



# Marital Counseling | 2023

Trainer's Manual on Marital Counseling  
&  
Family Wellbeing

**POPULATION WELFARE DEPARTMENT  
GOVERNMENT OF SINDH**  
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# Trainer's Manual



POPULATION WELFARE DEPARTMENT  
GOVERNMENT OF SINDH





## Foreword

The Sindh Reproductive Health Rights Bill 2022 envisages counselling to be given to married couples to ensure awareness and responsibility for maternal health, family planning and reproductive health of couples. The Government of Sindh adapted the National Premarital Counseling Module aligned with the Sindh Reproductive Healthcare Rights Act, 2022 with the intention to help couples understand their inspirations and obligation to each other for creating a better future together. It will help couples build trust and realize the importance of healthy marriage relationship for betterment of family and community at large.

Marital Counseling sessions will be conducted by Service providers of Population and Health Department who will mainly provide married couples with information about marriage relationships, planned parenthood, maternal & child health, family planning & reproductive health which will empower couples for responsible behaviors. The training manual also presents marital counseling as a general service-delivery skill that relates comprehensively to all areas of Marital Life and FP/SRH/MNCH. The couple will ideally gain knowledge on how to make the marriage successful and how to nurture a healthy family.

We hope that we can reach out to everyone who needs marital counseling especially the vulnerable and for the more disadvantaged rural population. By expanding our outreach services through Population Welfare Department and the Health Department of Sindh Province the unmet need can be met easily. By exhibiting the efficacy of marital education & counseling to the larger public, will help in improving the overall indicators of the Province of Sindh and thereby achieve Universal Health Coverage, FP 2030 and SDGs 2030 for Pakistan.

We recognize and greatly appreciate the dedication and hard work put in by Dr Mumtaz Esker, former Director General Ministry of Population Welfare in a short time to materialize the first of its kind Marital Counseling Module and Training Manual for the benefit of those who will participate in marital education & counseling by empowering couples make healthy decisions throughout their marriage and maintain a well-balanced relationship.

**Mr Rehan Iqbal Baloch**  
**Secretary Population Welfare Department,**  
**Government of Sindh**

# Acknowledgement

The demographic profile of Pakistan was brought in the limelight after the Population and Housing Census Report 2017. Taking cognizance of over growing Population, the Supreme Court of Pakistan took Suo Moto Notice under Human Rights Case No.17599. It contended that the right to life and several other rights are meaningless if people are deprived of the basic amenities such as food, water, shelter, education etc. Under the directions of the Supreme Court of Pakistan, a National Task Force was constituted on Population & Family Planning to come up with recommendations aiming at accelerating the efforts of the Government to increase Contraceptive Prevalence Rate and thereby lower Total Fertility Rate and reduce Population Growth Rate. The National Task Force came up with eight sets of broad recommendations. One of the recommendations was Legislation on Pre-Marital Counselling.

The recently concluded Housing & Population Digital Census 2023 has counted 241.9 million people in Pakistan with intercensal growth rate of 2.55% between 2017-23. A follow up was taken up by the Law & Justice Commission of Pakistan in July 2023 “Calibrating Population & Resources.” One of the recommendations was to initiate Marital Counseling as part of FP/RH. Marital Counseling services will also be aligned with the Sindh Reproductive Healthcare Rights Act, 2022 which envisions counselling to be given to married couples to ensure awareness and responsibility for Family Planning & Reproductive Health.

In the Province of Sindh under the able leadership of Dr Azra Fazal Pechuho, Minister for Health and Population Welfare, supported the idea of Marital counselling as also cited in the Sindh Reproductive Health Care Rights Act amended Bill 2022. Her dedication to the issues related to Population Welfare and Health are recognized and greatly appreciated. This new initiative was spearheaded by Mr. Rehan Iqbal Baloch, Secretary Population Welfare Department Sind to whom we are greatly indebted.

We are grateful to the Technical and Financial support of UNFPA and deeply recognize their contribution in development of Module as well as Manual of Marital Counseling. The staff members including Ms Bayram Gul, Ms Renuka Swami, Mr Akram and others who proactively managed and coordinated the overall process for developing these documents and contributed their time in harmonizing & managing the requisite support is highly valued.

Our gratitude goes to the Staff of PWD Sindh, who practically organized the Orientation and Consultative process which brought an array of Trainers, Service Providers and Technical staff of the Population Welfare and Health Department whose field experience and inputs were well taken and incorporated in the Final version of both Module and Manual of Marital Counseling. The support and contribution of Mr. Shah Faisal Zahir, Director (CTL&S), Dr. Nariman Baloch, Director (Medical) and Mr. Muhammad Shoaib Siddiqui, Assistant Director (Admn.) and all colleagues who assisted during the whole process is highly appreciated and acknowledged.

This endeavor would not have been possible without the expertise of Consultant Dr Mumtaz Esker (Former Director General, Ministry of Population Welfare) who held comprehensive interviews with relevant stakeholders of Department of Health and Population Welfare Sindh to get their expert views on the subject matter which made it all inclusive and possible to develop and finalize both the Marital Counseling Module & Manual in a limited time. We greatly recognize her invaluable contribution to the cause of Reproductive Health & Rights, Family Planning and Maternal Neonatal Child Health.

For the married couples the Marital Counseling reveals primary skills that can be used to discuss, solve arguments, and create a well-balanced relationship. It raises success in parenting, respects family concerns, integrity toward each other’s needs by recognizing each other’s strengths & weaknesses and address issues when they arise instead of neglecting them. By building mutual trust in relationship and encouraging problem-solving using good communication skills may be reasonably enough to keep a marriage healthy, for without it the chance of success gets minimized.

We therefore hope that the Medics and Paramedics of PWD & DOH who are mandated to provide Marital Counseling & Family Planning counseling information and services to married couples, being the front-line service providers, will help the couples by giving them evidence based factual information and skills for living a healthy and happy married life together. These documents as a resource/guide have been compiled for the benefit of those couples who will be interested in Marital Counseling which is a first attempt to do so in the Province of Sindh, Pakistan.

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## Acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality
ABCD	Abstinence, Be Faithful, Condoms and Don't do Drugs
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
BBT	Basal Body Temperature
COCs	Combined Oral Contraceptive Pills
CRC	Convention on the Rights of the Child
DMPA	Depomedroxyprogesterone Acetate
DOH	Department of Health
ECPs	Emergency Contraceptive Pills
FP	Family Planning
HIV	Human Immune Virus
HPV	Human Papillomavirus
HRBA	Human Rights-Based Approach
HTSP	Healthy Timing and Spacing of Pregnancy
ICPD	International Conference on Population and Development
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Bed Nets
IUCD	Copper-Bearing Intrauterine Devices
LAM	Lactational Amenorrhea Method
MC	Marital Counseling
MC-FP	Marital Counseling - Family Planning

MNCHN	Maternal, Neonatal, Child Health and Nutrition
MPDSR	Maternal and Perinatal Death Surveillance and Response
PAFP	Postabortion Family Planning
PBUH	Peace and Blessings be upon him
POPs	Progestogen Only Pill
PPT	PowerPoint Presentation
PWD	Population Welfare Program
QoC	Quality of Care
RH	Reproductive Health
RMNCH+A	Reproductive, Maternal, Newborn, Child Plus Adolescent Health
RTIs	Regional Training Institutions
SDM	Standard Days Method
SOPs	Standard Operating Procedure
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
STM	Sympto-thermal Method
SWT	Subhanahu Wa Ta'ala
UHC	Universal Health Coverage
VCAT	Values Clarification and Attitude Transformation
VRBFP	Voluntary, Human Rights-Based Family Planning
WHO	World Health Organization

# Part 1: Marital Counseling Synopsis

## Introduction

Service providers will conduct Marital Counseling (MC) sessions that mainly provide married couples with information about marriage and relationships, responsible parenthood, maternal and child health, healthy timing and spacing of pregnancy, family planning, home management and empowerment of couples. The couple will ideally gain knowledge on how to make the marriage successful and how to nurture the family. This kind of counseling can also help to identify marital obligations and how-to live-in harmony with family and in-laws.

## Course Approach

The training manual presents marital counseling as a general service-delivery skill that relates comprehensively to all areas of Marital Life and FP/SRH/MNCHN. This integrated approach teaches staff to use communication skills and counseling to assess and address clients' reproductive health needs holistically, rather than restricting the needs assessment and counseling to one service area. It emphasizes client centered approach in a comprehensive manner, the clients' rights, and how the decision-making process is influenced by a combination of social, personal, and service-delivery factors.

## Objectives of Manual

The participants will have the knowledge, attitudes and skills necessary to carry out the following tasks:

- Facilitate couples in developing the skills they will need to carry out marital decisions
- Understand the basic concept of marriage in Islam, apply it in daily life and propagate it
- Know the importance of human sexuality for married couples
- Comprehend planning a family as a way of helping couples to build a happy, healthy and well-provided life
- Assist parents to help children distinguish between right and wrong behavior, learn to accept limitations and value freedom with responsibility
- Explain effective and supportive approaches to counseling married clients on contraception
- Help married couples assess their needs for a range of services, information and support in MC
- Understand the impact of personal and social/environmental factors on health-seeking behaviors
- Identify strategies for building a positive service environment for married couples
- Enlist ways of building trust with and protecting privacy & confidentiality of married couples
- Establish trust and a positive nonjudgmental relationship between the provider and couple
- Define the rights to family planning services and informed & voluntary decision making
- Encourage communication for empowerment of individual/couples to enable choice & opportunities

## Intended Users

This manual is intended for the use as reference during the actual provision of Marital Counseling information & services, or as a resource for future step-down trainings. It is specifically intended for the

Counselors/Doctors of PWD & DOH who will provide marriage counseling to newlywed couples and to those who need further counseling in married life i.e facilitation and referrals.

### **Learning Approach**

The manual encourages adult learning methodologies with key messages to build upon the experiences and insights of the participants. These methods employ the experiential, interactional, and participatory learning approaches that engage the learners actively in their own understanding by incorporating their personal experiences and prior knowledge to the acquisition of new knowledge, attitudes, and skills. Experiential learning gives participants an opportunity to learn by reflecting on their personal experiences, develop skills by doing and receiving immediate feedback.

### **Counseling Methodology**

Participatory learning is preferred for all topics covered in this module. The trainer/facilitator is anticipated to select suitable methods that maintain and promote the exceptional characteristics of adults and recognize the principles of adult learning.

- Trainer Presentations
- Illustrative Lectures
- Group Discussion and Feedback
- Role play/simulated practice
- Individual and Group Exercises
- Case Studies through real life examples
- Hands on Practice using Objective Competency-Based Skills Checklist

### **Marital Counseling Related Outcomes**

- **Improved couple communication and support.** Increased partner support and couple interspousal communication about positive attitude towards planned parenthood and improved decision-making about family well-being.
- **Improved health seeking behaviors.** Facilitate and support inter-spousal communication and counseling on healthy timing spacing of pregnancy, some infectious sexually transmitted infections - STIs, Hepatitis B, C and HIV and any Genetic disorder.
- **Increased male outreach and participation.** Increased uptake of couples counseling services, and accompaniment of husband for general or specific visits to the health clinic.
- **Improved knowledge about fertility and planning family.** Increased knowledge about fertility, pre-conception care, pregnancy, and use of contraception.
- **Improved contraceptive use.** Increased adoption and continuation of contraception, in addition to increased birth spacing for better health outcomes.

### **Role of Marital Counselors**

The marital counselors will engage couples in imparting knowledge about married life and related health and well-being. Discuss topics on the challenges of marriage such as couples' rights and obligations, and

how to nurture the union and the family that they would like to raise. It is a type of remedy that helps couple to start their new phase of life with realization and knowledge of planned parenthood and related sexual reproductive health issues etc.

To be effective marital counselors and resource persons, they ought to be good communicators and must not impose own values/beliefs on the clients. They need to be knowledgeable, objective, non-judgmental, un-biased and pleasant.

### **Qualities of Marital Counselors/Trainers**

- Be adequately trained and certified as a Marital Counselor by the PWD Sindh
- Possess ability to deal with and adjust to diverse situations
- Open to new concepts and ideas of others
- Must be gender-sensitive
- Able to work in and with a team

### **Number of Days**

Six hours intensive three days Training Course

### **Materials Needed**

This includes the educational and training materials that will be needed for each session. Some of these materials need to be adapted as part of the interactive learning which addresses the needs of individuals through learning pathways, effective feedback, and supplementary resources. The facilitator must list the steps that are needed to conduct the sessions ahead of time.

- Trainer's Manual and Marital Counseling Module Sindh
- PowerPoint slides to accompany each module
- Laptop computer, multimedia/projector, and screen to show PPT
- Flipcharts, paper, easel, sticky notes, sticking tape and different color markers
- Materials needed for icebreakers and energizers
- Participant handouts and trainer's tools (see annexures)
- Visuals aids: whiteboard, posters, flashcards, printed handouts.
- Audio-visual aids
- Zopp cards

### **Format of the Trainers Manual**

This Marital Counseling Training Manual is divided into three parts.

- **Part 1** covers all topics related to couple marital life with background information for the trainers on content and training approaches.
- **Part 2** deals specifically with counseling information and skills to be used while counseling couples.
- **Part 3** detailed instructions are given for conducting each activity and engaging participants.

The document ends with additional activities, pre/post-test and key, case studies for role plays by participants, series of annexures having hand-outs for participants and additional resource material.

Each session in the curriculum has four basic components:

- Introduction
- Learning Objective
- Timeline
- Key Facts to Share

**The Introduction** is the most important part since it captures the audience attention, states the topic and makes the topic relatable, establishes credibility, and previews the main points. An introduction is the jist of the entire session and needs to match the content.

**The Objectives** are a clear precise statement which tells us what the learner will be able to do by the end of session. They are concrete measurable behaviors, attitudes or skills that the participant adopts by the end of the session. These provide the basis for outcome assessment and evaluation. It gives the trainers a sense of direction and emphasizes the importance of the session to the participants and clarify what will be assessed at the end of the training. Each topic addresses specific learning objectives.

**A Timeline** is suggested for the entire session. An estimated timeline is given for each topic to allow the trainers advance preparation.

**The Key Facts to Share** summarizes the sessions take away messages and reiterates the important lessons discussed. It gives a snapshot of the entire session and can be easy to recall.

## **Training Evaluation**

At the end of the Training on Marital Counseling the participants will complete a training evaluation form (Annex 3). This evaluation form is a source of feedback which will provide important information on how the training could be improved for future and meet participants training needs.

Upon completion of the training, take at least a half hour to read through the training evaluation forms. Focus on the questions where the ratings were relatively low and think through how these areas can be strengthened in the future. Think of ways to address suggestions offered in response to **“How can we improve this training?”**, particularly if mentioned by multiple participants.

## **Positive Learning Environment for Training**

Many factors contribute to the success of a training course. A key factor is the learning environment. Trainers can create a positive learning environment by:

- **Respecting each participant.** Trainers should recognize the knowledge and skills the participants bring to the course and can show respect for them by remembering and using the participants' names, encouraging them to contribute to discussion and requesting their feedback on the course agenda.

- **Giving frequent positive feedback.** Positive feedback increases people' motivation, learning ability. Whenever possible, trainers should recognize the participants correct responses and actions by acknowledging them publicly on making such comment, "Excellent answer" "Great question" or "Good work" Trainers can also validate the participants responses by making such comments as "I can understand why you would feel that way...."
- **Making sure that the participants are comfortable.** The training room should be well-lighted, well-ventilated and quiet and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.
- **The Trainer/Facilitator** or co-trainers/facilitators should familiarize themselves with all components of the manual well in advance of the training. The Marital Counseling Module was developed to support trainers/ facilitators and co-trainers/facilitators to plan and implement the training.

## Marital Counseling Sessions

The module is divided into ten sessions as shown in Table 1. Each part can be used individually by the counselors according to the specific need of the couple. Additional material has been provided in the annexures.

**Table 1:** Division of Sessions

<i>Part 1: Orientation &amp; Overview of the MC Session</i>	
<i>Topic 1</i>	Marital Orientation & Overview
<i>Topic 2</i>	Religious Teachings on Marriage & Family Wellbeing
<i>Topic 3</i>	Marital Counseling in Family Health
<i>Topic 4</i>	Rights-Based Approach & Quality of Care
<i>Topic 5</i>	Responsible Parenthood
<i>Topic 6</i>	Caring & Managing the Family & Home
<i>Part 2: Counseling for Married Couples</i>	
<i>Topic 7</i>	Marital Communication Skills
<i>Topic 8</i>	Couples Empowerment for Decision Making
<i>Part 3: Values Clarification Attitude Transformation</i>	
<i>Topic 9</i>	Group Activities
<i>Topic 10</i>	Role Plays on Case Studies

## MC Session Design

Use the schedule given below to help manage the training realistically and successfully.

**Table 2:** Session Design

Training Sessions		
Time	Session Objective	Agenda Item
<b>Day 1</b>		
¼ hour	To have information of trainers prior to starting the session	Registration
¼ hour		Recitation from the Holy Qur'an
¼ hour	To set the tone of the Session on Marital Counseling	<b>Setting the Tone</b> <ul style="list-style-type: none"> <li>• Welcome and Introductions</li> <li>• Purpose of MC</li> <li>• Display and discuss manual objectives</li> <li>• Answer and clarify any questions</li> <li>• Articulate their expectations</li> <li>• Review the participants responses</li> </ul>
<b>Tea Break (15 min)</b>		
<b>Pre-Test (30 min)</b>		
½ hour	To enable couples to live a happy married life	<b>Orientation &amp; Overview</b> <ul style="list-style-type: none"> <li>• Definition of Marriage &amp; MC</li> <li>• Discuss its advantages</li> <li>• Enlist the elements of a harmonious marriage</li> <li>• Comprehend roles and relationships in marriage</li> <li>• Understand ways to ensure an enabling environment for marriage to flourish</li> <li>• Counsel &amp; engage the couple/individual for healthy married life</li> </ul>
<b>Lunch Break (30 mins)</b>		
1 hour	To engage trainers to know the Islamic Teachings on family wellbeing as a driver of social behavior change	<b>Religious Teachings on Marriage &amp; Family Wellbeing</b> <ul style="list-style-type: none"> <li>• Islamic perspective on marriage</li> <li>• Rights and obligations in marriage</li> <li>• Islam about marital union</li> <li>• Islamic view on breastfeeding and birth spacing</li> </ul>
2½ hours	To explain the various stages of family health	<b>Marital Counseling in Family Health</b> <ul style="list-style-type: none"> <li>• Building Family Foundations</li> <li>• Anatomy &amp; Physiology of Reproductive System</li> <li>• Preconception Care</li> <li>• Conception</li> <li>• Antenatal and Postnatal Counseling</li> <li>• Postpartum and Post-Abortion Counseling</li> <li>• Caring for the New-born/Infant</li> </ul>



<b>Day 2</b>		
<b>¼ hour</b>	To encourage active learning by engaging trainees in open discussion	Revise Key Points from Day 1
<b>½ hour</b>	To understand Rights-based approach and the importance of QoC	<b>Rights-Based Approach &amp; Quality of Care</b> <ul style="list-style-type: none"> <li>• Elements of client centered QoC framework (Bruce 1990)</li> <li>• Rights-Based Approach in MC</li> <li>• QoC in Marital Counseling</li> </ul>
<b>Tea Break (15 min)</b>		
<b>2 hours</b>	<p>To discuss the importance of planning the family</p> <p>To enlist the consequences associated with high-risk pregnancy</p> <p>To gain perspective on the importance of HTSP</p>	<b>Responsible Parenthood</b> <ul style="list-style-type: none"> <li>• Planning the Family and its Importance</li> <li>• Prevention of High-Risk Pregnancy</li> <li>• HTSP and Health Outcomes</li> <li>• Contraceptives &amp; Relationship to Sexuality</li> <li>• Side Effects and Impact on Couple/Client</li> <li>• Sexual Reproductive Health and Disease</li> <li>• Infertility</li> </ul>
<b>1 hour</b>	To enable trainees to learn the concepts and practical matters about shared responsibility in caring for the home & family	<b>Caring &amp; Managing the Family &amp; Home</b> <ul style="list-style-type: none"> <li>• Shared Responsibility</li> <li>• Responsible Parenthood <ul style="list-style-type: none"> <li>• Duties and responsibilities of parents</li> <li>• Rights of the child</li> <li>• Dealing with children</li> <li>• Childless couples</li> </ul> </li> <li>• Tips in Budgeting, wise buying and saving</li> <li>• Healthy Lifestyle for the Family</li> <li>• Home Management</li> </ul>
<b>Lunch Break (30 mins)</b>		
<b>1½ hours</b>	To identify the reasons for family planning counseling and factors influencing counseling outcomes	<b>Marital Communication Skills</b> <ul style="list-style-type: none"> <li>• Counseling</li> <li>• Elements of MC Services</li> <li>• The Gather Approach</li> <li>• Countering Rumors and Misperceptions</li> <li>• Counseling &amp; Motivating Men</li> </ul>
<b>Day 3</b>		
<b>¼ hour</b>	To reflect on knowledge covered in the previous days	Revising Key Points from Day 2
<b>1 hour</b>	• To highlight the importance of empowerment of couples/women in MC & FP decision-making	<b>Couples Empowerment for Decision Making</b> <ul style="list-style-type: none"> <li>• Empowerment in Family Planning</li> <li>• Gender Transformative Approaches</li> <li>• Gender Power Dynamics</li> <li>• Route to Gender Equality</li> </ul>

	<ul style="list-style-type: none"> <li>• To know the Gender Power Dynamics and its effect on married life</li> </ul>	
<b>Tea Break (15 min)</b>		
2½ hours	<ul style="list-style-type: none"> <li>• To show empathy for adolescents and women seeking SRH services</li> <li>• To distinguish between personal beliefs and professional responsibilities in contraceptive provision</li> <li>• To express personal commitment to improve MC and FP/RMNCH+A services for young people</li> </ul>	<p><b>Values Clarification and Attitude Transformation</b></p> <p>Activities:</p> <ul style="list-style-type: none"> <li>• Hopes and Hesitations</li> <li>• Cross the Line</li> <li>• Large Group Activity</li> <li>• Group Activity</li> </ul> <p>Role-Plays on Case Studies</p> <p>Followed by Feedback</p>
<b>Post Test (30 mins)</b>		
<b>Training Evaluation (15 mins)</b>		
<b>Lunch Break (30 mins)</b>		
¼ hour		<p><b>Summarizing the MC Session</b></p> <ul style="list-style-type: none"> <li>• Open Forum for discussion</li> <li>• Summarizing MC concept</li> <li>• Key Learning Points and Messages</li> </ul>
½ hour		<p><b>Certificate Distribution</b></p>
<b>Closing Remarks</b>		

## Topic 1: Marital Orientation & Overview

### Introduction

It is designed to enable trainers to give couples an understanding of marriage, family relationships and responsibilities as part of their married and family life. It gives basic information to facilitators to provide couples a deeper understanding and appreciation of what to expect during marriage and to effectively guide them in forming their family.

### Learning Objectives

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

- Define marriage and its advantages to individual/couple
- Enlist the elements of a harmonious marriage
- Comprehend roles and relationships in marriage
- Understand ways to ensure an enabling environment for marriage to flourish
- Counsel & engage the couple/individual for healthy married life

### Timeline

30 minutes

### 1.1 Marriage

Marriage is a 'Special Contract' of permanent union between man and woman entered in accordance with the law for establishment of conjugal and family life. It is the foundation of the family and an inviolable social institution whose nature, consequences, and incidences are governed by law and not subject to stipulation.

### Advantages of Marriage

**Financial:** Getting married often makes economic sense. Two can live more cheaply than one. Married people often work harder, earn more, and save more. Marriage has been linked with happiness. Research has proven when personal life is in order, work life is more satisfying. This can lead to longevity with a company/place of work and advancements within it. Marriage can offer the ability for one spouse to move more easily from career to career because the other can be the bread winner.

**Social:** Once a couple gets married, friends and family members tend to be more willing to offer support and assistance when it is needed. Married couples tend to spend time with other married couples and include opportunities for events that single people do not have.

**Legal:** Their spouse can give consent for medical treatments when others cannot. They have a right to inherit their spouse's property even without a will.

**Health-related:** Marriage often brings companionship, long-term friendship, better health, happiness, comfort and care over their lifetime.

## 1.2 Marital Counseling & Family Planning

In reviewing the different expressions, no single excepted definition of Marital Counseling in FP can be found. An overarching umbrella definition to Marital Counseling in FP is applied as “an intentional approach to married couples for shared understanding and joint decision making to meet their overall Sexual Reproductive Health (SRH) Goals.”

Marital counseling will be provided by Counselor to help a couple after marriage. It aims to help the couple examine unresolved issues, clarify personal values and address relationship expectation to increase their chances of having a successful marriage. Couple are also encouraged to improve their deeper level of interspousal communication and capitalize on their strengths to boost relationship satisfaction.

There are many reasons for individual and couples to practice MC-FP:

- Prevent pregnancy
- Postpone first pregnancy
- Preconception care
- Space children
- Prevent future pregnancies
- For health of mother and child
- For economic reasons

These reasons are often related to the stages in a women reproductive life:

- Newly married before child
- After first child but before last child
- After last child onwards

During each stage, contraceptive choices and needs vary. Within this context counselor can play a vital role in helping a woman or couple choose an appropriate method that match up their needs during their current stage of reproductive life.

During counseling the client is given the opportunity to:

- Explore the contraceptive options.
- Obtain accurate and unbiased information about the methods.
- Clarify her / his feelings and values about using contraception.
- Identify her/ his reproductive goals and concern about safety, effectiveness, and reversibility.
- Make informed choice / decision.

### Importance of Marital Counseling

- MC educates couples on their rights and responsibilities and help improve health outcomes.
- MC reduces the risk of pregnancies below 18 years and over 35 years of age and birth spacing of 36 months between two children.

- MC helps reduce the unmet need for family planning by providing couples with information so they can plan according to their aspirations and available resources.
- MC plays an important role in influencing the couple's fertility behaviors, and choices.
- It can help reduce the burden of genetic disorders (specifically Thalassemia and others).

### 1.3 Roles and Relationships

#### *As Husband and Wife*

The rights and obligations of husband and wife are defined and protected by the following provisions. The husband and wife are obliged to live together, observe mutual love, respect, and faith-fullness, and render mutual help & support. The husband and wife are required to live in harmony and respect for each other, always strive to resolve conflicts peacefully and amicably as there is no place for violence in the home.

#### *With in-Laws*

When individuals marry, they automatically become members of their spouses' families. In-laws have a big part in the success or failure of marriage, hence maintaining good relationship with in-laws is very important and should be encouraged.

#### *As Prospective Parents*

The couple should be able to care for and relate well with their children as member of the family increases. The relationship between children and their parents is one of the most important relationships in the child's life, often lasting well into adulthood.

### 1.4 MC Preventive Health Approach

- Marital counseling is an educational, preventive approach and therapeutic based on an orderly and organized process of the purpose of marriage, male and female psychology, awareness about correct criteria for marriage, and the required conditions for marriage.
- Marital care promotes the health and well-being of a couple after marriage.
- Marital counseling program provides baseline assessment of individuals and identifies & reduce the genetic risks and incidence of the common blood disorders.
- It is means to reduce the burden of hereditary genetic diseases, sexually transmitted infections, birth defects etc.

### 1.5 Elements of a Harmonious Marriage

A good marriage often has the following ingredients:

- Mutual understanding and commitment
- Love, respect, loyalty, trust, shared believes and ideas.
- Effective inter-spousal communication.
- Intimacy and mutual regard for each other.
- Good health and financial stability.
- Continued personal and shared growth & development.

## 1.6 Qualities that help make a marriage last

- **Trust.** Keep marriage space sacred and private.
- **Restraint.** Resist temptation and remain true to each other.
- **Intimacy.** Try being open with each other.
- **Priorities.** Put marriage first above other.
- **Difference.** Respect each other differences and know that difference keeps interest.
- **Sameness.** Share basic values, some interests, and tastes.
- **Communication.** Speak up and communicate needs, likes/dislikes, agreements/disagreements.
- **Fairness.** Play fair & reasonable.
- **Respect.** Demonstrate and reveal it.
- **Emotion.** Being human sometimes one can get mad at each other but not as a regular feature.
- **Reconnection.** Get un-mad. live with it and work on letting the anger go.
- **Humor.** Having a sense of humor at the right time helps.
- **Gratitude.** Be glad together and thankful/grateful and say so.
- **Truthfulness.** Tell the truth and try to say it gently & clearly so that the other person can hear it.
- **Sensitivity.** Know where the sensitivities are and be careful not to push them.
- **Persistence.** Staying married takes determination, hard work and time.
- **Forgiveness.** For the spouse and for oneself, too.
- **Teamwork.** Help each other grow and flourish.

There are many other qualities that you can think of that help marriage stays healthy and alive.

### Key Facts to Share

- Marital Counseling must be the voluntary and informed decision of the client.
- All couples have the right to full information and services on Marital Counseling.
- Marital care promotes the health and well-being of a couple after marriage.
- Purpose of counseling is to help a client in self-exploration, self-understanding and decision-making.
- Mutual understanding and commitment; love, respect, loyalty, trust, shared believes & ideas are elements of a harmonious married life.
- Effective inter-spousal communication and intimacy & mutual regard for each other. There are many qualities that help marriage stay healthy & alive and mor that can be reflected & thought of.
- Inform married couple about the risks of pregnancy under the age of 18 years and over age of 35 years.
- It is one of the best opportunities to educate them during prenatal care/post-natal period, vaccination of infants and during genetic counseling and any mental health care.

- Success of MC depends on how to ensure confidentiality & respect for privacy at all stages of counseling.
- The counselor & client relationship are of trust & confidence, respect for the values and beliefs of client/couple and not to be judgmental.

## Topic 2: Religious Teachings on Marriage & Family Wellbeing

### Introduction

In Islam marriage is a contract and is said to take place after there has been a valid offer and acceptance. In a social context it is said to be the setting for the purpose of legalizing the procreation of children. The word 'marriage' translates into Arabic as 'nikah' which literally means 'union of the sexes'. The Prophet of Islam, (peace be with him and his progeny), considers the family as an unsurpassed structure in the community. He himself sets a superb example in this regard, encouraging his followers to marry and abide with this golden tradition. The role of marriage prepares a couple to move towards moral and mental perfection, the well-being of mind and body. This in turn results in the well-being of society. Man by himself is incomplete; it is only through marriage (legally) that he/she are able to reach completion.

### Learning Objectives

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

- Value the concept of marriage in Islam and propagate it.
- Understand the basic concept of marriage in Islam and apply it in daily life.
- Associate with Islamic code of life and apply it for the betterment of family wellbeing.
- Relate to the spouses responsibility to each other, children and family/in-laws.
- Know the importance of breast feeding for the health of new-born and infants.

### Timeline

60 minutes

### 2.1 Marriage in Islam

The Quran specifically refers to marriage as “*mithaqun Ghalithun*” which means “a strong covenant.” Marriage is “*mithaq*” - a solemn covenant (agreement). It is not a matter which can be taken lightly. It should be entered into with total commitment and full knowledge of what it involves.

The Qur'an states that the purposes of marriage are:

1. **To ensure preservation of the human species and continuation of the human race.** “O mankind! Be careful of your duty to your Lord, Who created you from a single soul and from it created its mate and from them has spread abroad a multitude of men and women”. (Quran: 4:1)
2. **To provide the spiritual and legal foundation of the family.** “And of His signs is this: He created for you mates from yourself that you might find rest in them, and He ordained between you love and mercy. Lo, therein indeed are portents for folk who reflect”. (Quran 30:21)
3. **Through marriage, the conjugal relationship between a man and a woman becomes lawful.** It provides a legitimate outlet for recreation as well as procreation. Islam regards sex as natural and good but restricts it to the partners of marriage to ensure the responsibility for its consequences.



## 2.2 Importance of a Family Code

A well-balanced family system is the very foundation of a happy life and the root of a progressing society. Religion takes human beings nearer to Allah (SWT). Therefore, it must create an atmosphere conducive to that ideal; otherwise, it cannot achieve its goal. No religion is complete unless it has a well-defined code of family life which expressly shows the role and responsibility of each member of the family. The family is a closely-knit unit of human society; and this nearness can create friction and conflict unless every member knows in explicit terms their duties and rights.

## 2.3 Islam and the Family System

Islam is the Final religion and has the most ideal Shariah (revealed law). An unbiased observer cannot help admiring the equilibrium which it has achieved balancing the demands of body and spirit, providing guidance concerning life in this world as well as teachings concerning life in the hereafter. It is the Perfect Shariah which did not leave any human need uncared for. In so far as family-life goes, Islam has unravelled every problem of the family system with such skill that one has to accept that it could not be solved in a better way.

## 2.4 Family Pillars

There are those persons in any family without whom a family cannot be regarded as complete. A human being is born of a father and a mother; the parents look after the child and bringing up. This child in turn attains maturity and is joined to a spouse in the link of matrimony. Then this couple starts their own family. Thus, we may say that the persons who form pillars of the family are father, mother, child, husband and wife.

## 2.5 System of Islamic Society

Islam has laid down a straight-forward highway with such skill that a man walking on it may enjoy the delight of both these systems, and still not be beset by the thorny problems of either. Islam removed the basic cause of lassitude by decreeing that everyone is responsible for the expenses of his own dependents. No one has the right to put the burden of his children, for example, on the shoulders of other relatives. Thus, the effects of the joint family system were avoided; at the same time, everyone was emphatically enjoined to "keep the bond of relationship intact." This prevents the tendency to selfishness and aloofness from one's own flesh and blood.

## 2.6 Spouses' Rights

"And among His signs is this, that He created for you mates from among yourselves, that you may dwell in tranquility with them, and He has put love and mercy between your hearts. Verily in that are signs for those who reflect." (Quran: 30:21)

In the Quran, the marriage relationship is described as one with "tranquility," "love" and "mercy." Elsewhere in the Quran, husband and wife are described as "garments" for each other (Quran: 2:187). This metaphor is used because garments offer protection, comfort, modesty, and warmth. Above all, the Quran describes that the best garment is the "garment of God-consciousness" (Quran: 7:26).

Muslims view marriage as the foundation of society and family life. All Muslims are advised to marry, and the Prophet Muhammad (PBUH) once said that "marriage is half of faith." Islamic scholars have commented that in this phrase, the Prophet was referring to the protection that marriage offers- keeping one away from temptation and trials with patience, wisdom and faith. Marriage shapes character as a Muslim and as a couple.

Hand-in-hand with feelings of love and faith, Islamic marriage has a practical aspect and is structured through legally enforceable rights and duties of both spouses. In an atmosphere of love and respect, these rights and duties provide a framework for the balance of family life and the personal fulfillment of both partners.

## 2.7 General Rights

- To be treated with honor, kindness, and patience.
- To enjoy intimate relations with each other.
- To have and raise children, by God's will.
- To keep one's legal and personal identity after marriage. Muslim women can retain their own family names, inheritance rights, property, maher etc.

## 2.8 General Duties

- To be faithful to the marriage bond.
- To assist and support one another, and to resolve disputes amicably.
- To strive to be attractive to one's spouse (both men and women).
- The husband has the duty to provide all physical maintenance of the family (housing, clothing, food, medical care etc.)

In terms of their expectations, these general rights and duties provide clarity for a couple. Individuals may have different ideas and needs which may go beyond this foundation. It is important for each spouse to communicate clearly and express those feelings.

Islamically, this communication begins when each party may add their own personal conditions to the marriage contract before it is signed. These conditions then become legally enforceable rights in addition to the above. Just having the conversation, helps open the couple up to clear communication which may strengthen the relationship over the long term.

## 2.9 Rights of Parents

“And We have enjoined on man goodness unto his parents; and if they strive with you that you should associate (others) with Me, of which you have no knowledge, then do not obey them, unto Me is your return, and I will inform you of what you were doing.” (Quran: 29:8)

“And We have enjoined on men doing of good to his parents, with trouble did his mother bear him and with trouble did she bring him forth; and the bearing of him and the weaning of him was thirty months; until when he attains his maturity and reaches forty years, he says: ‘My Lord! Grant me that I may give thanks for Your favor which You have bestowed on me and on my parents, and that I may do good which pleases

You and do good to me in respect of my offspring; surely, I turn to You, and surely, I am of those who submit.” (Quran: 46:15)

“And We did enjoin upon man concerning his parents, did his mother bear him with fainting upon fainting and his weaning takes two years, (saying:)’Be grateful to Me and to your parents: unto Me is the ultimate return (of all).” (Quran: 31:14)

Allah (SWT) says in Hadith al-Qudsi: The parents proceed to the old age side by side with the progress of the children towards youth. Naturally, the love and kindness of the parents and their efforts in caring for the children must be reciprocated by the children with obedience and help.

If there is anyone, after the Creator, who is directly responsible for the existence and progress of the child, it is parents. Symbolically speaking, the parents have power and authority over their children. It is for this reason that the Qur'an has, in many places, mentioned the obedience of the parent's side by side with the worship of Allah.

And worship Allah and join not any partner with Him and do good to parents... (Quran: 4:36)

And thy Lord hath decreed that ye worship none but Him, and that ye be kind to parents (Quran: 17:23)

It seems that the authority of parents is a mirror of the Lordship of Allah. Right from birth to weaning, and from protection to upbringing, at every stage it is the parents who are the means of conveying the Grace of Allah to the child. Likewise, the rights of the parents are very much akin to the rights of Allah.

The rights of Allah may be divided into three categories:

- First: The right upon the “soul”, e.g. the knowledge of Allah.
- Second: The right upon the “body”, e.g. prayer and fast.
- Third: The right upon “property and wealth”, e.g. zakat and khums (religious tax).

And thy Lord hath decreed that ye worship none but Him and that ye be kind to parents, (behave kindly with them and do not compel them to bring their needs to your attention; but fulfil their requirements before they have to tell you, even though in reality they are not in need of your assistance); if one or both of them attain old age in thy life, (and be-come angry with. you) say not to them a single word of contempt, and (if they beat you) repel them not; but address them in terms of honor (and respect, i.e., say to them ‘May Allah forgive you’) and, out of kindness, lower to them the wings of humility (and whenever you look at them, look with gentleness and kindness; do not raise your voice upon their voices, nor your hands above their hands; nor walk before them); and say: “My Lord! bestow on them Thy Mercy even as they cherished me in childhood.” (Quran: 17:23-24)

## 2.10 Rights of Children

Every father and mother should train their children in praiseworthy characteristics and good manners, whether towards Allah, His Prophet the Messenger of Allah (peace and blessings of Allah be upon him), towards the Qur'an and their ummah (global community of believers), and with everyone whom they know

and who has rights over them. They should not behave badly with those whom they mix with, their neighbours or their friends.

The father must discipline his child and teach him/her what he/she needs to know of religious duties. This teaching is obligatory upon the father and all those in charge of children before the child reaches the age of adolescence. The father should bring them up with good manners in all things, eating, drinking, dressing, sleeping, going out of the house, entering the house, riding in vehicles, etc, and in all their affairs. He should instil in them the attributes of a good person, such as love of sacrifice, putting others first, helping others, chivalry and generosity. He should keep them away from evil characteristics such as cowardice, stinginess, lack of chivalry, lack of ambition, etc.

“Just as your parents have rights over you, so too your child has rights over you, rather many rights, such as teaching them the individual obligations, teaching them Islamic manners, giving them gifts equally, whether that is a gift, a waqf (endowment), or other gift. If preference is shown with no reason, that is regarded as invalid by some of the scholars and as makrooh (disliked) by others.

There are many important turning points in human life - right from birth to adulthood - in which a wrong step may prove fatal for happiness and success - both of this world and of the life hereafter. Most important is education and character building of children.

The best way to inculcate good behavior in children is to behave with them with good grace. In this way, they will learn etiquette, good behavior and noble character. The Holy Prophet said: “Respect your children and teach them good behavior, Allah will forgive (your sins).” Also, it is desirable to gradually give them religious training because the impressions gained in childhood are very difficult to erase and if respect and love of religion is infused in his mind in childhood, he will always remain attached to the religion.

## 2.11 Islamic Views on Breastfeeding

In Islam, both parents and children have rights and responsibilities. Breastfeeding from his or her mother is considered children entitled right, and breastfeeding is highly recommended if the mother is able.

The Qur'an on Breastfeeding: Breastfeeding is clearly encouraged in the Qur'an:

"Mothers shall breastfeed their children for two whole years, for those who wish to complete the term" (Quran: 2:233).

Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period]. Upon the father is the mothers' provision and their clothing according to what is acceptable. No person is charged with more than his capacity. No mother should be harmed through her child, and no father through his child. And upon the [father's] heir is [a duty] like that [of the father]. And if they both desire weaning through mutual consent from both and consultation, there is no blame upon either of them. Therefore, Islam strongly recommends breastfeeding and the decision about breastfeeding and the time of weaning is expected to be a mutual decision by both parents, in consideration of what is best for their family.

Breast milk is the best milk and has abundant health benefits in terms of immunity of child and protecting them from infections, besides being a source of nutrition available at all times at the right temperature. LAM is a birth spacing method also if the right criteria is followed.

## 2.12 Characteristics of a Family

And those who say, "Our Lord, grant us from among our wives and offspring comfort to our eyes and make us an example for the righteous." (Quran: 25:74)

The Holy Quran commands Muslims to ask Allah for spouses and children that bring peace and comfort to the heart. Those offspring's who are "comfort to the eyes" of the parents are those who possess health, are educated, well-mannered, and earnest Muslims.

The Holy Quran has associated assets and off-springs as a source of trial in this world:

And know that your properties and your children are but a trial and that Allah has with Him a great reward. (Quran: 8:28)

In the Quran offspring and possessions, are a source of trial and anguish since excess of assets and affluence can be a source of trial and a source of distraction from religious obligations.

## 2.13 Maternal Health and Wellbeing

Your wives are a place of sowing of seed for you, so come to your place of cultivation however you wish and put forth [righteousness] for yourselves. And fear Allah and know that you will meet Him. And give good tidings to the believers. (Quran: 2:223)

A mothers physiological and reproductive needs must be met by allowing them to recuperate their strength and vigour before becoming pregnant again. In this way through birth spacing women's health is taken care of and protected. Just like the farmers know how to obtain a good yield by providing nutrients to the soil, giving gaps between cultivating the crops, avoiding out of season sowing, in order that the soil can regain its productive capacity.

With regard to 'azl (coitus interruptus), or withdrawing during intercourse, the correct scholarly view is that there is nothing wrong with it, because of the Ahadis of Jaabir (may Allah be pleased with him): "We used to practise 'azl at the time when the Qur'an was being revealed" i.e., at the time of the Prophet (peace and blessings of Allah be upon him). If that action had been haram, the Prophet (peace and blessings of Allah be upon him) would have forbidden it. The 5 major Islamic schools of thought (Hanafi, Maliki, Ja'fari, Hanbali, and Shafi) have permitted the practice of coitus interruptus.

## Key Facts to Share

- Islam regards marriages the first and foremost righteous act and an act of responsible devotion.
- Islam recognizes the religious virtue, the social necessity and the moral advantages of marriage.
- The Holy Quran describes a married person as a garment or protection unto his or her spouse thus screening the condition of the other from doing things forbidden in Islam.

- Marriage is highly valued and regarded as being half of one's faith, according to a saying of the Prophet (PBUH).
- It is a commitment to the dignified meaningful survival of the human race.
- The Prophet (PBUH) is the model for the whole of humankind. His attitude towards children was always compassionate and merciful.
- It is obligatory upon the husband to provide for the wellbeing and needs of his spouse and future offspring's.
- Rights and duties are inter-related. The right of 'A' is the duty of 'B'. Although, as mentioned above, natural parental love was enough surety for the upkeep, wellbeing and upbringing of the child, Islam prepared some wonderful guidelines for the parents.
- The best way to inculcate good behavior in children is to behave with them with good grace. In this way, they will learn etiquette, good behavior and noble character.
- The husband has the duty to provide all physical maintenance of the family (housing, clothing, food, medical care, etc).
- A well-defined family life code clearly shows role and responsibility of each member of the family and a practical way to enforce rights and duties of both spouses.
- Islam considers breast feeding as child entitled right and is highly recommended if the mother is able. Islamic law requires mothers to breast feed their children for two complete years.

## Topic 3: Marital Counseling in Family Health

### Introduction

Counseling is a vital part of marriage, maternal & newborn health and family planning & reproductive services. The term “counseling” is often understood in many different ways. In this training manual facilitators’ guide we focus on counseling for maternal and newborn health and family planning as “an interactive process between the skilled attendant/health worker and a woman and her family during which information is exchanged and support is provided so that the woman and her family can make decisions, design a plan and take action to improve their health. Good counseling focuses on the client’s needs and situation. Good counselors are willing to listen and respond to the client’s questions and concerns.

The marital counseling aim is to help managers and trainers in their efforts to improve the health of mothers and newborn babies. Through this training on an Integrated MC/FP/RH/MNCHN services counseling is offered and how it relates to couple/individual needs imparted by skilled providers at any level of the population & health care system. Counseling is a two-way interaction between patient and provider intended to assess and address the client overall health needs, knowledge, and concerns. Although service providers may be limited in their work to the services that are offered at their service site, they should be aware of other services not provided in the community so they can help clients access those services through referral.

### Learning Objectives

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

- Understand the concept of family health and its positive effect on family wellbeing
- Familiarize with the terms sexuality and reproductive system
- Know the importance of Human Sexuality for Married Couples
- Distinguish the Biological & Psychosocial Changes and Physical changes during Adolescence
- Recognize Reproductive Health Rights of Adolescents/Young and married people
- Assess women at risk and encourage them to utilize preconception care /contraception.
- Discuss prenatal care for a healthy maternal and foetal pregnancy outcome.

### Timeline

150 minutes

### 3.1 Building Family Foundations

The family is the first and foremost institution in society and the most popular in Islam ‘A healthy and stable family’. It can deliver healthy, balanced, helpful, and valuable people to the community. The young couples are the future-makers of the society & country, and their health depends on the health of the family.

The couple may decide to build their family. A first step to a couple’s fulfilling partnership is the understanding of their sexuality, their reproductive functions, and their combined fertility. Human sexuality is a product of what we are born with. It is our own unique life experiences that have shaped our attitudes, feelings, and values toward ourselves and other people. Sexuality includes all kinds of relationships - with

one's parents, siblings or other people. This complex phenomenon covers many aspects. Biologically, sexuality refers to the reproductive mechanism as well as the basic drive that exists in all species and can encompass reproductive processes like sexual intercourse and childbearing.

### **3.2 Importance of Human Sexuality for Married Couples**

- Understand a man's and woman's basic characteristics and differences is necessary to achieve sexual harmony that make and keep a successful marriage.
- Sexual harmony happens when husband and wife recognize and appreciate each other's sexual needs and desires and preferences.
- Make couples aware of their reproductive capacity and to control and regulate it as guided by their sense of responsibility.
- Enable couples to realize their respective roles as husband and wife and as children of their parents and as parents to their children.
- Provides a sense of wellbeing, enhancement of life and feelings of oneself towards greater fulfilment in relationship with others.

### **3.3 Adolescence**

Adolescence is a period of transition from childhood to adulthood in which adolescents begin to take control of their own life and make decisions for themselves. The Reproductive Health Rights and needs of adolescents/young people need reassurance. It is a period during which adolescents develop biologically and psychologically and move towards independence.

- Biological and psychosocial changes during adolescence
- Physical changes in boys and girls
- Social and emotional changes

### **3.4 Biological & Psychosocial Changes during Adolescence**

For young people, adolescence is all about change: in the way they think, in their bodies and in how they relate to others. It is important to know these changes in order to understand the special needs of young people and provide appropriate services.

Children tend to be concrete thinkers, mostly relying on literal, straightforward interpretation of ideas. In adolescence they become abstract thinkers, as they begin to be able to think abstractly and conceptualize ideas such as love, justice, fairness, truth and spirituality. They start to analyze situations logically in terms of cause & effect, think about their futures, evaluate alternatives, set personal goals and make mature decisions.

With their abilities to think and reason increase, adolescents become increasingly independent, and take on increased responsibilities. They also often challenge the ideas of the adults in their society which can lead to friction.



## Physical Changes in Boys & Girls

### *Physical changes observed in boys*

- Skin becomes oily, sometimes with pimples and acne.
- Hair grows under arms, pubic areas, legs, chest, face.
- Muscles especially in legs and arms get bigger and stronger.
- Shoulders and chest broaden.
- Weight and height increase, hands, feet, arms and legs become larger.
- Perspiration increases and body odour may appear.
- Voice cracks and then deepens.
- Wet dreams and erection occur frequently.

### *Physical changes observed in girls*

- Skin becomes oily, sometimes with pimples and acne.
- Hair grows under arms, pubic area, legs.
- Breasts grow
- Hips broaden,
- Weight and height increase, hands, feet, arms, and legs become larger
- Perspiration increases and body odor may appear.
- Voice deepens
- Menstruation begins, known as Menarche

### *Social and emotional changes*

As adolescents grow physically, they also think and feel differently. Some of these changes in the way they think are a consequence of growing older and learning more about the world and how other people think and behave. But changes are more likely to be a consequence of the hormonal changes in their bodies. These altered feelings can often be a source of confusion and unhappiness:

- Start to think independently/make decisions for themselves.
- Experimentation and curiosity (use of stimulants)
- Friends may matter more than they used to (what they wear, do, how they speak and use informal language)
- Mood changes & need for privacy.
- Concern about body image, need to be attractive and able to sexually attract people.
- Disrespect for authority including parental supervision.
- Argumentative and aggressive behaviors become evident and disturbing.

## 3.5 RH Rights of Adolescents & Young People

Reproductive health rights refer to those rights specific to personal decision making and behaviour, including access to RH information and services provided by trained health professionals. Adolescent SRH refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs and all forms of sexual violence and coercion.

RH Rights include:

- The right to information and education about sexual & reproductive health services.
- The right to decide freely and responsibly on all aspects of sexual behavior.
- The right to own, control, and protect one's own body.
- The right to be free of discrimination, coercion, and violence in sexual decisions.
- The right to the full range of accessible and affordable SRH/FP information & services regardless of sex, creed, belief etc.

### 3.6 Pre-Conception Care

Preconception care can help ensure a healthy maternal and foetal outcome through risk assessment and client counseling. The primary areas of risk assessment include past obstetrical and gynaecological history, past medical history focusing on history of chronic illnesses & infectious diseases, family history of genetic disease and psychosocial history.

Reduction of maternal and childhood mortality and morbidity requires the provision of a continuum of care that spans pregnancy, childbirth, infancy, childhood, adolescence and adulthood. Interventions before pregnancy can increase the health and well-being of adolescents, adult women and men, and improve subsequent pregnancy and child health outcomes.

It is also important to emphasize that there is increased risk to girls who get pregnant below the age of 18 years. For most patients, a well-balanced diet should provide for an increased intake of certain nutrients, specifically protein, calcium, iron, and folic acid and dietary supplements. Women over the age of 35 years should be counseled about the increased risks associated with advanced maternal age.

WHO reflects that global consensus on preconception care is that it reduces maternal and childhood mortality and morbidity. Moreover, it provides packages of interventions in few domains - listing the health problems, problem behaviors and risk factors that contribute to maternal and childhood mortality and morbidity, evidence-based interventions to address them and mechanisms of delivering them.

A latest WHO report shows that preconception care has a positive impact on maternal and child health outcomes. Addressed primarily to health professionals a package of promotive, preventive and curative health interventions shown to have been effective in improving maternal and child health. A wide range of sectors and stakeholders needs to be engaged to ensure universal access to preconception care. The report also guides non-health sectors, foundations and civil society organizations to collaborate with, and support, public health policymakers to maximize gains for maternal and child health through preconception care.

#### Aim of Preconception Care

Aim of Preconception care is the provision of biomedical, behavioural and social health interventions to women and couples before conception occurs. It aims at improving their health status, and reducing behaviors and individual and environmental factors that contribute to poor maternal and child health outcomes. Its ultimate aim is to improve maternal and child health, in both the short and long term. Opportunities to prevent and control diseases occur at multiple stages of life; strong public health programs

that use a life-course perspective from infancy through childhood and adolescence to adulthood are needed. Even if preconception care aims primarily at improving maternal and child health, it brings health benefits to the adolescents, women and men, irrespective of their plans to become parents.

#### *Preconception care positive effect on health outcomes*

- Reduce maternal and child mortality
- Prevent unintended pregnancies
- Prevent complications during pregnancy and delivery
- Prevent stillbirths, preterm birth and low birth weight
- Prevent birth defects
- Prevent neonatal infections
- Prevent underweight and stunting
- Prevent vertical transmission of HIV/STIs
- Lower the risk of some forms of childhood cancers
- Lower the risk of type 2 diabetes and cardiovascular disease later in life.

#### *Nutritional conditions*

- Screening for anaemia and diabetes
- Supplementing iron and folic acid
- Information, education and counseling
- Monitoring nutritional status
- Supplementing energy- and nutrient-dense food
- Management of diabetes, including counseling people with diabetes mellitus
- Promoting exercise
- Iodization of salt

#### *Genetic conditions*

- Taking a thorough family history to identify risk factors for genetic conditions
- Family planning
- Genetic counseling
- Carrier screening and testing
- Appropriate treatment of genetic conditions
- Community-wide or national screening among populations at high risk

#### *Environmental health*

- Providing guidance and information on environmental hazards and prevention
- Protecting from unnecessary radiation exposure in occupational, environmental and medical settings
- Avoiding unnecessary pesticide use/providing alternatives to pesticides
- Protecting from lead exposure
- Informing women of childbearing age about levels of methyl mercury in fish
- Promoting use of improved stoves and cleaner liquid/gaseous fuels

### *Infertility/Sub-fertility*

- Creating awareness and understanding of fertility and infertility and their preventable and unpreventable causes
- Defusing stigmatization of infertility and assumption of fate
- Screening and diagnosis of couples following 6–12 months of attempting pregnancy, and management of underlying causes of infertility/sub-fertility, including past STIs
- Counseling for individuals/couples diagnosed with unpreventable causes of infertility/sub-fertility

### *Sexually transmitted infections (STIs)*

- Providing age-appropriate comprehensive sexuality education and services
- Promoting safe sex practices through individual & community-level behavioural interventions
- Promoting condom use for dual protection against STIs and unwanted pregnancies
- Ensuring increased access to condoms
- Screening for STIs & increasing access to treatment and other relevant health service

## **3.7 Rubella in Females**

Rubella is a contagious viral infection best known by its distinctive red rash. It's also called German measles or three-day measles. This infection may cause mild or no symptoms in most people. However, it can cause serious problems for unborn babies whose mothers become infected during pregnancy.

Signs and Symptoms of Rubella:

- a low-grade fever
- headache
- mild pink eye (redness or swelling of the white of the eye)
- general discomfort
- swollen and enlarged lymph nodes
- cough
- runny nose

Rubella can be prevented with MMR vaccine. This protects against three diseases: measles, mumps, and rubella. Centre for Disease Control (CDC) recommends children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age.

Age limit for measles Rubella vaccine: MR campaign is a special campaign to vaccinate all children of 9 months to <15 years age group with one dose of MR vaccine. The MR campaign dose is given to all targeted children, both immunized and unimmunized, irrespective of prior measles/rubella infection.

Moreover, a separate vaccine against Rubella is also available (R-Vac). R-Vac should be given to: all girls at puberty (12 years and above) all women of childbearing age if missed early.

Indication: For active immunization against rubella. For immunization of susceptible non-pregnant females of childbearing age

R-VAC Vaccine is a medicine used in the prevention of rubella since it is highly contagious. This vaccine should be given to prevent adolescent girls against the disease.

### 3.8 HPV in girls & boys

HPV stands for human papillomavirus. HPV is a common sexually transmitted infection which usually shows no symptoms and goes away by itself but can sometimes cause serious illness. HPV is responsible for: almost all cases of genital warts and cervical cancer, and 90% of anal cancers. HPV vaccines prevent infection by certain types of human papillomavirus. Available HPV vaccines protect against either two, four, or nine types of HPV. All HPV vaccines protect against at least HPV types 16 and 18, which cause the greatest risk of cervical cancer.

HPV does not usually cause any symptoms. Most people with HPV do not know they have the infection and do not have any problems. They never develop symptoms or health problems from it. Some people find out they have HPV when they get genital warts. Women may find out they have HPV when they get an abnormal Pap test result (during cervical cancer screening). Sometimes the virus can cause painless growths or lumps around vagina, penis or anus (genital warts).

The HPV vaccine protects against genital warts and most cases of cervical cancer. It protects against cancer of the vagina, vulva, penis or anus caused by HPV. The HPV vaccine also protects against mouth, throat, head and neck cancers caused by HPV.

Males and females ages 9 to 45 can get the vaccine. Ages 15 and older should receive three shots over the course of six months to receive the same benefit. All males and females ages 9–26 should get the HPV vaccine. It is most effective when given at ages 11–12 years.

### 3.9 Prenatal & Postnatal Care

The primary goal of prenatal care is to provide a healthy maternal and foetal pregnancy outcome. Prenatal care involves appropriate pregnancy planning, education, risk assessment, and clinical monitoring throughout each trimester of pregnancy. Pregnancy is typically divided into three trimesters lasting approximately 13 weeks each. Many pregnancies proceed without major maternal or foetal morbidity and mortality.

The First Pre-Natal Visit: there are 3 key areas to address:

- Diagnosis of pregnancy
- Maternal and foetal health assessment
- Development of a plan for continued obstetrical care

These goals are accomplished with a thorough history, physical and routine investigations. It is essential for the woman to go for prenatal care for a safe pregnancy due to the following reasons:

- Provides pregnant woman and family with needed information.
- Care for the woman and the foetus during pregnancy and before childbirth.
- Identifies and monitors pregnant women at risk of the future complications and facilities referral for proper action.
- Promotes safe pregnancy and delivery of a healthy baby.

Prenatal check-ups should be done at least once a month for the first seven months, every two weeks in the 8th month and every week in the 9th month. More frequent check-ups may be necessary in special cases.

**Table 3:** Schedule of Prenatal Check-ups

<i>1<sup>st</sup> Trimester</i>	<i>1-3 months</i>	<i>Once a month</i>
<i>2<sup>nd</sup> Trimester</i>	<i>4-6 months</i>	<i>Once a month</i>
<i>3<sup>rd</sup> Trimester</i>	<i>7<sup>th</sup> month</i>	<i>Once a month</i>
	<i>8<sup>th</sup> month</i>	<i>Twice in a month</i>
	<i>9<sup>th</sup> month</i>	<i>4 times a month</i>

### **Focused Approach to Prenatal Care**

- Identification and surveillance of the pregnant woman and her expected child.
- Recognition and management of pregnancy-related complications, particularly pre-eclampsia.
- Screening for conditions and diseases such as anaemia, STIs, HIV infection, mental health problems, and/or symptoms of stress or domestic violence.
- Preventive measures, including tetanus toxoid immunization, de-worming, iron and folic acid.
- Intermittent preventive treatment (IPT) of malaria in pregnancy, insecticide treated bed nets (ITN).
- Advice and support to the woman and her family for developing healthy home behaviors.

### **Ante/Pre Natal-Care visits to promote lasting health**

This includes birth preparedness, but also extends to cover health information and counseling for pregnant women, their families, and communities.

Relevant information, education, and advice regarding appropriate nutrition and rest, promotion of early and exclusive breastfeeding, and parenting skills made available to the woman and family.

Guidance on FP and spacing, seeking necessary care, and caring for the new-born baby are also important components of ANC.

The high coverage of ANC and repeated contacts between the woman and the health services offer many opportunities for providing evidence-based interventions likely to affect maternal, foetal, and neonatal health and survival.

### **Benefits of Ante Natal Care**

- ANC is important entry point for provision of integrated care
- Immunization during Pregnancy
- Nutrition during Pregnancy
- Postpartum Care-Benefits
- Post-Abortion Care-Benefits

### 3.10 Nutrition during Pregnancy

A well-balanced diet of approximately 2300-2400 kcal/day will provide adequate nutrition for the mother and the foetus during pregnancy. Patients should be advised to increase intake of protein, calcium, iron and folic acid to ensure proper health of both mother and baby. Appropriate diet during pregnancy should include information regarding the use of dietary measures to decrease symptoms such as nausea, constipation, and heartburn.

#### Folic Acid and Iron

The daily dose of folic acid that should be taken starting at 3 months prior to conception is 0.4- 1.0 mg. If the patient has previously given birth to a baby with a neural tube defect, then the dose should be 4 mg and be taken in combination with vitamin B12 until 10-12 weeks, at which she can begin taking a prenatal multivitamin with 0.4mg of folic acid for the rest of the pregnancy and lactation. A maternal or prenatal vitamin is recommended rather than a normal multi-vitamin to ensure adequate folic acid intake.

#### Weight Gain

Appropriate weight gain during pregnancy is 10 lbs by 20 weeks and a total of 25-35 lbs during the entire pregnancy. In following the patient, expect to see a gain of one pound every two weeks for the first half of the pregnancy and then 1.5 pounds every two weeks in the second half. The woman who enters pregnancy substantially underweight is at greater risk and should gain a greater amount of weight during the pregnancy. Although authorities do not agree about the optimum weight gain for the patient who is overweight, there is strong support that the overweight patient may not need to gain as much as the patient who begins pregnancy at normal weight. A patient should therefore not “eat for two” as the average patient needs only 300 extra calories a day. Remind patients they are eating to support a baby, not a full extra person.

#### Diet changes to decrease minor complaints of Pregnancy

The patient should be encouraged to increase intake of liquids and to add bulk-containing foods to her diet if she is troubled by constipation. Nausea may be relieved by eating small amounts of food frequently. Heartburn may be alleviated by eliminating fluids with meals and restricting fluid intake before meals or 2 hours after meals.

### 3.11 Birth & Emergency Preparedness Plan

WHO recommends that all pregnant women have a written plan for dealing with birth and any unexpected adverse events, such as complications/emergencies that may occur during pregnancy, childbirth, immediate postnatal period.

- Increase awareness of maternal and new-born health needs and self-care during pregnancy and the postnatal period, including the need for social support during and after pregnancy.
- Promote healthy behaviors in the home, including healthy lifestyles and diet, safety and injury prevention, support and care in the home, advice and adherence support for preventive interventions like iron supplementation.

## **Material & foetal risk assessment**

It is necessary to understand all pertinent maternal and foetal risk factors in order to assess for risk of complications during prenatal visits. As the patient's risk status may change during pregnancy, it is important to inform patients regarding the signs and symptoms that may signal the development of potentially dangerous conditions such as pre-eclampsia/eclampsia, placental abnormality, multiple gestation, and preterm labour.

## **Specific Tests**

Specific testing for inherited disorders (e.g., thalassemia) are indicated in couples with positive family history. (Refer to MC Module)

## **Complications of Pregnancy**

### *Benign Complaints*

The most common benign complaint in pregnancy is nausea and vomiting, experienced most frequently during early pregnancy. Other common benign complaints include leg cramps, hyper/hypothyroidism, tiredness and sleep disturbance, dizziness, frequent urination, nosebleeds and bleeding gums, constipation, varicose veins and haemorrhoids.

### *Vaginal Discharge*

Many patients complain of increased vaginal discharge during pregnancy. If this becomes problematic, investigate with culture and microscopic techniques for bacterial vaginosis, trichomoniasis, or STIs. Increased vaginal discharge may signal preterm cervical changes or labour and may warrant vaginal examination.

### *Urinary Complaints*

Urinary frequency is a common complaint in early pregnancy, stemming from increased pressure on the bladder from the uterus. Urinary complaints are also common during T3 as the presenting part descends into the pelvis. Urinary complaints (e.g., dysuria or urgency) may indicate UTI and should be investigated by microscopic examination of the urine and culture.

### *Spontaneous Abortion*

Spontaneous abortion is the natural termination of a foetus before 20 weeks of gestation. Types of spontaneous abortion include threatened, missed, inevitable, incomplete, complete, and septic.

- A Vacuum Extraction is indicated if products of pregnancy are retained.
- It is very important to provide counseling after a miscarriage.
- The most common cause of spontaneous abortion is a chromosomal abnormality.
- Reassure the patient that physical activity such as sex and exercise do not cause a spontaneous abortion, however, sexual activity should be discontinued if bleeding occurs.



### 3.12 Postpartum & Post-Abortion Care

The provision of family planning is important for women in the postpartum and post-abortion periods because fertility can return surprisingly quickly after giving birth if not breastfeeding, or after having an abortion. In some cases, women have become pregnant before having their first menstruation following a delivery or abortion, and often the pregnancy is unwanted and may end up with a further abortion. For these reasons, to avoid the prevention of unsafe abortion care further, the client should be treated with respect, safety and non-discriminatory manner to avoid post abortion stigma.

Many women receiving post-abortion care do not want to become pregnant again soon. It is because of these issues that it is important to know the needs of women during this critical period.

Post-abortion family planning is the initiation and use of family planning methods immediately after, and within 48 hours of an abortion, before fertility returns. In most women fertility returns on average about two weeks after an abortion; however, ovulation can occur as early as eleven (11) days post-abortion.

#### Benefits of Postpartum & Post-abortion FP

There are a number of potential advantages in providing postpartum and post-abortion family planning services:

- Many opportunities to contact clients during antenatal care and the postpartum period and introducing FP services can be more efficient/effective.
- During prenatal care, discuss infant healthcare, breastfeeding, and family planning as well.
- During delivery, it presents another opportunity to offer information about breastfeeding and family planning.
- Integrate family planning with postnatal or child healthcare, for example when giving vaccinations.
- The period following the treatment of abortion is also an opportunity to help women look at family planning needs.
- The initiation of family planning during the immediate postpartum and post-abortion period can lead to short- and long-term cost savings for both clients and the health services.

#### Eliminating Unsafe Abortion

According to the WHO an unsafe abortion is a significant risk to a woman's health, because it is often performed by unskilled persons using hazardous techniques in unsanitary conditions. Women are using abortion as a form of birth control, for unintended, unwanted and mistimed pregnancies. Majority of these abortions take place in unregistered clinics by non-skilled providers leading to complications that can also prove fatal.

#### *Important messages for the clients are:*

- Emergency contraceptive pills (ECPs) are available medicine/pills that help a woman avoid pregnancy after she had sex without contraception
- They should be taken as soon as possible after unprotected sex, within 72 hours to avoid pregnancy

- Help to prevent pregnancy when taken up to five days after unprotected sex
- The sooner they are taken, the more effective they are
- All women of any parity or reproductive age, married or unmarried, can use ECPs safely and effectively
- Using EC will reduce the need for abortion if contraceptive was not used

### 3.13 Caring for the Baby

- The couple should prepare for the birth of the baby.
- Plan where the wife will give birth –at the health facility or at home.
- New-born Screening is important for checking birth defects.
- Breastfeeding exclusive till six months is necessary.
- Growth Monitoring on regular basis to keep a check on baby's health is important.

### 3.14 Universal Newborn Health Care

High-quality universal newborn health care is the right of every newborn everywhere. Babies have the right to be protected from injury and infection, to breathe normally, to be warm and to be fed. All newborns should have access to essential newborn care, which is the critical care for all babies in the first days after birth. Essential newborn care involves immediate care at the time of birth, and essential care during the entire newborn period. It is needed both in the health facility and at home.

#### Essential New-born Care

Essential Newborn Care includes:

- Immediate care at birth (delayed cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, early initiation of breastfeeding)
- Thermal care
- Resuscitation when needed
- Support for breast milk feeding
- Nurturing care
- Infection prevention
- Assessment of health problems
- Recognition & response to danger signs and timely & safe referral when needed

#### New-born Screening & Importance

A new-born baby goes through new-born screening, a simple procedure to find out if a baby has a congenital metabolic disorder that may lead to mental retardation or even death if left untreated.

Most babies with metabolic disorder look normal at birth. One will never know that the baby has the disorder until the signs and symptoms are manifested. By this time, irreversible consequences are already present.

Ideal time for new-born screening

- Ideally done on the 48 to 72 hours of life (first 2-3 days of life).

- May also be done 24 hours from birth since some disorders are not detected if the test is done earlier than 24 hours from birth.

### 3.15 Breastfeeding

- Breast milk is the best food for the baby. Through breast milk, a well-nourished mother can provide all the nutrients and fluids an infant need. Encourage breastfeeding on demand, day and night, as long as the baby wants it.
- A baby should be breastfed immediately upon birth to enable him/ her to receive the colostrum, which contains antibodies that will protect the baby from common illness.
- A baby needs to be fed day and night, 8 or more times in 24 hours from birth. A full-term baby can sleep many hours after a good feed.
- A small baby should be encouraged to feed, day and night, at least 8 times in 24 hours from birth.
- For the first six months of life, the baby needs breast milk alone or exclusive breastfeeding with active discouragement of formula milk.
- After six months weaning food should be started and breast feeding continued till two years.

#### *Benefits of Breastfeeding*

- Provides optimum nutrition and babies are less likely to be malnourished than other babies.
- Protects baby from illness and antibodies in the milk protect the baby from certain illnesses.
- Immediately after delivery, suckling of the breast reduces the risk of postpartum hemorrhage. Suckling stimulates release of hormones which help milk flow and cause contraction of the uterus.
- Lowers the danger of at least two kinds of cancer i.e. ovarian and breast cancer.

Promotes child spacing because it delays ovulation and menstruation if the following criteria are met (LAM method):

- No menstruation (amenorrhea)
- Fully and exclusive breastfeeding
- Child is less than six months old
- Establishes bonding or closer relationship between mother and child
- Mother's milk is not contaminated compared to bottled milk; bottle-fed babies are more likely to experience diarrhea
- Saves time and money and offers important economic advantages to families (breast milk substitute is expensive)

#### **Promote healthy diets**

Diet evolves over time, being influenced by many social and economic factors that interact in a complex manner to shape individual dietary patterns. These factors include income, food prices (which will affect the availability and affordability of healthy foods), individual preferences and beliefs, cultural traditions, and geographical and environmental aspects (including climate change). Therefore, promoting a healthy food environment – including food systems that promote a diversified, balanced and healthy diet – requires

the involvement of multiple sectors and stakeholders, including government, and the public and private sectors.

### 3.16 Maternal Perinatal Death Surveillance Response (MPDSR)

MPDSR is a system that measures and tracks all maternal and perinatal deaths in real time, helps to understand the underlying factors contributing to the deaths, and stimulates and guides actions to prevent future deaths. (see MC Module for complete information).

### 3.17 Stunting in Children

Child stunting refers to a child who is too short for his or her age and is the result of chronic or recurrent malnutrition. Stunting is a contributing risk factor to child mortality and is also a marker of inequalities in human development.

The main cause is poor nutrition in pregnant women, babies and toddlers. Stunting is a form of malnutrition, but it is more accurately described as under nutrition. Stunting is associated with an underdeveloped brain, with long-lasting harmful consequences, including diminished mental ability and learning capacity, poor school performance in childhood, reduced earnings and increased risks of nutrition-related chronic diseases, such as diabetes, hypertension, and obesity in future.

Chicken liver is also a good source of protein and amino acids to prevent stunting. Avocado is known for its richness in vitamin E which has an important role in the growth and development of children. Bread or rice provides nutrients and energy for a child's normal growth and development. Stunting represents chronic malnutrition, and research has shown that stunting and its effects are irreversible.

#### Key Facts to Share

- Acknowledge the importance of the RH concerns of adolescents/young people, particularly related to avoidance of unwanted pregnancy.
- Family planning information, counseling and methods of contraception should be provided to young couples.
- Information and counseling on sexual and reproductive health issues is critical for healthy sexual behaviors.
- Preconception care can help ensure a healthy maternal and foetal outcome through risk assessment and client counseling.
- Testing and counseling services for pregnancy, STIs, HIV and pregnant mother-to-child transmission should be made available to young couples.
- As soon as pregnancy is suspected, immediate visit to a health facility to confirm pregnancy is necessary.
- Prenatal care promotes safe pregnancy and delivery of a healthy baby.
- Every pregnant woman needs a Birth Plan, which states the woman's conditions during pregnancy, preferred place of delivery & emergency preparation during pregnancy, childbirth and postpartum.
- PAFP should be started immediately as ovulation can occur 11 days post-abortion. All modern FP methods are appropriate for Post Abortion client.

- Appropriate referral linkage between health facilities at different levels are needed for antenatal care, delivery services and postnatal care.
- High-quality universal new-born health care is the right of new-born everywhere. They have the right to be protected from injury & infection, to breathe normally, to be warm and to be fed.
- All new-borns should have access to essential new-born care, which is the critical care for all babies in the first days after birth.
- New-born screening is a simple procedure to find out if a baby has a congenital metabolic disorder that may lead to mental retardation or even death.
- Breast milk provides optimum nutrition, protects the baby from illnesses. It promotes the mother's health, enhances bonding between mother and child and antibodies in milk protects from illness.
- Immediately after delivery, suckling of the breast reduces the risk of postpartum haemorrhage since it stimulates release of hormones which cause contraction of the uterus.
- Stunting is a form of malnutrition, accurately described as under nutrition. It is associated with an underdeveloped brain, with long-lasting harmful consequences, including diminished mental ability & learning capacity, poor school performance in childhood.

## Topic 4: Rights-Based Approach & Quality of Care

### Introduction

**Rights Based Approach:** Family planning remains one of the most cost-effective public health measures available in developing countries. Use of family planning is associated with lower rates of maternal and infant mortality and can influence economic growth. Rights-based family planning is an approach to develop and implement programs that aims to fulfil the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health information, education and services; and access to those services free from discrimination, coercion, and violence.

Unintended pregnancy, resulting from unmet need for contraception, threatens the lives and wellbeing of women and their families. The latest estimates show that millions of women have an unmet need for modern contraception and the need is greatest where the risks of maternal mortality are highest. In the least developed countries, 6 out of 10 women who do not want to get pregnant, or who want to delay the next pregnancy, are not using any method of contraception. Unmet need for contraception is highest among the most vulnerable in society: adolescents, the poor, those living in rural areas and urban slums, and internally displaced people.

**Quality of Care (QoC):** is defined as “Individuals have access to contraceptive services and information of good quality which are scientifically and medically appropriate. Quality of care is a multifaceted element that includes but is not limited to a full choice of quality contraceptive methods; clear and medically accurate information, including the risks and benefits of a range of methods; presence of equipped and technically competent providers; and client-provider interactions that respect informed choice, privacy and confidentiality, and client preferences and needs.”

QoC is a client-centered approach to provide high-quality health care as a basic human right; it is considered a critical element of FP/RH services. High-quality services ensure that clients receive the care that they deserve. Furthermore, providing better services at reasonable prices attracts more clients, increases the use of FP methods, and reduces the number of unintended pregnancies. It has been promoted and affirmed at international conferences by all stakeholders in the public and private sectors as well as by non-governmental organizations.

Improving QOC for clients means understanding their cultural values, previous experiences, and perceptions of the role of the health system, and then bringing RH service providers and the community together to map out a shared vision of quality. Similarly, enhancing the QOC given by health care providers requires identifying their motivations, addressing their needs (including general administrative and logistical support), and helping them to better understand and address clients' concepts of quality.

### Learning Objectives

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

- Define the rights to family planning services and informed and voluntary decision making
- Enhance professional proficiency and skills through rights-based family planning approach

- Describe the right to the enjoyment of the highest attainable standard of health as given & protected by international law
- Define the four interrelated and essential elements of the right to the highest attainable standard of health
- Define the QoC Framework for informed and voluntary decision making

## Timeline

30 minutes

### 4.1 Human Rights-Based Approach in MC

In 1994 the International Conference Population & Development (ICPD), twenty-five years ago, a major paradigm shift took place from “numbers” to “needs”; from “population control” to “free informed choice”; from the limited concept of FP/SRH/MNCH to the broader and holistic concept of Life Cycle Approach in RH, with affirmation that sexual and reproductive health is a human right issue and the need to empower women with emphasis on individual choices through expanded quality information and services.

The Family Planning Summit in London in 2012 titled FP 2020 refocused attention on FP using a rights-based approach with the need to ensure voluntary family planning programs that reach additional users. Pakistan committed to working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate and take forward its commitment with the Provinces for all public and private health facilities to offer voluntary birth spacing services through: raising the CPR to 50 percent by 2020 and beyond, by ensuring the optimal involvement of the public and private health sectors in family planning; offer greater contraceptive choices through an improved method mix, by better counseling and expanding the use of long-acting reversible methods; expand the program focus by providing information and services to men and gatekeepers so as to reduce unmet need FP service delivery

The main actions are to improve FP/SRH/MNCH outcomes by respecting, promoting, protecting and fulfilment of human rights in FP/SRH programs. Respecting rights requires refraining from interfering with the enjoyment of rights. Promoting rights is to make sure that those who are in charge of health-related issues are accountable to observe the principles of informed consent. Protection of rights requires enacting laws that prevent violations of rights by state authorities or by non-state actors and ensuring that some form of redress mechanism is available. Fulfilment of rights requires taking active steps to put in place institutions and procedures that enable people to enjoy their guaranteed rights through: appropriate training for health-care providers, fostering the participation of people in the design, implementation and monitoring of services, and ensuring equitable geographic outreach to the population.

### 4.2 Quality on the Right to Health

“As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality (UNCESCR 2000 in General Comment 14).”

Highest Quality in Voluntary, Human Rights-Based Family Planning (VRBFP) is articulated as “Scientifically and medically appropriate and of good quality—for example, full, free, and informed

decisions; broad choice of methods continuously available; accurate, unbiased and comprehensive information; technical competence; high quality client-provider interactions; follow-up and continuity mechanisms; and appropriate constellation of services (Hardee et al. 2014).”

General Comment No. 14 provides details of four “interrelated and essential” elements of the right to the highest attainable standard of health: availability, accessibility, acceptability, and quality, collectively referred to as AAAQ. It was created to clarify the content and meaning of the right to the highest attainable standard of physical and mental health. It also offers four components relevant to the right to the highest attainable standard of health.

Erdman and Cook (2008) list three broad categories of reproductive rights, which are derived from legally defined human rights, within which family planning falls:

1. Right to reproductive self-determination (right to bodily integrity and security of person and the rights of couples and individuals to decide freely and responsibly the number and spacing of their children).
2. Right to sexual and reproductive health services, information, and education (including right to the highest attainable standard of health).
3. Right to equality and non-discrimination (right to make decisions concerning reproduction free of discrimination, coercion, and violence).

### 4.3 Elements of client centered/QoC framework (Bruce 1990)

- **Choice of contraceptive methods:** Choice of FP method refers both to the number of methods offered on a reliable basis and to their intrinsic variability. The methods offered serve significant subgroups as defined by age, sex, contraceptive intention, lactation status, and health profile.
- **Information given to clients:** Information given to client refers to the information imparted during service contact that enables clients to freely choose and use contraception with satisfaction.
- **Technical competence:** Technical competence involves factors such as the skill of the health care provider, observance of protocols, and meticulous asepsis required for dispensation of clinical methods.
- **Interpersonal relations:** Inter-personal relations are the personal dimensions of service provision.
- **Follow-up/continuity mechanisms:** Mechanisms to encourage continuity indicate a programs interest and ability to promote continuity of contraceptive usage.
- **Appropriate constellation of services:** An appropriate constellation of services refers to the location of FP service delivery points at a given locality and their referral linkages.

### 4.4 MC is both a human rights and a development issue

A duality which has been recognized in the International Covenant on Economic, Social and Cultural Rights (ICESCR)- adopted by the General Assembly of the United Nations on 16 December 1966 and monitored by the United Nations’ Committee on Economic, Social and Cultural Rights – the Right to Health is “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” taking into consideration the individual’s preconditions (biological and socioeconomic) and the country’s available resources.



The UN Convention on the Rights of the Child (adopted in 1989) states that “the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that they can fully assume responsibilities within the community”.

#### 4.5 Quality of Care in MC

Creating a shared vision for improved QOC requires that program managers, service providers, researchers, and consumers advocate the idea that quality matters. Given time and effort, the ongoing attempt to improve the QOC will translate into services that meet minimum quality standards and satisfy the needs of clients and providers to bridge the gap of unmet need. The four areas to tackle and bring change are:

##### *Provider*

- Demonstrates good counseling skills.
- Treats couples/client with respect/courtesy.
- Assures confidentiality and privacy.
- Asks client about reproductive choice.
- Discusses client's preference among contraceptive mix.
- Discusses methods for preventing pregnancy and STIs/RTIs, HIV/AIDS, and hepatitis through proper use of barrier methods.
- Tailors key information on the accepted method, explaining its use, side effects, and possible complications.
- Gives instructions on when to return for follow-up.
- Utilizes infection prevention and control procedures according to guidelines.
- Recognizes/identifies contraindications, consistent with guidelines.
- Performs clinical procedures according to SOPs.

##### *Staff (other than provider)*

- Treats clients with respect.
- Provides relevant information to assist clients in using the facility.

##### *Client*

- Participates actively in discussion and selection of method.
- Receives his or her method of choice.
- Believes the provider will keep his or her information confidential.

##### *Facility*

- Has all (approved) contraceptive methods available, with minimum stock for 3 months.
- Has basic equipment/items needed for delivery of methods offered by the facility (including sterilizing equipment, gloves, blood pressure apparatus, specula, adequate light source, adequate water supply and sewerage).
- Ensures privacy for pelvic examination/IUCD insertion.
- Has sufficient flexibility to make local-level changes based on client feedback.

- Should undergo periodic supervisory visits within a certain pre-determined period.
- Has adequate storage of contraceptives and medicines (away from moisture, heat, direct sunlight).
- Follows standard clinical guidelines.
- Has comfortable waiting area and ensures minimum waiting time.

### **Key Facts to Share**

- A Human Rights-Based Approach emphasizes that every person basic rights should be respected, protected and fulfilled.
- Every person has a right to the enjoyment of the highest attainable standard of health. These rights are protected by international law.
- The four interrelated and essential elements of the right to the highest attainable standard of health are: availability, accessibility, acceptability, and quality, collectively referred to as AAAQ.
- The cornerstone of HRBA and the International Human Rights Framework is the right-to-health. The WHO constitution defines it as: a right to the enjoyment of the highest attainable standard of health.
- Family planning remains one of the most cost-effective public health measures available in developing countries. Use of family planning is associated with lower rates of maternal and infant mortality and can influence economic growth.
- Client-centered QOC framework includes: choice of contraceptive methods, information given to clients, technical competence, interpersonal relations, follow-up/continuity mechanisms, and appropriate constellation of services.
- Given time and effort, the ongoing attempt to improve the QOC will translate into services that meet minimum quality standards and satisfy the needs of clients and providers/managers to bridge the gap of unmet need in FP information and services.

## Topic 5: Responsible Parenthood

### Introduction

Responsible parenting is to recognize the child's needs and wants and being able to support them in achieving it. Responsible parenthood also has to do with parents aiding their children to becoming contented & responsible adults for the family and society. The duties and rights as a parent are to protect the child from harm, provide food, clothing and a place to live, financially support, provide safety, supervision & control, provide medical care when needed and provide an education.

Planning the family refers to the concept of birth spacing and having the number of children that the couple can take care of regarding health, education, food and shelter. Planning the family is the voluntary and positive act of couples to decide if, when, and how often to do so: when to have the next child; the number of children a married couple wants; Use responsible means to achieve the couples desired number of children; and seek help, so the childless couple can have children.

Planning family is a way of helping the couple to build a happy and well-provided family. A planned family allows members more opportunities to enjoy each other's presence with love and affection. It enables them to build savings for the improvement of living standards. The benefits of planning family to the individual/couples and members of a family are numerous besides, benefit to the community. Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families delay or space pregnancies in order to achieve healthy outcomes for women, new-borns, infants, children and family.

### Learning Objectives

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

- Know the importance of Planned Parenthood to individual & couples and members of family.
- Support women and family to delay or space pregnancies in order to achieve healthy outcomes for women, new-born, infant and children.
- Recognize planning family as a way of helping the couple to build a happy & well-provided family.
- Understand the benefits of planning family to the Mother and Father.
- Identify the enablers for the health of mother to regain her health after delivery.
- Guide couples to use a method of their choice for contraception, to prevent pregnancy.
- Understand what 'Self-care' is and how we can all make decisions about our health and wellbeing?
- Train clients to adopt self-centered approach for well-being, especially with regards to SRH/FP.
- Educate and counsel on how to self-screen for Breast CA and Cervical CA.
- Teach how STIs are transmitted and factors that can influence transmission.
- Educate clients on DMPA-SC self-injection.

### Timeline

30 minutes

### **Benefits of Planning Family to the Mother**

Enables the mother to regain her health after delivery. It takes two to three years to fully recover a women's health after childbirth. Prevents young mothers (below 18 years old) and older mothers (over 35 years old) from getting pregnant because it is risky for them to bear children at that age. Teenage mothers have high tendency to have anaemia, toxemia, and prolonged labour. Old mothers are more likely to suffer haemorrhage because of failure of the uterus to contract. Also, they have high tendency to develop hypertension.

Provides the mother who may be suffering from chronic illnesses such as tuberculosis, diabetes, heart disease, and anaemia, enough time for treatment and recovery without fear of getting pregnant. Gives enough time and opportunity to care and provide attention to herself, her husband and children. Gives the mother time for personal advancement or development.

### **Benefits of Planning Family to the Father**

Lightens the burden and responsibility in supporting his family, providing only for few children he can afford to support. It enables him to give his children a good home, good education and a better future. It gives him time for his own personal advancement and feeling of fulfilment and pride in the family since the wife can attend to few children and develop herself, Lessens stress of father from worry of having an additional child to support.

It provides fathers with extra resources and enough time to actively participate in community programs. Provides fathers who are suffering from chronic illnesses such as tuberculosis, diabetes, anaemia etc, enough time for treatment and recovery.

## **5.1 Planned Parenthood**

Responsible Parenthood is the determination and ability to respond to the needs and aspirations of the family and children. It is a shared responsibility between husband and wife to determine and achieve the desired number and spacing of their children according to their own family life aspirations, considering psychological preparedness, health status, socio-cultural and economic concerns. It is the primary right and responsibility of parents to get actively involved in the promotion of their children's well-being through the provision of adequate care, attention and affection.

### ***Rights principles relate to ten dimensions of Responsible Parenthood:***

Individuals particularly women are empowered as principal actors and agents to make decisions about their reproductive lives and can execute these decisions through access to contraceptive information, services and supplies for better health outcomes. It is an entitlement and the right of individual & couple to ensure the:

1. Availability
2. Accessibility
3. Acceptability

4. Quality
5. Empowerment
6. Agency and autonomy
7. Equity and non-discrimination
8. Informed choice
9. Transparency and accountability
10. Voice and participation

## 5.2 HTSP and Health Outcomes

HTSP is an intervention to help women and families delay or space pregnancies in order to achieve healthy outcomes for women, new-borns, infants and children.

Major strategies & activities are:

- Early assessment of women at risk and to encourage her utilize preconception care /contraception.
- Younger, lower parity women have the highest demand and need for delaying and spacing births.
- Improving access to safe and effective modern contraceptives methods is critical to reduce unmet need for family planning.
- Refining technical capability of personnel regarding clinical management of high-risk pregnancy.
- Develop information and referral health system to improve quality of care with upgraded service package and guidelines.

### *When pregnancies are too close together*

Less than 24 months from the last live birth to the next pregnancy:

- New-born can be born too soon, too small, or with a low birth weight.
- Infants and children growth are affected and are more likely to die at an early age.

Less than six months from the last live birth to the next pregnancy:

- Mothers may die in childbirth (for detail refer to MPDSR in MC Module).
- New-born can be born too soon, too small, or with a low birth weight.
- Infants and children growth are affected and are more likely to die at an early age.

### *When pregnancies are too far apart*

Mothers are at a higher risk of developing pre-eclampsia, a potentially life-threatening complication of pregnancy. New-borns can be born too soon, too small, or with a low birth weight.

### *When pregnancies occur too soon (less than six months) after a miscarriage or abortion*

Mothers are at a higher risk of developing anaemia or premature rupture of membranes. New-borns can be born too soon, too small, or with a low birth weight.

### *When first pregnancies occur to adolescents less than 18 years old*

Adolescents are at a higher risk of developing pregnancy induced hypertension, anaemia, and prolonged or obstructed labour. New-borns may die, be born too soon, too small, or with a low birth weight.

Additionally, the potential health risks associated with short spacing pregnancy intervals and/or having a pregnancy too early in life are aggravated for women who already have pre-existing health problems, such as anaemia, malnutrition, malaria, tuberculosis, heart disease, and diabetes.

## **Benefits of Healthy Timing Spacing Pregnancy**

### *HTSP Benefits Mothers*

Gives mothers two years to prepare physically, emotionally, and financially for their next pregnancy, if they choose to have one. Provides mothers with two full years before becoming pregnant again to focus on their new-born, partner, and other children. Helps young mothers avoid pregnancy-induced high blood pressure and associated complications, obstructed and prolonged labour, iron-deficiency anaemia, and maternal death. Is associated with reduced risk of pregnancy complications like preeclampsia. Allows two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer.

### *HTSP Benefits Fathers*

Helps fathers safeguard the health and wellbeing of their partners and children. Allows fathers time to plan emotionally and financially for their next child, if they choose to have one. Contributes to a father's sense of satisfaction from supporting his partner in making healthy decisions regarding HTSP and family planning use and raising a healthy family.

### *HTSP Benefits Community*

By helping to reduce deaths and illnesses among mothers, new-borns, infants, and children. By helping to reduce poverty and to improve the quality of life among community residents.

## **5.3 Messages of HTSP**

### *For adolescents, the messages are:*

For your health and your baby's health, wait until you are at least 18 years of age, before trying to become pregnant.

Consider delaying pregnancy by using a family planning method of choice without interruption until you are 18 years old.

*For couples who desire next pregnancy after a live birth, the messages are:*

Wait at least 24 months, but not more than 5 years, before trying to become pregnant again.

Consider using a family planning method of choice without interruption during that time.

*For couples who decide to have a child after a miscarriage or abortion, the messages are:*

For the health of the mother and the baby, wait at least six months before trying to become pregnant again.

Consider using a family planning method of choice without interruption for at least six months.

### **WHO Recommendations**

After a live birth, the recommended interval before attempting next pregnancy is at least 24 months, to reduce the risk of adverse maternal, perinatal, and infant outcomes.

After a miscarriage/induced abortion, the recommended interval to the next pregnancy is at least six months to reduce risks of adverse maternal and perinatal outcomes.

## **5.4 Contraceptives & Relationship to Sexuality**

Clients use FP because they are sexually active or plan to be. Continued use and level of satisfaction is often related to the real or perceived effect of a method on their sexual practices.

If spontaneity is a priority for a woman or her partner, then methods which act immediately before intercourse may not be satisfactory for that couple (e.g., condoms). For many clients, the frequency of sex will be a factor in choosing a method. Women who are considering hormonal methods or IUCDs should consider whether they may be bothered by menstrual changes, if these occur. If effectiveness is a priority, then methods such as COCs, IUCD, Implants, and Injectables will give the client a greater feeling of security during sexual contact.

When a client is at high risk for STIs, including HIV/AIDS, then condoms having a dual protection should be considered with an effective method to prevent pregnancy must be used. Below Points to consider when choosing a birth control method:

- The individual's health status
- The desire for children in the future
- Frequency of sexual contact
- Safety and efficacy of chosen method
- Level of personal comfort with the chosen method

## **5.5 Contraception & Contraceptives**

The intentional use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. The major forms of contraception are barrier methods, of which the commonest is the condom or sheath; the contraceptive pill, Injectables & Implants which contains synthetic sex hormones which prevent ovulation in the female; Intrauterine devices, such as the coil, which prevent the fertilized ovum from implanting in the uterus; and male or female sterilization. Easy to use, simple and convenient.

## **Barrier Method - Condoms**

Condoms are made of very thin latex (rubber), polyurethane and are designed to prevent pregnancy by stopping sperm from meeting an ovum. They have a dual action as a contraceptive and can also protect against sexually transmitted infections.

- Condoms may reduce sensation during intercourse for some men
- Condoms may help prevent premature ejaculation which can benefit some couples
- Protect against STIs and HIV/AIDs

## **Hormonal Methods - COCs, POPs, Injectables, Implants**

- Menstrual changes from using these methods may make a woman or her partner uncomfortable (having bleeding or spotting). However, many women have less bleeding while using these methods.
- Hormonal methods generally do not interfere with spontaneity and are highly effective in preventing pregnancy.
- Hormonal methods do not protect against sexually transmitted infections.

### *Advantages*

- Easy to use - it is simple and convenient
- Does not interfere with sexual intercourse
- Does not affect breastfeeding
- Can be used by people of any age
- No daily pill taking
- Reduces the risk of endometrial cancer

## **Intra Uterine Contraceptive Devices**

Currently, there are three types of IUCDs available, the non-hormonal copper-380-A (effective for 12 years) and Multi-Load (effective for 5 years) and the hormonal IUCD- Mirena (effective for 5 years). The copper IUCD is a T-shaped device inserted into the uterus by a service provider. It prevents sperm from meeting the ovum by causing changes in the uterus, which prevents fertilization.

### *Advantages*

- Long-term pregnancy prevention
- Safe when used during breastfeeding
- Fertility is easily restored following removal
- Hormonal IUCDs can help with menstrual cramps and bleeding
- Does not interfere with spontaneity and is highly effective in preventing pregnancy

## **Natural Family Planning Methods**

These are a collection of practices that help a woman know which days of the month she is most likely to get pregnant. A woman can learn when ovulation is coming by observing her own body and charting physical changes. She can then use this information to avoid or encourage pregnancy. The methods'



effectiveness depends on the couple's ability to identify fertile and infertile periods and motivation to practice abstinence when required.

- Require that a couple be willing to practice periods of abstinence (no intercourse)
- When the woman or her partner are highly concerned about preventing pregnancy
- Couples may worry about correctly identifying the safe time during a woman's menstrual cycle which may interfere with sexual pleasure

**Basal Body Temperature (BBT)** – is based on a woman's resting temperature (i.e. body temperature after 3 hours of continuous sleep), which is lower before ovulation until it rises to a higher-level beginning around the time of ovulation. Her infertile days begin from the third day of the high temperature reading to the last day of the cycle. All days from the start of the menstrual cycle up to the third high temperature reading are considered fertile days. With perfect use, this method is 99% effective while with typical use, its effectiveness is 80%.

**Sympto-thermal Method (STM)** – is based on the combined technology of the BBT and the Billing Ovulation Method, i.e., the resting body temperature and on the observation of mucus changes at the vaginal area through the day together with other signs (e.g. breast enlargement, lower abdominal pain) which indicate that the woman is fertile or infertile. This method is 98% effective if correctly used.

**Standard Days Method (SDM)** – is based on a calculated fertile and infertile period for menstrual cycle lengths that are 26-32 days. Women who qualify (i.e. with 26 to 32 days menstrual cycles) to use this method are counseled to abstain from sexual intercourse on days 8-19 to avoid pregnancy. Couples on this method can use the color-coded "cycle beads" to mark the fertile and infertile days of the menstrual cycle.

### **Lactational Amenorrhea Method**

- Does not require periods of abstinence as with other Natural Family Planning methods.
- Requires that a woman fully or nearly fully breastfeed as long as she practices LAM.
- Does not interfere with spontaneity.
- Very effective if all three LAM criteria are met:
  - fully or nearly fully breastfeeding
  - amenorrhoeic (no menstruation)
  - less than six months postpartum

### **Female Sterilization**

When clients have completed childbearing or do not desire to have more children the option of Male and Female Sterilization is also available.

When choosing permanent sterilization, it is important to be sure that clients have completed childbearing and do not desire to become pregnant. Permanent sterilization in women can be achieved by surgery, such as getting "tubes tied" - Tubal Ligation

- Does not interfere with spontaneity.

- Not having to worry about an unwanted pregnancy and may increase sexual pleasure.

Include its permanency and the fact that it is accomplished without disturbing natural hormones. Its permanency and limited reversibility can also be seen as disadvantages if the individual changes their mind following sterilization.

### **Male sterilization**

Men can undergo permanent sterilization by having a vasectomy. During this procedure, a man's vas deferens, which transport sperm, are blocked or closed to prevent conception. After 3 months, there should be no sperm in the fluid a man ejaculates during orgasm. He will need to undergo a semen analysis to ensure that there is no sperm present in the ejaculate.

- Vasectomy is a very effective form of birth control with nearly 100 percent success rate; less than 1 percent of men will experience the vas deferens re-connecting.
- Having a vasectomy has many benefits including its permanency, non-hormonal approach, and it does not affect erection.

### **Emergency Contraception**

Emergency contraception refers to contraception that can prevent pregnancy after unprotected sexual intercourse. When used within 72 hours after unprotected intercourse, the levonorgestrel containing pills are about 89 percent effective in preventing an unwanted pregnancy. Although they can be taken up to 120 hours following unprotected sex, the pills efficacy decreases.

Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an abortion. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo.

The methods of emergency contraception are:

- ECPs containing Progestogens
- Combined oral contraceptive pills (COCs)
- Copper-bearing intrauterine devices (IUCDs)

## **5.6 Side Effects and Impact on Clients**

### **Counseling for Side Effects:**

- Prepare clients for what might occur while using a method by some clients.
- Tell the client about symptoms/side effects which may diminish over time (lack of menses with DMPA).
- Do not dismiss, but take seriously, any client's concern about side effects.
- Provide reassurance and practical suggestions for coping with side effects.
- Assist the client to switch to or choose another method if the client wishes to.

### Group Discussion (15 min.)

- Present key points on counseling for side effects and common side effects by method using a flipchart.
- Discuss their experiences with side effects and give suggestions on how they would deal with them.
- List the suggestions on a flipchart and add suggestions, as necessary.

### Common Side Effects by Method:

- Weight Gain: COCs, Injectables
- Spotting: COCs, POPs, Injectables, Implants, IUCDs
- Amenorrhea: POPs, Injectables, Implants
- Nausea: COCs
- Cramping: IUCDs
- Heavier Menses: IUCDs, POPs, Injectables, Implants

### 5.7 Self-Care

“Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of the health provider.” Self-Care support is a new concept that focuses on involving people, motivating them and building their confidence so they can take better care of themselves; this is known as Self-Care. WHO

- It's *people taking health actions* that once relied on healthcare workers.
- It's *what people do for themselves* to maintain health and prevent and deal with illness.
- Self-care is often about *reducing dependency on facility-based care*
- Sometimes self-care is also *de-medicalization*
- It is both the *foundation* and *multiplier* of health

### Reasons for rebirth of Self-Care

- The proliferation of new products and technologies changing how care is delivered (e.g. new medical devices, the exciting expansion of digital tools and their access, and so on), and all of that creates an opportunity
- It is also getting attention because of unprecedented health workforce shortages, and the subsequent demand to transform the way we deliver and achieve health at scale with limited health workforce.
- Because of self-care potential to help us deliver on the promise of UHC, a channel for accelerating results.
- Self-care has also been in the spotlight during COVID-19, as a means to reduce facility visits, and to respond to health needs of individuals who might face limited mobility. Self-care is seen as a service continuity solution during emergencies and in COVID-19 in WHO guidance, PEPFAR, UNFPA, FIGO, etc.

Self-care has become an important concept that has the potential to provide more opportunities for individuals to make informed decisions regarding their health and health care. Even in places with a well-functioning health system, vulnerable and marginalized populations are often underserved and lack quality health care. Self-care provides an opportunity to address the many social, economic, logistical and other barriers of access to health services for women.

During humanitarian crisis situations such as COVID-19 pandemic where there is a burden & disruption of health services which leads to poor RH outcomes, self-care interventions provide an opportunity to women to focus on their needs, provide them with choices and thus empower them to take part in decision making about their health.

### **Self-Care as a Continuum of Care**

To better understand self-care, it would be better to contextualize it as a continuum of care. Throughout our lives we learn self-care skills that keep us healthy and happy like brushing our teeth, hair, eating breakfast, lunch, dinner and taking a shower or bath without conscious planning or effort. Self-care is performed to address daily basic needs, prevent any illness and maintain, physical, mental and emotional well-being. Self-care can be rendered by an individual, group of people or communities to themselves or to support others.

Building on this learning self-care will teach people to become involved in their own care and support, learning new skills and taking over some of the 'tasks' that care workers would have traditionally just 'done' for them.

### **Self-Care Interventions in Women's Health**

- Contraceptive Self-Injection
- Self-efficacy in Pregnancy
- HPV Self-sampling
- Self-reliance in Natural Contraceptive Methods

### **Self-care during Antenatal, Delivery & Postpartum Period**

#### ***Important messages to give to the clients in ante-natal period:***

- Protecting your health is very important for a healthy pregnancy outcome.
- Eating a variety of food (balanced diet) throughout the pregnancy and Post-natal period will provide her with all nutrients like Calcium, iron, folic acid that will strengthen her health and also nourish the baby.
- Doing 30 minutes of exercise everyday such as walking is important as it will help with weight management, make you feel fresh and sleep better.
- Do not take any medicine without consulting with health service provider.
- After birth of child it is important to regain your strength and maintain your health.
- Women who are breastfeeding require additional food and should drink sufficient clean water.
- Iron and folic acid supplementation should continue for 3 months after birth

*If the following danger signs arise during before delivery go to the health center immediately:*

- vaginal bleeding has increased
- fits
- fast or difficult breathing
- fever and too weak to get out of bed
- severe headache with blurred vision
- calf pain, redness or swelling; shortness of breath or chest pain.

*Client should go to health center post-natal period, if she has any of the following signs:*

- swollen, red or tender breasts or nipples
- problems urinating, or leaking
- increased pain or infection in the perineum
- infection in the area of the wound (redness, swelling, pain, or pus in wound site)
- smelly vaginal discharge
- severe depression or suicidal behavior (ideas, plan or attempt)

### **Promoting high quality services for FP**

Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Voluntary family planning helps women and men secure their rights to decide freely, for themselves, whether, when, and how many children they want to have, securing their basic human right.

*Important messages to give to clients include:*

- Family planning enables people to make informed choices about their sexual and reproductive health.
- The healthiest times for a pregnancy are between the ages of 18 years and 34 years and at least 24 months after a birth.
- Family planning helps a woman to plan her family, which may be the first decision she has taken about her own life. This decision gives her self-confidence and encourages her to make other decisions to improve her living conditions.
- Repeated pregnancies and childbirth limit employment opportunities. Planning her family increases, a woman's chances for employment outside the home which in turn widens her access to additional resources for her family.
- If young girls are married at an early age, timing pregnancy to occur after age 18 improves adolescents' growth and development and reduces the risk of poor outcomes for their children like stunting, low birth weight, and preterm birth.

### **Self-Care for SRHR**

- While self-care is important in all aspects of health, it is particularly important for populations negatively affected by gender, political, cultural and power dynamics and for vulnerable persons (e.g. People with disabilities and mental impairment). This is true for selfcare interventions for

SRHR, since many people are unable to exercise autonomy over their bodies and are unable to make decisions around sexuality and reproduction

- Self-care strategies offer increased access, autonomy, and empower women for advancing their sexual & reproductive health. In the sphere of RH, self-care strategies fall under the umbrellas of self-management (such as self-treatment, self-injection, self-medication, self-administration), self-testing (including self-testing, self-sampling), and self-awareness (such as self-help, self-education, self-efficacy). While some self-care strategies are widely known and available across different geographic settings, such as condoms, others may be less acknowledged, available, and accessible, such as self-injectable contraceptives (DMPA-SC).

**Table 4:** Example of Subcutaneous Injection

Description	DMPA Subcutaneous
Administration	Self-injection option
Package	Prefilled, “all-in-one “injection system.
Injection Site	Injected under the skin.
Dosage	Has lower dose of DMPA-104 mg.
Needle	Has 2.5-centimeter needle.

Self-Management is anything that can be done by the client to improve or influence their own health and wellbeing so that the problem is sorted at once, and they can get back to health faster without any delays. It is acceptable, cost-effective and improves autonomy. It includes: self-treatment, self-examination, self-injection, self-administration, self-etc.

Health care providers need to be trained and can promote access to and correct use of self-care interventions through education, knowledge and understanding to guide individuals: to prepare and self-administer medications, any injectables and vaccinations they might need.

**Other examples of self-care:**

- Natural Family Planning Methods
- Fertility Awareness Methods
- Lactational Amenorrhea Method
- Standard Days Method
- Emergency Contraception
- Self-examination of Breasts for any lumps
- First Aid management
- Nutritional Diet, exercise, health education and health & hygiene etc.

- Infection Prevention Practices
- SOPs, Guidelines, Protocols for various health emergencies

Note: Checklists are required for correct use of self-management, self-awareness and self-testing etc.

## 5.8 Self-Breast Examination

Breast self-exam, or regularly examining your breasts on your own, can be an important way to find a breast cancer early, when it's more likely to be treated successfully.

A breast self-exam is a step-by-step method woman can use to examine their breasts. By looking at and feeling your breasts regularly, you can notice anything that seems abnormal.

Monthly breast self-exams can help to detect changes that may be signs of infection or breast cancer (such as breast lumps or spots that feel different). When breast cancer is detected early, the chances for survival are much better. Self-exams are important for breast health.

Women should do a breast self-exam once a month, every month. Women who are still menstruating (having a regular period) should perform a breast self-exam after their period. Women who have stopped menstruating and those who have very irregular periods can pick a day each month. Choose a day that is consistent and easy to remember, like the first day of the month, the last day of the month or your favorite number.

A breast self-exam takes only a few minutes and can easily be built into your daily schedule. You can do a breast exam when you are:

- Dressing for the day or undressing at night.
- Lying in bed in the morning or at bedtime.
- Taking a bath.

## 5.9 Sexual Reproductive Health and Disease

Reproductive Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.” Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (ICPD, 1994).

Women's rights to sexual and reproductive health as recognized by the ICPD and expressed in the Women's Convention and other international human rights documents. Rights relating to reproductive and sexual health include the rights to life, liberty, and the security of the person; to health care and information; and to non-discrimination in the allocation of resources to health services and in their availability and accessibility. Of pivotal importance are the rights to autonomy and privacy in making sexual and reproductive decisions, as well as the responsibility of health care providers to ensure informed consent and