
- Maaaring makaranas ng iba't ibang side effects
- Di-maaaring gamitin ng isang nagpapasusong ina
- Di-maaaring gamitin ng mga babaeng may sakit sa puso

Side effects*

- Spotting
- Nahihilo
- Naduduwal
- Sumasakit ang ulo
- Maaaring bumigat ang timbang at tumaba
- Masakit ang suso kapag nagagalaw
- Nawawalan ng gana sa sex
- Dumarami ang tagihawat
- Nangingitim ang balat sa mga lugar ng leeg, kili-kili, alak-alakan at sa may siko

**Tandaan na ang mga side effects ng pills ay tumatagal lamang ng 3 buwan pagkatapos simulan ang paggamit. Hindi lahat ng nakalista rito ay nararamdaman ng babae.*

Common Side Effects



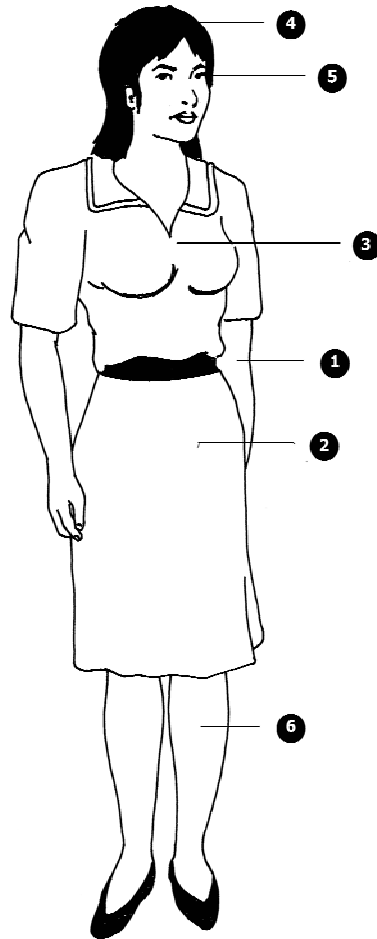
Danger signs/Warning signals**

- Paninilaw ng balat at puti ng mata
- Pananakit ng puson at tiyan
- Paninikip/pananakit ng dibdib, inuubo, nahihirapan o kinakapos sa paghinga
- Masakit ang ulo, nahihilo, nanghihina, pamamanhid ng ilang bahagi ng katawan
- Lumalabo/nagdodoble ang paningin
- Nabubulol sa pagsasalita, biglaang pagsakit ng binti

**Ito ay mga palatandaan o sintomas na kinakailangang matugunan agad ng doktor. Nagpapahiwatig ito na maaaring mapahamak ang kalusugan ng babae.

Kinakailangang itigil kaagad ang pag-inom ng COCs at POPs at magpakonsulta kaagad sa doktor. Bihira lamang itong maganap at hindi dapat mabahala ang iinom ng pills.

Danger Signs



1. Paninilaw ng balat at puti ng mata
2. Pananakit ng puson at tiyan.
3. Paninikip/pananakit ng dibdib, inuubo, nahihirapan o kinakapos sa paghinga.
4. Masakit ang ulo, nahihilo nanghihina, pamamanhid ng ilang bahagi ng katawan.
5. Lumalabo/nagdodoble ang paningin
6. Biglaang pag sakit ng binti, nabubulol sa pagsasalita

Mga Dapat Itanong sa Kliyente na Gagamit ng Pills (Combined Oral Contraceptive Pills)

Itanong sa kliyente ang mga sumusunod na katanungan:

1. Naantala/Nahuli/Natagalan ba ang pagdating ng regla mo?
2. Nagkaroon ka na ba ng tuloy-tuloy na pagdurugo mula sa puwerta?
3. Nakaranas ka na ba ng paninikip ng dibdib o nagkaroon ka na ba ng sakit sa puso?

4. Naninigarilyo ka ba at mahigit sa 35 taong gulang?
5. Madalas ka bang makaramdam ng matinding pananakit ng ulo na may kasamang panlalabo ng paningin?
6. Mayroon ka bang nakakapang bukol na hindi nawawala sa iyong suso?
7. Mataas ba ang presyon ng iyong dugo?
8. Mayroon ka bang diabetes? Nilalanggam ba ang iyong ihi? Madalas ka bang umihi, nagugutom, at nauuhaw?
9. Nagkakaroon ka ba ng pagdurugo sa pwerta sa pagitan ng iyong buwanang dalaw o regla?
10. Nagkaroon ka ba ng paninilaw ng balat at puti ng mata? Nagkaroon ka na ba ng sakit sa atay?
11. Mayroon ka bang iniinom na gamot sa TB o para sa sakit sa balat tulad ng hadhad at buni?
12. Nagpapasuso ka ba ng sanggol na may gulang na 6 na buwan pababa?

Kung ang sagot sa #1 ay "OO", ipayo sa kliyente/pasyente na magpasuri upang malaman kung buntis. Kung ang sagot sa #2-12 ay "OO", ipayo na magpakonsulta sa doktor.

Mga dapat sabihin sa kliyente na gagamit ng pills (Combined Oral Contraceptive)

- Tanungin muna kung may nalalaman siya tungkol sa Combined Oral Contraceptive pills (COC)
- Sabihin kung paano napipigilan ng COC ang pagbubuntis
- Ipakita ang dalawang uri ng pakete ng COC pills na gagamitin (21-day pack or 28-day pack)
- Ipaliwanag ang maaaring maging side effect ng COC sa loob ng 3 buwan sa simula ng paggamit
- Suriin kung mayroong mga kondisyon na hindi maaaringn uminom ng COC ang kliyente/pasyente (gamitin ang Screening Checklist)
- Ituro ang paggamit ng pills
 - Ituro kung paano kunin ang COC pills mula sa pakete nito
 - Sa pag-inom ng COC pills, ituro na sundan ang

arrow sa likod ng pakete

- Sabihin na ang pag-inom ng COC pills ay maaaring simulan bago o hanggang sa ikalimang araw ng regla. Maaari ring sundin ang nakalagay sa pakete ng pills
- Kung gagamitin ng kliyente ay ang 28-day pill pack, kailangang uminom siya ng isang COC pill araw-araw at tuloy-tuloy. Hindi kailangang huminto sa pag-inom bago magsimula sa bagong pakete
- Kung ang gagamitin ng kliyente ay ang 21-day pill pack, kinakailangang tumigil siya sa pag-inom ng COC pill sa loob ng 7 araw pagkatapos ng ika-21 pill. Pagkalipas ng 7 araw ay maaari na niyang simulan ang panibagong pakete
- Sabihin din na inumin ang COC pill araw-araw at kung maaari ay sa nakasanayan at parehong oras
- Ipaliwanag na sa unang buwan ng paggamit ng COC pills ay kailangang gumamit ang kliyente/pasyente ng back-up method tulad ng condom
- Ipaliwanag ang maaaring maging komplikasyon o ang danger signs sa paggamit ng COC pills. Iwasang matakot ang kliyente
- Ipaalala sa kliyente na itago ang gamot sa lugar na hindi maaabot ng bata
- Ipaliwanag din na hindi nagbibigay ng proteksyon ang COC laban sa STD at HIV/AIDS

Ano ang dapat gawin kung nakalimutang inumin ang pills?

- Kung nakalimutang uminom ng COC sa 1 araw:
Uminom agad ng 1 pill sa panahon na maalala at inumin ang mga natitirang pills sa oras na nakasanayan o sa regular na oras ng pag-inom
- Kung nakalimutang uminom ng COC sa loob ng 2 magkasunod na araw:
Uminom agad ng 2 pills sa oras na maalala at uminom muli ng 2 pang pills sa susunod na araw. Inumin ang natitirang pills sa oras na nakasanayan o sa regular na oras ng pag-inom

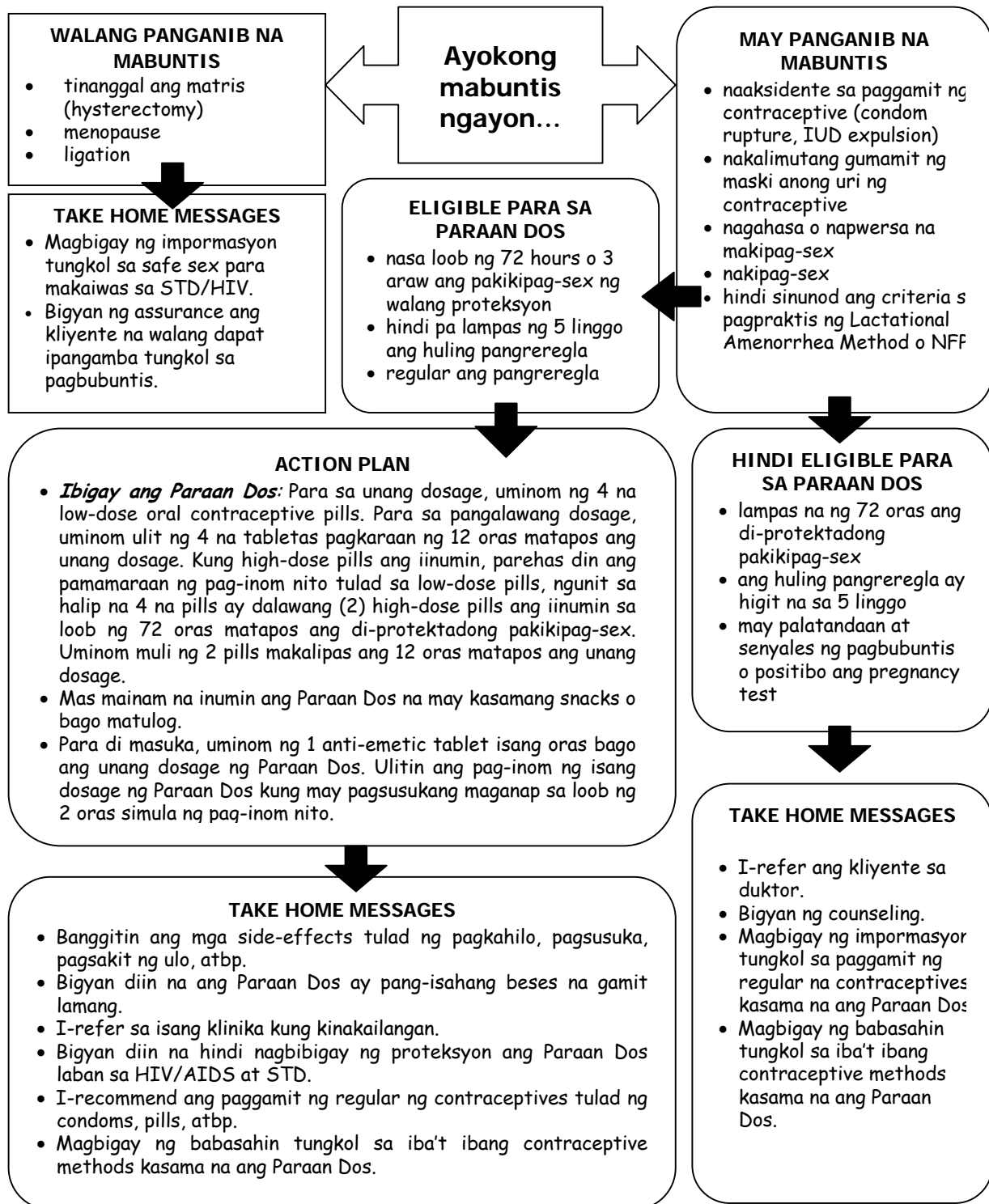
- Kung nakalimutang uminom ng COC ng higit sa 2 magkasunod na araw:
Huwag nang inumin ang natitirang pills sa pakete at itapon na lamang ito. Hintayin ang susunod na regla at gumamit ng bagong pakete. Magsimulang uminom bago o hanggang sa ika-5 araw ng regla. Gumamit ng back-up method tulad ng condom sa loob ng isang buwan
- Magpakonsulta sa doktor kung hindi dumating ang regla pagkaraan ng 4-6 na linggo

Handouts on Paraan Dos

Ang Dapat Malaman Ukol sa Paraan Dos

| | |
|--|---|
| <i>Ano ang Paraan Dos?</i> | <ul style="list-style-type: none"> • Ang Paraan Dos ay isang pamamaraan upang maiwasan ang pagbubuntis para sa mga babaeng walang planong magbuntis matapos ang di-protektadong pakikipag-sex • Ito ay HINDI pang abortion • Walang bisa ang pag-inom nito kung buntis na nang inumin ito • Ang pag-inom nito ay di makakasagabal sa pagbubuntis at di makakasama sa kundisyon ng sanggol sa loob ng matris |
| <i>Kailan pwedeng gamitin ang Paraan Dos?</i> | <p>Maaaring gamitin ng babae ang Paraan Dos bilang solusyon kung:</p> <ul style="list-style-type: none"> • Nakalimutang inumin ang oral contraceptive pills; • Nabutas o nahugot ang ginamit na condom; • Ginahasa; • Hindi gumamit ng paraan para makaiwas mabuntis tulad ng condom, pills, IUD, o natural family planning method |
| <i>Ano ang mga side effects?</i> | <p>Ang kadalasang mga side effects sa paggamit ng Paraan Dos ay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Pagkahilo • Pagsusuka • Pagsakit ng ulo • Pananakit ng suso • Pananakit ng puson <p><i>Ang mga side effects na ito ay kadalasang di tumatagal ng higit sa 24 na oras</i></p> |
| <i>Safe ba ang pag-inom ng Paraan Dos?</i> | <ul style="list-style-type: none"> • Ligtas, epektibo at nakakababa ng posibilidad ng pagbubuntis ang pag-inom ng Paraan Dos. • Sa 100 mga babaeng nakipag-sex ng di-protektado sa ika-2 o ika-3 linggo ng kanilang menstrual cycle, 8 ang maaaring mabuntis. Ngunit kung uminom ng Paraan Dos, bumababa ito sa 2 babae na lamang.* • Para sa mga pangmatagalang gamit, mas mainam na gumamit ng regular na pamamaraan ng family planning. <p><i>* Ito ay batay sa isahang gamit lamang.</i></p> |

PREVENTION CASE MANAGEMENT DIAGRAM FOR PREVENTING UNWANTED PREGNANCY



Session 4: Counteracting Rumors and Misconceptions on Family Planning

Purpose: To identify and clarify negative rumors about the different modern contraceptive methods

Time: 45 minutes

Preparation:

1. Have a small ball for this activity.
2. Prepare in advance. We recommend that you find out which are the most common rumors circulating in areas where the participants work. Test your own ability to refute these rumors.

Training Aids:

Materials needed:

- manila papers
- adhesive tape or masking tape
- bond paper
- scissors
- marker pens
- ball

Reference needed:

- Notes on 'Myths/Misconception and Responses/Answers'

Reference Materials for Participants:

- Handouts on myths and misconceptions contained in 'FAQs on Modern Contraceptives'

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 4: Counteracting Rumors and Misconceptions on Family Planning</p> <ol style="list-style-type: none"> 1. Explain to the group that you would like to hear all the negative things that people in their communities say about contraceptive methods. 2. Divide the group into small groups of 5 to 6 people. Ask one group to think of general rumors that apply to all or most methods. An example would be that the use of methods leads to infidelity. Assign to each of the other groups one or two methods. Tell them that they have 10 minutes to come up with all the negative rumors they have heard about. Have them choose 3 to share with the whole group. 3. Ask each group to choose a member to relate the rumors to the whole group. 4. Before participants break into their groups, make sure they understand the instructions. If they do not, explain again. 5. After 10 minutes, ask them to return to the large group and share the rumors that they thought of. 6. As the facilitator, be sure to take notes on any negative rumors you cannot clarify. Find out the answer and share it with the group before the training is over. 7. Start with the negative rumors that relate to all or most methods. Work with the participants to clarify the rumors. When | <p>Remember: Be aware that in clarifying rumors, it is important not to create new ones. If the participants do not mention some rumors that you have heard, do not mention it either. Sometimes we are the ones that start the rumors.</p> <ul style="list-style-type: none"> • Assigning the contraceptive methods to the groups could be based on the following list of contraceptive methods: <p>Group 1: Condoms Group 2: Oral Contraceptive Pills Group 3: DMPA Group 4: Voluntary Surgical Contraception Group 5: IUD</p> <ul style="list-style-type: none"> • Remember that you are now addressing a principal cause for the lack of acceptance and use of contraceptive methods. Fears |

| STEPS | TRAINER'S NOTES |
|---|-----------------|
| <p>Session 4: Counteracting Rumors and Misconceptions on Family Planning</p> <p>a third person, who repeats another rumor. The ball is thrown to a fourth person, who refutes it. The game continues in this manner until everyone has had the chance to participate.</p> <p>11. After this activity, proceed to the next session.</p> | |

TRAINING AIDS

Notes on 'Myths/Misconceptions and Responses/Answers':

What are rumors/gossips?

- Unreliable information passed around the community, mostly by word of mouth
- Often inaccurate or false

What should be done about counteracting rumors/gossips and misconceptions/misinformation?

- Correcting rumors and misinformation is one of the critical roles of CHOWs.
- It is not enough to simply tell clients that what they heard is not true.
- It is important to provide the right information based on facts.

What are the effective ways to counteract rumors about contraceptive methods?

- Check if there is a basis for the rumor; find out the origin of the rumor
- Use credible and accurate data in counteracting the misinformation
- Explain politely why the rumor is not true; explain what is true in simple ways that the client can easily understand
- Give examples of satisfied contraceptive-users
- Find out what else the client needs to know in order to have confidence in the method
- Always tell the truth; do not hide side effects or probable problems that may occur
- Refer client to other health service providers (ex. physician or midwife) for assistance

What are the responses to common myths/misconceptions on contraceptive methods?

| Myths/ Misconceptions | Responses/Answers |
|--|---|
| PILLS | |
| Pills cause cancer. | Oral contraceptive pills (OCPs) have not been proven to be the cause of cancer in a woman's body. In fact, OCPs such as COCs help prevent cancer of the ovary and the endometrium (lining of the uterus). |
| Pills cause abnormalities in babies if the mother has taken the pill during pregnancy. | Studies have shown that OCPs taken during pregnancy did not produce any abnormalities. The OCPs sold in pharmacy outlets have very low dosages of hormonal content. Causes of abnormalities of babies could be due to other factors, such as: intake of drugs that cause abortion; hereditary/genetics; illness such as measles; and antibiotics. |
| The pill builds up in the body and forms stones or causes the growth of uterine tumor. | The pill is dissolved inside the body. The hormones from the pill are metabolized in the liver and eliminated from the body through the urine within 24 hours. |
| Women who take the pill will not be able to have a baby in the future. | Pills do not cause total infertility. Most women become pregnant soon after they stop taking the pill. Some women, like other women who do not take the pill, may take 3 to 4 months to get pregnant. |
| The pill makes the woman weak so that they cannot do their work. | The pill prevents both pregnancy and loss of too much blood during her monthly period. The woman even becomes healthier and stronger. |
| Women who use the pill lose interest in sex and become cold. | The woman who uses the pill has no fear of becoming pregnant. She therefore may enjoy sex more freely. |
| Paraan Dos can cause abortion and abnormalities in babies if taken when the woman is already pregnant. | Paraan Dos cannot cause an abortion or abnormalities in babies if taken when the woman is already pregnant. Paraan Dos does not disrupt an established pregnancy and has no known adverse effects on the growth and development of an established pregnancy. |

| Myths/ Misconceptions | Responses/Answers |
|--|---|
| BILATERAL TUBAL LIGATION / VASECTOMY | |
| Ligation changes the woman's menstrual period. | Bilateral Tubal Ligation (BTL) does not affect the woman's menstrual cycle. The duration and length of the menstrual cycle can be affected by the following: poor nutrition; obesity; abnormally low body weight; stress; emotional trauma; hormonal; travel; Endometriosis; and ovarian cysts. |
| Ligated women lose their sexual desire. | This is not true. The woman will look and feel the same. She might find that sex is better since she does not have to worry about pregnancy and the FP method does not interrupt sex. |
| Ligated women become 'sex maniacs' or have higher sexual libido. | Bilateral Tubal Ligation has no direct effect on the sexual behavior of the woman. Ligated women may enjoy sex more since they no longer fear pregnancy. The sense of security of not getting pregnant may increase the libido of the client. Sexual activities are not interrupted by the chosen method. |
| The procedure on tubal ligation is more painful than childbirth. | The operation is simple and very minor. It only takes 30 minutes to perform. There is no pain during the operation due to the anesthesia. Pain-relievers are given for any slight discomfort that may occur after the operation. |
| After tubal ligation, women become weak and cannot do their work. | The minor operation has no effect on the physical strength of a woman. Women continue to do their ordinary work after operation. General body weakness of a woman could be due to several factors such as illness, lack of sleep, or lack of nutrition. |
| Ligated women should not lift heavy objects or engage in strenuous activities. | This is not true. As soon as the skin incision is healed the woman may resume her usual activities. |
| Vasectomy is castration. | The man who has a vasectomy does not lose his testicles/penis or any of his masculine characteristics and feelings, except that he definitely will not make a woman pregnant. |

| Myths/ Misconceptions | Responses/Answers |
|--|--|
| Vasectomy makes a man lose his sexual desire and ability. | A man will look and feel the same as before. The vasectomy procedure does not affect his erection and ejaculation. Problems in achieving erection could be psychological. |
| Vasectomy causes impotency. | Vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse. |
| INTRA-UTERINE DEVICE (IUD) | |
| IUDs can travel from the uterus to other parts of the body. | IUD never travels to any part of the body. The uterus has a thick muscular wall and opens only into the vagina through the cervix. Show her a picture of the uterus. It is only placed inside the uterus by the physician or a midwife and can only be taken out by them. If it does come out by itself, it usually comes out through the vagina. |
| IUDs cause infection. | This is not true. The procedure of inserting an IUD is very sterile. The process can only be done by trained medical personnel who observe proper aseptic (absence of any infectious organism) technique. The IUD does not cause the infection. The string of the IUD can be a carrier of the microorganism if there is an existing infection in the vagina. |
| The string of the IUD can wrap around the penis during sexual intercourse. | Show the client an actual sample of IUD. Permit the client to touch the flexible string of the IUD. Show the client how short the string will be cut after the IUD insertion. |
| A woman who gets pregnant while using an IUD will deliver with the IUD on the baby's forehead. | The fertilized egg implanted in the endometrium of the uterus will develop into a fetus. This fetus is enveloped in an amniotic sac. The IUD is outside this developing fetus thus, the IUD cannot be found on the baby's forehead during delivery. |

| Myths/ Misconceptions | Responses/Answers |
|---|---|
| DMPA Injection | |
| Absence of menstruation as a result of using DMPA is bad for the health of women. | Absence of menstruation is an expected result of using DMPA because women using DMPA do not ovulate and since the lining of the uterus does not thicken, there is nothing that will be shed off. It prevents anemia and frees women from the discomfort of monthly bleeding. |
| DMPA can cause abortion. | It does not cause abortion. DMPA inhibits ovulation, the union of egg and sperm does not take place hence, there is no abortion. |
| DMPA users will not get pregnant anymore even when they stop the injections. | Return to fertility is slow with DMPA-users because of the systemic effect of the drug. Women who have stopped using the DMPA usually get pregnant about three months after the last injection. Some women may however, take 6 to 9 months before they get pregnant. |
| DMPA can cause cancer. | DMPA has not been shown to cause cancer in humans. In fact, it has been demonstrated that it protects against ovarian and endometrial cancer. |
| CONDOMS | |
| Condoms will decrease sexual pleasure. | For some people this is true. However, this does not have to be the case. After all, the condom does not have to be applied until after the couple is already aroused. Also sometimes, just knowing that you cannot get pregnant or become infected with an STD makes sex more enjoyable. |
| Some condoms cannot fit. | "One size fits all." Condoms can fit any size of penis as long as it is correctly used. |
| Condoms have holes where the sperm and microorganisms can pass through. | Every condom manufactured is tested electronically for holes and weak spots before it is released for sale. |

REFERENCE MATERIAL FOR PARTICIPANTS

MGA KADALASANG KATANUNGAN TUNGKOL SA MGA PAMAMARAAN NG PAGPLANO NG PAMILYA

HUMAN FERTILITY

| MGA TANONG | MGA KASAGUTAN |
|--|--|
| Maaari bang magbuntis ang isang babae kahit siya ay may regla? | Oo. Ang isang babae ay maaaring magbuntis kahit siya ay may regla. May mga babae na naglalabas ng itlog mula sa obaryo sa panahon ng kanyang pagreregla. |
| Paano nagkakaroon ng anak na kambal? | Ang pagkakaroon ng anak na kambal ay nagaganap sa pamamagitan ng: <ul style="list-style-type: none">• Pagsasama ng dalawang itlog at dalawang punlay na nagbibigay daan sa pagkabuo ng dalawang sanggol.• Pagsasama ng isang itlog at isang punlay na nagbibigay daan sa pagkabuo ng dalawang sanggol na naganap sa panahon ng paghahati-hati ng nagsanib na itlog at punlay. |
| Ano ang bumubuo sa regla? | Ang regla ay binubuo ng dugo at ng kumapal na sapin ng matris na dumadaloy kapag walang naganap na pagsasanib ng itlog ng babae at punlay ng lalaki. |
| Ilang punlay ang kailangan upang maganap ang pagbubuntis? | Isang punlay at isang itlog lamang ang kailangan upang maganap ang pagbubuntis. |
| Gaano katagal ang buhay ng itlog at ng punlay? | Ang buhay ng itlog ng isang babae ay maaaring tumagal ng 1 araw samantalang ang punlay ng lalaki ay maaaring tumagal ng 3 araw. |
| Maaari bang maglabas ng 2 itlog mula sa dalawang obaryo ang isang babae? | Oo. Maaaring maglabas ng 2 itlog mula sa dalawang obaryo ang isang babae. |

| MGA TANONG | MGA KASAGUTAN |
|---|--|
| Ano ang menopause at anong edad nag sisimula ang menopause? | Ang menopause ay ang permanenteng pagtigil ng regla ng isang babae. Ito ay nagsisimula sa pagitan ng 45 – 55 taong gulang. Sa panahon bago dumating ang menopause karaniwang nakakaranas ang isang babae ng pagbabago sa regla, pag-iinit ng mukha at pagbabago sa pakiramdam. |
| Maaari bang makipag-sex ang isang babae kahit may regla? | Maaaring makipag-sex ang isang babaeng may regla. Ngunit maaari pa ring magbuntis ang isang babae kung magse-sex ng may regla. |
| Bakit may mga sanggol na ipinapanganak na may kapansanan sa katawan? | Ang pagkakaroon ng kapansanan sa katawan ng isang sanggol nang ipanganak ito ay maaaring dulot ng pagkakaroon ng impeksyon ng ina sa panahon ng pagbubuntis o ang pag-inom ng gamot na hindi pwedeng inumin ng isang babaeng buntis. |
| Anu-ano ang mga bagay na maaaring makaapekto sa tagal at dami ng regla? | <p>Ang mga sumusunod ay maaaring makaapekto sa regla:</p> <ul style="list-style-type: none"> • Di sapat na nutrisyon • Sobrang katabaan • Sobrang baba ng timbang • Kapaguran o Pagod • Sakit ng damdamin • Hormonal • Paglalakbay • Sakit sa matris at obaryo |
| Ano ang karaniwang dami ng regla? | Ang mga ito ang maaaring dahilan kung bakit humahaba o umiigsi at dumadami o kumokonti ang regla. |
| Ano ang karaniwang dami ng regla? | Magkakaiba ang dami ng regla ng bawat babae. Ang karaniwang dami ng regla ay 75 ml. o limang kutsara. |
| Ano ang nangyayari sa itlog kung hindi makatagpo ng punlay? | Ang itlog na hindi nakatagpo ng punlay ay nalulusaw at tuluyang sumasama sa katas ng katawan. Sa mga babaeng nagpatali o ligated na, ang itlog na lumabas sa obaryo ay kusang nalulusaw at sumasama sa katas ng katawan. |

BILATERAL TUBAL LIGATION

| MGA TANONG | MGA KASAGUTAN |
|---|--|
| Nakababawas ba ng hilig sa pakikipagtalik ang pagpapatali? | Hindi. Walang katibayan na ang pagpapatali ay nakababawas ng hilig sa pakikipag-sex. |
| Nagiging mahilig ba sa pakikipag-sex ang isang babaeng nagpatali? | Hindi. Ang pagpapatali ay walang kinalaman sa pagiging mahilig ng isang babae sa pakikipag-sex. Ang babaeng nagpatali ay walang pangamba na magbuntis. |
| Ang pagpapatali ba ay maaaring maging dahilan ng pagkakaroon ng maraming sexual partners ang isang babae? | Hindi. Ang pagkakaroon ng maraming sexual partners ay desisyon ng isang tao at wala itong kinalaman sa pagpapatali. |
| Maaari bang gumawa ng mabibigat na gawain ang isang babaeng nagpatali? | Oo. Sa sandaling gumaling ang sugat maaari na niyang ipagpatuloy ang mga bagay na dati niyang ginagawa. |
| Maaari pa bang maglabas ng itlog mula sa obaryo ang isang babaeng nagpatali na? | Oo. Ang isang babaeng nagpatali na ay maaari pa ring maglabas ng itlog mula sa obaryo. Ito ay nalulusaw at sumasamang muli sa katas ng katawan. |
| Maaari pa bang pagdugtungin ang anurang-itlog kung ito ay pinutol na? | Maaari, subalit ito ay mahirap gawin. Kadalasan, hindi nagiging matagumpay ang operasyon at nagiging dahilan pa ng pagbubuntis sa labas ng matris. |
| Nagkakaroon pa ba ng regla ang isang babaeng nagpatali? | Oo. Ang isang babaeng nagpatali na ay maaari pa ring magregla. Ang sanhi ng pagreregla ay dahil sa iba't-ibang pangyayaring nagaganap sa kanyang obaryo at matris buwan-buwan. |

| MGA TANONG | MGA KASAGUTAN |
|--|--|
| <p>May kinalaman ba ang pagpapatali sa pagtaba o pagpayat ng isang babae?</p> | <p>Walang katibayan na ang pagpapatali ay may kinalaman sa pagtaba o pagpayat ng isang babae.</p> |
| <p>Maaari pa rin bang magbuntis ang isang babae kung siya ay nagpatali na?</p> | <p>Ang pagpapatali ay isang mabisang paraan upang maiwasan ang pagbubuntis. Ngunit may mga bihirang pagkakataon na maaaring magbuntis ang isang babaing nagpatali tulad ng pagtatali lamang at hindi pagputol ng tubong daanan ng itlog o anurang itlog, pagkakaroon ng pagkakamali sa operasyon at ang paglabas ng itlog sa obaryo bago pa man isagawa ang pagpapatali.</p> |
| <p>Nakapagpapahina ba ng katawan ng isang babae ang pagpapatali?</p> | <p>Hindi. Walang kinalaman ang pagpapatali sa panghihina ng katawan ng isang babae.</p> <p>Hindi nakakasama sa kalusugan ng isang babae ang pagpapatali.</p> |

CONDOM

| MGA TANONG | MGA KASAGUTAN |
|--|---|
| Nagbibigay ba ang condom ng 100% proteksyon upang maiwasang magbuntis at magkaroon sa STD at HIV/AIDS? | Ang proteksyong ibinibigay ng kondom upang maiwasang magbuntis at magkaroon ng STD at HIV/AIDS ay depende sa tama at palagiang paggamit nito. |
| Nababawasan ba ang kasiyahan sa pakikipagtalik kapag gumagamit ng kondom? | Ito ay totoo sa ibang mga lalaki pero hindi sa lahat. May mga bagay na maaaring gawin upang maging kasiyasiya ang paggamit ng kondom. |
| Ang kondom ba ay sukat sa lahat ng ari ng lalaki? | Oo. Ang kondom ay maaari sa lahat. Ito ay sukat sa kahit anong laki o haba ng ari. |
| Ang kondom ba ay maaaring maging sanhi ng pangangati ng ari? | Maaari ngunit bihira lamang itong maranasan. Ito ay nararanasan kung ang gumagamit nito ay sensitibo sa goma. Subalit maaaring ang pangangati ng ari ay sintomas ng impeksyon at hindi dahil sa kondom. |
| Ang paggamit ba ng kondom ay maaaring maging dahilan ng pagkawala ng tiwala sa partner? | Ang paggamit ng kondom ay kailangang pinag-uusapan at pinagkakasunduan ng magpartner upang hindi maging dahilan ng pagkawala ng tiwala sa isa't isa. |
| Maaari bang gamitin muli ang kondom na nagamit na? | Hindi. Ang kondom ay maaari lamang gamitin ng isang beses. |
| Madali bang mabutas ang kondom? | Hindi. Maaari lamang mabutas ang kondom kung hindi tama ang paggamit nito. |

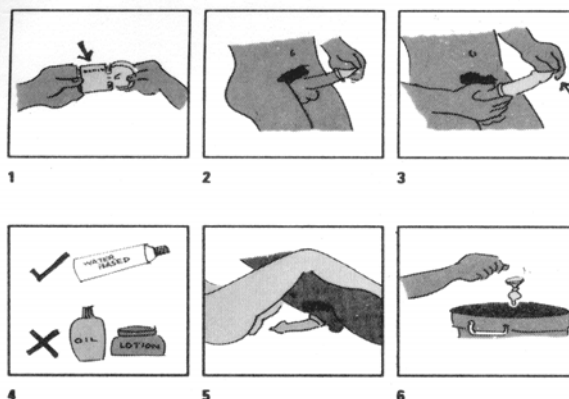
| MGA TANONG | MGA KASAGUTAN |
|---|--|
| <p>Nagbibigay ba ng proteksyon sa pagbubuntis at sa pagkakaroon ng STD at HIV/AIDS?</p> | <p>Oo. Tanging ang kondom lamang ang paraan sa pagpapalano ng pamilya na sabay na nagbibigay ng proteksyon sa pagbubuntis at proteksyon sa pagkakaroon ng STD at HIV/AIDS.</p> |
| <p>Anu-ano ang mga pampadulas na maaaring gamitin kapag gumagamit ng kondom?</p> | <p>Ito lamang ang maaaring gamitin bilang pampadulas:</p> <ul style="list-style-type: none"> • Tubig • Laway • KY jelly • Glycerine • Puti ng itlog <p>Ang mga nakasulat na pampadulas ay hindi nakakasira sa <i>latex rubber</i> ng condom.</p> <p>Hindi maaaring gamiting pampadulas ang oil, lotion at iba pang likidong may langis.</p> |
| <p>May maliliit na butas ba ang kondom?</p> | <p>Walang butas ang kondom. Maaaring magkabutas lamang ito kung hindi tama ang paggamit.</p> |

MGA TANONG

Paano ang tamang paggamit ng condom?

MGA KASAGUTAN

Ang tamang paraan ng paggamit ng condom



1. Siguraduhing hindi expired ang condom.
2. Pisilin ang dulo ng condom para mawala ang hangin. Huwag hatakin ang condom bago gamitin.
3. Katulad ng pagsuot ng medyas, isuot sa matigas na ari papasok mula ulo hanggang sa puno ng ari.
4. Gumamit lamang ng water-based lubricants. Pwede ang laway. HUWAG gumamit ng oil o lotion.
5. Pagkatapos ng sex, habang nilalabas o wini-withdraw ang ari, ingatang hindi mapupunit o matatanggal ang condom.
6. Dahan-dahang hubarin ang condom at itapon sa tamang lugar.

DMPA

| MGA TANONG | MGA KASAGUTAN |
|---|---|
| Anu-ano ang mga karaniwang <i>side effect</i> sa paggamit ng Depo? | <p>Ang mga karaniwang <i>side effect</i> ng paggamit ng Depo ay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Pagkawala/pagtigil ng regla • Pagbabago sa regla/spotting • Pagtaas ng timbang <p>Ang mga <i>side effect</i> na ito ay karaniwan at hindi nakasasama sa katawan.</p> |
| Makakasama ba sa katawan ang hindi pagreregla ng isang babaeng gumagamit ng Depo? | Hindi. Ang pagkawala ng regla ay maaaring makabuti sa ibang mga babae. Nakatutulong ito na maiwasan ang <i>anemia</i> . Hindi ito maaaring maging sanhi ng pagkakaroon ng bukol o tumor sa matris ng isang babae. |
| Maaari bang gamitin ang Depo ng isang nagpapasusong ina? | Ang Depo ay maaaring gamitin ng isang nagpapasusong ina kung ang sanggol ay may edad na 6 na linggo pataas. Walang epekto ang Depo sa gatas ng ina. |
| Maaari bang maging sanhi ng pagtaas ng presyon ng dugo ang Depo? | Hindi. Walang katibayan na ang Depo ay maaaring maging sanhi ng pagtaas ng presyon ng dugo. |
| Maaari bang gamitin ng isang babaeng may goiter ang Depo? | Oo. Ang Depo ay hindi nakakasama sa taong may goiter. |
| Gaano kadalas ang Ibinibigay ang injection ng Depo? | Ang epekto ng Depo ay tumatagal hanggang 3 buwan. Ang injection ng Depo ay ibinibigay tuwing ika-3 buwan. Sa unang buwan ng paggamit kinakailangang gumamit ng back-up method tulad ng kondom upang makatiyak na hindi magbubuntis. |

| MGA TANONG | MGA KASAGUTAN |
|--|---|
| Maaari bang maging sanhi ng kanser ang Depo? | Hindi. Walang katibayan na ang Depo ay maaaring maging sanhi ng kanser. Sa katunayan, ito ay nakatutulong upang maiwasan ang kanser sa obaryo at sapin ng matris. |
| Maaari bang maging sanhi ng abortion ang Depo? | Hindi. Walang katibayan na maaaring magdulot ito ng masamang epekto sa sanggol na nasa sinapupunan. |

INTRAUTERINE DEVICE (IUD)

| MGA TANONG | MGA KASAGUTAN |
|---|---|
| Maaari bang mapunta o maglakbay ang IUD mula sa matris patungo sa ibang bahagi ng katawan? | Hindi. Ang IUD ay inilalagay at nananatili sa loob ng matris. Hindi ito maaaring maglakbay o magpunta sa ibang bahagi ng katawan |
| Gaano katagal ang epekto ng IUD? | Ang epekto ng IUD ay maaaring tumagal ng hanggang 10 taon. |
| Kailan ang tamang panahon ng paglalagay ng IUD? | Mas madaling ilagay ang IUD sa panahon ng pagreregla dahil nakabukas ang kwelyo ng matris. Ngunit maaari itong ilagay anumang araw basta siguradong hindi buntis ang babae. |
| Ano ang gamit ng tali o string ng IUD? | Ang tali o string ng IUD ay ginagamit na pansuri rito. Ang pagsuri ng IUD ay maaaring gawin minsan sa isang buwan. |
| Maaari bang magbuhat ng mabibigat na bagay ang isang babaeng may IUD? | Maaari. Ang IUD ay hindi malalaglag o mahuhulog sa pagbubuhat ng mabigat. |
| Ang babae bang gumagamit ng IUD ay pumapayat o nababawasan ng timbang kung matagal nang gumagamit nito? | Hindi. Walang katibayan na ang paggamit ng IUD ay nakakapayat o nakapapagpababa ng timbang. |
| Maari bang maging dahilan ng masakit na pakikipagtalik ang IUD? | Hindi. Ang masakit na pakikipagtalik ay maaaring senyales ng impeksyon at hindi dahil sa IUD. |
| Maaari bang magdulot ng impeksyon ang IUD? | Hindi. Ang paglalagay ng IUD ay isinasagwa sa malinis na pamamaraan. Ang impeksyon sa pwerta ay hindi dulot ng IUD. |

| MGA TANONG | MGA KASAGUTAN |
|--|---|
| <p>Ang sinulid ba ng IUD ay maaaring umikot sa ari ng lalaki habang nagtatalik?</p> | <p>Hindi. Ang sinulid ng IUD ay lumalambot kapag nababasa ng katas ng babae. Maigsi lamang ang sinulid ng IUD na nakalabas sa kwelyo ng matris.</p> |
| <p>Maaari bang magkaroon ng IUD sa ulo ang sanggol kung ang babae ay nagbuntis habang may IUD?</p> | <p>Hindi. Ang sanggol na nasa sinapupunan ay nababalot ng inunan at ang IUD ay nasa labas nito.</p> |

LACTATIONAL AMENORRHEA METHOD (LAM)

| MGA TANONG | MGA KASAGUTAN |
|---|--|
| Paano napipigilan ng paggamit ng LAM ang pagbubuntis? | Kung tuloy-tuloy ang pagpapasuso ng sanggol, ito ay nakapipigil sa paghinog at paglabas ng itlog sa obaryo. Kung walang paglabas ng itlog, ang pagbubuntis ay hindi magaganap. |
| Anu-ano ang 3 mahahalagang bagay na kailangang matugunan sa paggamit ng LAM upang ito ay maging mabisa? | <p>Ang 3 mahahalagang bagay na kailangang matugunan sa paggamit ng LAM ay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Madalas na nagpapasuso araw at gabi • Hindi pa nagreregla • Ang sanggol ay anim na buwang gulang o pababa |
| Maaari pa bang gamitin ang LAM kung ang isang babae ay nagkaroon na ng regla? | Hindi. Sa paggamit ng LAM, kinakailangang ang babaeng kapapanganak pa lang ay hindi pa nagreregla. |

NATURAL FAMILY PLANNING

| MGA TANONG | MGA KASAGUTAN |
|--|--|
| Anu-ano ba ang mga makabagong pamamaraan sa pagpapalano ng pamilya na natural? | <p>Ang mga makabagong pamamaraan sa pagpapalano ng pamilya na natural ay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Pagkuha ng temperatura • Pag-observerba sa katas na nanggagaling sa pwerta • Pag-observerba sa temperatura, katas na nanggagaling sa puwerta at sa mga nararamdaman ng isang babae |
| Ang pamamaraan bang calendar o rhythm at withdrawal ay makabagong pamamaraan sa pagpapalano ng pamilya na natural? | Hindi. Ang calendar o rhythm ay tradisyonal na pamamaraan sa pagpapalano ng pamilya. Ang withdrawal at rhythm ay hindi mabisang pamamaraan sa pagpapalano ng pamilya. Malaki ang posibilidad na magbuntis kung ang mga pamamaraang ito ang gagamitin. |
| Ano ang temperatura ng isang babae na kung saan siya ay maaaring magbuntis o fertile? | Bawat babae ay may sariling temperatura. Sa panahon ng paglabas ng itlog mula sa obaryo, ang temperatura ay bahagyang tumataas. Ngunit maraming bagay ang maaaring makaapekto sa pagtaas ng temperatura tulad ng pagkakaroon ng lagnat. |

PILLS

| MGA TANONG | MGA KASAGUTAN |
|--|---|
| Kinakailangan bang huminto ang isang babae sa pag-inom ng pills kung matagal na siyang gumagamit nito? | Hindi. Walang katibayan na nagsasabing ang tuloy-tuloy na paggamit ng pills ay mayroong masamang epekto sa katawan. |
| Maaari bang maging sanhi ng kanser ang pag-inom ng pills? | Hindi. Walang katibayan na ang paggamit ng pills ay maaaring maging sanhi ng kanser. Sa katunayan, ito ay nakapipigil sa pagkakaroon ng kanser sa obaryo at sa sapin ng matris. |
| Naiipon ba sa loob ng katawan lalo na sa matris at nagiging bato ang pills? | Ang pills ay nalulusaw sa loob ng katawan. Inilalabas ito sa ihi sa loob ng 24 oras matapos itong inumin. |
| Maaari bang gumamit ng pills ang babaeng may varicose veins? | Ang pills ay maaaring gamitin ng isang babaeng may varicose veins. Ang pagkakaroon ng varicose veins ay hindi maaaring dahilan upang hindi gumamit ng pills ang isang babae. |
| Anu-ano ang mga karaniwang <i>side effect</i> o mga bagay na maaaring maranasan sa paggamit ng pills? | <p>Ang mga <i>side effect</i> o mga bagay na karaniwang nararanasan sa paggamit ng pills ay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Spotting • Pagduduwal • Pananakit ng ulo • Depresyon o Kalungkutan • Pagtaas ng timbang • Pananakit ng suso • Pagkawala ng hilig sa sex • Tagihawat |

| MGA TANONG | MGA KASAGUTAN |
|--|--|
| | <p>Karaniwan, ang mga ito ay nababawasan o nawawala sa loob ng 3 buwan pagkatapos simulan ang paggamit nito. Maraming mga kababaihan ang hindi nararanasan ang mga side <i>effect</i> na ito.</p> |
| <p>Ang pills ba ay maaaring maging dahilan ng pagkakaroon ng mataas na presyon ng dugo o alta-presyon?</p> | <p>Hindi. Ang pills ay hindi maaaring maging dahilan ng pagkakaroon ng mataas na presyon ng dugo o alta-presyon.</p> |
| <p>Ano ang epekto ng pills sa gatas ng ina?</p> | <p>Ang gatas ng ina ay kumokonti o nababawasan ang dami sa paggamit ng pills.</p> |
| <p>Maaari bang gamitin ang pills kung nagpapasusong ina?</p> | <p>Maaaring inumin ang pills ng isang inang nagpapasuso ng sanggol na may gulang na 6 na buwan pataas.</p> |
| <p>Ano ang dapat gawin kung sakaling nakalimutang uminom ng 1 pill?</p> | <p>Kung nakalimutang uminom ng pill sa 1 araw: <i>Uminom kaagad ng 1 pill sa Panahon na maalala at inumin ang mga natitirang pills ayon sa nakasanayan na.</i></p> |
| <p>Ano ang dapat gawin kung sakaling nakalimutang uminom ng 2 pills sa magkasunod na araw?</p> | <p>Kung nakalimutang uminom ng pills sa loob ng 2 araw na magkasunod: <i>Uminom kaagad ng 2 pills sa oras na maalala at uminom muli ng 2 pang pills sa susunod na araw. Inumin ang natitirang pills sa pakete ayon sa nakasanayang oras. Gumamit din ng back-up method sa loob ng 7 araw.</i></p> |

| MGA TANONG | MGA KASAGUTAN |
|--|---|
| <p>Ano ang dapat gawin kung nakalimutang uminom ng higit sa 2 pills sa magkakasunod na araw?</p> | <p>Kung nakalimutang uminom ng pills ng higit pa sa 2 araw na magkasunod:</p> <p><i>Huwag nang gamitin pa ang pakete ng pills at itapon na lamang ito. Gumamit na lang ng bagong pakete sa susunod na regla. Magsimulang uminom bago o hanggang sa ika-5 araw ng regla. Gumamit ng back-up method sa loob ng 1 buwan.</i></p> <p>Magpakonsulta sa doktor kung hindi bumalik ang regla pagkaraan ng 4-6 na linggo.</p> |

VASECTOMY

| MGA TANONG | MGA KASAGUTAN |
|---|--|
| Ang vasectomy ba ay nakababawas ng hilig sa pakikipagtalik? | Hindi. Walang ebidensiya na ang vasectomy ay maaaring makabawas sa hilig sa pakikipagtalik |
| Maaari pa rin bang labasan ng tamod ang isang lalaking nagpa-vasectomy? | Ang vasectomy ay walang epekto sa kakayahan ng isang lalaki na tigas sa labasan ng tamod. Ang isang lalaki na nagpa-vasectomy ay maaari pa ring tigas sa labasan ng tamod. |
| Pagkatapos magpa-vasectomy, kailan magiging ligtas na makabuntis kung makikipag-sex? | Upang hindi makabuntis ang isang lalaking nagpa-vasectomy, kinakailangang gumamit ng back up method, tulad ng kondom, sa unang 20 beses na paglabas ng tamod sa lalaki (ejaculations) o sa unang 3 buwan pagkatapos magpa-vasectomy, alinman ang mauna. Ngunit upang higit na makaseguro, ipasuri ang tamod kung mayroon pa itong semilya. |
| Maaari bang gumawa ng mabibigat na gawain katulad ng pagbubuhay pagkatapos na magpa-vasectomy? | Oo. Sa sandaling gumaling na ang sugat, maaari nang gawin ang mga bagay na dating ginagawa. |
| Ang vasectomy ba ay maaaring maging dahilan ng pagiging bakla ng isang lalaki? | Hindi. Walang kiinalaman ang vasectomy sa pagiging bakla ng isang lalaki o sa pagpili ng magiging partner ng isang lalaki. |
| Tinatanggal ba ang itlog o bayag ng isang lalaki kapag nagpa-vasectomy? | Hindi. Ang anurang-punlay o <i>vas deferens</i> , ang bahaging tinatali at pinuputol kapag nagpa-vasectomy. |
| Maaari pa bang pagdugtong ang pinutol na tubo o anurang-punlay ng isang lalaking nagpa-vasectomy? | Maaari, ngunit ito ay mahirap gawin. Kadalasan ay hindi nagiging matagumpay ang operasyon. Kung mapagdugtong man, nahihirapan na ring makadaloy ang punlay. |

AT IBA PANG MGA KATANUNGAN

(pap smear, douching, atbp.)

| MGA TANONG | MGA KASAGUTAN |
|---|--|
| Ang pap smear ba ay ang paglilinis ng puwerta? | Hindi. Ang pap smear ay isang paraan upang malaman nang maaga kung may kanser sa kwelyo ng matris. Kumukuha ng sample sa kwelyo ng matris upang malaman kung may abnormal na pagbabago rito. |
| Kinakailangan ba ng isang babaeng gumagamit ng pamamaraan sa pagplano ng pamilya ang magpa-pap smear? | Iminumungkahi na magpa-pap smear ang isang babae isang beses sa isang taon, gumagamit man siya o hindi ng pamamaraan sa pagplano ng pamilya. |
| Ang douching ba ay isang paraan sa pagplano ng pamilya? | Hindi. Ang douching ay ang paggamit ng kemikal sa paglilinis ng puwerta. Maaaring magbuntis ang isang babae kahit siya ay mag-douche pagkatapos makipag-sex. Hindi ipinapayo ang pag-douche dahil ito ay nagdudulot ng masamang epekto sa puwerta tulad ng pagkakaroon ng impeksyon. |

Session 5: Sexually Transmitted Disease (STD)

Purpose: To demonstrate how STD is spread and review ways to avoid infection

Time: 60 minutes

Preparation:

1. Have available a cassette player or a radio so you can play some popular dance music. You should use a type of dance music that requires participants to dance as couples.
2. Make face-masks of different colors that will be worn by the participants. The number of masks should be the same as the number of participants. The colors of the masks could be white or plain bond paper, blue and red. The red mask could represent an individual with HIV infection, the blue mask could represent an individual with gonorrhea and the white/plain bond paper could represent uninfected individuals. Complete the number needed so every participant will have a mask by adding HIV and gonorrhea masks. For a group of 16 participants, for example, you should have 10 'uninfected masks', 2 'HIV masks' and 4 'gonorrhea masks'. Have three colors of the masks: white or plain bond paper, red and blue. See figure of face-masks in the 'Training Aids'. Do not label any of the masks. Participants should not know until the end of the exercise what the different colors of the masks mean.
3. Also prepare several cut-outs of different geometric shapes of colored paper. Use the same colors as the face-masks. If you have the colors red, white and blue for the masks, then be sure that your cut-outs should only have those same colors. Place these in a box. These cut-outs will be pinned or taped to the shirts of the participants during the conduct of the activity.
4. Arrange the training room so there is space for the participants to dance.

Training Aids:

Materials needed:

- manila papers
- scissors
- marker pens
- adhesive tape or masking tape
- colored (red, blue)/bond papers
- rubber band

Reference needed:

- Notes on 'Sexually Transmitted Disease'

Reference Materials for Participants:

- Handouts on 'Sexually Transmitted Disease'

| STEPS | TRAINER'S NOTES |
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| <p>Session 5: Sexually Transmitted Disease</p> <ol style="list-style-type: none"> 1. Introduce the exercise. 2. Instruct the participants to choose a face-mask from the facilitator and wear it. 3. Tell the participants that when they first choose a partner for the dance, and every time they change partners, they should check the color of their partner's face-mask. If the partner has a plain or white mask, they don't need to do anything. However, if their partner has a colored mask, they should get a geometric cut-out of the same color from the box and pin or tape it on their own shirts. In other words, by the end of the dance some people might be wearing several colored cut-outs. | <ul style="list-style-type: none"> • Emphasize that the activity that the participants are about to do is only a game. The details of the activity do not represent life-events of any participant or other members of the community. • Explain also to the participants that they are going to a dance party where they hope to meet new people. Participants who will be in the dance party will not represent themselves but assume a different personality or character by wearing the mask they choose. Every dancer will be wearing a mask throughout the activity. Some of the masks are plain paper or white and other masks are colored. During the dance, you will be asking couples to change partners once in a while so they can meet new people. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 5: Sexually Transmitted Disease</p> <p>9. Finally, ask the dancers who picked up colored cut outs during the dance how they could have avoided infection.</p> <p>10. After this, ask them to remove the mask. Proceed to the next step of this activity.</p> <p>11. Have participants create a chain of infection. Ask for volunteers to represent a married couple. Have them stand side by side in front of the group. Tell the group that the husband, Pedro, also has a mistress. Ask a female volunteer to come forward and stand behind Pedro. Pedro also had casual sex with a woman he met at a party 6 months ago. Have a second woman come forward and stand behind Pedro.</p> <p>12. Continue by explaining that his wife, Nidia, had sex with a boyfriend before she met Pedro and fell in love with him. Ask a volunteer to stand behind Nidia and represent her former boyfriend.</p> <p>13. Ask a volunteer to build the chain by naming another person who might have had sex with any of the people standing in front of the group. Have another volunteer add another partner.</p> | <p>Summarize that we can avoid sexually-transmitted diseases by:</p> <ul style="list-style-type: none"> • 'not dancing'- (abstain/not have sex); • 'dancing with only one uninfected partner who did not dance with anyone else'- (having sex only with a partner who has no other partner); and • always use condoms <p>• It is also good for the facilitator to provide meta-cards with the printed names of the fictional character. These will be pasted on the shirts of the volunteer-participants.</p> |

| STEPS | TRAINER'S NOTES |
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| <p>Session 5: Sexually Transmitted Disease</p> <p>14. Summarize the entire exercise.</p> | <ul style="list-style-type: none"> Summarize by explaining that when we have sex with a person, it is as though we are having sex with every other partner of that person, either current or past. If the partner had STD during the time of sex and was left untreated the infection will eventually be passed from one person to another. This is what we call a chain of infection. It will only be prevented if sexually active individuals or couples protect themselves. Ask participants to summarize how they can protect themselves from infection. Emphasize the following: <p>The ABCDs for the prevention of the sexual transmission of STDs/HIV/AIDS are:</p> <ul style="list-style-type: none"> A: abstinence, do not engage in sex B: be faithful, do not have sex outside a mutually monogamous relationship C: condoms, use condoms correctly and consistently D: do not abuse prohibited 'drugs' or alcoholic beverages <p>Remember: Emphasize also that contraceptives, except condom, do not prevent or protect against STD transmission. Contraceptives also do not provide treatment or cure for existing STD infection. It is only condoms that both provide protection against this infection and against unwanted/unplanned pregnancy.</p> <p>Remind the participants that as CPEs, they should refer clients to any health service providers with signs and symptoms of STDs.</p> |

| STEPS | TRAINER'S NOTES |
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| <p>Session 5: Sexually Transmitted Disease</p> <p>15. Proceed with the short discussion-lecture on STDs.</p> | <ul style="list-style-type: none"> • Refer to the 'Training Aids' for additional input. • Emphasize that the topic to be discussed is sensitive but factual. The information to be presented should not be seen or understood in a malicious way. |

Notes on 'Sexually Transmitted Diseases':

What are STDs?

Sexually transmitted diseases (STDs):

- Are caused by different micro-organisms
- Can be caused by virus, bacteria, protozoan or parasite
- Could occur as a solitary or multiple infection in an individual
- Usually passed from one person to another through sexual contact, either through anal, vaginal or oral sex; can also be transmitted through transfusion of infected blood, sharing of contaminated needles and other skin piercing instruments, and from an infected mother to her unborn baby
- Can affect certain parts of the body such as the reproductive organs, mouth, anus, throat, eyes or may affect the whole body
- Some STDs can be cured. Some can only be treated. If not treated, some STDs can cause serious health problems or complications such as infertility, blindness, problems during pregnancy, paralysis and even death.

How are STDs transmitted?

They can be transmitted through the following:

- unprotected sexual intercourse with a casual partner or multiple partners
- contact with blood and blood products
- mother to infant
- close contact

The different microorganisms responsible for STDs can be transmitted through the exchange of body fluids such as semen, vaginal secretions, secretions from infected/open sores and through blood. This could happen, as enumerated earlier, through unprotected sexual intercourse; through contact and transfer of infected blood and blood products such as in needle prick injuries or blood transfusion; and through transfer of blood from mother to infant while still in the uterus or through the ingestion of the infant with infected breastmilk.

Close personal contact or sharing of wearing apparels can also be a cause of transfer for other infestations such as scabies or pubic lice.

What are the causative agents of STDs?

Bacteria: Neisseria gonorrhea (causes gonorrhea or 'tulo')
Chlamydia trachomatis
Treponema pallidum (causes syphilis)
Virus: Human Immunodeficiency Virus (HIV)
Herpes simplex Virus (causes genital herpes)
Hepatitis B Virus (HBV)
Human Papilloma Virus (causes genital warts)
Protozoa: Trichomonas vaginalis (trichomoniasis)
Fungus: Candida albicans (fungal infection)
Parasites: Phthirus pubis (pubic lice), Sarcoptes scabiei (scabies)

What are the factors that influence the transmission of STDs?

- Multiple sexual partners
- Sex with casual partners
- Safer sex measures are not followed
- Delay in treatment of STD
- Sex partners are not treated
- Poor treatment compliance

Who can be infected with STDs?

- Anyone who practices unsafe sexual behaviors or activities (such as having unprotected sexual intercourse with casual partners or having unprotected sex with multiple partners)

What are the usual signs and symptoms of STDs?

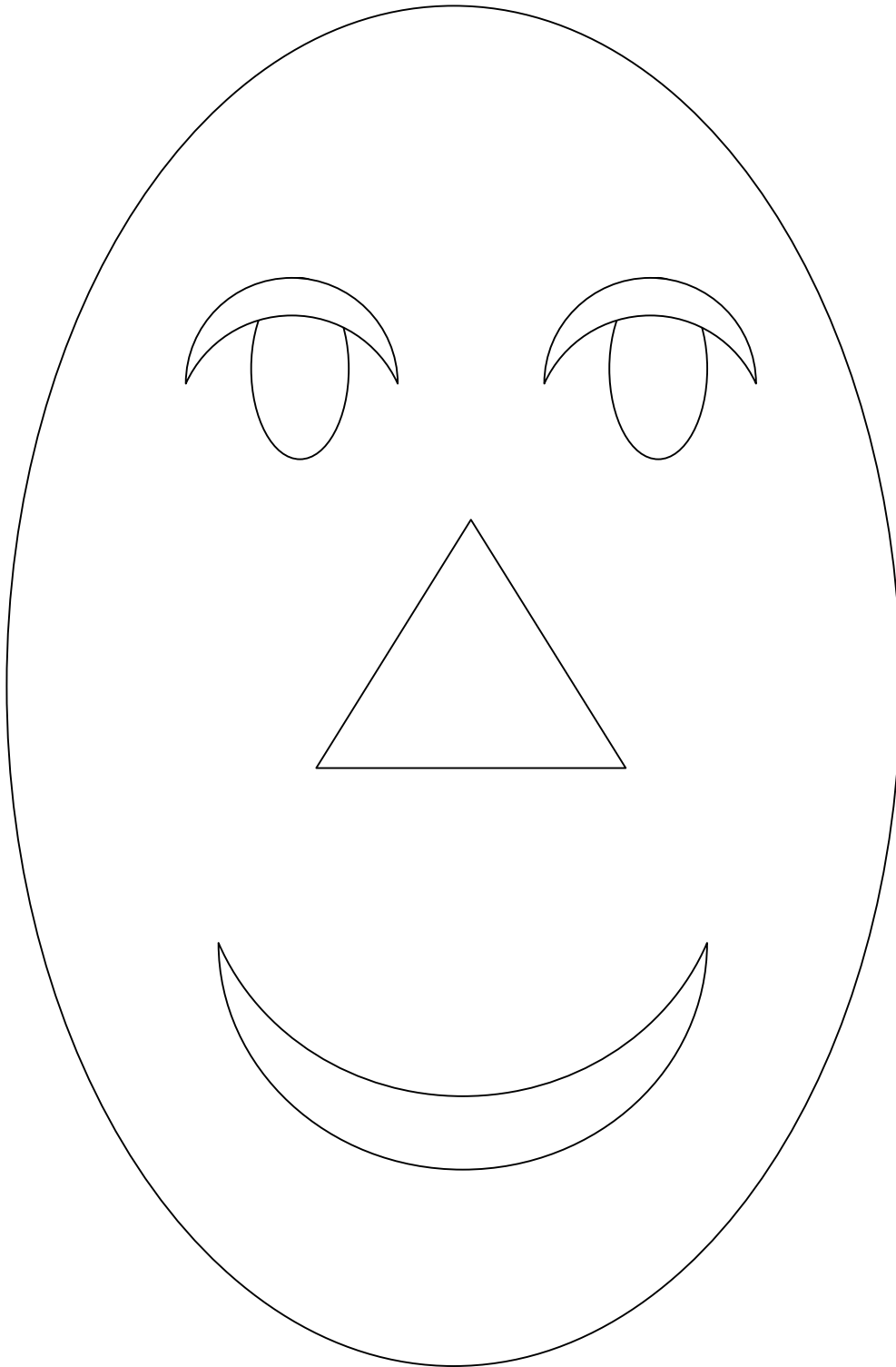
- Unusual vaginal or urethral discharge
- Genital lesions such as painful blisters, cauliflower-like growth
- Genital ulcers
- Lower abdominal pain
- Scrotal pain and swelling
- Painful urination
- Genital itchiness

What are the complications of STDs?

STDs if left untreated or undetected despite the presence of sexual risk, can lead to serious complications and health problems, such as:

- Untreated gonorrhea and chlamydial infection can lead to Pelvic Inflammatory Disease which can cause infertility, ectopic pregnancy or infection of the eyes or lungs of the newborn
- Syphilis can spread through the placenta of a pregnant mother and could cause spontaneous abortion or death of the infant.
- Venereal warts can lead to cervical cancer after 5-30 years after initial infection

SAMPLE MASK



MODULE IV: PROMOTING FAMILY PLANNING THROUGH PEER EDUCATION WORK

Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning

Purpose: To provide the participants with the necessary information and skills in the conduct of interpersonal communication in promoting modern contraceptives available in their community

Time:

Topic 1: 60 minutes
Topic 2: 40 minutes
Topic 3: 60 minutes

Preparation:

Topic 1:

- Have on hand samples or illustrations of all the contraceptive methods offered by your agency or the health institutions in your community.

Topic 2 and 3:

- Prepare lecture materials or training aids showing the itemized points of the topic. These lecture points could be placed on manila paper with prints discernible 20 feet away.

Topics Covered:

Topic 1: Exercise: 'The Right Information'
Topic 2: Exercise and Discussion: Opinion Poll
Topic 3: Discussion-Lecture: 'Communicating Contraceptives to the Community: GATHER Guide to Counseling'

Training Aids:

Materials needed:

- | | |
|-----------------|---|
| • manila papers | • adhesive tape or masking tape |
| • bond paper | • scissors |
| • marker pens | • samples or illustrations of contraceptive commodities |

Reference needed:

- Notes on 'Interpersonal Communication for Couple Peer Educators'
- Some illustrations of modern contraceptives (refer to 'Training Aids' of Session 3, Module III)
- Notes on 'GATHER Guide To Counseling'

Reference Materials for Participants:

- Handouts on 'GATHER Guide To Counseling'

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>Topic 1: <u>'The Right Information' Exercise:</u></p> <ol style="list-style-type: none"> 1. Give an introduction regarding the exercise. 2. Ask the participants which FP methods are provided by their agency or project, and hold each one up as it is named. If any is missed, name it and hold it up. | <ul style="list-style-type: none"> • At this stage of their training, they are already familiar with certain vital information about modern contraceptives. They already have the knowledge. It is now important for CPEs to learn the skills on how to translate and share what they have learned with other couples in their community. • It is noteworthy to emphasize to CPEs that in their initial contact with a possible couple or client as a contraceptive user, one of the first things they should do is to introduce all the available contraceptives in their community and give some generalities about it. The general information could follow the questions found in this exercise, step number 3. <p>Remember: Mention that as CPEs, it will be helpful in their peer education work if they are already familiar with the types of modern contraceptives that are accessible in their community.</p> <ul style="list-style-type: none"> • Use the samples of contraceptives you have prepared. Not all of the contraceptive you have may be available and readily accessible in their community. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>3. Next, review each method, holding it up and asking:</p> <ul style="list-style-type: none"> • Which method is this? • Is it for a woman or a man? • Is it temporary or permanent? • Who can use it? (This refers to indications of use/screening questions.) <p>4. Now pick a volunteer to play the role of a person of reproductive age coming to ask for family planning for the first time. Demonstrate how to introduce all the available methods. Do the demonstration twice: once with a woman and once with a man.</p> | <ul style="list-style-type: none"> • Make sure the answer to each question is clear. Go over it again if necessary. • Ideally, the participants should be able to answer these questions since during this time of the training, they have already learned about all the modern contraceptives. • In choosing volunteers, refer to 'Grouping Techniques To Encourage Participation of Trainees'. <p>The reason for demonstrating this activity with a man and a woman in front of the CPEs/participants is for them to realize that:</p> <ul style="list-style-type: none"> • regardless of gender, all accessible modern contraceptives should be introduced in the same manner to a man or a woman as seen in the exercise. • general information about all accessible modern contraceptives, whether man-controlled or woman-controlled, should be provided initially to a couple interested in having FP. The CPEs could give initial orientation to a couple together or separately. The male PE could provide the right contraceptive information to the husband first and the female PE could also provide the same information to the wife separately. This is advantageous if the couple feels uncomfortable in asking or discussing RH issues together. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>5. Ask if there are any questions. If there are, clear them up. If none, divide the group into two's or pairs and have them practice giving information on all methods, to each other.</p> <p>6. When everyone has had the chance to practice, get the group back together and talk about the experience and the attitude of the participants. Let the participants use the guide questions in step 3.</p> | <p>Ask them:</p> <ul style="list-style-type: none"> <i>What were your experiences as the client? FP promoter?</i> <p>Possible answers:</p> <p>As the client:</p> <ul style="list-style-type: none"> I felt like a student being taught by a teacher. The FP promoter was able to give a good orientation regarding the accessible contraceptives. The FP promoter was not too clear. He/She was giving too many details. I think it would be better if a general information was given first as an introduction. The FP promoter was not relaxed in giving me the information. The FP promoter seems to be inattentive to my needs. There was no eye-contact. <p>As the FP promoter:</p> <ul style="list-style-type: none"> The client was inattentive to my instructions. The client was asking too many questions at the same time. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> | <ul style="list-style-type: none"> • The client looked like he was pleased with my information. • The client seemed to know more information. • I had difficulty since my client was a woman (or a man) • I forgot some of the vital general information about the contraceptives. • I focused on the details of the contraceptives when what was needed is just to provide a general introduction about all the contraceptives. <p>• <i>What were the attitudes observed during the interaction?</i></p> <p>Possible answers:</p> <ul style="list-style-type: none"> • The FP promoter seemed to be believable in his/her orientation about the modern contraceptives. • I was uneasy since the FP promoter is a male (or female). • The FP promoter was patient to my inquiries. • The FP promoter was careful in giving me the information. • I felt comfortable with the FP promoter. • The FP promoter had a pleasing voice, smiling face and caring attitude. • The FP promoter was very objective in giving me the information. <p>• Be sure that what is written on the manila</p> |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>7. List on the board or manila paper their answers to the questions.</p> <p>8. After all the answers have been completed, summarize briefly the activity by reading what the participants have contributed.</p> <p>9. After the brief summary of their answers: ask the participants:</p> <ul style="list-style-type: none"> • (For female participants) <i>After your training and you are now a CPE, what will you do if a man comes to you asking for condoms?</i> • (For male participants) <i>What will you do if a woman comes to you asking for contraceptive pills for the first time?</i> • (For all participants) <i>What should we do when anyone comes for the first time to ask for family planning?</i> | <p>paper is understandable, readable and legible.</p> <ul style="list-style-type: none"> • Summarize also by saying that informing and teaching general information to a man or a woman, or as a couple regarding all accessible and available modern contraceptives in their community, whether the method is woman-controlled or male-controlled, can help them make an informed decision. • It is important for the CPEs to give first a general introduction about the contraceptives, and then proceed to discussing in detail particular concerns of the partner or the couple. <p>Remember: Whatever their answers are to these questions, you should emphasize again that it is important to let couples and individuals be introduced to the general information about the available contraceptives before going into the details of each. Be guided by the questions in #3 of this exercise to describe family planning methods in a general way. Reiterate that it will help their clients make an informed choice.</p> |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>10. Make it clear that users should always be informed that there are other methods, which can be described in a general way. Someone might be asking for one method and change his or her mind. Make sure the choice is a free one.</p> <p>11. Proceed to the next topic if there are no more clarifications to make.</p> <p>Topic 2: <u>Exercise and Discussion: Opinion Poll</u></p> <ol style="list-style-type: none"> 1. Introduce the 'Opinion Poll Activity' prior to your discussion-lecture on GATHER. 2. Post on one side of the room a big sign of 'AGREE' and on the opposite side, 'DISAGREE'. | <p>Emphasize also that after the CPE has given the general information about all the accessible and available contraceptives and the partner or the couple has chosen a method, it is important for the CPE to refer the case to the CHOW, community-based distribution (CBD) outlet or another health service provider for supply of contraceptives, for in-depth counseling and other RH concerns.</p> <ul style="list-style-type: none"> • Instruct that you will read statements to the whole group. For each statement, they have to think and reflect whether they agree or disagree with it. They will express their decision by moving to the side of 'Agree' or to the side of 'Disagree'. |

| STEPS | TRAINER'S NOTES |
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| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> <p>3. Ask the participants to define the term 'interpersonal communication'. Work the group's responses into the definition at the right.</p> <p>4. Brainstorm with the participants the various reasons a CPE conducts IPC with a potential FP client. If participants do not mention all three functions written at the right, complete the list.</p> <p>5. Explain the 3 reasons. Mention their objective and description of what happens when these reasons are done by the CPEs.</p> <ul style="list-style-type: none"> • Motivation/Promotion • Education • Counseling | <p>a face-to-face, two way process of exchanging information or feelings between two or more people. This information transmitted to the receiver from the sender should be understood. The transmission of information could be in the form of speech, signs or actions.</p> <p>Reason for IPC:</p> <ul style="list-style-type: none"> • For Promotion/Motivation of FP • For Education on FP • For Counseling on FP <p><i>Motivation/Promotion:</i></p> <p><u>Objective:</u> Encourage client to seek additional information and service on FP such as contraceptive-use from a health station or health service provider.</p> <p><u>What happens:</u> As CPEs,</p> <ul style="list-style-type: none"> • they greet the client • they explain the benefits of FP • they dispel rumors • they give an overview of the FP methods • they give FP information (locations, dates, times) • provide IEC materials to take home |

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 1: Interpersonal Communication Skills Needed in Promoting Contraceptives and Educating Couples on Family Planning</p> | <p><i>Education:</i></p> <p><u>Objective:</u> Provides the specific FP information</p> <p><u>What happens:</u> As CPEs,</p> <ul style="list-style-type: none"> • greet clients • introduce FP referral center and benefits of FP • explain Reproductive Anatomy and Fertility • review the modern contraceptive methods on family planning • encourage questions • dispel rumors • provide IEC materials to take home <p><i>Counseling:</i></p> <p><u>Objective:</u> Assist the clients in making informed decision regarding contraceptive choice</p> <p>Mention that at this point you will be discussing the GATHER approach to counseling clients. (Refer to 'Training Aids') Through this, the CPEs will be able to:</p> <ul style="list-style-type: none"> • give their FP clients useful, accurate information, and help them understand what this information means to them • help their FP clients make their own choices, based on clear information and their own feelings, situation and needs • help their FP clients remember what to do • show their FP clients that they |

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Notes on 'Interpersonal Communication for Couple Peer Educators':

Interpersonal Communication (IPC): is a face to face, two-way process of exchanging information or feelings between two or more people. This information transmitted to the receiver from the sender should be understood. The transmission of information could be in the form of speech, signs or actions.

The conduct of IPC to couples or other individuals in the coastal communities by the CPEs should focus on three reasons. These reasons are:

- to **motivate/promote** couples on family planning and contraceptive use, and correct related misconceptions
- to **educate** couples on the correct information regarding available contraceptives and correct related misconceptions
- to **counsel** couples in achieving an informed choice about their contraceptive.
- The process of communication for the CPEs involves the following:

Message (example: use of contraceptives)

Sender (example: CPE)

Channel (example: ways & means of transmitting the information such through IPC, media, IEC)

Receiver (example: potential FP client – couples/individuals)

Effect (example: if an informed choice was made by the client)

Feedback (example: the information that the receiver gives back to the sender (CPE); feedback on side effects or method-use)

CPEs provide effective communication if:

The message being conveyed by the sender (CPE) is:

- Clear and concise
- Accurate
- Relevant to the needs of the Receiver (potential FP client)
- Timely to the needs of the client
- Meaningful to the needs of the client

The sender (CPE) is:

- Knowledgeable about the subject (FP or contraceptive use)
- Interested in the subject
- Knowledgeable about the client's community and in good rapport with them

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- Has interpersonal communication skills in dealing with the project.
- Speaking at the level of the client

The channel (mechanism, ways or means of communicating the message) should be:

- Appropriate (ex. Use of visual aids to convey message)
- Accessible (ex. Radio, IEC materials in remote places)
- Affordable (ex. Radio, IEC materials)
- Appealing (ex. Means of message transfer or manner of communicating is suited to the needs of the client.)

The receiver is:

- Aware, interested and willing to receive the message
- Listens attentively
- Understands the value of the message
- Provides feedback

How can Interpersonal Communication be effective in Family Planning?

One-on-one discussion with a couple or an individual on FP is most effective when the CPE:

- Makes people feel comfortable with the topic and with their presence
- Uses both verbal or non-verbal signals to demonstrate caring and encouragement to a couple or an individual
- Encourages questions and comments
- The discussion is done in a private place
- Talks at a moderate pace and appropriate volume
- Presents a message that is clear and simple
- Asks questions to make sure that the listener understands the message

What do you need to do in motivating/promoting and educating couples or other community members on Family Planning and modern contraceptive use?

When you are teaching couples or individuals from your community regarding Family Planning, you should try to:

- Alert the couple or the individual to the problem
Examples: - overpopulation of their coastal community

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- dwindling fish catch in their community caused by illegal modes of fishing and increasing population
- economic burden of supporting more children
- health risks of women with birth-spacing less than 2 years or multiple pregnancies
- Tell clients what to do about the problem; promote FP use
- Give reasons why the couple or the individual should adapt the behavior (FP user) you are promoting
- Refute rumors on FP and contraceptive use if necessary
- Give simple and clear instructions if needed
- Sometimes you may need to appeal to emotions
- Use visual aids effectively or other education tools/materials
- Give a demonstration of the method use if necessary
- Provide information for follow-up or referral for further management and evaluation
- Give couples handouts or flyers to take home

What is non-verbal communication?

- Used in interpersonal communication
- Communicating without words
- This type of communication could be done through:
 - Facial expression (example: smiling or frowning)
 - Touch
 - Tone of Voice
 - Gestures/Body movement
 - Eye contact

Tone of Voice

When working with couples, it is important to be aware of the tone of your voice. Here are some examples of emotions and the tone of voice that often go with them.

| | |
|---------|-------------------------|
| Anger | - very loud voice |
| Shy | - very soft |
| Sad | - low tone, slow |
| Happy | - high and rising voice |
| Nervous | - rapid speech, giggles |

TRAINING AIDS

The tone of voice appropriate when talking with a possible FP couple should be:

- Sympathetic
- Friendly
- Courteous
- Concerned
- Serious
- Factual

Body Language

This can make your clients enjoy talking with you or make them bored or uncomfortable.

Examples of poor body language include:

- No eye contact
- Poor posture, leaning away
- Angry or bored expression
- Constantly interrupts the client while talking

Examples of good body language:

- Shaking hands
- Smiling
- Leaning towards the client
- Listening attentively
- Making eye contact
- Avoid interrupting the client
- Nodding to show you are listening

What is verbal communication?

- It is speaking clearly and appropriately when dealing with clients.
- The words you speak must be specific and easy to understand.
- Use words or statements that the couple understands and is adapted to his/her educational level.
- In talking with couples about FP, try to:
 - Be accurate and factual with your statements.
 - Be brief and concise. Only give information that is needed by your client.

TRAINING AIDS

- Speak in a simple and clear manner. Use words that are common and familiar with the common group of listeners. Translate technical terms to layman's vocabulary.
- It is also important for CPEs to remember that they should learn to listen during communication.

Reminders on Listening:

In listening actively, we should try to **DO** the following:

1. **Show interest.** Sit comfortably. Avoid distracting movements. Look directly at the person when they speak, not at your paper/notebook or out of the window. Every now and then repeat what you have heard. Then both of you and your FP client know whether you have understood.
2. **Accept your FP clients as they are.** Treat each as an individual. Some FP clients whether couples or individuals may not speak clearly or would give vague information or data about themselves due to lack of formal education or information. Some of them may even have dissenting opinion about FP.
3. Express empathy. **Put yourself in your client's place as you listen.** It is good for CPEs to verbalize to their FP clients that they understand their situation since the CPEs themselves experienced the same things. The CPEs had their own share misconceptions and fears about contraceptive use prior to training.
4. **Single out the problem if there is one.** During peer education work, CPEs may encounter from their FP clients various problems not directly related to the practice of family planning. It is good to prioritize the problem that is related to family planning.
5. **Listen for causes of the problem.** Listen to your client carefully instead of thinking what you are going to say next.
6. Listen to **what** your FP clients say and also **how** they say it. Notice tone of voice, choice of words, facial expressions, and gestures.
7. Aid the speaker associate the problem with the cause. Some couples who have many children may see this as an advantage in alleviating their poverty since there will be additional 'help' for the couple's livelihood. They may not realize that having more children may diminish their resources even further.

TRAINING AIDS

8. Encourage your FP client that they have the competence and motivation to solve their problem.
9. Cultivate the ability to be silent when silence is needed. Give your clients time to think, ask questions, and talk. Move at the client's speed.

In listening, DO NOT do the following:

1. Argue
2. Interrupt the person speaking
3. Pass judgement in advance
4. Jump to conclusion. As CPEs, know the cause of the problem first.
5. Give advice. (see below)

Advising Without Controlling:

Your FP clients may want to make their own decision with some advice or guidance from you. Just remember the following:

- Different FP clients will want more or less advice coming from you. It depends on the client's wishes and not your wishes on how much advice you should give.
- Good advice helps FP clients make their own decisions. It should not be controlling. Your decisions should not be the decisions of your FP clients.

Counseling can also be seen as a partnership between a provider (CPE) and the client (couple living along the coastal area). The provider knows about family planning and other reproductive health care. The client knows more than anyone else about his/her own life, desires, and feeling.

For counseling to be successful between the two, they must share their facts and feelings. This is for the purpose of helping the client make a decision or solve problems about family planning or other RH concerns.

Clients carry out their decisions best. This is why good counselors do not make clients' decisions for them. Instead, they help clients make their own decisions. They could either give them medical advice or share vital FP information to assist them in their decision-making.

In good counseling, the providers and their clients often go through a series of connected and overlapping STEPS or elements. These STEPS or elements can be remembered by the letters in the word 'GATHER'.

The goal of these STEPS/elements is to contribute to the client's **informed choice**. This is a basic principle of family planning programs. An informed choice is a clients thoughtful decision based on accurate understanding of the full range of options and their possible results.

| STEPS/ ELEMENTS | ACTION OF PROVIDER(CPE) towards the CLIENT (COUPLE) |
|---|--|
| G Greet Clients | <ul style="list-style-type: none"> • Give clients your full attention as soon as you meet them. • Be polite, friendly, and respectful: greet clients, introduce yourself • Ask how you can help. • Tell the clients that you will not tell others what they say. • Explain what will happen during the visit. • Conduct counseling where no one else can hear. |
| A Ask Clients About Themselves | <ul style="list-style-type: none"> • Ask clients about their reasons for approaching you or if they choose to practice FP. • Help clients decide what decision they face. • Help clients express their feelings, needs, wants, and any doubts, concerns, or questions • Ask clients about their experience with the reproductive health matter that concerns them. • Keep questions open, simple, and brief. Look at your client as you speak. • Ask clients what they want to do regarding FP or other RH concerns. • Listen actively to what the client says. Follow the STEPS where the client leads the discussion. • Show your interest and understanding at all times. Express empathy. Avoid judgements and opinions. • Ask for any information needed to complete the client records. |
| T Tell Clients About Their Choices | <p>To make informed choices and good decisions, clients need clear, accurate, specific information about the range of their choices.</p> <ul style="list-style-type: none"> • Help clients understand their possible choices. • Information should be tailored – that is, important to the client's decision. • Information should be personalized – that is, put in terms of the client's own life. <p>If clients are choosing or are introduced a family</p> |

| STEPS/ ELEMENTS | ACTION OF PROVIDER(CPE) towards the CLIENT (COUPLE) |
|--------------------|--|
| | <p>planning method:</p> <ul style="list-style-type: none"> • Ask clients what they know about FP or contraceptives. If they are unfamiliar with them, give a general information. • Ask if they want (more) children. If not, then FP can readily be introduced. • Ask which methods interest them. If no medical reason prevents it, clients should get the methods they want. • Ask what they know about these methods. If the client has important information that is wrong, gently correct the mistake. • Briefly describe the client's preferred method. Be sure to tell about: <ol style="list-style-type: none"> 1) Effectiveness of the method, 2) Briefly, how to use the method, 3) Advantages and disadvantages, 4) Possible side effects and complications 5) Does the method prevent STDs/HIV 6) When to return for follow-up or refer if with problems • Show and provide other information, education, and communication materials (IEC) to aid you in your counseling. • Mention other available methods that might interest the client now or later. Ask if the client wants to learn more. |

| STEPS/ ELEMENTS | ACTION OF PROVIDER(CPE) towards the CLIENT (COUPLE) |
|--|--|
| <p style="text-align: center;">H Help Clients Choose</p> | <ul style="list-style-type: none"> • Tell clients that the choice is theirs. Offer advice as a health expert, but avoid making the client's decision for them. • To help clients choose, ask them to think about their plans and family situation. • Help clients think about the results of each possible choice. • For family planning methods, some key questions may be: <ol style="list-style-type: none"> 1) 'Are you breastfeeding?' 2) 'Do you and your partner want (more) children' 3) 'Do you or your partner have sex with anyone else?' (To gauge STD risk. This question should not be ask if the couple is together.) • Ask what the client's sex partner may want. • Ask if the client wants anything made clearer. Re-word and repeat information as needed. • Explain that some family planning methods may not be safe for clients with certain medical conditions. Once clients state a choice, ask about these conditions. (Refer to screening questions of pills or disadvantages of contraceptives.) If a method would not be safe, clearly explain why. You could also refer client to other health service provider regarding this concern. You can also the client choose an alternative method. • Check whether the client has made a clear decision. Specifically, ask 'What have you decided to do?' Wait for the client to answer. |
| <p style="text-align: center;">E Explain What to Do</p> | <p>After the client has made a choice:</p> <ul style="list-style-type: none"> • Give supplies, if appropriate. • If the method or services cannot be given at once, tell the client how, when, and where they will be provided. • For voluntary sterilization, the client may have to sign a consent form. Refer to RHU/District Hospital. • Explain how to use the method or follow other instructions. As much as possible, show how. • Describe possible side effects and what to do if they occur. • Explain when to come back for routine follow-up or more support if needed. |

| STEPS/ ELEMENTS | ACTION OF PROVIDER(CPE) towards the CLIENT (COUPLE) |
|--|---|
| | <ul style="list-style-type: none"> • Explain any medical reason to return. (Refer to Disadvantages of contraceptives, Dangers Signs of pills) • Ask the client to repeat instructions. Make sure the client remembers and understands. • If possible, give the client printed material to take home. • Mention emergency oral contraception just in case their primary method fails. (Refer to Session on ECP) • Tell clients to come back or approach you whenever they wish, or if side effects bother them, or if there are medical reasons to return. |
| <p>R</p> <p>Return for Follow-up</p> | <p>At follow-up visit:</p> <ul style="list-style-type: none"> • Ask if the client has any questions or anything to discuss. Treat all concerns seriously. • Ask if the client is satisfied. Have there been problems? • Help the client handle any problems. • Ask if any health problems have come up since the last visit. Check if these problems make it better to choose a method or treatment. Refer clients who need care for health problems. • Check if the client is using the method or treatment correctly. • If a client is not satisfied with a temporary family planning method, ask if she or he wants to try another method. Help the client choose, and explain how to use. Changing methods is acceptable. No one really can decide on a method without trying it. Also, a person's situation can change, making another method a better choice. • If a woman wants her IUD taken out, arrange for this. If she plans pregnancy, suggest where to get pre-natal care. |

Role of Counseling in Family Planning:

- Counseling is face-to-face communication
- Health service provider helps the client make a decision about his/her Family Planning program
- Enables health service provider to assist clients in choosing the method that is best suited for them and their needs
- Helps to correct rumors and misconceptions

- helps increase continuation rates and minimize drop-outs from the FP program
- Leads to increased acceptance of Family Planning

6 Topics to cover when discussing contraceptive methods:

- Effectiveness of the method
- Advantages and disadvantages
- Side effects and complications
- Proper instructions
- Prevention of STD and HIV
- When to return/refer

6 Principles of Counseling in Family Planning:

- Treat each client well
- Interact with the client
- Adapt the information to the needs of the client
- Avoid too much information
- Provide the method that the client wants
- Help the client understand and remember

WHAT TO DO AFTER PEER EDUCATION TRAINING

There are several preparation and activities that a peer educator should do before doing outreach work and promoting contraceptive use. The following lists are reminders for peer educators that could help them in the performance of their roles and responsibilities properly. Each of the reminders is discussed in other parts of this reference manual.

Reminder #1: Understand your role and responsibility as a peer educator in your community.

After your training, the Community Health Outreach Worker (CHOW) assigned in your barangay will help you understand what you should do as a peer educator in your assigned area.

You should also discuss and clarify with your CHOW, your duties, their expectations, and your target activities (example: number of new users of contraceptives per week). If you do not fully understand what you should do, then it is much better to clarify it with your CHOW or fellow peer educators.

Reminder #2: Be familiar with your assigned area.

You should be familiar with the area of the barangay assigned to you. This is in terms of population size, location, means of transport, and influential community members.

It is much better if you are comfortable to work in that particular area such that the community members are able to accept and respect you.

It is also good if you know the types of medical health services and contraceptives in your area. This would help you in your referral.

Reminder #3: Use the support systems that could help you in your peer education work.

You should be given support in your search of information and in the performance of your duties. These support structure could come from the project staff, or government partners; from regular staff meetings; and from other material resources such as educational reading materials, or items for outreach work (example: calendar, map, weekly workplan).

Reminder Have a concrete and achievable work plan.

#4:

One of the supports that you should receive from your CHOW is the assistance in the development of a practical and achievable work plan or activity plan for your assigned area and target output.

Discuss your plan with the assistance of your CHOW. This work plan will guide you throughout your peer education work. Be sure you are able to meet your target outputs.

Also discuss with your CHOW on how you are going to achieve your target outputs. Ask your CHOW for the initial assistance in fulfilling your strategies in your community.

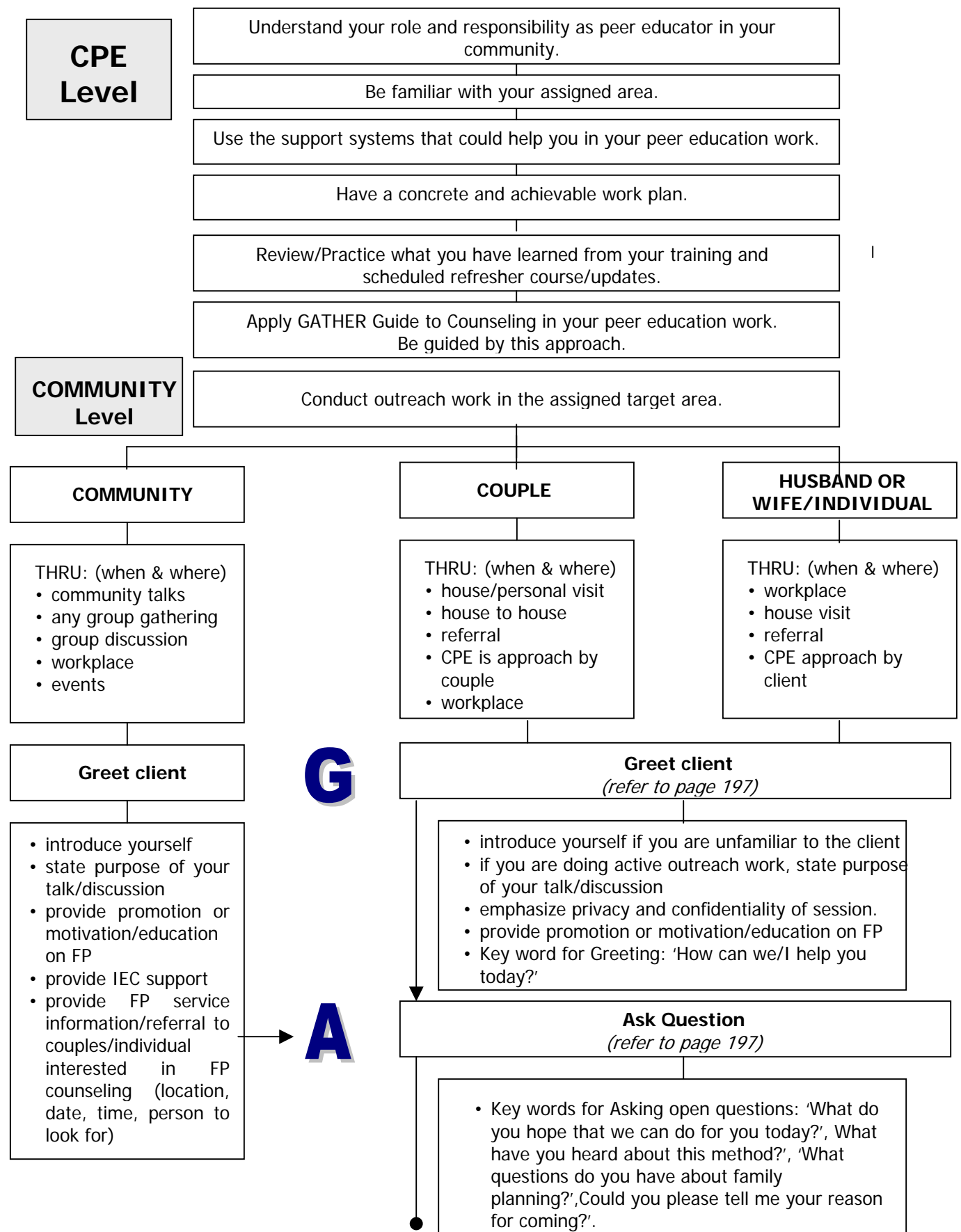
**Reminder Practice what you have learned from your training and
#5: refresher course/updates.**

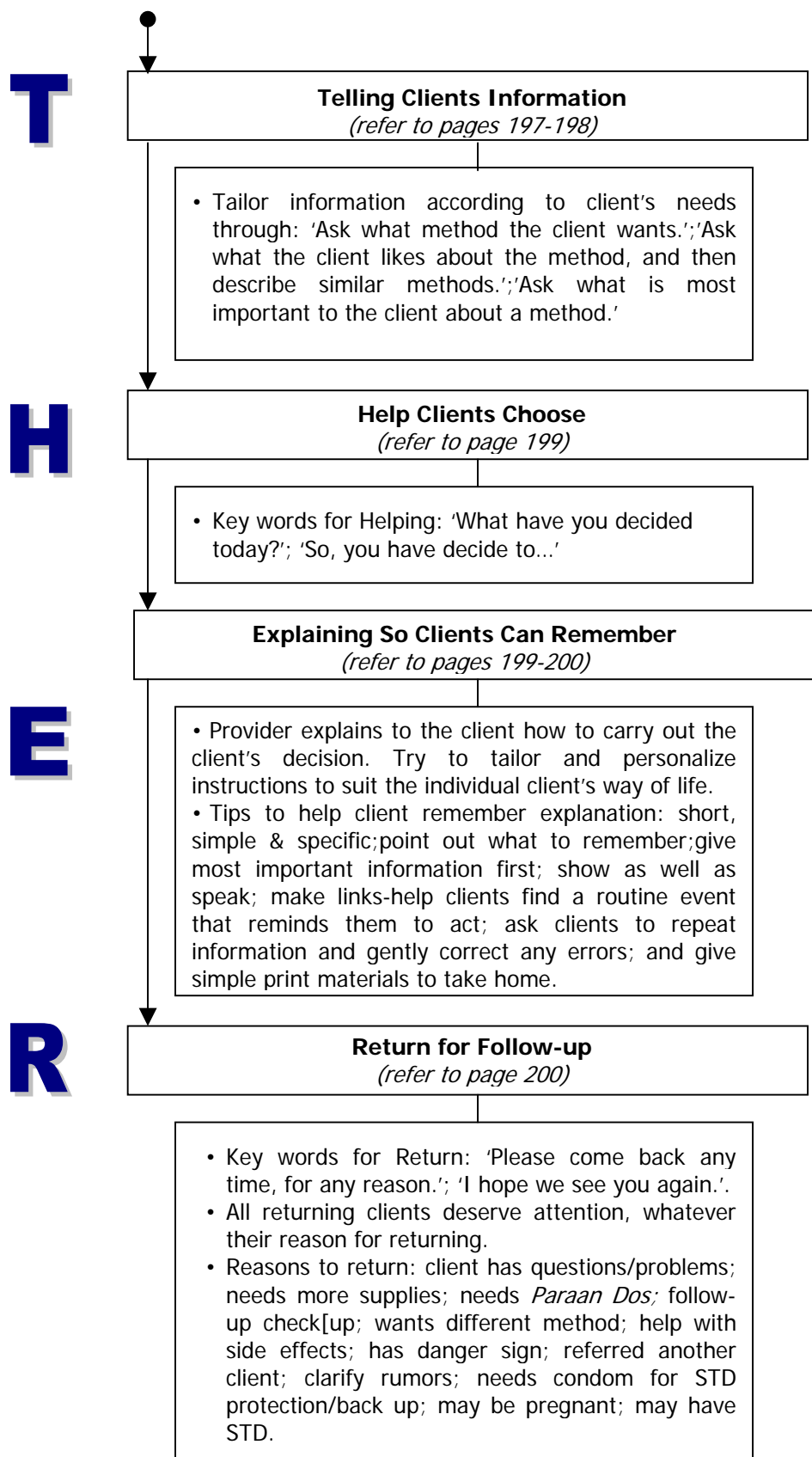
You should have a clear understanding of the basic reproductive health and family planning information. The information you have learned from these educational and skills-building training should be reviewed constantly. This will help you to be more confident and more credible in dealing with reproductive health questions and issues in your community.

The communication skills you have learned will also help you be sensitive with the reproductive health and family planning issues and needs of the couples/individuals you will be dealing with.

**Reminder Be guided by the GATHER approach. (See diagram)
#6:**

Diagram for Peer Education Work for Couples along Coastal Areas





Session 2: Recruiting and Motivating Couples to Practice Family Planning

Purpose:

1. To make the participants apply the information and skills learned in recruiting and motivating couples to practice Family Planning
2. To make the participants realize the importance of assisting other couples to practice Family Planning

Time: 60 minutes

Preparation:

- Prepare lecture materials.

Training Aids:

Materials needed:

- manila papers
- bond paper
- marker pens
- adhesive tape or masking tape
- scissors

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 2: Recruiting and Motivating Couples to Practice Family Planning</p> <ol style="list-style-type: none"> 1. Introduce the exercise. 2. Ask each participant to share with the group their reasons for wanting to become a family planning user. 3. Record the list on the board or manila paper. This list will be used for the next exercise. Allow a maximum of 5 minutes to do this particular activity. 4. Ask the participants to list some of the reasons why other people may not be able to practice Family Planning. | <ul style="list-style-type: none"> • Mention that in this exercise they will practice what the information and skills they have learned to recruit, motivate and counsel clients to use FP. <p>Possible answers:</p> <ul style="list-style-type: none"> • Fewer children • Fewer children so they can be taken cared of very well in terms of emotional, physical, psychological and financial • Mother has medical conditions that could be complicated by pregnancy • To save on family resources and maximize its use for the few children they have • Husband wants the wife to practice FP • Wife wants to practice FP against the husband's wishes • Through the influence of other close relatives or friends/neighbors <p>Possible answers:</p> <ul style="list-style-type: none"> • More children means more help in the livelihood and more income • Against the wishes of the husband • Husband does not like it • Wife does not like it • Fear of complication • Fear of side effects • Bad experience with previous FP use • FP method/FP provider is not accessible and available |

| STEPS | TRAINER'S NOTES |
|---|--|
| <p>Session 2: Recruiting and Motivating Couples to Practice Family Planning</p> <p>10. After all the role-plays have been performed, let the observers initially make their evaluation and feedback. Ask afterwards the rest of the participants who observed the role-play. Discuss how convincing and effective the arguments and strategies were by using the following questions to start a discussion:</p> <ul style="list-style-type: none"> • Were the FP information and counseling skills learned applied in the situation? In what ways? • Do you think the skills, information strategies and reason demonstrated by the PE worked in motivating/counseling the client to be a FP acceptor? Why or why not? How can they be improved? • Are there some additional incentives and support that the project can provide to motivate and recruit FP users/acceptors? Does the project have the resources to provide them the FP services and commodities? • What other things that can be done to recruit FP users? What can other people (example: project staff, government partners, other CPEs) do to help recruit FP users/acceptors? <p>11. Record the suggestions on the board or manila paper.</p> | <ul style="list-style-type: none"> • Emphasize that the observations that will be made are not for the purpose of criticizing the group. The observations will help in the improvement of peer education work in the field. <p>Remember: Whatever are the answers of the CPEs, you should always direct it to the GATHER guide and the diagram of doing peer education work.</p> |

| STEPS | TRAINER'S NOTES |
|---|-----------------|
| <p>Session 2: Recruiting and Motivating Couples to Practice Family Planning</p> <p>12. Review the important points and ask for feedback from the participants if they have understood the discussion. If none proceed to the next session.</p> | |

Session 3: Roles and Responsibilities of Couple Peer Educators

Purpose: To familiarize the participants with the accomplishment of their task and functions as Couple Peer Educators

Time: 30 minutes

Preparation:

- Print on manila paper or overhead transparencies (if available) the salient points of the lecture regarding the CPEs' qualification and responsibilities in promoting FP and contraceptive use.

Topics Covered:

Topic 1: Discussion: 'Qualifications of a Couple Peer Educator'

Topic 2: Discussion: 'Responsibilities of a Couple Peer Educator'

Training Aids:

Materials needed:

- manila papers
- adhesive tape or masking tape
- bond paper
- scissors
- marker pens

Reference needed:

- Notes on 'Qualifications and Responsibilities of a Couple Peer Educator'

Reference Materials for Participants:

- Handouts on 'Qualifications and Responsibilities of a Couple Peer Educator' (to be provided by the NGO)

| STEPS | TRAINER'S NOTES |
|--|--|
| <p>Session 3: Qualification and Responsibilities of Couple Peer Educators</p> <p>Topic 1: <u>Qualifications as a CPE:</u></p> <ol style="list-style-type: none"> 1. Introduce the session by saying that you will be discussing with them what they should do as couple peer educators in the IPOPCORM initiative. 2. Brainstorm with them what they think are the qualifications needed to be a couple peer educators. 3. List down their input on the manila paper. Work the group's responses to the list found under 'Qualifications and Responsibilities of CPEs'. 4. After the participants have given their answers, read through what was listed and compare it with your prepared list. Present your prepared lecture regarding the topic. 5. Clarify any inquiries as to their qualifications as CPEs. If none, proceed to the next topic. <p>Topic 2: <u>Responsibilities as CPE:</u></p> <ol style="list-style-type: none"> 1. Introduce the session by saying that you will be discussing with them what they should do as couple peer educators in the IPOPCORM initiative. 2. Present their responsibilities. | <ul style="list-style-type: none"> • Present the prepared visual aid/training aid on 'Qualifications and Responsibilities of a Couple Peer Educator'. Refer to the 'Training Aids' at the end of this session. • Present the prepared visual aid/training aid on 'Qualifications and Responsibilities of a Couple Peer Educator'. Refer to the 'Training Aids' at the end of this session. |

FIGURE FOR SESSION 3



TRAINING AIDS

What are the qualifications and responsibilities of a Couple Peer Educator (CPE)?

A CPE should:

- be a young couple (25 – 35 years of age) with not more than 3 children
- be modern FP-method acceptors (OCP, DMPA, condoms, sterilization)
- have no reservations about FP or modern contraceptives
- be motivated to encourage other couples in the community to accept/try modern contraceptive methods
- have good interpersonal relations with the other members of the community
- be willing to work without monetary payment (however, PEs will be given highest priority for accessing micro-credit facilities offered by the program)
- be trainable

A CPEs main responsibilities are:

- educate members of the community about the benefits of Family Planning; distribute materials about FP, Reproductive Health, etc.
- motivate couples to practice Family Planning and responsible sexuality
- educate couples about the range of contraceptive options particularly Oral Contraceptive Pills, condoms, DMPA and sterilization; clarify myths and misconceptions on side effects of modern FP methods
- refer individuals and couples to the CHOW, CBD outlet, or the BHW for supply of contraceptives, for in-depth counseling and other Reproductive Health concerns
- educate one (1) new couple per week on Family Planning and conduct repeat contacts to previously reached couples
- complete and submit FP reporting forms to the CHOW responsible
- attend training conducted by PFPI or the NGO partners
- assist CHOW to recruit individuals to participate in the BMS

Session 4: Developing and Evaluating Resources and Tools for Couple Peer Educators

Purpose:

1. To instruct how to use the Job Aid for CPEs
2. To practice delivering IPC using the Job Aid
3. To equip the participants with the knowledge and skills in preparing reports needed to monitor and evaluate the CBD program
4. To enable the participants develop and describe their own personal and project work plan and schedule of activities that will fulfill their duties during peer education work
5. To make the participants aware of the sources of support in the fulfillment of their peer education activities

Time:

| | |
|----------|------------|
| Topic 1: | 90 minutes |
| Topic 2: | 30 minutes |
| Topic 3: | 20 minutes |
| Topic 4: | 20 minutes |

Preparation:

1. Prepare copies of the Job Aid for CPEs and the Observers' Guide
2. Photocopy sample reporting forms for distribution to participants
3. Print on manila paper the sample reporting forms
4. Print on manila paper the questions needed for the exercise.
 - *Who or what resources help you?*
 - *What types of information do they have*
 - *Where are they located?*
 - *Do you need an appointment?*
5. Print on another manila paper the following discussion questions.
 - *How would you go about doing all of these tasks during the week?*
 - *Are there tasks more important than the rest?*
 - *What strategies and items can you use to help organize your schedule?*

6. Print on another manila paper the scenario.
- *Talk to a new couples for family planning and promoting contraceptive use*
 - *Attend a meeting of CPEs with the CHOW*
 - *Accomplish the necessary forms after each peer education work*
 - *Follow-up a contraceptive user*
 - *Submit reporting forms to CHOW*
 - *Go to the market place to buy food supplies (personal)*
 - *Visit a sick friend (personal)*

Topics Covered:

Topic 1: Discussion-Role Play: Job Aid for CPEs

Topic 2: Lecture-Discussion: Reporting/Monitoring Forms

Topic 3: Exercise: Managing Time/Organizing Tasks

Topic 4: Exercise: Information Resources

Training Aids:

Materials needed:

- manila papers
- adhesive tape or masking tape
- bond paper
- scissors
- marker pens

Reference needed:

- Notes on 'Information Resources for CPEs'

Reference Materials for Participants:

- Provide the CPEs with the NGO's partners in the project area and the respective contact person, Job Aid and Reporting Forms (PE Diary and Referral Slips).

| STEPS | TRAINER'S NOTES |
|---|---|
| <p>Session 4: Developing and Evaluating Resources and Tools for Couple Peer Educators</p> <p>Topic 1: <u>Discussion and Role Play: Job Aid for CPEs</u></p> <ol style="list-style-type: none"> 1. Introduce the session. 2. Conduct lecture-discussion on the Job Aid. 3. Introduce and instruct how to use the Job Aid. 4. Divide participants in pairs and ask them to practice conducting IPC with each other. | <ul style="list-style-type: none"> • Start by saying that one of the responsibilities of CPEs is to provide IPC to couples in the community. To assist them in providing IPCs and for them to effectively communicate with their peers, you will guide them on how to use the Job Aid. • Post visual aids and discuss the following: <ol style="list-style-type: none"> a. What is IPC? b. What is a Job Aid? c. What is the purpose of a Job Aid for Peer Educators? d. Who should use the Job Aid? e. When should the Job Aid be used? • Distribute copies of the Job Aid for CPEs to all the participants. • Explain each of the steps and information included in the Job Aid. • Ask for questions and clarifications from the participants. • CHOWs should observe the pairs using the Observer's Guide, and provide feedback and recommendations for improvement. • Make sure that all participants are able to practice delivering IPC. |

| STEPS | TRAINER'S NOTES |
|---|-----------------|
| <p>Session 4: Developing and Evaluating Resources and Tools for Couple Peer Educators</p> <ol style="list-style-type: none"> 2. Divide the group into smaller groups of three participants each. 3. Instruct that you will present a scenario and they should answer the questions related to it. Read the scenario and questions posted in front of the group to initiate small group discussion for 5 minutes. <p><u>Scenario:</u></p> <p>Imagine that you are a peer educator and responsibilities in the coming week are:</p> <ul style="list-style-type: none"> • Talk to a new couples for family planning and promoting contraceptive use • Attend a meeting of CPEs with the CHOW • Accomplish the necessary forms after each peer education work • Follow-up a contraceptive user • Submit reporting forms to CHOW • Go to the market place to buy food supplies (personal) • Visit a sick friend (personal) <p><u>Discussion Questions:</u></p> <ul style="list-style-type: none"> • How would you go about doing all these tasks during the week? • Are there tasks more important than the rest? • What strategies and items can you use to help organize your schedule? | |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 4: Developing and Evaluating Resources and Tools for Couple Peer Educators</p> <ol style="list-style-type: none"> 4. Ask the groups to attempt to make and arrange a schedule that makes good use of their time and reduces wasted effort. 5. Ask the participants to return to the large group. Discuss the strategies and items that they used to develop a schedule. You can record on the manila paper or board the discussion points. The 'Training Aids' contains some suggestions for items that improve time management capability. It also contains a sample workplan table. 6. After discussion, you can review the important points made and ask feedback from the participants. 7. After all these exercises, reassure them that they will receive guidance and support from their CHOWs. 8. Proceed to the next session. | <p>Remember: In order for CPEs to fulfill the task and responsibility assigned to them, they should be supported in the following:</p> <ul style="list-style-type: none"> • They should receive the information and the 'know-hows' of what they will promote. In this case, we are referring to FP promotion and contraceptive use among couples along coastal areas. • They should really understand their tasks and responsibilities. This would include their knowledge of why they should fulfill their tasks, how will their task contribute to the goals/objectives of the organization, and where do they stand and what their roles are within the organization. • They should be directed and guided in |

| STEPS | TRAINER'S NOTES |
|--|---|
| <p>Session 4: Developing and Evaluating Resources and Tools for Couple Peer Educators</p> <p>Topic 4: <u>Exercise: Information Resources</u></p> <ol style="list-style-type: none"> 1. Introduce the session. 2. The facilitator will use the questions listed at the right to discuss how and where participants can get various types of information about family planning and contraception. The 'Training Aids' contains some sources of information. Record their ideas on the board or manila paper. 3. Review the important points listed and ask for feedback from the participants if they have anything else to add. If sources of information or support is lacking in their input, provide additional information based on your reference. <p>Do this task in 20 minutes.</p> | <p>making their workplan to facilitate the successful implementation of their tasks.</p> <ul style="list-style-type: none"> • Start by saying that the succeeding activities will assist the CPEs to describe how and where they can find additional support and resources to help them complete their duties. <p>Ask the following questions:</p> <ul style="list-style-type: none"> • Who or what resources can help you • What types of information do they have? • Where are they located? • Do you need an appointment? <p>Remember: The CPEs may know a lot about the target community and site but they do need to know what type of support they would be receiving for the fulfillment of their duties. They also need to know where and from whom they can seek support in the conduct of their peer education work.</p> <ul style="list-style-type: none"> • Refer to the 'Training Aid' of this session. |

TRAINING AIDS

Interpersonal Communication (IPC) is a face-to-face, two-way process of exchanging information or feelings between two or more people. This information, transmitted to the receiver from the sender should be understood. The transmission of information could be in the form of speech, signs or actions. The conduct of IPC to couples or other individuals in coastal communities should focus on three reasons:

- to promote/motivate couples on Family Planning/contraceptive-use and CRM, and correct related misconceptions
- to educate couples on the correct information regarding available contraceptives and correct related misconceptions
- to counsel couples in achieving an informed choice about their contraceptive

What is a Job Aid?

A storage place other than memory for information relevant to performing segments of jobs used when actually performing the work.

What is the purpose of a Job Aid for Peer Educators?

The purpose of the Job Aid is to assist Peer Educators to effectively communicate with their peers and other people in the community. It describes effective communication skills and key messages on reproductive health and environment.

Who should use the Job Aid?

The Job Aid is designed to be used by CPEs and MPEs, whose role is to assess their peers' risk for unwanted pregnancy, and disseminate pertinent information on reproductive health and coastal resource management, and the link between the two towards the attainment of food security in the community.

When should the Job Aid be used?

The Job Aid can be used in different ways. Peer Educators may choose to review the Job Aid just prior to initiating IPC, or use it while actually performing IPC to peers regarding reproductive health and environmental preservation or personal reproductive health concerns

Job Aid for CPEs/MPEs:

Talking about Food Security in Your Community: *A Kodigo* for Peer Educators

1. Bring these with you when you talk to clients:
 - ❑ ID Card/PE T-shirt
 - ❑ Ball pen or pencil
 - ❑ Diary
 - ❑ Work plan
 - ❑ Referral forms
 - ❑ IEC materials/FAQ
 - ❑ Samples of pills, condom, and Paraan Dos
 - ❑ Penis model
2. Begin conversation:
 - Greet client.
 - Introduce yourself.
 - Tell the name of your NGO.
 - Explain your role.
 - Say that the IPOPCORM project helps a community have enough food for everyone.
3. Talk about food security in the barangay.
 - There are too many people in the community.
 - There is waste pollution.
 - Many people practice illegal fishing.
 - There is abuse of resources.
 - Practicing family planning and protecting marine resources together will ensure food security.
4. Ask clients how life is. Use some of these questions:
 - Are things more expensive these days?
 - How is fishing?
 - Are you able to make ends meet?
5. Tell the client about:
 - Benefits of family planning. Show the IEC material.
 - Ways to protect the resources.
 - Ways to help reduce pollution.
 - How to stop illegal fishing.
 - Enterprises in the community that protect the environment.

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6. Talk about family planning.
 - Explain how a woman becomes pregnant. Show the FAQ IEC material.
 - Tell client that unprotected sex can lead to unwanted pregnancy.
 - Discuss Family Planning methods available. Show the IEC materials.
 - Pills
 - DMPA
 - Paraan Dos
 - Vasectomy/BTL-- Show illustration found in FAQ.
 - IUD
 - Condom -- Demonstrate proper way of using condoms.
 - Withdrawal can result in unintended pregnancy.
7. Help client choose a family planning method.
 - Talk about the benefits of the different methods.
 - Talk about the disadvantages of the different methods.
8. Encourage questions and provide clarification.
9. End the talk by:
 - Referring the client to CHOW and providing referral slip.
 - Providing IEC materials.
 - Planning when to come back for follow up.
 - Thanking client for her/his time and attention.

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Observer's Guide for Role-Playing Exercise

Your role is to observe how the conversation takes place, taking note of how the Peer Educator and client interact with each other. You may want to take note of techniques/skills used by the Peer Educator in facilitating discussions of the client's concern, or words/actions that may have hampered communication. You are to give feedback on your observations and recommendations for improvement to the group after the role-play. Use the following table to aid in making and discussing observations:

| Characteristics of Effective IPC | Not Evident | Needs Improvement | Evident |
|--|--------------------|--------------------------|----------------|
| Uses and follows the Job Aid | | | |
| Speaks clearly and uses words that are simple and easy to understand | | | |
| Is knowledgeable about the subject | | | |
| Talks at a moderate pace and appropriate volume | | | |
| Asks questions to make sure client understands | | | |
| Encourages questions and comments | | | |
| Listens attentively to client | | | |
| Makes client feel comfortable and interested | | | |
| Provides information for follow up | | | |

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CPEs need to be given as much support as is required, when in search of information, and in the performance of their duties. Resources to tap are:

- Local health care providers
 - They could provide additional information, materials, or insight with regard to RH.
 - They could also assist in serving referrals made by CPEs/PEs.
- Informative materials on FP and RH
- Mass media
- Project staff (Field Supervisor, Community Facilitator, Community Health Outreach Worker)
 - They could provide project direction and serve referrals made by CPEs.
 - They have the informative materials the CPEs can use in the performance of their duties.
 - They can assist in the development of the CPEs' work plans for contraceptive-promotion, or guide them in making a weekly plan. (See example of a CPE work plan.)
 - They can also assist in providing CPEs' target outputs, which should be achieved in a specified time.

Sample of a Work Plan of a CPE

Month of February (day 1-7)

| | Mon | Tues | Wed | Thurs | Fri | Sat/ Sun |
|-------------------------------|---|---|------------|--|--|---------------------|
| Morning Schedule | Attend weekly meeting with CHOW (10 am) | | | | | Family Time |
| Afternoon Schedule | | Work* (meet new contact/ couple for FP promotion & education) | | Work* (remind FP-user to avail of FP supply and follow-up) | Work* Submit report to CHOW Refresher Course | |

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Other sources of support are:

- Community acceptance is important. This may come in the form of endorsement of the activity by the local leaders and government officials, and people's organization
- Regular scheduled meetings
- Additional educational materials for their own use
- Supervisor/CHOW-availability to assist in difficult and discouraging experiences
- Paraphernalia/items for outreach work such as:
 - Pocket calendar
 - Map of target area/barangay
 - Weekly work-plan (to do list)
 - Bag for holding and transporting outreach materials
 - PE diary for logging-in outreach activities
 - Sample contraceptives for demonstration purposes
 - Monitoring Forms for recording accomplishment of their duties (e.g., Family Planning record/patient's record)
 - IEC materials for distribution

MODULE V: EVALUATION of TRAINING COURSE

Session 1: Post-test Examination

Purpose:

1. To measure participants' level of knowledge post-training
2. To assess overall conduct of the course

Time: 15 minutes

Preparation:

1. Prepare relevant post-test questions for the examination.
2. Prepare printed copies of the post-test questionnaires.

Training Aids:

Materials needed:

- pens or pencils
- bond paper for photocopying
- printed copies of the post-test questionnaire

Reference needed:

- The trainers could refer to the sample post-test contained in 'Training Aids'.

Reference Materials for Participants:

- none

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POST-TEST QUESTIONNAIRE

Name: _____ Date: _____

I. Piliin ang tamang sagot. Isulat sa blanko ang letra o mga letra ng tamang sagot.

- _____1. Ang *Oral Contraceptive Pill* ay:
- e) maaaring inumin ng babaeng may sakit sa puso at mataas ang presyon ng dugo
 - f) maaariOng inumin ng inang nagpapasuso ng sanggol na may gulang na di-hihigit sa 6 na buwan
 - g) maaaring inumin bago ang ika-5 araw ng regla at araw-araw sa nakasanayang oras magmula sa araw na sinimulan ito
 - h) maaaring magbigay ng proteksyon laban sa mga sakit na nakakahawa tulad ng Sexually Transmitted Disease
- _____2. Ang Paraan Dos ay maaaring gamitin kung nangyari ang alinman sa mga ito:
- e) nalimutang inumin ang *oral contraceptive pills*
 - f) nabutas o nahugot ang condom
 - g) nagahasa
 - h) hindi gumamit ng paraan tulad ng condom, pills, IUD or natural family planning method para maiwasang mabuntis
- _____3. Ang pinakamabuting paraan ng family planning para makaiwas sa pagbubuntis at sa STD (sexually transmitted disease) ay ang paggamit ng:
- e) condom
 - f) pills
 - g) Intra-uterine Device (IUD)
 - h) Natural Family Planning Method (NFP)
- _____4. Alin sa mga sumusunod ang hindi mabisang paraan para makaiwas sa pagbubuntis:
- e) condom
 - f) pills
 - g) DMPA
 - h) IUD
 - i) Rhythm/Calendar method

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- _____ 5. Mahalaga ang pagpapalano ng pamilya o *family planning* dahil:
- e. mapangangalagaan ang kalusugan ng ina at ng anak
 - f. maaaring maplano ang tamang dami at agwat ng mga anak
 - g. maaaring maplano ng babae ang tamang edad ng panganganak

II. Tama o Mali: Isulat sa blanko ang TAMA kung wasto ang mensahe ng pangungusap o MALI kung hindi wasto.

- _____ 1. Lahat ng babae ay maaaring uminom ng pills.
- _____ 2. Nagbabago ang dami at daloy ng regla ng isang babaing gumagamit ng DMPA.
- _____ 3. Ang pag-inom ng pills ay maaaring magdulot ng kanser sa katawan.
- _____ 4. Ang mababang dami ng isdang nahuhuli mula sa mga baybaying dagat ay maaaring sanhi ng mabilis na pagdami ng mga pamilya na nakatira malapit dito.
- _____ 5. Siguradong kapaki-pakinabang sa kabuhayan ng magulang at ng buong pamilya ang pagkakaroon ng maraming anak.

Key answers: (15 points)

| <i>Piliin ang Tamang Sagot:</i> | <i>Tama o Mali</i> |
|--|---------------------------|
| 1. – G | 1. Mali |
| 2. – E,F,G,H | 2. Tama |
| 3. – E | 3. Mali |
| 4. – I | 4. Tama |
| 5. – D,E,F | 5. Mali |

Course Evaluation

- 1) Lagyan ng tsek (/) ang mga sumusunod na natutunan ayon sa kahalagahan nito sa inyo:

| TOPICS/ACTIVITIES | Napakahalaga | Okey lang | Hindi Mahalaga |
|---|--------------|-----------|----------------|
| Exercise and Discussion on Integration of Reproductive Health & Coastal Resource Management | | | |
| Exercise and Discussion on Family Planning Situation in the Philippines and Benefits of Family Planning | | | |
| Exercise and Discussion on Human Anatomy and Human Fertility | | | |
| Exercise and Discussion on Oral Contraceptive Pills | | | |
| Discussion on Emergency Contraception | | | |
| Exercise and Discussion on Other Family Planning Methods | | | |
| Exercise and Discussion on Counteracting Myths and Misconceptions | | | |
| Exercise and Discussion on STDs | | | |
| Exercise and Discussion on Interpersonal Communication | | | |
| Exercise and Discussion on Promoting FP through Peer Education Work | | | |

- 2) Magagamit mo ba sa iyong trabaho o personal na buhay ang mga bagay na natutunan mo sa training? Sa paanong paraan?
- 3) Ano ang mga natutunan mo rito sa training?
- 4) Ano ang pinakagusto mong bahagi ng training? Bakit mo ito nagustuhan?
- 5) Meron ka bang **hindi** nagustuhang bahagi o nilalaman ng training? Anu-ano ito? Bakit?
- 6) Ano sa palagay mo ang pwede mo pang gawin para makatulong sa ibang mag-asawa na magplano ng pamilya o gumamit ng contraceptives? Ano pa ang kailangan ninyong tulong para maisagawa ito?

Annex A: Reporting Forms

The forms here are only samples. The project staff implementing the RH/FP services can make their own reporting forms that are suitable and appropriate to their needs.

1. PE Diary

| | |
|--|--|
| Name of Client/Couple: Age of Client/Couple: Educational Attainment: Occupation: Address: | Client/Couple No: Date: Time: Client Contact: <div style="float: right; text-align: right;">New <input type="checkbox"/> Repeat <input type="checkbox"/></div> |
|--|--|

Case Description:

(The peer educators will narrate here in the vernacular the following:)

- a) *nature of IPC*
- b) *main problem/issues of the client on RH/CRM (indicate the issue of the husband and the wife separately)*
- c) *what were discussed during the session*
- d) *what kind of information, education or communication was given by the PE*
- e) *problems encountered by PE during the session*

Plan for Client:

(Place here any referrals made or other future plans for client.)

Signature of Peer Educator

The PE Diary that shall be kept by the Peer Educator may be in the form of small notebooks or notepads. The content of the diary may follow the prescribed format above. Whatever is written in the diary during field work or outreach activity shall be recorded by the CHOW in the Client Record.

2. Referral Slip

This form is used by CHOWs/PEs to refer clients for Family Planning counseling, contraceptives-screening or further medical management.

Client No.____

Name of NGO: _____

Project Site: _____

| Referral Slip | |
|---|---|
| Name of Client: _____ | Date: _____ |
| Bgy. Address: _____ | Age: _____ Civil Status: _____ |
| Referred to: | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Reason for Referral: | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| Action Taken: | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| Referred by: _____ Peer Educator/CHOW | Received by: _____ Designation: Date: _____ |

GLOSSARY

acquired immune deficiency syndrome (AIDS): A progressive and fatal condition that reduces the body's ability to fight certain types of infections. It is caused by an infection with HIV (human immunodeficiency virus)

amenorrhea: Absence of menstrual periods.

anemia: Low levels of the oxygen-carrying material in the blood. Anemia results in decreased oxygen of the tissues of the body. Symptoms are often vague and may include chronic fatigue, irritability, dizziness, memory problems, shortness of breath, headaches, and bone pain. Anemia may result from excessive blood loss, blood cell destruction, or decreased blood cell formation

back-up method: A family planning method such as condoms or spermicides that can be used temporarily for extra protection against pregnancy when needed – for example, when starting a new method, when supplies run out, and when a pill user misses several pills in a row. Aside from condoms and spermicides, some practice abstinence temporarily to avoid pregnancy when needed.

benign breast disease: A disease involving the presence of abnormal but not malignant or cancerous breast tissue.

blood pressure: The force of the blood against the walls of blood vessels, created by the heart as it pumps through the body. As the heart beats, pressure increases. As the heart relaxes between beats, pressure decreases. Normal blood pressure varies from moment to moment within each person. Generally, normal systolic (pumping) blood pressure is less than 140 mm HG, and normal diastolic (resting) blood pressure is less than 90 mm HG. (See **hypertension**)

breakthrough bleeding: Vaginal bleeding between menstrual periods. (See **spotting**)

cervical mucus: A thick fluid plugging the opening of the cervix; also called mucus plug. Most of the time, the cervical mucus is thick enough to prevent sperm from entering the uterus. At mid-cycle, however, under the influence of estrogen, the mucus becomes thin and watery, and sperm can easily pass into the cervix.

conception: Union of a mature ovum or egg cell with a sperm. Also known as **fertilization**.

diabetes (diabetes mellitus): A chronic disorder caused by ineffective production or use of the hormone insulin secreted by the pancreas. People with diabetes are unable to use carbohydrates in food properly, causing glucose to build up in the blood and urine. Symptoms include excessive urination and excessive thirst.

dysmenorrhea: Painful menstrual periods.

ectopic pregnancy: Pregnancy outside the uterus, such as in the fallopian tubes or ovaries. Ectopic pregnancy is an emergency since the fetus often grows to a size large enough to cause fatal internal bleeding in the mother's abdomen.

endometriosis: A condition where endometrial tissue is located outside the uterus. The tissue may attach itself to the reproductive organs or to other organs of the abdominal cavity.

ejaculation: The release of semen from the penis.

embryo: The product of **conception** (fertilization of an egg by a sperm) during the first 8 weeks of its development. During the remainder of pregnancy it is known as fetus.

estrogen: Natural estrogens, especially the **hormone** estradiol, are secreted by a mature ovarian **follicle**, which surrounds the **ovum**, or egg. This is responsible for female sexual development. The word estrogenic is now used to describe synthetic drugs that have effects like those of an estrogen and are used in combined oral contraceptives and monthly injectable contraceptives.

fertilization: See conception.

follicle: A small round structure in the ovary. Each follicle contains an egg. During ovulation the follicle on the surface of the ovary opens and releases a mature egg.

fully breastfeeding: Giving a baby no other food or liquid than breast milk. A woman described as nearly fully breastfeeding gives the baby some additional liquid or food, but at least 85% of the baby's feeding are breast milk.

gland: A cell or group of cells in the body that makes a substance to be discharged and used in some other part of the body.

heart attack: A heart attack occurs when the flow of blood in a coronary artery is blocked long enough to cause some heart muscle to deteriorate.

heavy smoker: A smoker who smokes 20 or more cigarettes per day.

hepatitis: Inflammation of the liver, usually caused by a virus.

HIV: Human immunodeficiency virus, the cause of AIDS. HIV can be transmitted by sexual contact, by contaminated blood products, and from mother to fetus or infant before or during birth.

hormone: A chemical substance formed in one organ or part of the body and carried in the blood to another organ or part. Affects the activity of other organs or parts of the body through chemical action.

hypertension: Higher blood pressure than normal. Normal blood pressure in adults varies from moment to moment within each person, but generally diastolic (resting) blood pressure from 90 to 99 mm HG is considered mild hypertension; 100 to 109, moderate hypertension; and 110 or greater, severe hypertension. Systolic (pumping) blood pressure from 140 to 159 mm HG is considered mild hypertension; 160 to 179, moderate hypertension; and 180 or greater, severe hypertension. (See **blood pressure**.)

intercourse: The sexual act of inserting an erect penis into a vagina.

jaundice: A symptom of liver disease. A person with jaundice typically has abnormal yellowing of the skin and whites of the eyes.

lesion: A diseased area of skin or other body tissue.

menopause: The time in a woman's life when **menses (menstrual periods)** stop. Occurs when a woman's ovaries stop producing eggs and monthly bleeding from the uterus stops.

menses: Monthly flow of bloody fluid from the uterus through the vagina in adult women between **puberty** and **menopause**.

menstrual cycle: A repeating series of changes in the ovaries and endometrium that includes ovulation and about 2 weeks later the beginning of menstrual bleeding. In most women, cycles average about 28 days but may be shorter or longer. (See **menses, menstrual period**)

menstrual period, menstruation: Periodic discharging of the **menses** in response to stimulation from estrogen and progesterone.

nausea: The feeling that one is about to vomit.

ovarian cyst: A cyst is an abnormal sac or cavity containing a liquid or semisolid material enclosed by a membrane. On the ovary, often arising from a

follicle. When a cyst occurs on the ovary, it may cause some abdominal discomfort or pain but rarely requires treatment. Ovarian cysts usually disappear on their own.

ovum: Egg cell, produced by the ovaries.

pelvic inflammatory disease (PID): Infection in the uterine lining, uterine wall, fallopian tubes, ovary, uterine membrane, broad ligaments of the uterus, or membranes lining the pelvic wall. May be caused by a variety of infectious organisms such as gonorrhea and chlamydia.

placenta: The organ that nourishes a growing **fetus**. The placenta is expelled from the uterus within a few minutes after the birth of a baby.

progesterone: A **hormone** secreted chiefly by the corpus luteum, which develops in a ruptured ovarian follicle during the post-ovulatory phase of the **menstrual cycle**. Progesterone prepares the endometrium for possible implantation of a fertilized egg. It also protects the **embryo** and enhances development of the **placenta** and aids in preparing the breasts for nursing the new infant.

progestin: A word used to cover a large group of synthetic drugs that have an effect similar to that of progesterone. Progestins are used in oral contraceptives, injectables, and implants.

puberty: The time of life when the body begins making adult levels of sex hormones and the young person takes on adult body characteristics.

semen: The thick, white fluid produced by a man's reproductive organs and released through the penis during **ejaculation**. This contains sperm and other fluids from the prostate gland and seminal vesicle.

sperm: the male sex cell. Sperm are produced in the testes of an adult male and released into the vagina during **ejaculation**. If conditions allow, sperm swim through the opening of the cervix, through the uterus, and into the fallopian tubes. If ovulation has recently occurred, sperm may then penetrate and join with the female's egg.

spotting: Light vaginal bleeding at any time other than during a woman's menstruation or menstrual period.

syndrome: A group of signs or symptoms that collectively indicate a particular disease or abnormal condition.

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