



PREMARITAL COUNSELING 2020

*MODULE OF PREMARITAL COUNSELING &
FAMILY WELLBEING FOR SERVICE PROVIDERS*



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Foreword

This guide has been compiled for the benefit of those couples who will be interested in Pre-Marital Counseling. This is a first attempt to do so in Pakistan. We expect it to be modified and updated by feedback from the couples and assume it will be adapted to each couple unique style and preferences. For those couples embarking on their very first counseling journey, the counselor will guide them in answering the various question that may arise in their minds. Possibly, they will find this information helpful and easy to follow.

Premarital Counseling, a form of therapy that helps prepare individuals for marriage by ensuring that the relationship is sound and rewarding. It gives two people an opportunity to express their issues, needs and desires so that the counselor can help the partners create a stable marriage. It helps the couple acknowledge weaknesses that could result in a bigger issue during the marriage. It is implemented to eliminate any issues that will arise during the marriage and create a mutual understanding that will help with individual goals and long-term desires.

The goal of Premarital counseling is to create realistic standards and improve communication between two people to resolve current or probable issues which might arise later. It will also help to develop a positive mindset in relationships so that if problems do persist, there is a way to go about resolving them without resorting to extreme circumstances. When two people are open and honest about their marriage expectations, they will soon possess a deeper understanding of each other which promotes longevity and effective interaction.

Premarital counseling is an excellent way to start a marital journey. It gives an array of fundamental skills that can be used to converse, resolve conflicts, and create a balance in relationship. It fosters respect, success in parenting, acceptance of family tribulations, sexual health and integrity toward each other's needs by acknowledging each other's strengths and weaknesses. By creating awareness and encouraging problem-solving the two can address issues when they arise instead of neglecting, leading to disfunction in the relationship.

Good communication skills may not be enough to keep a marriage healthy, but without it, the chance of success gets diminished. Since each individual process information in a unique way, it is important for both to understand how to interpret and express emotions. There are discussions and potential disagreements sometimes that might arise in marriage, just like they do with every other marriage. Counseling will help navigate the tough talks and the outcome can be successful.

The sessions will guide the couple through a relationship and use problem solving to resolve differences. Both will learn skills that contribute toward mutual collaboration instead of one-sidedness. By teaching them how to maintain an expressive tone, the couple will come to appreciate one another and become more caring and affectionate. Premarital counseling will focus on looking into current behaviors, so as to determine emotional states and figure out how they can be eliminated for smooth relationship.

Many people might think premarital counseling is only for certain couples. That includes engaged couples who have relationship issues or who are required in premarital, newlywed and couples counseling. However, any couple can benefit from premarital counseling. It can help couples who are thinking of getting married, about to get married, have been married for few years or more and others who want enrichment in married life.

Helping couples understand and define the issues leaves them, and their marriage, better prepared. Open and direct communication are key ingredients in any union, especially if both have different ways of communicating. Premarital counseling is advantageous in helping discover each couple unique style and how it could affect marriage. Through premarital counseling and preparation can result in lifelong marriages that are fulfilling as well as a means to strengthen families and society as a whole.

DR. SHAHID HANIF

DG, M/O NHSR&C



The intention of premarital counseling is to help couples better understand their own motivations for getting married, which might include building their own family, increasing their commitment to each other and creating a future together. It helps couples to navigate important questions about their lives together and learn how to communicate and resolve conflict. It also helps them recognize what they want from a partnership, identify their own needs and develop strategies that will work specifically for their relationship to help de-escalate arguments, build trust, and establish a clear flow of communication for the future.

Premarital counseling offers many other benefits and working together to create near to ideal marriage, might be a great beginning. Every individual wants to have a long, healthy, and happy marriage, starting with important conversations about the life they are going to build together, learning how to improve communication skills, and working together for betterment of family and community. As the marriage and family nurtures and changes, it provides stability just like catching an illness in its early stages and getting it treated right away, while it is still mild.

One of the most difficult challenges in any relationship is effective communication, that is learning how to converse with one another. Premarital counseling may be used when a couple is dealing with communication issues. It will assist them in organizing finances and other serious decisions and to be open-minded when both partners are making critical decisions. By acknowledging the role

of each in marriage, the counselor can help organize the importance of equality in the relationship. For instance, a couple might realize that their needs are to feel valued, validated, heard by someone who is there for them and to work together in life for achieving common goal.

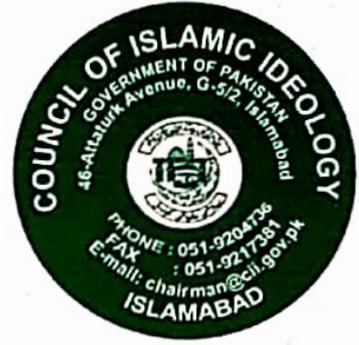
The mark of pre-marriage counseling and education will ideally be to give individuals and couples the knowledge and skills needed to build and sustain a healthy marriage. We hope that marriage counselors/educators will reach everyone who desires these educational opportunities, and indeed, expand the number of people who are interested in pre-marital counseling. Marriage educators need to direct primary attention to those who can benefit the most from their efforts.

Finally, marriage education needs to attain the status of a broad, mature social movement which is universal to spur macro-cultural change especially for the more disadvantaged groups. Ultimately, by demonstrating the efficacy of pre-marital counseling/education to disadvantaged and marginalized populations, and the larger public, will be an achievement to improve the overall indicators of Pakistan.

I would like to acknowledge here the hard work put in by Dr Mumtaz Esker, former Director General in materializing the first of its kind Pre-Marital Counseling Module for the benefit of those who will participate in premarital education and linked to empowering couples to take positive steps throughout their marriage to maintain a worthy relationship.

From The Chairman's Desk

No.4/PSC/2017-CII/375
Islamabad, the 30th April, 2020



Dear Dr Mumtaz Esker,
Senior Advisor MSS,
Consultant UNFPA on Human Rights Based
Approach in FP and Premarital Counseling.

Many thanks for your draft on Marriage in Islam. The draft has been developed in a very convincing manner and treats important and relevant issues attached to the theme.

I congratulate you on constructing such a wonderful piece of write-up in a brief, but lucid style.

Sincerely

Qibla Ayaz (PhD, Edinburgh)
Chairman

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Abbreviations

AIDs	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
BBT	Basal Body Temperature
BHUs	Basic Health Units
BP	Blood Pressure
COCs	Combined Oral Contraceptive Pills
CCI	Council of Common Interests
CPR	Contraceptive Prevalence Rate
CRC	Convention on The Rights of The Child
DHQs	District Health Quarters Hospital
DMPA	Depomedroxyprogesterone Acetate
DNA	Deoxyribonucleic Acid
ECPs	Emergency Contraceptive Pills
FHR	Foetal Heart Rate
FTOs	Field Technical Officers
FWAs	Family Welfare Assistants
FWWs	Family Welfare Workers
HCG	Human Chorionic Gonadotropin
HIV	Human Immune Virus
HTSP	Healthy Timing Spacing of Pregnancy
IPC	Interpersonal Communication
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Bed Nets
IUCD	Intra Uterine Contraceptive Device
IUGR	Intrauterine Growth Retardation
LAM	Lactational Amenorrhea Method
LHVs	Lady Health Visitors
LHWs	Lady Health Workers

LMP	Last Menstrual Period
LNRO	Local Nikah Registrar Office
MMR	Maternal Mortality Ratio
MNCHN	Maternal, Neonatal, Child Health and Nutrition
POPs	Progestogen only Pill
PCOS	Polycystic Ovary Syndrome
PPFP	Postpartum family planning
PPW	Population Program Wing
PMC	Premarital Counseling
PMC-FP	Premarital Counseling in Family Planning
PMS	Premenstrual Syndrome
PMTCT	Pregnant Mother-to-Child Transmission
PWDs	Population Welfare Department
RHCs	Rural Health Centers
SDM	Standard Days Method
SFH	Symphysis-Fundal Height
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
STM	Sympto-Thermal Method
THQs	Tehsil Head Quarters Hospital
TB	Tuberculosis
TT	Tetanus Toxoid
FP	Family Planning
RH	Reproductive Health
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund
UTI	Urinary Tract Infection
WHO	World Health Organization

Note to the Service Provider

Overview

Pakistan is the fifth most populous country in the world with a population of 212.2 million. The average doubling time for other South Asian countries is 60 years while Pakistan's doubling time is 30 years according to the Population and Housing Census (2017), and if it continues at the persisting growth rate of 2.4 percent per annum, would lead to dire consequences. The population of the country is projected to increase to 285 million by 2030. Such a high level of population growth is unsustainable and consumes the modest gains made in terms of socio-economic development. Taking cognizance of this situation, the Chief Justice of Pakistan took *Suo Moto* notice under human rights case and constituted a Task Force to formulate mechanism to curb population growth in the country.

In compliance with the recommendations of the Council of Common Interests (CCI) for population welfare: ensuring mandatory premarital FP/RH services by all general health care facilities in the public and private sector, lady health workers to provide family planning, ante-natal and post-natal counseling and contraception services on priority basis and pre-marital counseling on family planning mandatory for *Nikah* registration.

Out of eight thematic area, the second is to ensure universal access to family planning and reproductive health services. It is mandatory for all public health facilities (BHUs, RHCs, THQs, DHQs, teaching hospitals) to deliver family planning services as part of the essential service package. All general registered private sector practitioners and hospitals to provide family planning counseling, information and services to male and female clients.

Counseling is one of the critical elements in the provision of quality PMC-FP information and services. Providers role is to help clients make free informed choice about fertility needs and reproductive health choices which leads to improved client satisfaction. A satisfied client returns when s/he needs, continues to use a chosen method and are good advocates.

Both men and women have an important role to play in planning a family. Ideally, the couple needs to discuss how many children to have and when to have them. This communication about having children will help couples think about many issues – such as how they will provide for and raise their children. Health care providers, religious/community leaders, and others who discuss family issues with individuals, or couples should help them think through and talk to each other about these important matters.

As their circumstances change, couples need to plan and talk about planning family throughout their relationships. This requires them to learn to talk about sexuality and use contraception if they do not want pregnancy soon after marriage. Counselors need to educate the clients, their husbands and other family members about healthy timing and spacing of pregnancies and encourage them to support women and couples if they want to postpone pregnancy. Each pregnancy and childbirth are a good time for the couple to discuss if they have reached a desired family size and what they need to do to space or avoid future pregnancy.

Young people need to think about the consequences of sexual activity, including whether they are ready to raise a child. Unmarried and married couples may think of pregnancy and planned parenthood in quite different ways. When women or men come alone or as a couple, they should always be welcomed and served with respect, regardless of age. Counselors and others talking to couples about having children have an opportunity to promote mutual respect between men and women. Discussion in a mutually respectful environment necessitates addressing difficult issues and minimizes its negative effects.

Course Goals

To prepare health workers to provide general, method-specific, and follow-up counseling on family planning clients/couples in an effective manner. To improve knowledge, attitudes, and skills in assessing and addressing FP needs of clients, through individualized counseling that considers the client's circumstances and broader RH needs and their impact on the client's choice and use of FP.

At the end of this module, the participant will be able to:

- Identify attitudes, feelings and values and their implication/impact on the counseling
- Understand the principles and elements of counseling
- Enable counselors to respond to the myths and rumors raised
- Explain the factors that influence counseling-outcomes
- Nurture changes in behavior, specifically knowledge, attitudes, and skills

Purpose

The module provides vital information to engaged couples about marriage, marital obligations, and how they can live in harmony with in-laws. It also covers information about male and female sexuality, healthy timing and spacing of pregnancy, caring for family (especially children's health) and tips on home management.

The module is intended for use by trainers/service providers as part of the comprehensive premarital

counseling training in planned parenthood. It is designed to be used by service providers to train LHWs/LHVs, FWWs/FTOs/FWAs, others and Khateeb/Ulemas. The purpose of this training module is to produce competent health care providers who can efficiently assess clients' needs and give effective PMC-FP counseling and IEC services.

Need of a Module for PMC

Premarital counseling is a way to help couples prepare for marriage. It identifies and modifies behavioural, medical and other health risk factors through prevention and management. Husband and wife are the foundation of family and their sound health is very important for strong and healthy family and the future progeny. Many couples choose to have children after they get married, but that is not always the case. It is a good starting point to build on in advance to ensure couples have the same family and reproductive health goals.

Benefits of PMC-FP

- Aimed at equipping couples to enrich their marriage
- Spells out marital roles and responsibilities
- Allows a partner to gain insight into marriage
- Inform couples how to respond when issues arise
- Gives couples opportunity to identify and acquire problem-solving skills/strategies
- Emphasizes importance of intimate relationship conducive to joy and happiness
- Helps to bring a certain state of being that is required for a blissful marriage
- Allows the couples to view the matrimonial road before entering the path
- Expands one's horizons and extend their views concerning marriage
- Realistic acceptance to change in order to keep unity and peace in a relationship
- Used therapeutically to solve medical problems in the relationship

Expected Outcomes

Progress towards men and women self-sufficiency in the context of PMC-FP in Pakistan and fulfilment of a positive attitudinal change in knowledge and practices relevant to couples' needs and rights. Focus remains on improving the lives of young people, both male and female and abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

Enhancing individuals' competencies and interpersonal skills will help them make informed decisions; think critically and creatively; communicate effectively; build healthy relationships; empathize with others; solve problems; cope with and manage their lives in a healthy and productive manner for themselves, their family and community. PMC will empower women to seek better reproductive health services, which constructively enhances their contribution to family wellbeing.

The overall outcome is that young couples will attain improved access to PMC-FP information and services for better health outcomes, minimize unwanted/mistimed pregnancies and increase contraceptive prevalence rate.

PMC-FP Related Outcomes

Improved couple communication and partner 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 family planning.

Improved contraceptive use.

Increased adoption and continuation of contraception, in addition to increased birth spacing for better health outcomes.

Role of Premarital Counselors

The premarital counselors engage couples in imparting knowledge about married life. They 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 premarital counselors and resource persons, they should be good communicators and should not impose own values/beliefs on the clients. They need to be knowledgeable, objective, non-judgmental and pleasant.

Qualities of Premarital Counselors/ Trainers

- Be trained and certified as a Premarital Counselors by the PPW and PWDs
- 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

Topics to be Covered

The module is divided into six sessions as shown in Table 1. Each part can be used individually by the counselors according to the specific need of the couple.

Table 1: Division of Sessions

Part 1	Opening Session
Part 2	Islamic Injunctions
Part 3	Premarital Counseling in Family Health
Part 4	Planning the Family
Part 5	Caring & Managing the Family & Home
Part 6	Premarital Communication Skills
Part 7	PMC Empowerment

Additional material has been provided in the annexures. List of important terminologies are included in glossary of terms given as Annexure - B.

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 Presentation
- 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

Number of Days

Six-Hours intensive Training Course

Resource Material

Table 2: Recommended resource material for review

Title	Year	Publisher
State of World Population 2019	2019	UNFPA
Family Planning: A Global Handbook for Providers	2018	WHO
One United Nations Programme III 2018-2022	2018	United Nations Pakistan
Manual of Standards for Family Planning Services	2017	MOPW & Revised by Jhpiego
Medical Eligibility Criteria for Contraceptive Use	2010	WHO
Making Reproductive Rights and Sexual and Reproductive Health a Reality for All	2008	UNFPA
Decision-Making Tool for Family Planning Clients and Providers	2006	WHO
Meeting the Need Strengthening Family Planning Programs	2006	Pathfinder/UNFPA
Selected Practice Recommendations for Contraceptive Use	2004	WHO
Comprehensive Counseling for Reproductive Health—Trainers' Manual	2001	AVSC International
Huezo C, Briggs C. Medical and Service Delivery Guidelines for Family Planning	1992	International Planned Parenthood Federation

PMC Session Design

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

Table 2: *Session Design*

6 hours Training Sessions		
Time	Session Objective	Agenda Item
¼ hour	To set the tone of the PMC Session	<i>Registration</i>
¼ hour		<i>Recitation from the Holy Qur'an</i>
¼ hour		<i>Setting the Tone</i>
		<ul style="list-style-type: none"> Welcome and Introductions Purpose of PMC Display and discuss module objectives Answer and clarify any questions Articulate their expectations Review the participants responses
¼ hour	To enable engaged couples to prepare for marriage	<i>Opening Session</i> <ul style="list-style-type: none"> Definition of Marriage Definition of PMC-FP Premarital Preparation
<i>Tea Break (15 min)</i>		
½ hour	To enable engaged couple to know about Islamic Teachings on Family Wellbeing	<i>Islamic Injunctions</i> <ul style="list-style-type: none"> Islamic perspective on Marriage Rights and obligations in marriage What Islam says about marital union Islamic view on breastfeeding and birth spacing
1 hour	To explain the various stages of family health	<i>Premarital Counseling in Family Health</i> <ul style="list-style-type: none"> Building Family Foundations Anatomy & Physiology of Reproductive System Conception Preconception Care Antenatal and Postnatal Counseling Postpartum and Post-Abortion Care Caring for the Baby

<p>½ hour</p>	<p>To discuss the importance of planning the family</p> <p>To enlist the consequences associated with high-risk pregnancy</p> <p>To understand the importance of HTSP</p>	<p>Planning the Family</p> <ul style="list-style-type: none"> • Planned Parenthood and its Importance • Prevention of High-Risk Pregnancy • HTSP and Health Outcomes • Contraceptives & Relationship to Sexuality • Side Effects and Impact on Clients • Sexual Reproductive Health and Disease • Infertility
<p>½ hour</p>	<p>To enable engaged couple to learn the concepts and practical matters about shared responsibility in caring for the home and family.</p>	<p>Caring & Managing the Family & Home</p> <ul style="list-style-type: none"> • Shared Responsibility • Responsible Parenthood <ul style="list-style-type: none"> » Duties and responsibilities of parents » Rights of the Child » Dealing with Children » Childless couples • Tips in Budgeting, Wise Buying and Saving • Healthy Lifestyle for the Family • Home Management
<p>½ hour</p>	<p>To identify the reasons for family planning counseling and factors influencing counseling outcomes</p>	<p>Premarital Communication Skills</p> <ul style="list-style-type: none"> • Counseling • Elements of PMC-FP Services • The Gather Approach • Rumors and Misperceptions • Counseling & Motivating Men
<p>Refreshment Break (15 min)</p>		
<p>½ hour</p>	<p>To highlight the importance of empowerment of women in FP</p> <p>To know the Gender Power Dynamics and its effect on Marriage</p>	<p>PMC Empowerment</p> <ul style="list-style-type: none"> • Empowerment in Family Planning • Gender Transformative Approaches • Gender Power Dynamics • Route to Gender Equality
<p>½ hour</p>		<p>Summarizing the PMC Session</p> <ul style="list-style-type: none"> • Open Forum for discussion • Summarizing PMC concept • Key Learning Points and Messages
<p>½ hour</p>		<p>Certificate Issuance</p>
<p>Closing</p>		

Part

1

**Opening
Session**

1.1

Introduction



Service providers will conduct PMC sessions that mainly provide engaged couples with information about marriage and relationships, responsible parenthood, maternal and child health, family planning and home management. The engaged couple should ideally gain knowledge on how to make the marriage successful and how to nurture the

family. To make it practical in a six-hour session, tailor counseling to the needs of the couple. Engaged couples are required to participate in the PMC session before they are issued the Nikah certificate that will enable them to obtain the marriage license from the Local Nikah Registrar.

Definition of Marriage

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

Elements of a good marriage

A good marriage often has the following ingredients: mutual understanding and commitment, love, respect, loyalty, trust, commitment, shared beliefs and ideas, open interspousal communication, good health, financial stability, and continued personal and shared growth and development.

Roles and Relationships

As Husband and Wife

The rights and obligations of the 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 faithfulness, and render mutual help and support.
- The husband and wife are required to live in harmony and respect for each other, always strive to resolve conflicts peacefully and amicably. 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. This applies to couple (both boy and girl).

- Treat in-laws as you would your parents.
- In all fairness give as much respect/time to in-laws as you would to your own parents.
- Do not criticize your spouse's parents.
- Do not compare in-laws with your parents and vice versa.
- Let your in-laws enjoy your kids as much as you let your own parents.
- Conduct a rational discussion of the problem when such a situation would arise.

As Prospective Parents

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

Definition of PMC-FP

In reviewing the different expressions, no single accepted definition of premarital counseling in FP can be found. It is proposed that we apply an overarching umbrella definition to pre-marital counseling in FP as “an intentional approach to engage couples in shared understanding and joint decision-making to meet their overall SRH goals”.

Premarital Counseling is counseling provided by a marriage and family counselor or a member of the

clergy to help a couple prepare for marriage. Premarital counseling aims to help the couple examine unresolved issues, clarify personal values, and address relationship expectations to increase their chances of having a successful marriage. Couples are also encouraged to improve their communication and capitalize on their relationship strengths to boost relationship satisfaction.

Preparation for marriage is therefore supplying of information about marriage and the relationship to marriage. The nature of preparation for marriage is educative, didactic, socializing and exclusively aimed at prevention. Premarital counseling provides young couples (with) information and assistance on important matters before problems arise, rather than treating them after they (have) developed.

Alpaslan (1997:7-8)

Universal Law About Marriage

Universal Declaration of Human Rights (UDHR) - is a declaration adopted by the United Nations General Assembly Article 16 of which guarantees that:

- Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to form a family.
- They are entitled to equal rights as to marriage, during marriage and at its dissolution.

- Marriage shall be entered only with the free and full consent of the intending spouses.
- The family is the natural and fundamental group, unit of society and is entitled to protection by society and the State.

1.2

Premarital Preparation



Premarital counseling is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that the couple have a strong, healthy relationship giving them a better chance for a stable and satisfying marriage. This type of therapy is a good resource for learning more about each other and is intended to help develop a deeper level of interspousal communication.

1. There are many reasons for individuals and couples to practice PMC-FP:
 - Prevent pregnancy
 - Postpone first pregnancy
 - Pre-conception care
 - Space children
 - Prevent future pregnancies
 - For health of mother & child
 - For economic reasons
2. These reasons are often related to the stages in a woman's reproductive life:
 - Bride to be
 - Newly married and before first child
 - After first child, but before last child
 - After last child
3. During each stage, contraceptive choices and needs vary. Within this context, counselors can play a vital role in helping a woman (or couple) choose an appropriate method that match up her/their needs during her/their current stage of reproductive life.
4. 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 concerns about safety, effectiveness, and reversibility.
- Make informed choice/decision.

Marriage is the most intimate of all human relationships, where couples share intellectual, social, emotional, spiritual, and physical relationships.

Intellectual intimacy

The importance is discussing thoughts and feelings. These may be thoughts about health, food, finances, work and politics. They reveal something of what is going on in the mind throughout the day.

Social intimacy

This has to do with spending time around the events of life. Some of the events are experienced together; others happen while they are a part and are shared through open communicate. Much of life involves by doing things together, and in the process not only a sense of teamwork is developed, also sense of intimacy is enhanced.

Emotional intimacy

Feelings are the spontaneous, emotional responses to what is encountered through the five natural senses. When emotions are shared, it builds emotional intimacy.

Spiritual intimacy

Few things in a marriage are as important as spiritual intimacy between a husband and wife. It is discussing thoughts about spiritual-based realities. Spiritual intimacy is a sense of unity and mutual commitment to God's purpose for our lives and marriage, along with a respect for each other.

Key Messages to Share

- All couples have the right to full information and services on PMC-FP/SRH.
- PMC-FP/SRH must be the voluntary and informed decision of the client.
- Marriage is the foundation of the family and an inviolable social institution.
- A good communicator should be knowledgeable, objective, non-judgmental and not impose own values/beliefs on the clients.
- Purpose of counseling is to help a client in self-exploration, self-understanding, and decision-making with consequent action.
- Family is a closely-knit unit of human society and due to this reason can create friction and controversy unless every member knows their duties and rights.
- Important for each spouse to communicate clearly and express their feelings and reasonable expectations.
- 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.
- The husband has the duty to provide all physical maintenance of the family (housing, clothing, food, medical care, etc).
- Roles and relationships are maintained through good communication with others.

Part 2

Islamic Injunctions

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.¹

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)

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.

Importance of a Family Code

A sensible and well-balanced family system is the very foundation of a happy life. It is the root of a progressing society. Religion comes to take human beings nearer to Allah (SWT). Therefore, it must create an atmosphere conducive to that ideal; otherwise, it cannot achieve its goal. No religion can be regarded as complete unless it

has a well-defined code of family life which expressly shows the exact responsibility and role 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 what their duties and rights are.

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 leading light which brightly illuminates every turning in the highway of human life. 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.

¹ <http://www.jannah.org/sisters/marr.html>

Family Pillars

In any family there are those persons 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 start their own family. Thus, we may say that the persons who form pillars of the family are father, mother, child, husband and wife.

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 prevented the tendency to selfishness and aloofness from one’s own flesh and blood.

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 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 as well as the tests that face married couples that they will need to face with patience, wisdom, and faith. Marriage shapes your 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.

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 retain their own family names, inheritance rights, property, maher etc.

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).

These general rights and duties provide clarity for a couple in terms of their expectations. 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.

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:

I swear by My Glory and Power that if a (child who is) disobedient to his parents comes to me with all the good deeds of all the prophets, I will not accept them from him.

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.

In this world, it is the parents who are the cause of the existence of the child; it is they who strive to bring it up; it is they who endeavor and look forward taking it to the height of perfection.

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:

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

The rights of the parents also may be divided into these very categories:

First let us look at this ayah of the Qur’an (together with the explanation of al-Imam Ja’far as-Sadiq [A.S.] given in parenthesis):

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 become 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 wing 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)

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. This was stated by al-Shaafa'i and his companions. This teaching is also obligatory upon the mother, if there is no father, because it is part of the child's upbringing and they have a share of that and the wages for this teaching may be taken from the child's own wealth. If the child has no wealth then the one who is obliged to spend on him may spend on his education, because it is one of the things that he needs. Sharh al-Nawawi 'ala Saheeh Muslim, 8/44

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 man, 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.

The Holy Prophet said to `Ali (A.S.):

O' Ali, there are as many rights of children incumbent upon parents as there are rights of parents incumbent upon children.

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.

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 in this world and in 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)."

It is emphasized that children should be kept in a good environment. The Holy Prophet said: "O' Ali, it is among the rights of the child on his father to teach him good manners and keep him in good society."

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.

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. And if you wish to have your children nursed by a substitute, there is no blame upon you if you give payment according to what is acceptable. And fear Allah and know that Allah is Seeing of what you do. (Quran: 2:233)

Therefore, Islam strongly recommends breastfeeding but recognizes that for various reasons, parents may be unable or unwilling to complete the recommended two years. 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.

On this point, the Qur'an says:
"If they both (parents) decide on weaning, by mutual

consent, and after due consultation, there is no blame on them" (Quran: 2:233).

The same verse continues: "And if you decide on a foster-mother for your offspring, there is no blame on you, provided you pay (the foster-mother) what you offered, on equitable terms" (Quran: 2:233).

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 time at the right temperature. LAM (Lactational Amenorrhea Method) is a birth spacing method also if the right criteria is followed.

Spousal Responsibility before entering Matrimony

As given in Quran:

But let them who find not [the means for] marriage abstain [from sexual relations] until Allah enriches them from His bounty. (Quran: 24:33)

In this verse it is obligatory upon the husband to provide for the wellbeing and needs of his spouse and future

offspring and if he is unable to do so, Allah advises him not to marry and to remain virtuous until such time that Allah provides him the means to do so. It outlines the notion of responsible parenthood, as marriage is an institution for raising a family. If one is able to meet the physical, social, and economic needs of the spouse and offspring then only they should enter marriage and raise a family.

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.

Also, in reminding people to treat their parents with kindness, the Qur'an says:

"His mother carried him, in weakness upon weakness, and his period of weaning is two years" (Quran: 31:14). In a similar verse, Allah says: "His mother carried him with hardship and gave birth to him in hardship. And the carrying of the child to his weaning is a period of thirty months" (Quran: 46:15).

And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave

birth to him with hardship, and his gestation and weaning [period] is thirty months. [He grows] until, when he reaches maturity and reaches [the age of] forty years, he says, "My Lord, enable me to be grateful for Your favor which You have bestowed upon me and upon my parents and to work righteousness of which You will approve and make righteous for me my offspring. Indeed, I have repented to You, and indeed, I am of the Muslims." (Quran: 46:15)

The Holy Quran has associated assets and offspring's 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.

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.

Part

3

**Premarital
Counseling in
Family Health**

3.1 Building Family Foundations



The family is the first and foremost institution in society and the most popular institution 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. It is one of the best opportunities to educate and inform them before marriage, since an overwhelming population is exposed to the risks of pregnancy under the age of 18 and over age of 35, during prenatal care/post-natal period, vaccination of infants and if necessary genetic counseling, including mental health care.

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

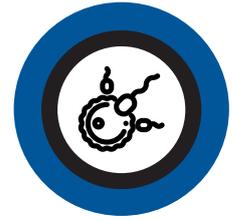
that have shaped our attitudes, feelings, and values toward ourselves and other people. Sexuality includes all kinds of relationships - with one's parents, siblings or other people. This complex phenomenon covers many aspects. Biologically, sexuality refers to the reproductive mechanism as well as the basic drive that exists in all species and can encompass reproductive processes like sexual intercourse and childbearing.

There are also emotional or physical aspect of sexuality, which refers to the bond that exists between individuals, which may be expressed through profound feelings or emotions, and which may be manifested in physical or medical concerns about the physiological or even psychological aspects of sexual behavior. Sociologically, it can cover the cultural, political, and legal aspects; and philosophically, it can span the moral, ethical, spiritual or religious aspects.

Importance of Human Sexuality for Married Couples

- Understanding 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, desires, and preferences.
- Makes 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.

3.2 Anatomy & Physiology of Reproductive System



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. It is a period during which adolescents develop biologically and psychologically and move towards independence. Although we may think of adolescents as a healthy group, many die prematurely and unnecessarily through pregnancy-related complications besides accidents, suicide, violence etc. Some of the serious conditions of adulthood for example, sexually transmitted infections like HIV; and tobacco use have their roots in adolescent behavior.

The negative health consequences of adolescents can pass from one generation to the next. For example, babies

born to adolescent mothers have a high risk of being underweight or stillborn. They are likely to suffer from the same social and economic disadvantages encountered by their mothers. That is why addressing the needs of adolescents is an intergenerational investment with enormous benefits to subsequent generations.

Special attention should be given to the vulnerable young adolescents (aged 10-14) and those at risk of irreversible harm to their reproductive health and rights (e.g. through forced sex, early marriage, poverty-driven exchanges of sex for gifts or money, and violence). Some groups are more vulnerable than others and it is the vulnerable individuals that need most help.

Biological and 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.

Changes in thinking and reasoning (cognition)

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 analyse situations logically in terms of cause & effect, think about their futures, evaluate alternatives, set personal goals and make mature decisions.

As 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

Puberty is the time in which sexual and physical characteristics mature. The exact age a child enters puberty depends on a number of different things, such as genes, nutrition and sex. Most girls and boys enter puberty between 10-16 years of age although some start earlier or later. Girls tend to enter puberty two years before boys.

Physical changes observed in males:

- 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
- Penis and testicles grow and begin to hang down
- Wet dreams and erection occur frequently
- Ejaculation occurs during sexual climax
- Start to think independently/make decisions for themselves
- Start to have sexual feelings
- Experimentation and curiosity (sexual intercourse, alcohol, drugs and other 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
- Need to break social sanctions and laws
- Disrespect for authority including parental supervision
- Argumentative and aggressive behaviours become evident and disturbing
- Involve in political extremism

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:

RH rights of adolescents and young people

Reproductive health rights refer to those rights specific to personal decision making and behavior, including access to reproductive health information and services with guidance provided by trained health professionals. Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion. Rights include:

- The right to information and education about sexual & reproductive health (SRH) 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 expect and demand equality, full consent and mutual respect in sexual relationships.
- The right to the full range of accessible and affordable SRH services regardless of sex, creed, belief etc.

Physical changes observed in females:

- 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 odour may appear
- Voice deepens
- Menstruation begins, known as Menarche

Menstruation is the blood flow from a woman's reproductive tract that occurs every 28 days. The number of days varies among women anywhere from 23 to 35 days. A woman usually starts to menstruate during puberty, about 9 or 12 years of age until she is about 40 or 50 years old.

The onset of Menarche (first menstruation) among girls at the age of puberty signals their ability to become pregnant.

- Menstrual Cycle refers to the period between the first day of menstruation until the day before the next menstrual flow.
- The menstrual cycle is made possible by substance called hormones produced by the different organs of the body.
- When the ovum (egg) matures, it is released from the ovary. This is called ovulation. The "fimbriae" catches the egg as it comes out of the ovary and travels along the fallopian tube to the uterus.
- If the egg fails to meet a sperm within 24 hours, no fertilization takes place. The levels of hormones will

then fall, and the uterine lining will shed off. This flows out of the vagina as menstruation.

- If the couple made love at the time when the egg is still alive, there is great possibility that the woman's egg will meet and unite with a sperm from the man and fertilization takes place.
- The production of the hormones to sustain the fertilized egg continues.

Phases in the menstrual cycle

Starts on first day of menses

- If the egg is not fertilized, the thickened uterine lining will be shed off.
- Woman observes bleeding which indicates that there is no pregnancy.
- This is the first day of the menstrual bleeding.
- The phase includes all days of menstrual bleeding which usually last 3-5 days.

(i) Pre-ovulatory phase

- Bleeding has stopped.
- Egg cells begin to develop.
- Lining of the uterus starts to thicken.
- Mucus forms a plug. This mucus prevents entry of sperms.
- A woman experiences dry feeling and no mucus.
- The pre-ovulatory is the infertile phase which includes all dry days after the menstrual bleeding stops.

(ii) Ovulatory phase

This is the highlight of a woman's fertility.

- One mature ovum (egg) is released and stays in the fallopian tube for about 24 hours.
- The uterine lining continues to thicken.
- The mucus plug disappears.
- The mucus becomes watery, stretchy, slippery, and clear. This helps sperm swim to the egg.
- Mucus nourishes the sperms.
- The ovulatory phase is the fertile phase. Woman experience wet feeling with watery, slippery, stretchy, and clear mucus.

(iii) Post-ovulatory phase

- No ovum is present. If there is no meeting of ovum and sperm, the cell deteriorates and is absorbed.
- Lining of the uterus has thickened.
- The mucus forms a plug again to prevent entry of sperms.

- Women experience dry feeling with no mucus at all. If mucus is present, it is sticky, cloudy, crumbly, or pasty.
- Because there is no pregnancy, the woman will experience menstruation and another cycle begins.
- The post-ovulatory phase is absolutely the infertile phase which covers about 10-16 days.

When fertilization occurs

- The fertilized egg produces Human Chorionic Gonadotropin hormone (HCG)
 - » What happens due to HCG:
 - » maintains corpus luteum
 - » sustains estrogen and progesterone
 - » endometrium shedding stops
 - » menstruation stops
 - » pregnancy test is positive
- After getting fertilized in the fallopian tube, which is the meeting place of the ovum and sperm, the zygote (the fertilized egg) begins to divide and grow as it continues to travel to the uterus.
- It takes about a week or two for the fertilized egg to reach the uterus where it gets attached to the soft and spongy lining, specially prepared for it. The process of getting attached to the uterine wall is called implantation.

Early Signs of Pregnancy

- Absence of menstruation or amenorrhea.
- Nausea and vomiting (commonly known as morning sickness).
- Increased frequency of urination.
- Breast changes i.e. enlargement and discoloration of nipples and areola.
- Enlargement of the uterus not visible until the 3rd or 4th month of pregnancy.

Preconception care

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

Patient counseling is focused on areas of nutrition and lifestyle. For most patients, a well-balanced diet containing approximately 2300 kcal/day will provide adequate

nutrition during pregnancy. For normal-weight pregnant adult, a daily intake of 2400 kcal or more is recommended. The diet should provide for an increased intake of certain nutrients, specifically protein, calcium, iron, and folic acid.

Important lifestyle considerations include assessing social support systems if any and counseling regarding smoking

cessation (and alcohol abstinence) during pregnancy. Women over the age of 35 years should be counseled about the increased risks associated with advanced maternal age. It is also important to emphasize that there is increased risk to girls who get pregnant below the age of 18 years.

3.3 Antenatal and Postnatal Counseling



Mutual or combined Fertility

- The equal contribution of the male and female in the decision and capability to have a child.
- The sex life of the husband and wife is integrated with their periods of fertility and infertility. A male is always fertile while the woman is fertile only for just a few days at a time during each menstrual cycle, when her body releases an ovum.
- The joint decision and the ability of the married couple to have a child involves the contribution of sperm cells by the husband and the egg cell by the wife.
- A male sperm and a female ovum are needed for fertilization to occur. The sperm cell and ovum each contain 23 chromosomes, which carry with them the characteristics of the father and mother that would be inherited by the baby.
- Sperm carry either an X chromosome or a Y chromosome and all ovum carry an X chromosome. If an ovum is fertilized by an X-bearing sperm, the foetus will be female while a Y-bearing sperm will produce a male foetus.
- The outcome if it is a son (male foetus) will have an XY chromosome due to the Y chromosome from the father and X chromosome from mother. If the outcome is a girl (female foetus) will have XX chromosome from both parents.
- For a male child to be born, the Y chromosome must come from the male partner.
- In case of Infertility the investigations/tests should start from male, which is a simple semen analysis. If it is normal, then laboratory tests should be performed on female.

Prenatal Care

It is essential for the woman to go for prenatal care for a safe pregnancy due to the following reasons:

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

<i>1st trimester</i>	<i>1-3 months</i>	<i>once a month</i>
<i>2nd trimester</i>	<i>4-6 months</i>	<i>once a month</i>
<i>3rd trimester</i>	<i>7th month</i>	<i>once a month</i>
	<i>8th month</i>	<i>twice a month</i>
	<i>9th month</i>	<i>4 x a month</i>

*Please refer to annexure for a list of necessary investigations and screening required during the 3 Trimesters.

Early detection of problem related to pregnancy – early signs of problems that may arise in order to provide timely and appropriate intervention.

- Education—focuses on proper nutrition, dental care, importance of TT immunization, and preparation for safe delivery.
- Advice of exclusive breastfeeding – training prior to delivery, including the promotion of prompt initiation of breastfeeding soon after delivery; proper positioning and procedures.
- Nutritional supplementation and counseling – correction of common nutritional deficiencies through supplementation, counseling and follow up.

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.
- Recognition and treatment of underlying or concurrent illness.
- Screening for conditions and diseases such as anaemia, STIs (particularly syphilis), HIV infection, mental health problems, and/or symptoms of stress or domestic violence.
- Preventive measures, including tetanus toxoid immunisation, 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 behaviours.
- A birth and emergency preparedness plan to:
 - » Increase awareness of maternal and newborn 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, condom use etc.

- » Support care seeking behavior, including recognition of danger signs for the woman and the newborn as well as transport and funding plans in case of emergencies.
- » Help the pregnant woman and her partner prepare emotionally and physically for birth and care of their baby, particularly preparing for early and exclusive breastfeeding and essential newborn care and considering the role of a supportive companion at birth.
- » Promote postnatal family planning/birth spacing for health of mother and child.

Strengthen ANC to save mothers and newborns

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.

ANC is important entry point for provision of integrated care

Pregnancy often represents the first opportunity for a woman to establish contact with the health system. If not effectively managed, most of these conditions interact during pregnancy and may worsen pregnancy outcomes, especially HIV and malaria. Thus, ensuring the integration of ANC with other programs can be particularly beneficial, both for the woman and her baby, who can receive better care, and for the health system, as missed opportunities and program costs can be reduced.

ANC- develop a 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 or emergencies that may occur during pregnancy, childbirth, or during the immediate postnatal period.

ANC 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 feeding options for HIV-positive women, smoking cessation, avoidance of drugs, and parenting skills should be made available to the woman and family. Guidance on family planning and pregnancy spacing, seeking necessary care, and caring for the new-born baby are also important components of ANC.

Immunization during Pregnancy

Immunizations during pregnancy are often delayed or avoided due to concerns about their safety. Generally, attenuated virus vaccines, such as MMR or varicella, should be avoided during pregnancy due to the possibility of foetal infection and malformation. However, there is no evidence that any of the currently approved vaccines are fetotoxic, teratogenic or have resulted in specific adverse pregnancy outcomes. The following vaccines should be used in pregnancy for the same indications as in non-pregnant patients: tetanus toxoid, hepatitis A or B vaccines, inactivated polio, and pneumococcal vaccine. Influenza vaccine is recommended for all pregnant women who will be beyond 14 weeks gestation during the influenza season, as studies have shown increased morbidity and hospitalization rates for pregnant women who develop influenza during T3 or postpartum.

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.

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

Appropriate diet during pregnancy should include information regarding the use of dietary measures to decrease symptoms such as nausea, constipation, and heartburn. 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. The patient should be cautioned against lying down immediately after eating and may be advised to take a low sodium non-aluminium antacid if the symptoms are distressing.

Prenatal 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 Antenatal Visit: there are 3 key areas to address:

1. Diagnosis of pregnancy
2. Maternal and foetal health assessment
3. Development of a plan for continued obstetrical care

These goals are accomplished with a thorough history, physical and routine investigations.

Confirmation of pregnancy test performed if pregnancy is suspected, as it is the most sensitive and specific indicator of pregnancy. A positive urine or serum test supports the diagnosis of pregnancy. By 10–12 weeks gestation, foetal heart tones can usually be detected with a Doppler stethoscope, which provides firm evidence of pregnancy. If heart tones are not heard by 12–13 weeks, ultrasonography should be performed to determine viability, location, and/or dates. The expected delivery

date is approximately 280 days after the woman's last period, plus or minus 2 weeks, assuming the mother can accurately offer you the date. It can easily be calculated using Naegele's rule.

**NAEGELE'S RULE: Expected Delivery Date
= LMP + 1 week – 3 months + 1 year**

The signs and symptoms of pregnancy include amenorrhea, fatigue, nausea, vomiting, breast sensitivity/tenderness, more frequent urination, constipation, abdominal distention, and increased vaginal discharge. It is important to discuss the appropriate management of these symptoms and reassure the expectant mother that these symptoms are normal.

The extent of the history will vary depending on the level of preconception care provided. It should include past medical history, obstetrics/gynaecology history, family history and psychosocial assessment. Routine investigations for a patient who has a confirmed pregnancy should be based around assessing maternal and foetal health. Also obtain additional data to assess risks associated with the pregnancy and plan appropriate management.

Subsequent Antenatal Care: following the first antenatal visit, subsequent care involves monitoring foetal growth and maternal health as well as continued risk assessment. The average woman makes 14 prenatal visits during her pregnancy. The first visit should occur within the first 12 weeks of gestation. The typical visit schedule is 1 visit every 4 weeks during the first 28 weeks of gestation; 1 visit every 2 weeks until 36 weeks gestation, and weekly visits thereafter.

Each prenatal visit should include:

- Reconfirmation of gestational age
- Checking BP
- Symphysis-fundal height (SFH)
- Foetal heart rate (FHR) measurement
- Leopold manoeuvres to assess foetal position (after 24 weeks)

It is necessary to understand all pertinent maternal and foetal risk factors in order to assess for risk of complications during prenatal visits. A thorough history is an essential to risk assessment. 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 preeclampsia/eclampsia, placental abnormality, multiple gestation, and preterm labour.

Specific Tests

Specific testing for inherited disorders (e.g. thalassemia) are indicated with positive family history.

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.

Hypertension in Pregnancy

Maternal blood pressure measurements should be taken at every prenatal visit to monitor for rise in blood pressure that could signal preeclampsia. Preeclampsia and hypertension are usually most common in the third trimester due to the physiological changes in blood pressure that occur during pregnancy. Early in the first trimester, there is a fall in blood pressure caused by vasodilation. This reduction in blood pressure primarily affects the

diastolic pressure, and a drop of 10 mm Hg is usual by 13-20 weeks gestation. Blood pressure continues to fall until 22-24 weeks. After this, there is a gradual increase in blood pressure until term, when blood pressure returns to the level it was before pregnancy. Towards the end of the second trimester of pregnancy and in the third trimester, blood pressure should not be measured with the woman lying supine because the enlarged uterus may obstruct venous return.

3.4 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.

Many women who wish to delay or prevent future pregnancies receive little or no information on effective methods during the postpartum or post-abortion period, including how or where to obtain family planning methods, and how soon they should be started. Many women receiving abortion or 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.

Family planning is an essential component of health care provided during the antenatal period, immediately

after delivery and during the first year postpartum (WHO, 2009). Postpartum family planning (PPFP) is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. While family planning is important throughout an individual's and couple's reproductive life, postpartum family planning (PPFP) focuses on the prevention of unintended and closely spaced pregnancies.

Post-abortion family planning

It 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 11 days post-abortion. The role of service provider is to help prevent unintended pregnancies in women who do not want to be pregnant again, or for whom pregnancy may be dangerous.

Benefits of postpartum and 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.

3.5 Caring for the Baby



The couple should prepare for the birth of the baby. Plan where the wife will give birth – at home or at the health facility. They should also prepare the baby's clothes and birth paraphernalia. A new-born child is one of the most helpless creatures on earth. The quality of care given to children during the first year of their life is most crucial not only for their survival but also for determining their health for the rest of their lives.

Newborn Screening

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.

Importance of new-born screening:

- 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.

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 (6) 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

- Breastfeeding provides optimum nutrition.
- Breastfed babies are less likely to be malnourished than other babies.
- Breastfeeding enhances the mother's health.
- Immediately after delivery, suckling of the breast reduces the risk of postpartum haemorrhage. Suckling stimulates release of hormones which help milk flow and cause contraction of the uterus.
- Breastfeeding lowers the danger of at least two kinds of cancer i.e. ovarian and breast cancer.
- Breastfeeding promotes child spacing because it delays ovulation and menstruation if the following criteria are met (LAM method):
 - » No menstruation (amenorrhea)
 - » Fully and exclusive breastfeeding; and
 - » Child is less than six (6) months old
- Breastfeeding establishes bonding or closer relationship between mother and child.
- Breastfeeding protects baby from illness.
 - » Antibodies in the milk protect the baby from certain illnesses.
 - » Since the milk in the mother's breast is not contaminated compared to the possible contamination during the preparation of bottled milk, bottle-fed babies are more likely to experience bouts of diarrhea than breast-fed babies.
 - » Breastfeeding saves time and money and offers important economic advantages to families (breast milk substitute is expensive).

More Baby Care

Immunization

An important area of child health care is the administration of vaccines against the preventable childhood communicable diseases.

Growth Monitoring

The child's growth is monitored and recorded using the Growth Monitoring Chart which is given to the mother as soon as the new-born child is registered. This card shows the progress of the child's growth and other information about the child such as illness, immunization, supplementary feeding, vitamins etc.

Key Messages to Share

- It is critical to acknowledge the importance of the RH concerns of adolescents/young people, particularly related to avoidance of unwanted pregnancy. Also, the right to decide freely and responsibly on all aspects of sexual behavior.
- 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 behaviours.
- Testing and counseling services for pregnancy, STIs, HIV and pregnant mother-to-child transmission (PMTCT) should be made available to young couples.
- Post-abortion FP should be started immediately since ovulation can occur eleven days post-abortion. All modern FP methods are appropriate for post-abortion women.
- As soon as pregnancy is suspected, immediate visit to a health facility to confirm pregnancy.
- Prenatal care promotes safe pregnancy and delivery of healthy baby.
- Every pregnant woman should have a Birth Plan, which states the woman's conditions during pregnancy; her preferred place of delivery and preparation for an emergency if it arises during pregnancy, childbirth and postpartum.
- Appropriate referral linkage between health facilities at different levels are needed for antenatal care, delivery services and postnatal care.
- Breast milk provides optimum nutrition, protects the baby from illnesses.
- Breastfeeding promotes the mother's health, enhances bonding or closer relationship between mother and child.
- 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 if left untreated.

Part 4

Planning the Family

4.1 Planned Parenthood



Planning 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 family is the voluntary and positive act of couples to decide:

- The number of children a married couple wants.
- When to have the next child.
- Use responsible means to achieve the couples desired number of children.
- Seek help, so the childless couple can have children.

Importance of Planned Parenthood

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 the family to build savings for the improvement of living standards and for use during emergencies. The benefits of planning family to the individual members of a family are numerous.

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 anemia, toxemia and prolonged labour.
 - » Old mothers are more likely to suffer hemorrhage 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.
- Enables him to give his children a good home, good education and a better future.
- Gives him time for his own personal advancement.
- Gives him a 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.
- 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.

The Practice of Planned Family will make the Children:

- A healthy mother can produce healthy children.
- The children will be brought up in a happy home where they are given all the love and attention they deserve.
- Wanted and satisfied well-spaced children in the family will allow time and opportunity for mothers and fathers to attend to their growth and development.
- Secure and well-spaced children will provide more opportunities for good education, adequate food, clothing, and better quality of life.
- Well-spaced children in the family allows more prospects for their growth and meeting their essential needs.

Interspousal Communication

For couples to have or enjoy a long, strong and lasting relationship, some exceptional communication skills are required. Communication and decision-making empower couples to seek what is best for their reproductive health, in terms of planned parenthood and to exercise their right to good quality family health care. In socio-cultural and patriarchal social settings husband and wife play a vital role in reproductive health, and therefore inter-spousal communication regarding desired fertility is important for making good health decisions.

Couples' communication and agreement on the desired number of children are important determinants of reproductive health. Couples communication allows husband and wife to time and space the next birth, reduce the risk of low birth weight in the next pregnancy and gives the woman the time, energy and resources to breast feed their infant. This also allows the infant to grow healthy and reduce the risk of malnutrition. Inter-Spousal communication is an effective means of reducing gender inequality in couple's fertility preferences.

Higher proportion of couples with low levels of communication on the number of children to have do not have agreement in terms of their fertility goal. Most of the unsuccessful unions are often influenced by severe lack of communication between spouses. Communication is extremely crucial in stabilizing a marriage. Communication and decision-making play vital role in assuring informed choice of family planning and positive reproductive health behaviour.

Studies show that men have a significant role to play in the adoption of contraception. From a family perspective, the first step in a rational process of fertility decision-making involves communication between spouses. Communication between a husband and wife on reproductive matters has also been recognized as a factor that may influence male participation in family planning. Male involvement in family planning must be encouraged through inter-spousal communication for better FP/RH outcomes.

Prevention of high-risk pregnancy

Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families delay or space their pregnancies in order to achieve the healthiest outcomes for women, new-borns, infants and children.

HTSP differs from birth spacing approaches that refer only to the interval after a live birth and when to give birth. It also provides guidance on the healthiest age for the first pregnancy. It encompasses a broader concept of the reproductive cycle starting from healthiest age for the first pregnancy in adolescents, to spacing subsequent pregnancies following a live birth, still birth, miscarriage or abortion capturing all pregnancy-related intervals in a woman's reproductive life. In order to end preventable maternal & new-born mortality the important strategies & activities are:

Major strategies & activities

- Early assessment of women at risk and to encourage her utilize preconception care/contraception.
- Improving access to safe and effective modern contraceptives methods.

- 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.

Life Stage and HTSP

Considerable unmet need and demand for spacing exists in the younger 15-29 age group as well as in postpartum women:

For women in younger ages 15-29:

Spacing or delaying pregnancies is the main reason for family planning demand among women in this age group. Younger, lower parity women have the highest demand and need for delaying and spacing births.

For postpartum women:

Unmet need for spacing among this group is very high. Postpartum women do not want another child soon, yet very few uses family planning and have an unmet need.

Core Messages

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.

Main interventions

Evidence shows that HTSP has potential as an effective intervention that can help women achieve healthy pregnancies and deliveries. Becoming pregnant too soon after a previous birth, miscarriage, or abortion places mothers and new-borns at a higher risk of health complications or even death. When women younger than 18 years become pregnant, the mother and their new-born face increased risks of health complications compared to women 20-24 years old.

In some populations, infants and children born after short birth intervals also face a relatively high risk of stunting and being underweight during the first five years of life.

Recommendations of WHO:

- After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.
- After a miscarriage or induced abortion, the recommended interval to the next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

HTSP and Health Outcomes

When pregnancies are too close together

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

- New-borns 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.

- New-borns 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 pregnancy spacing 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.

Messages for Healthy Pregnancy Outcomes

Multiple studies have shown that adverse maternal and perinatal outcomes are related to closely spaced pregnancies. The risks are particularly high for women who become pregnant very soon after a previous pregnancy, miscarriage, or abortion.

After a live birth:

- Couples can use an effective modern family planning method of their choice continuously for at least two years before trying to become pregnant again.
- Couples who choose to use an effective modern FP method continuously can plan to have their next pregnancy not more than five years after the last birth.

After a miscarriage or abortion:

- Couples can use an effective modern contraceptive method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again.

For adolescents:

- Adolescents need to use an effective modern contraceptive method of their choice continuously until they are 18 years old, before trying to become pregnant.

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

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

Opportunity for HTSP Counseling

To ensure the healthiest pregnancy outcomes for women and children, timing and spacing of pregnancies using an effective modern family planning method of choice should be encouraged. There are many times throughout women's lives when they will need health advice and support. These "windows of opportunity" allow health providers, outreach workers, community and religious leaders, and women and men's groups to educate and counsel couples and families about HTSP and the expanded mix of family planning methods available to time and space pregnancies.

A window of opportunity

During Antenatal Care (checkups before delivery)

- Emphasize the importance of breastfeeding, which benefits both mothers and new-borns.
- Explain benefits of healthy timing and spacing of pregnancy for expected new-borns.
- Discuss family planning methods, including LAM, for use after delivery.

During Postpartum Care (checkups after delivery)

- Provide counseling about the benefits of delaying the next pregnancy for two years.

Discuss modern effective family planning methods.

- Emphasize the benefits of breastfeeding, which can delay the next birth if the infant is exclusively breastfed.
- Explain that Lactation Amenorrhea Method (LAM), the use of exclusive breastfeeding as a temporary family planning method, protects women from pregnancy for up to six months.

During Well Baby Clinics (such as immunizations)

- Reinforce HTSP messages by reminding mothers and caregivers that practicing it will help the development of the baby and any future children.

During Family Planning Services

- Counsel women and men attending family planning services about the health and social benefits of practicing HTSP.
- Groups that may be interested in spacing or delaying pregnancies include:
 - » Engaged couples
 - » HIV positive women who wish to become pregnant
 - » Newlyweds
 - » Young couples

- » Married couples with children
- » Women who have experienced a miscarriage or abortion

During Post-abortion Care

- Counsel women receiving post-abortion care services on HTSP and contraceptive methods and provide psychological support.
- Counsel women on the quick return of fertility after abortion (induced or spontaneous) and encourage the use of modern effective contraceptive method of their choice for at least six months before trying to become pregnant again.

During STIs/HIV/AIDS Services

- Include HTSP information when counseling on STIs and HIV.
- Counsel HIV positive women who wish to become pregnant on the benefits of HTSP.

During Youth Services

- Provide adolescents/youth the opportunity to make informed decisions about the timing and spacing of pregnancy they desire, in order to help them manage their lives better.
- Integrate HTSP messages into youth focused health, education, and social services.

During Men's Health Services

- Integrate discussions on HTSP into men's health activities.
- Explain how HTSP benefits men, women, and children.
- Educate men on how to support their partners in practicing HTSP and in using a modern effective contraceptive method.

During Community Outreach

- Work with community outreach workers to deliver information and provide assistance directly to families and communities.
- Provide HTSP messages in community outreach activities in both health and non-health settings.
- HTSP messages can be integrated into the following activities and programs:
 - » immunization campaigns
 - » malaria and/or TB prevention
 - » post-abortion care services
 - » maternal and neonatal care
 - » non-health initiatives such as agriculture, literacy, environmental conservation, and micro-credit
 - » voluntary counseling and testing for HIV
 - » preventing mother-to-child transmission of HIV

4.2 Contraceptives & Relationship to Sexuality



Clients use family planning 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 and enjoyment. As in the case with minor side effects, what one client perceives as a problem may be perceived by another client as an advantage.

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. If a woman or her partner has HIV, they should be encouraged to use condoms and an effective method to prevent pregnancy in order to avoid the risk of transmitting HIV/AIDS during a pregnancy.

While most methods of birth control are highly effective when used correctly, there is always a chance that any method will fail. Weighing the options with a counselor and spouse is an important part of the decision-making process. Hormonal contraception can be administered in a variety of ways, including pills, injections, implants.

Some points to consider when choosing a birth control method are:

- 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

COCs, POPs, Injectables, and Implants (Hormonal methods)

- 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.

Combined Oral Contraceptive Pills

Combined Oral Contraceptive Pills, also known as the pill, are oral contraceptives that contain estrogen and a progestin hormone. These pills keep the ovaries from releasing an ovum. They also cause changes in the cervical mucus and the lining of the uterus (endometrium) to keep sperm from joining the ovum. Start taking combined oral pills on day one of the periods, to protect from pregnancy right away. Contraceptive pills are an extremely effective method of pregnancy prevention, however, as with all other methods, they must be used correctly. With correct use i.e. taking a pill daily, only small percent of women will experience an unintended pregnancy.

If one pill is missed, take the missed pill immediately, even if this means taking 2 pills in one day. Carry on taking the rest of the pack as normal. Do not need to use extra contraception.

If 2 pills are missed, take the missed pills immediately and the daily pill on normal time.

If more than 2 pills have missed, stop taking pills use a backup method like condom or emergency contraception to have protection against pregnancy.

Benefits of taking the COC pills include:

- improved menstrual cramps
- lighter periods
- protection pelvic inflammatory disease (PID)
- reduced bone thinning
- improved acne
- protection against certain cancers, ectopic pregnancy, and benign breast growths
- Additionally, the pill can help reduce anaemia and pre-menstrual symptoms.

Common side effects include:

- bleeding between periods
- breast tenderness
- nausea or vomiting
- dizziness
- gut disturbances
- weight gain
- mood changes

Some women may gain a little weight when they start taking birth control pills. It is rare and often a temporary side effect that's due to fluid retention, not extra fat.

Serious risks associated with hormonal contraception include heart attack, stroke, blood clots), high blood pressure, gallstones, jaundice (skin yellowing).

These risks are higher in some women, including women who are:

- 35 years or older
- overweight
- with history of certain inherited blood-clotting disorders
- high blood pressure
- high cholesterol
- prolonged bed rest
- smokers

Progestin only Contraceptive Pills

Progestogen only Pill (POP) contain progestin hormone only. It does not contain any estrogen.

The POP is a pill taken to prevent pregnancy. It works by stopping the production of a monthly ovum and changes the lining of the uterus, so it is less likely to embed a fertilized ovum.

Typically, Depo Provera is very effective. If injections are taken on time (every 12 weeks) it can be more than 99% effective.

Natural fertility can take some time to return to normal. On average this will be six months, but it can take up to one year. If pregnancy is planned soon, it may be best not to use Depo Provera.

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.
- There are very few side effects. Research does not show that the POP causes weight gain, depression or headaches.

Injectables

Given every 3 months, Depo-Provera is an injectable form of birth control that uses the hormone progestin to prevent pregnancy. When used correctly, this is a highly effective method of birth control with less than 1 percent of women experiencing an unintended pregnancy.

Benefits of injectable birth control include its safety and convenience, uterine cancer prevention, safety with breastfeeding, and lack of estrogen.

Side effects can include:

- irregular bleeding
- heavy periods
- weight gain
- depression
- headaches
- nausea
- breast tenderness
- delay before normal fertility returns after stopping the injections

Implants

The birth control implant is a tiny, thin rod about the size of a matchstick. It is also called Implanon which is effective for 3 years and Jadelle which is for 5 years. A trained provider inserts the implant under the skin of upper arm of woman. The implant releases the hormone progestin to stop from getting pregnant.

The implant is one of the best birth control methods, more

than 99% effective. Placed under the skin in the upper arm the implant is very effective because it is not client dependent. However, not all women can use this type of device. It does not protect against STIs/HIV.

This is a safe and highly effective form of birth control with less than 1 percent of women experiencing an unintended pregnancy during use.

The benefits of this method of birth control are numerous and include easy fertility restoration following its removal, safe use during breastfeeding, it does not contain estrogen, it is long-acting, and does not require daily medication.

Side effects can include:

- irregular menstrual bleeding
- heavy periods
- acne
- weight gain
- mood changes/depression
- headaches
- insertion site pain temporarily

IUCDs

The Intrauterine Contraceptive Device (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. Currently, there are three types of IUCDs available, the non-hormonal copper IUCD- 380-A (effective for 12 years) and Multi-Load (effective for 5years) and the hormonal IUCD- Mirena (effective for 5 years).

Because it is a foreign device inserted into the uterus, there is a foreign body reaction and can cause in some women:

- uterine cramps
- heavy periods
- intermenstrual bleeding

The benefits include long-term pregnancy prevention, they are safe when used during breastfeeding, fertility is easily restored following removal, hormonal IUCDs can help with menstrual cramps and bleeding.

- May cause longer or heavier menstrual periods or spotting between periods.
- Some men complain about feeling the strings during intercourse.
- Does not interfere with spontaneity and is highly effective in preventing pregnancy.
- Does not protect against STIs/HIV.

Condoms

Condoms are a “barrier” method of contraception. They 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.

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 Basal Body Temperature 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 (LAM)

- 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 and Vasectomy

When choosing permanent sterilization, it is important to be sure that clients have completed childbearing or do not desire to become pregnant. Permanent sterilization in women can be achieved by surgery, such as getting “tubes tied”. Men can undergo a vasectomy.

- Does not interfere with spontaneity.
- Not having to worry about an unwanted pregnancy and may increase sexual pleasure.

Benefits of female sterilization

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.

Types of female sterilization include:

- Tubal ligation
- Mini-Laparotomy

During a tubal ligation, the fallopian tubes are surgically severed. This can be achieved in a number of ways, including tying and cutting, sealing, clamping, or removing a portion of the tube itself.

Tubal ligation is highly effective with less than 1 percent of women experiencing an unintended pregnancy.

At times, female sterilization can be reversed, however, there is no hundred percent guarantee that there will be successful restoration of fertility.

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 a nearly 100 percent success rate; less than 1 percent of men will experience their vas deferens re-connecting.

Having a vasectomy has many benefits including its permanency, non-hormonal approach, and it does not affect erection or sex organs.

As with any procedure, there are some rare risks, including:

- bruising
- hematoma
- hydrocele
- granuloma
- pain

At times, male sterilization can be reversed, however, there is no guarantee that there will be successful restoration of fertility.

Emergency contraception

Emergency contraception refers to methods that can be used to 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. The copper-bearing IUCD prevents fertilization by causing a chemical change in sperm and egg before they meet. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo.

Methods of emergency contraception

The methods of emergency contraception are:

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

4.3

Side Effects and Impact on Clients



Most side effects from modern family planning methods pose no health risk to clients. However, providers should take minor side effects seriously, because they can be uncomfortable, annoying, or worrisome to clients. For example: A woman who is using DMPA may not be menstruating (especially during the first three-to-six months). This woman may be worried that she will no longer be able to have children when she stops using the injection.

Some women tolerate side effects better than others; it is a very individual matter (this includes pain and discomfort). For example: Some women may not be bothered by weight gain and other women may become very upset by a weight gain of even a few pounds (which may or may not be due to using a family planning method). Menstrual changes may be very worrisome to some clients and be seen as a benefit by others.

Side effects are the major reason that clients stop using a method, therefore providers should:

Treat all client complaints with patience, seriousness, and empathy.

Offer clients an opportunity to discuss their concerns.

Give clients good technical and practical information, as well as good advice about how to deal with side effects.

Studies have shown that clients are more likely to continue to use a method if they have been prepared/know about possible side effects beforehand during counseling.

Counseling for Side Effects:

- Prepare clients for what might occur while using a method.
- Tell the client about symptoms/side effects which may diminish over time (e.g., 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.

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

Group Discussion (30 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.*

4.4 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).

It infers that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programs to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant.

Sexually Transmitted Infections

STIs are caused by bacteria and viruses spread through sexual contact. Infections can be found in body fluids such as semen, on the skin of the genitals and areas around them, and some also in the mouth, throat, and rectum. STIs spread in a community because an infected person has sex with an uninfected person. The more sexual partners a person has, the greater his or her risk of either becoming infected with or transmitting STIs.

STIs are infections that may be contracted through any of the following ways:

- sexual intercourse without condoms
- blood transfusion from infected blood
- sharing of contaminated needles and syringes
- mother-to-child transmission

Some STIs cause no symptoms but all STIs can be life-threatening. If not treated, it can cause pelvic inflammatory

disease, chronic pelvic pain, infertility, miscarriage, ectopic pregnancy and cervical cancer. STIs can also cause sterility and impotency in men and can also greatly increase the chance of becoming infected with HIV.

The common signs and symptoms of STIs are pain on urination, itching in the genital area, foul-smelling genital discharge and genital sores. However, most women do not usually experience symptoms, although the bacteria or the virus stays within the body and silently cause harm.

The health centres provide STI diagnosis and treatment services. One must immediately consult a doctor when symptoms are experienced.

Organism	Disease	Management
<i>Papillomaviruses</i> (types 6, 11, 16 and 18)	<i>Genetic warts, dysplasia's</i>	Vaccines available - Podophyllin, cryotherapy
<i>Chlamydia trachomatis</i>	<i>D-K serotypes (non-specific urethritis); L serotypes (lymphogranuloma venereum)</i>	Most common STI in the urethritis very common; primarily in resource poor countries - Azithromycin, doxycycline
<i>Candida albicans</i>	<i>Vaginal thrush</i>	Predisposing factors - Nystatin, fluconazole
<i>Trichomonas vaginalis</i>	<i>Vaginitis, urethritis</i>	Often asymptomatic; causes 50% of curable vaginal infections - Metronidazole
<i>Herpes simplex virus types 1 and 2</i>	<i>Genital herpes</i>	Problem of latency and reactivation - Acyclovir, valacyclovir, famciclovir
<i>Neisseria gonorrhoeae</i>	<i>Gonorrhoea</i>	2nd most common STI; incidence under reported; quinolone resistance common - Cephalosporin (e.g, ceftriaxone)
<i>HIV</i>	<i>AIDS</i>	Worldwide problem - Antiretrovirals
<i>Treponema pallidum</i>	<i>Syphilis</i>	Decreasing incidence in resource-rich countries - Penicillin
<i>Hepatitis B virus</i>	<i>Hepatitis</i>	Vaccine available - Lamivudine, tenofovir, interferon alpha
<i>Haemophilus ducreyi</i>	<i>Chancroid</i>	Mainly tropical - Azithromycin, ceftriaxone
<i>Sarcoptes scabiei</i>	<i>Genital scabies</i>	Human mite burrows into upper skin layer - Permethrin cream
<i>Phthirus pubis</i>	<i>Pubic lice</i>	Louse infestation in adults - Permethrin cream

HIV and AIDS

The Human Immune Virus (HIV) infection leads to AIDS (Acquired Immune Deficiency Syndrome) which is yet incurable.

HIV and AIDS is a worldwide epidemic and the number of people getting infected is increasing. HIV infection has no signs and symptoms during the early stages. Anyone can be infected but the good news is HIV/AIDS is preventable. Knowing about HIV/AIDS and avoiding behaviors that will put one at risk of HIV is the best way to protect one's self and his or her loved ones from the infection.

The UNAIDS principles, 'ABCD' stands for Abstinence, Be Faithful, Condoms and Don't do Drugs. Protecting from a sexually transmitted infection is easy, yet it is one thing knowing what should be done, 'technically' it is quite another thing doing it in practice.

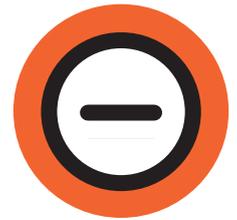
Modes of Transmission of HIV/AIDS

- Sexual intercourse with someone who has the virus
- Transfusion of infected blood
- Injection using contaminated syringe/needles or cut by contaminated instruments
- From the infected mother to her fetus or infants before, during or shortly after birth or through breastfeeding

Ways to Prevent STIs and HIV Infection

- Abstinence from sexual intercourse
- Be mutually faithful to one's spouse or partner
- Avoid use of drugs

4.5 Infertility in Men and Women



Infertility is often defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control. Defined by WHO: the failure to achieve a clinical pregnancy after 12 months or more of regular

unprotected sexual intercourse. It may be that one partner cannot contribute to conception, or that a woman is unable to carry a pregnancy to full term.

Infertility in Males

Semen in males consists of fluid and sperm. The fluid comes from the prostate gland, the seminal vesicle, and other sex glands. The sperm is produced in the testicles.

When a man ejaculates and releases semen, the seminal fluid helps transport the sperm toward the ovum.

The following problems are possible:

Low sperm count

A sperm counts of under 15 million is considered low. One third of couples have difficulty conceiving due to a low sperm count.

Low sperm mobility

The sperm have less motility to reach the ovum.

Abnormal sperm

The sperm may have an unusual shape, making it harder to move and fertilize an ovum.

Suboptimal sperm

If the sperm do not have the right shape, or they cannot travel rapidly and accurately towards the ovum, conception may be difficult. Up to 2% of men are thought to have suboptimal sperm.

Abnormal semen may not be able to carry the sperm effectively. This can result from:

A medical condition

This could be a testicular infection, cancer, or surgery.

Overheated testicles

Causes include an undescended testicle, a varicocele, or varicose vein in the scrotum, wearing tight clothes, and working in hot environments.

Ejaculation disorders

If the ejaculatory ducts are blocked, semen may be ejaculated into the bladder.

Hormonal imbalance

Hypogonadism, for example, can lead to a testosterone deficiency.

Other causes may include:

Genetic factors

A man should have an X and Y chromosome. If he has two X chromosomes and one Y chromosome, as in Klinefelter's syndrome, the testicles will develop abnormally and there will be low testosterone and a low sperm count or no sperm.

Mumps

If this occurs after puberty, inflammation of the testicles may affect sperm production.

Hypospadias

The urethral opening is under the penis, instead of its tip. This abnormality is usually surgically corrected in infancy. If the correction is not done, it may be harder for the sperm to get to the female's cervix. Hypospadias affects about 1 in every 500 new-born boys.

Cystic fibrosis

This is a chronic disease that results in the creation of a sticky mucus. Males may also have a missing or obstructed vas deferens which carries sperm from the epididymis to the ejaculatory duct and the urethra.

Radiation therapy

This can impair sperm production. The severity usually depends on how near to the testicles the radiation was aimed.

Some diseases

Conditions that are sometimes linked to lower fertility in males are anemia, Cushing's syndrome, diabetes, and thyroid disease.

Some medications increase the risk of fertility problems in men:

Sulfasalazine

This anti-inflammatory drug can significantly lower sperm count. It is often prescribed for Crohn's disease or rheumatoid arthritis. Sperm count often returns to normal after stopping the medication.

Anabolic steroids

Popular with bodybuilders and athletes, long-term use can seriously reduce sperm count and mobility.

Chemotherapy

Some types may significantly reduce sperm count.

Age

Male fertility starts to fall after 40 years.

Exposure to chemicals

Pesticides, for example, may increase the risk.

Excess alcohol consumption

This may lower male fertility. Moderate alcohol consumption has not been shown to lower fertility in most men, but it may affect those who already have a low sperm count.

Overweight or obesity

This may reduce the chance of conceiving.

Mental stress

Stress can be a factor, especially if it leads to reduced sexual activity.

Infertility in Females

Infertility in women can also have a range of causes. The risk factors include:

Age

The ability to conceive starts to fall around the age of 32 years.

Smoking

Smoking significantly increases the risk of infertility in both men and women, and it may undermine the effects of fertility treatment. Passive smoking has also been linked to lower fertility.

Alcohol

Any amount of alcohol consumption can affect the chances of conceiving.

Obesity or overweight

This can increase the risk of infertility in women as well as men.

Eating disorders

If an eating disorder leads to serious weight loss, fertility problems may arise.

Diet

A lack of folic acid, iron, zinc, and vitamin B-12 can affect fertility. Women who are at risk, including those on a vegetarian diet, should take supplements.

Exercise

Both too much and too little exercise can lead to fertility problems.

Sexually transmitted infections (STIs)

Chlamydia can damage the fallopian tubes in a woman and cause inflammation in a man's scrotum. Some other STIs may also cause infertility.

Exposure to chemicals

Some pesticides, herbicides, metals, such as lead, and solvents have been linked to fertility problems in both men and women.

Mental stress

This may affect female ovulation and male sperm production and can lead to reduced sexual activity.

Medical conditions

Some medical conditions can affect fertility.

Ovulation disorders appear to be the most common cause of infertility in women. Ovulation is the monthly release of an ovum. The ovum may never be released, or they may only be released in some cycles. Ovulation disorders can be due to:

Polycystic ovary syndrome (PCOS)

The ovaries function abnormally, and ovulation may not occur.

Hyperprolactinemia

If prolactin levels are high, and the woman is not pregnant or breastfeeding, it may affect ovulation and fertility.

Poor ovum quality

Ovum that is damaged or develop genetic abnormalities cannot sustain a pregnancy. The older a woman, the higher the risk.

Thyroid problems

An overactive or underactive thyroid gland can lead to a hormonal imbalance.

Chronic conditions

These include AIDS or cancer.

Problems in the uterus or fallopian tubes can prevent the ovum from traveling from the ovary to the uterus or womb. If the ovum does not travel, it can be difficult to conceive naturally.

Causes include:

Surgery

Pelvic surgery can sometimes cause scarring or damage to the fallopian tubes. Cervical surgery can sometimes cause scarring or shortening of the cervix. The cervix is the neck of the uterus.

Submucosal fibroids

Benign or non-cancerous tumors occur in the muscular wall of the uterus. They can interfere with implantation or

block the fallopian tube, preventing sperm from fertilizing the egg.

Endometriosis

Cells that normally occur within the lining of the uterus start growing elsewhere in the body.

Previous sterilization treatment

In women who have chosen to have their fallopian tubes blocked, the process can be reversed, but the chances of becoming fertile again are not high.

Medications, treatments, and drugs. Some drugs can affect fertility in a woman:

Non-steroidal anti-inflammatory drugs (NSAIDs)

Long-term use of aspirin or ibuprofen may make it harder to conceive.

Chemotherapy

Some chemotherapy drugs can result in ovarian failure. In some cases, this may be permanent.

Radiation therapy

If this is aimed near the reproductive organs, it can increase the risk of fertility problems.

Cholesterol

High cholesterol levels may have an impact on fertility in women.

Key Messages to Share

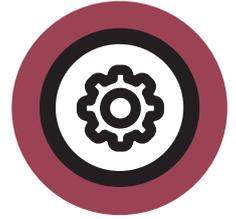
- Clients should have a variety of contraceptive methods from which to choose and adequate information on each method.
- A satisfied client promotes PMC-FP, returns, and continues to use the method.
- The decision to adopt family planning, choose a method, and stop or change a method is a client's right.
- Sexual relationship is for the mutual satisfaction of both partners. Every sexual act therefore should be with mutual consent of partners.
- Family planning saves lives, promotes family health and happiness and work life balance.
- Healthy Timing Spacing Pregnancy allows young children to experience the substantial health benefits of breastfeeding for a full two years.
- HTSP is associated with reduced risk of pre-term births, low birth weight, small for gestational age, and, in some populations, stunting or underweight conditions.
- HIV infection and AIDS are incurable, but preventable. Protect yourself, your spouse and future children against HIV/AIDS.
- The health centers provide a variety of services, which include family planning, pre-natal and post-natal care, child-care and counseling.
- Infertility is defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control.
- In case of Infertility the investigations/tests should start from male, a simple laboratory test of semen analysis. If it is normal, then investigation should be performed on female.
- Remember 'ABCD' which stands for Abstinence, Be Faithful, Condoms and Don't use Drugs.

Part

5

**Caring &
Managing the
Family & Home**

5.1 A Shared Responsibility



The family is the foundation which is a basic social institution to be protected and cherished. The couple that found the family therefore carries a privilege and a tremendous responsibility. The married couple as parents is co-creators of human life with God the Creator. As parents, the married couple thus becomes integral agents of the cycles of eternity from generation to generation.

Family Relations are those:

- Between husband and wife
- Between parents and children
- Among brothers and sisters, whether of the full or half-blood

Responsible 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.

Duties and Responsibilities of Parents

Provision of physical care and love

The physical, emotional and mental health of the child depends on the quality of parental care he/she gets as they grow. Parents should provide their children with the minimum basic needs like:

- Nutritious food that are not necessarily expensive
- Health care generally and in need
- Clothing that is appropriate for every season/occasion
- A happy home and contented family environment

Inculcating discipline

As early as the first few years, children should be trained to think and reason out for themselves and be able to distinguish between right and wrong. They should learn to accept limitations, value freedom with responsibility

and understand the requirements of living happily and peacefully with other people. Indoctrinating discipline can be done with care and love. Encouragement has positive effects whereas, punishment becomes child battering and often has more negative effects.

Developing social competence

The socially competent child is described as friendly, responsive, happy, self-confident, responsible, imaginative, alert and energetic. He/she enjoys work, has good communication skills and is a good company. Allowing children to do things on their own, think for themselves and make decisions in accordance with their level of development, heightens their self-esteem and develops their social competence. Praising children for their efforts and congratulating them for their successes develops their self-confidence. If they fail, encourage them to try

again. Scolding and shaming them as a reaction can do more harm than good.

Education

Parents are the child's first teacher and the home, the first school. Suitable learning experiences must be provided in the home to hasten the child mental development as early as infancy. Parents are fully duty-bound to discover and help develop their children's innate abilities possible. Every child has the right to education. Parents are required to send and provide for their children's schooling.

Citizenship training

It is necessary to teach the child a sense of nationhood and develop his commitment to his/her country. He / She is to be taught the value of tolerance, order, cooperation, sportsmanship, self-discipline and self-reliance in his/her home and play experiences, aside from those learned in school. Citizenship training is important for the child to acquire a perspective larger than his family. It is important to inculcate a civic sense of nationhood and national purpose in the young.

Educate children in age-appropriate aspects of human sexuality

Parents should provide correct information on human and responsible sexuality to their children. It has been

proven that children who are appropriately sexuality aware, are able to protect themselves more and become well-adjusted and responsible adults.

Judicious use of money

A child should be taught the value of money, thrift and self-reliance. When the child starts schooling, he/she is given a reasonable allowance, which he/she budgets. Also, could be provided with the opportunity to buy things such as school materials and supplies. As much as possible, the child should be made aware of his share in the family's budget. To encourage wise spending, the child should be reprimanded for excessive buying or indulgence in expensive things. Likewise, he or she should be praised for wisely spending his/her money. On top of these, the child should see his own parents as wise spenders to be her/his role models.

Childless Couples

Some couples may not be able to have biological children. It does not mean, however, that they cannot have them. The usual way is by adoption. The law protects this right.

Duties/responsibilities towards Child

The child has a right to basic necessities such as food, clothing and shelter; the child also needs to be provided with full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. With the support and protection of both human and divine law, parents are to be responsible in fulfilling the rights of their child - in material, psycho-emotional, educational and moral-spiritual needs.

To ensure that the rights of the child are not taken for granted nor forgotten, the Convention on the Rights of the Child (CRC) was ratified by the United Nations in 1990 and by member countries. The rights of the child can be clustered into four broad categories and summarized as follows:

Survival and Development Rights

These are rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities and information about their rights. These rights require not only the existence of the means to fulfill the rights but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or indigenous groups.

Survival

- The right to be born, to have a name and a nationality.
- To have enough food, clothing and shelter.
- To have a healthy and active body.

Development

- The right to have a family to take care of him or her.
- To have a good education.
- To develop his or her full potential.
- To learn good manners and good conduct.
- To be given the opportunity to play and have leisure.

Protection Rights

These rights include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system.

Protection

- To be given protection against all forms of abuse, neglect, danger and violence.
- To live in a peaceful community.
- To be defended and assisted by the government.

Participation Rights

Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realization of all their rights and prepares them for an active role in society and be able to express his or her views.

Responsibilities of Children

If children have rights, so do they have responsibilities. Children should always observe respect and reverence towards their parents and are obliged to obey them as long as the children are under parental authority.

Dealing with Children

Children should develop in an environment of love, understanding and respect. Children imbibe what they see and hear, thus it is imperative that parents provide them good models of behavior. Parents should strive to make the home a haven of love, harmony and security.

Techniques to encourage good behavior in children. These are:

- Express affection to the child.
- Praise the child for good deeds.
- Give occasional rewards for accomplishments at home or in school.

Children may misbehave, related to their need for attention and feelings of inadequacy. Parents should try to understand the situation the child is in. Examples of misconduct are lying, throwing tantrums, destroying things and other destructive behavior. There are several techniques in managing young children's misconduct.

Probe the reason for the misconduct:

- Ask them to stay in a corner.
- Take away small privileges (e.g. no television viewing, no playing, for a time taking away toys).
- Give them extra chores.

The following are basic behaviors that will help children grow as well-adjusted individuals:

- Never use language, make suggestions, or offer advice that is inappropriate, offensive or abusive.
- Never behave physically in a manner that is inappropriate or sexually provocative.
- Never do things for children of a personal nature that they can do for themselves.
- Never ignore, or participate in, behavior of children, which is illegal, unsafe or abusive.
- Never act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse.
- Never hit or otherwise physically assault or physically abuse children.
- Never develop physical/sexual relations with children.
- Never develop relationships with children that could in any way be deemed exploitative or violent.

5.2 Home Management



The couple not only shares the responsibility for managing and nurturing the family but the home and household as well. Among the things the husband and wife must attend to are:

- Balancing income against expenses through budgeting
- Building savings and investments
- Maintaining hygiene and sanitation in the house and its surroundings
- Maintaining a healthy lifestyle for the family

Home Management

Home Management is the process of planning, governing and evaluating family resources to achieve family goals. Home management is a decision-making activity shared by the couple. It helps families and couples make maximum use of attaining their goals and aspirations. Proper and wise management of time, energy and family finances are the key elements to effective home management.

Family Resources

Family Resources include time, energy, knowledge, skills, money, material goods of all the members of the family.

Family Goals

Family Goals are based on concrete human needs, and pertain mainly to the provision of basic needs, which are food, clothing and shelter. Beyond these basic needs, family goals may include the maintenance of health, education of children, security for the future and the full development of each member's potentials.

The basic needs that a family must provide for its members include food, housing, transportation, recreation, clothing, medical and dental needs, education, utilities like water, electricity, cooking fuel, etc. Family needs are numerous, but family resources are often limited. Another fact that a family must recognize early, in order to prepare for it, is that financial demands vary at different stages of family life. For example, when the children start going

to school a bigger indentation on family funds will be incurred than when they were just pre-schoolers. It is also expected that when the children go to college, a bigger portion of the family income will go to their education.

Financial Literacy

A common complaint among married couples is that whatever they do, their money seems to be always lacking. It seems they are never able to earn enough for their needs. A prevailing current reality is that many young married couples start out without their own place and have to live with their parents. These couples will have to consider how to contribute to the resources of the household they live with.

There are many ways a family can cope with its needs. These are:

- Allowing the wife to work or do part time work
- Having few children
- Following some simple rules in budgeting
- Learning to save
- A family must have a budget, no matter what income level they are under

Budget

Budget is a plan by which the important needs of a family are met in a satisfactory way through a well-thought out system of priorities.

Budgeting should be a joint decision-making between husband and wife. This will provide a constant consultation and communication regarding matters that will affect them. Money matters must be handled carefully to prevent it from becoming a source of marital skirmish.

Tips in budgeting

- Estimate the total income, which may come in the following forms:
 - » Wages or salaries
 - » Extra earnings or side-lines

- » Sale from home products or fruits/vegetables (backyard garden)
- » Additional amount from gifts or other sources
- List down all items that the couple or the family has to spend on including estimates on each item.
- Subtract fixed expenses such as rental (house/room/apartment), utilities (water, electricity, etc.), and other similar expenditures.
- The balance is divided for daily needs, such as food, clothing, transportation, health and recreation expenses, etc.
- As much as possible set aside 5% to 10% of the balance for saving. This is important for emergency use as sickness, or for earning additional income like investments, or capital for a small business.
- Another technique to stretch money is to buy wisely.

Wise Buying

Wise Buying is the art of getting goods that satisfy your needs at a minimum amount of time, energy and money. It is getting the most out of limited resources.

Tips in Wise Buying

- Buy nutritious but cheap food. Take advantage of fruits and vegetables in season.
- Always check the expiry date of the food item bought.
- Buy clothes that can serve many purposes and can be worn on many occasions.
- Buy household equipment that is within your means.
- Buy on sound credit terms. Large down payments pay off quickly.
- Avoid/limit the use of credit cards.

Saving

Tips on saving

- Include savings in your budget items.
- Conserve energy and water.
- Learn to live within your means.
- Learn to say “no” by establishing priorities and resort only to very important items.
- Avoid smoking/junk foods etc. Besides helping to keep healthy, can also save some amount.
- Learn to recycle food, clothing, and other items. Be creative in cooking, learning to sew and other means of reusing items at home.
- Walk instead of taking a ride when your destination is only a short distance away. Aside from saving,

the walk will provide exercise, which is good for your health.

- Plant vegetables in your backyard/pots. Your vegetables will always be fresh, and you can sell the excess for extra money.
- Do not overcook food. It is a waste on fuel.
- In case of illness, get medical care on time to prevent complications, which means greater expense.

Stress Management in the Home

Some situations at home could create stress or anxiety to the couple. Common causes of stress at home include:

- Lack of clear rules and agreement.
- Lack of communication.
- Lack of money, food and other resources.
- Neglect in performance of roles and responsibilities.
- Conflict in relationships.
- High expectation among family members and in-laws.
- Too much dependency on one’s spouse.
- Lack of skills in parental responsibilities.

It is important to manage stress to maintain harmony and peace in the home. The couple should communicate, set family rules, agree on expectations of each other, perform their respective roles and responsibilities and refine their skills in parenting.

Healthy Lifestyle for the Family

Good to practice a healthy lifestyle early in the marriage. It is also good training for the children. Tips for a healthy lifestyle:

- Prepare and eat a well-balanced diet of nutritious foods, which may not necessarily be expensive.
- Avoid stress by exercising, reading books, listening to pleasant music and similar hobbies.
- Maintain cleanliness and sanitation in the home and surroundings.
- Have a happy disposition/temperament.
- Avoid smoking, drinking and staying late.
- Avoid excess of any kind- in eating, drinking, playing, etc.

Key Messages to Share

- Men and women complement each other. Knowledge of the basic differences between a man and a woman will enable them to better adjust to achieve and maintain a successful marriage.
- Men and women are provided with gifts – the ability to make love and find satisfaction in doing it. Yet this ability should always be coupled with responsibility because through it, they bring forth into this world human beings who need to be taken care of, nurtured and nourished.
- 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.
- Set aside 5% to 10% of the balance for saving which is important for emergency use or for additional investments.
- Budgeting should be a joint decision-making between husband and wife to prevent it from becoming a source of marital skirmish.
- Couples should openly communicate, set ground rules on expectations, respective roles and responsibilities and refine their skills in parenting.
- Practice healthy lifestyle early in the marriage through a well-balanced diet, exercise, cleanliness and sanitation and a happy disposition towards life.

Part
6

Premarital
Communication
Skills

6.1 Counseling



Counseling is a one to one, face-to-face, personal communication in which one person helps another to make decisions and then to act on it.

In the context of family planning services, counseling is a process, which helps a client to decide if s/he wants to practice family planning. If s/he does, counseling helps her/him to choose a contraceptive method that is personally and medically appropriate and that s/he wants, understands how to use, and is able to use correctly for safe and effective contraceptive protection.

Engender Health defines FP counseling as “a two-way interaction between a client and a provider, to assess and address the client’s overall SRH needs, knowledge, and concerns” (2003). The Engender Health definition implies that a counselor is also an educator who assesses and addresses the client’s needs, while the second guides a

process of self-reflection. The more widely used World Health Organization (WHO) defines the purpose of FP counseling as to “help a client achieve three things: self-exploration, self-understanding, and decision-making with consequent action” (2011).

Good family planning counseling procedures have two major elements and occur when:

1. Mutual trust is established between client and provider. The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods.
2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to decide about premarital-family planning.

Session Objectives

- Participants will be able to identify their own attitudes, feelings, and values, as well as their significance and impact on the counseling process.
- Define the terms counseling, interpersonal communication, motivation, informed choice, and informed consent, and explain the concepts underlying each term.
- Explain the reasons for planning family counseling and factors influencing counseling outcomes.
- Discuss the role of advice in families and communities.
- Identify areas where counseling must be provided for young boys and girls.
- Describe the major principles of counseling.
- Identify the characteristics and skills of an effective family planning counselor.
- Describe the six key steps of the counseling process using a standardized approach called GATHER.
- Identify and respond to misperceptions and rumors raised by clients and their families.
- Identify at least three forms of verbal and nonverbal behavior used when counseling.
- Demonstrate the use of praise and encouragement when counseling clients, remembering to be CLEAR.
- Identify several family planning methods and their relationship to sexuality.
- Identify several ways to counsel and motivate men to make responsible choices.
- Explain the purpose of personal and social counseling.

Effective Counseling

- Effective counseling for the service provider is critical. The service providers should:
- Communicate and Counsel more effectively with women, their families before, during pregnancy, childbirth, and post-partum period for family well-being.
- Use different skills and approaches to counsel in a variety of situations, with women, their partners and families appropriately.
- Understand the women and community she provides services for their specific needs.
- Support women, their partners and families to take actions and facilitate the process for better health outcomes.
- Convey to the community's and clients, trust and satisfaction in the services she provides.
- Limits the spread of some genetic blood diseases: thalassemia, sickle-cell anaemia and others, and some infectious diseases: STIs, Hepatitis B, C and HIV.
- Reduces the financial burden resulting from the treatment of these life-long ailments in terms of spending by family, community and government.
- Minimize pressure over health institutions and blood banks.
- Lessen the burden of disease and increase productivity of life of individuals.

Types of PMC-FP

General Counseling

- Takes place before Nikah
- Needs of clients discussed
- Client concerns addressed
- General information about methods/options given
- Questions answered
- Misperceptions/myths discussed
- Decision-making and method choice begin

Method-specific Counseling

- Decision-making and method choice made
- More information on method choice given
- Screening process and procedures explained
- Instructions about how and when to use method given
- What to do if there are problems discussed
- When to return for follow-up discussed
- Client should repeat back key instructions
- Client given handouts/information to take home when available

Group Discussion (30 min.)

The trainer should:

- List the types of counseling on a flipchart & briefly discuss each.
- Point out that some clients will come with a choice in mind—for example, if a client previously used COCs and was satisfied.
- Counseling needs will vary among different clients and with the same client at different times.
- Ask the Participant to give examples of cultural factors which may influence the comfort levels of FP clients in group or individual situations. For example, in some cultures or settings clients are more comfortable being counseled individually.

BRAIDED Approach

The acronym BRAIDED can help you remember what to talk about when you counsel clients on specific methods. It stands for:

B = Benefits of the method.

R = Risks of the method, including consequences of method failure.

A = Alternatives to the method (including abstinence and no method).

I = Inquiries about the method (individual's right and responsibility to ask).

D = Decision to withdraw from using the method, without penalty.

E = Explanation of the method chosen.

D = Documentation of the session for your own records.

Return/Follow up counseling

- Problems and side effects discussed and managed
- Continuing use encouraged unless major problems exist
- Instructions should be repeated
- Questions answered and client concerns addressed

Individual counseling

- Appropriate when privacy and confidentiality are necessary
- Greet in a friendly manner
- Listen to client's reason for coming
- Ask about client's medical and reproductive health history
- Ask client what they know about FP and explain contraceptive methods, including advantages, disadvantages, and possible side-effects
- Encourage questions and help client choose method
- Explain to client how to use their chosen method
- Ask client to repeat back key information
- Schedule a return visit

Different Approaches in Counseling

Rights-based approach

Rights-based approach that focuses on the client's rights to family planning services and methods and the role of the provider in supporting and protecting those rights.

Holistic and integrated

Holistic and integrated, recognizing the client as a whole

person with a range of interrelated sexual and reproductive health needs. These needs include correct and appropriate information, help with decision making, and emotional support. The selection of an FP method must be made with consideration of a client's circumstances and other SRH issues, reproductive intentions and pregnancy/obstetric history, and sexual relationship and practices.

Client-centered,

Client-centered, building on the two approaches mentioned above and putting the client at the center of the counseling service and counseling training. Assessing each client's needs and tailoring counseling to address those needs is the main goal of the FP counseling service. This approach recognizes that the counseling service will need to be tailored each and every time a client is counseled.

Clients Categorization

Categorizing clients helps FP counselors easily recognize clients' needs and tailor the counseling for each client accordingly. This technique encourages counselors to use the limited time usually available for counseling in a more targeted, efficient, and useful manner. New clients often are the focus of counseling training, but it is important to distinguish between two categories of new clients as well as two categories of returning clients.

New clients with a method in mind.

For these clients, it is best to centre the counseling on the method for which the client expresses interest, to the extent that this method meets the client's and the partner's needs and preferences.

New clients with no method in mind.

These clients need more information on all methods, with a focus on methods that would be appropriate given the client's and partner's needs and preferences.

Dissatisfied clients.

Clients who return with questions, concerns, or problems (such as side effects) should be counseled to carefully identify the reasons for their dissatisfaction or problems. These clients need help with different options to address their situation.

Satisfied clients.

Counselors should check to see whether clients who return for a revisit or resupply are using their method correctly and if there is any change in their needs.

Couple Communication and Problem-Solving Strategies

Interpersonal communication is the face-to-face process of transmitting information and understanding between two or more people. Face-to-face communication is in two forms, verbal and nonverbal, and is both intentional and unintentional.

- Greet couple in a friendly manner
- Introduce benefits of family planning
- Discuss FP methods and encourage questions
- Elicit and discuss rumors and concerns about FP
- Discuss how to obtain appropriate methods

Addressing Challenges in PMC-FP Counseling

In addition to enabling counselors to categorize clients and better meet their needs, counseling must focus on several issues that often challenge counselors, including the following:

- Handling misperceptions
- Preparing new clients for common side effects
- Helping return clients cope with side effects and other problems
- Helping clients continue using FP or switch to a new method

Carefully providing targeted information to these clients contributes to continued successful use of their current method or the decision to try a new method, which helps to avoid discontinuation of FP. These clients should not be overloaded with unnecessary information. Clients can also be categorized based on their wish to space, limit, or delay births or based on recent pregnancy. These categories help counselors tailor counseling to the needs of the individual client.

Types of IPC

Verbal Communication

- Refers to words and their meaning
- Begins and ends with what we say
- Largely controlled by the individual speaking
- Verbal communication is restricted to hearing

- Complex and unknowing
 - Often reveals to the observer the real feelings or message being conveyed
 - Nonverbal communication can involve all our senses
- Body posture, eye contact, physical appearance, as well as the use of space, and waiting time can all communicate a message nonverbally.

Non-verbal Communication

- Implies to actions, gestures, behaviors, and facial expressions which express how we feel, without speaking

Generally, verbal and nonverbal communication work together to convey and reinforce a message. If the verbal and nonverbal messages do not match, the message believed is the one conveyed nonverbally.

Activity (20 min.)

The trainer should:

- Give slips of paper with different emotions (defensiveness, anger, pride, fear, sadness, happiness, pain, impatience, disapproval, confusion) to volunteer Participant.
- Ask them to act out the emotion before the group.
- They may use facial expressions and body language.
- Others should try to guess the emotion & which nonverbal cues or body language can be used to communicate understanding, support, or helpfulness.
- Ask for volunteers and assign each with one of the following emotions (anger, boredom, happiness, frustration, disinterest, impatience, and disapproval).
- Ask each volunteer to read the same sentence using tone of voice to convey their emotion.
- Others should attempt to guess the emotion.

Discussion (5 min.)

The trainer should:

- Encourage Participant to share their experiences or examples of motivation.

Motivation

- Provision of information that encourages and eventually results in a behavioral change in an individual or group.
- Process based on an individual or group's felt need.
- If a person or group is persuaded that a change will benefit her/him/them, motivation will often lead to making that change.
- In the context of FP, motivation encourages a client to seek more information regarding FP methods and based on the perceived benefits of the behavior, it will often lead a client to adopt family planning.
- Motivation is never used to encourage a client to accept a specific method. The choice of an appropriate method must be the client's choice.

Informed Choice

- An integral part of the counseling process which means that a client has the right to choose any family planning method s/he wishes, based on a clear understanding of the benefits and risks of all the available methods, including the option not to choose or adopt any method.
- In order to make a choice that is truly informed, the client needs to know:
 - » Range of variety of methods available
 - » Advantages/disadvantages of each
 - » Possible side effects/complications
 - » Precautions based on individual medical history
 - » Information on risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use
 - » How to use the method chosen safely and effectively

Informed Consent

Implies that a client has been counseled thoroughly regarding all the components described in the section on informed choice, and based on this information, s/he has freely and voluntarily agreed to use the method s/he has chosen.

Informed consent is particularly important when a client chooses voluntary surgical contraception or any method that may have serious complications for a particular client (e.g. a woman over 35 years who smokes and wants to use the COC).

6.2 Elements of PMC-FP Services



When the client-provider interaction is positive and the client feels that s/he was actively involved in the choice of method, the chances are increased that s/he will:

- Decide to adopt family planning
- Use the method correctly
- Continue to use the method
- Cope successfully with minor side effects
- Return to see the service provider
- Do not believe in myths/rumors and even work to counteract them among family and community

A well-informed, satisfied client also has advantages for the service provider due to:

- Fewer pregnancies to handle
- Higher continuation rates
- Fewer time-consuming minor complaints and side effects
- Satisfied clients often promote FP and refer other clients
- Increased trust and respect between client and provider

Factors Influencing Counseling Outcomes

In every client-provider counseling session, various factors influence the outcome of the counseling. These factors

should be taken into consideration when conducting counseling.

Service Provider Factors

- Provider attitudes and behaviors
- Style of provider (mutual participatory or authoritative)
- Provider knowledge and skills (communication and technical)
- Provider method bias
- Provider's own values
- Differences in client-provider social class, gender, or education

Client Factors

- Ability to obtain method of choice, or second choice if precautions exist
- Level of trust and respect towards provider
- Feels privacy and confidentiality are assured
- Feels s/he is being treated with respect and dignity

Programmatic Factors

- Number of methods available
- Reliability of method supply
- Privacy and confidentiality of surroundings
- Social/cultural needs are met
- Image of professionalism conveyed by center

Discussion (15 min.)

The trainer should:

Ask the Participant to discuss their ideas regarding:

- *Why counseling is a vital element of FP services.*
- *The advantages of a well informed and satisfied client for service providers.*
- *List all suggestions and elaborate, as necessary.*

Group Work & Discussion (20 min.)

The trainer should:

- *Divide the Participant into 2 small groups and ask them to identify factors that influence counseling outcomes in FP service provision.*
- *Assign Group 1 to service provider factors, Group 2 to client factors.*
- *Have each group present the factors they have identified on a flipchart.*
- *Fill in where necessary and summarize the main points.*

6.3 The GATHER Approach



GATHER is an Acronym and a useful memory aid to help service provider remember the basic steps in the counseling process and to add structure to a multifaceted activity. It can be adapted to meet each individual clients' knowledge, needs and feelings. The following are elements of a successful counseling session:

G = Greet client in a friendly, helpful, and respectful manner.

A = Ask client about family planning needs, concerns, and previous use.

T = Tell client about different contraceptive options and methods.

H = Help client to make decision about choice of method s/he prefers.

E = Explain to client how to use the chosen method.

R = Return: Scheduled follow up or return visit anytime when needed.

Greet

- Welcome and register client.
- Prepare chart/record.
- Determine purpose of visit.
- Give clients full attention.
- Assure the client that all information discussed will be confidential.

Ask

- Ask client about her/his needs.
- Write down the client's: age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history and risk for STIs.
- Assess what the client knows about family planning methods.

- Ask the client if there is a method s/he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misperceptions).

Tell

- Tell the client about the available methods.
- Describe how method works and its effectiveness.
- Answer client concerns and questions.

Help

- Help the client to choose a method.
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.
- Examine client.
- If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method.

Explain

- Describe how the chosen method works, the advantages and benefits and possible side effects and limitations.

- Explain how to use the chosen method.
- Explain to the client how and when s/he can/should get resupplies of the method.

Return

- At the follow-up or return visit ask the client if s/he is still using the method.
- If the answer is yes, ask client if experiencing any problems or side effects and answer questions, solve any problems.
- If the answer is no, ask why s/he stopped using the method and counsel her/him to see if client would like to try another method or re-try the same method again.
- Make sure client is using the method correctly (ask how s/he is using it).
- Alleviate any other concerns related to chosen FP method of client.

Group Discussion (30 min.)

- *Review each step in GATHER using a prepared flipchart and provide examples of tasks typically conducted under each element/step.*

Group Work & Discussion (20 min.)

The trainer should:

- *Prepare in advance slips of paper with one or two tasks listed in each step, as described in the content column for GATHER. (For example: Prepare chart or record, repeat information if necessary).*
- *Distribute one slip of paper to each Participant and ask them to read it out loud to the group.*
- *Ask the Participant under which GATHER step or letter the task on the slip of paper belongs.*
- *Provide additional examples not mentioned by the Participant, if necessary.*
- *Complete the exercise by explaining that all of the elements discussed are necessary for "successful" counseling.*
- *Successful counseling results in a well-informed decision and a satisfied client. Effective counseling takes knowledge, skill, sensitivity, and tolerance toward the needs and differences of all clients.*

6.4 Rumors & Misperceptions



Rumors/doubts are unconfirmed stories that are transferred from one person to another by word of mouth. In general, rumors arise when:

- An issue or information is important to people, but it has not been clearly explained.
- There is nobody available who can clarify or correct the incorrect information.
- The original source is perceived to be credible.
- Clients have not been given enough options for contraceptive methods.
- People are motivated to spread them for political reasons.

A misperception is a mistaken interpretation of ideas or information. If a misperception is filled with elaborate details and becomes an imaginary story, then it acquires the characteristics of a rumor. Unfortunately, rumors or misperceptions are sometimes spread by health workers who may be misinformed about certain methods or who have cultural or religious beliefs pertaining to family planning which impacts their professional conduct.

The underlying causes of rumors have to do with people's knowledge and understanding of their bodies, health, medicine, and the environment around them. Often, rumors and misperceptions about family planning make rational sense to clients and potential clients.

Activity (30 min.)

- *Ask the Participant to explain the differences between a rumor and a misperception.*
- *Write their responses on the board and validate their answers.*
- *Cite reasons why rumors and misperception might be believable.*
- *Enlist the most common rumors they have heard about FP - write their responses on the board.*
- *Participants to identify the underlying and immediate causes of rumors.*
- *Give the Participant examples of strategies to counteract rumors and misperceptions.*
- *Explain the importance of knowing both immediate and underlying reasons for rumors and misperception.*

Counteracting Rumors and Misperception

- When a client mentions a rumor, always listen politely. Do not laugh.
- Find out where the rumor came from and how it started.
- Check whether there is some basis for the rumor.
- Explain the facts using examples.
- Use strong scientific facts about FP methods to counteract misinformation.
- Tell the truth. Never hide side effects or problems that might occur with various methods.
- Clarify information with the use of demonstration and visual aids.
- Give examples of satisfied users of the method (only if they are willing to share their names). This kind of personal testimonial is most convincing.
- Reassure the client by examining her and telling her the findings.
- Counsel the client about all available family planning methods.
- Reassure and let the client know that you care by conducting follow up home visits.

Role Play (20 min.)

- Ask for two volunteers to role play one of the rumors.
- Have one Participant play a client concerned about the rumor; the other a health worker counteracting the rumor.
- Have the Participant discuss the role play.
- If time allows, ask other volunteers to role-play other rumors.

6.5 Counseling and Motivating Men



Men have special counseling needs and should receive special attention from providers to motivate them to make responsible choices regarding reproductive health practices. Just as women often prefer to talk to other women about family planning and sexual issues, men often prefer to talk to other men about these issues.

Special Counseling Needs of Men

- Men need to be encouraged to support women's use of FP methods or to use family planning themselves (condoms or vasectomy).
- It is important to talk to young people about responsible and safe sex before they become sexually active.
- Men often have less information or are more likely to be misinformed about FP methods, male and female anatomy, and reproductive functions because they tend to talk less about these issues than women.
- Men are often more concerned about sexual performance and desire than women.
- Men often have serious misperceptions and concerns that FP methods will negatively impact their sexual pleasure and/or performance.
- Many men do not know how to use condoms correctly. Providers should demonstrate correct condom use, using a model, when possible.

Role Play (40 min.)

- Use a flipchart to review men's special counseling needs with Participant.
- Divide the Participant into three groups and have each group conduct a role play of a provider counseling a man.
- Discuss with the Participant the role plays, men's' special counseling needs and to list ideas on how to motivate and counsel men effectively.

Key Messages to Share

- Counseling is a two-way communication process in which both client and service provider actively participate.
- Counseling is an ongoing process and must be part of every client provider interaction in health care delivery especially planning family.
- The decision to adopt a particular method must be a voluntary and informed decision made by the client.
- It is the responsibility of the service provider to ensure that the client is fully informed and freely chooses and consents.
- An informed client who has been given her method of choice is a satisfied client, who is more likely to continue with the method.
- The sensitive nature of FP/RH requires that clients' right to privacy, confidentiality, respect, and dignity are always ensured.
- Good interpersonal communication skills are central to good counseling.
- Good client counseling is critical to every client-provider interaction.
- The service provider should give relevant, accurate, and complete information that enables the client to decide about adopting premarital family planning services.
- It is important to talk to young people about responsible and safe sex before they become sexually active.
- Men need to be encouraged to use family planning themselves and support women's use of family planning methods.

Part 7

PMC Empowerment

7.1 Empowerment in Family Planning



A comprehensive definition encompassing various concepts of women's empowerment "a process whereby women become able to organize themselves to increase their own self-reliance, to assert their independent right to make choices and to control resources which will assist in challenging and eliminating their own subordination" (Keller and Mbewe, 1991).

In developed countries, where the empowerment of women has progressed more rapidly than other parts of the world, one of the most significant elements of their empowerment was the arrival of the contraceptive pill. The contraceptive pill and other forms of contraception have given women freedom to choose if and when they want to become a mother; the freedom to plan. This is not to say that universal access to family planning is the miracle solution that will automatically achieve gender equality, but without it, women will continue to be at the mercy of their fertility. As long as women lack access to family planning, they lack choice and opportunities.

As more families send their daughters to school, girls have better prospects for training and work throughout their lives. Over time, educated women are more likely to have educated children, particularly daughters. This suggests that meeting the family planning needs of women and couples today has an impact on the next generation. Many girls are forced to abandon their studies due to unplanned pregnancy, and in some countries, girls are immediately expelled if they are found to be pregnant. Once a girl is in school, if she has access to information and voluntary family planning services, she will also have the ability – and in some cases the choice – to stay in school.

Gender transformative approaches

Gender transformative approaches actively strive to challenge and change gender inequalities while promoting health. These approaches encourage critical awareness

of gender roles and norms, challenge the distribution of resources and allocation of responsibilities between men and women, address power relationships between men and women, and promote the position of women. For example, a national policy may require women to be accompanied by their husbands to family planning clinics in order to get contraception. A gender transformative intervention would work to change this policy so that women can access contraception without their husbands' presence. Alternatively, gender accommodating interventions work around inequitable gender norms, roles, and relationships or adjust for these inequalities.

Rights principles relate to ten dimensions of planned parenthood:

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

Individuals 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.

Components of FP Empowerment

Control over fertility plan

Empowerment in family planning is translated as wielding control over one's fertility plan. Adequate FP information and taking appropriate decisions with autonomy can improve empowerment. There is no one-step solution to empowering, but if one measure were to be singled out as particularly effective in enabling women to realize their rights, access to FP would be a top contender.

Awareness of FP issues

Enjoying access to reliable sources of practical information on contraception and being aware of their husband's expectations in relation to FP makes clients feel enabled to draw up a general fertility plan.

Autonomy in FP decision-making

Women use information resources to draw up a general fertility plan, but the plan cannot be realized unless they have autonomy in FP decision-making. Autonomy is formed by acquiring personal decision-making skills during childhood and adolescence, as well as by gaining decision-making authority in their married life.

Participative family planning

The nature of FP is such that neither partner can independently make decisions and suppose that their reproductive expectations can be fulfilled. The sense of empowerment is achieved when all fertility-related decisions are made in a participative atmosphere with the couple's mutual contribution, not only in making FP decisions, but also in implementing contraception methods.

Mutual understanding of fertility desires

Since marriage partners may come from families of different social/cultural backgrounds with varying attitudes to childbearing, the mutual understanding of fertility preferences, which is the basis of participative

FP, should be achieved by negotiation about fertility decisions. Women in particular need a win-win situation in matters of contraception.

Husband's support in contraception

Once the partners have reached an understanding and agreement on their fertility plan, the next essential element for success in participative approach is the husband's support in choosing and the use of the selected method of contraception. Husband's support in contraception, often makes them accept responsibility in implementing contraception use.

Maintaining health over reproductive years

Health is an essential element of empowerment in planning family. After giving birth to children and using contraceptive methods, women's health often deteriorates. Nonetheless, planned pregnancies and use of safe and appropriate contraceptive methods can help to promote women's health.

Planned pregnancy

Planned pregnancy revolves around reducing the number of pregnancies and spacing them appropriately. Both fewer and planned pregnancies would reduce the risks to mothers' health.

Access to optimal services

Optimal FP services are those that would allow them to choose their desirable contraceptive method with the help of skilled personnel through couple counseling and ensures management of any side-effect, if it arises.

Safe and appropriate contraceptive methods

Different methods of contraception can exhibit minor and temporary side-effects. Easy access to a variety of free and safe contraceptive methods could ensure women's health and empower them in continued use of a method of choice.

Components of FP Empowerment

Young and Long (1998) six characteristics to identify specific challenges to becoming a couple and to understand the powerful dynamics of the relationship:

1. Couple relationships are voluntary. The fact that marriage is a choice means that some will work

harder to keep it going, whereas others might find it easier to escape.

2. Couple relationships contain a balance of stability and growth. To maintain a healthy relationship, there must be a sense of predictability and stability but also novelty and flexibility.

3. Couple relationships have a past, present, and future. Couples are connected through their past histories and their future plans. Relationships must maintain a double vision and not rely on memories alone but keep the relationship fresh in the present and develop mutual goals for the future.
4. Becoming a couple means merging two perspectives, values, and worldviews. These are constantly negotiated in couple relationships.
5. Being part of a couple means giving and receiving support. Thinking of the other person's needs must

at times be just as important as thinking of one's own. Each partner must also learn how to receive support so that the relationship is reciprocal. That is, both partners give and receive support.

6. Couple relationships require that each person maintain a separate identity but be able to put that identity aside at times for the betterment of the relationship. Conversely, they must each respect the other's separate identity and honor it in the relationship.

Route to Gender Equality

Empowering women and girls – in part through ensuring their access to voluntary family planning – is a crucial step towards more widespread gender equality in communities, societies and states. Gender inequality has many causes, but it is rooted in sociocultural norms and myths about what is permissible behavior for women and men, girls

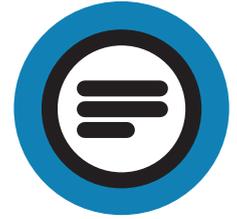
and boys. The informed participation of men and boys in reproductive health programs and decision-making can help to challenge harmful gender norms. It also recognizes that men and boys have reproductive health needs and responsibilities.

Key Messages to Share

- Individuals empowered to make decisions about their reproductive lives can execute these decisions through access to contraceptive information, services and supplies.
- Planned pregnancies and use of safe and appropriate contraceptive methods can help to promote women's health by reducing the number of pregnancies and spacing them appropriately. Fewer and planned pregnancies reduce the risks to mothers' health.
- Each partner must support the relationship to be reciprocal by putting their separate identities aside at times for the good of the couple relationship.
- Informed participation of men and boys in reproductive health programs and decision-making can help to challenge harmful gender norms by recognizing that they have reproductive health needs and responsibilities.

7.2

Summarizing the PMC-FP Session



The Counselor should be able to conduct an open forum and then synthesize the whole session. Here is a summary of messages to leave the pre-marriage orientation participants:

- Marriage is a life-long legal, moral and spiritual commitment between two people who love each other and voluntarily entered the union.
- Marriage is a joint and shared responsibility of the couple to establish, manage, nurture the family & the home, the relationships within the family and home and outside of them.
- Men and women are different physically, physiologically and emotionally, but they complement each other.
- Learn to adjust these gender norms and differences between the sexes as to better understand and live happily.
- Home must be a peaceful place for all. There is no place for domestic violence at home.
- The couple should always strive for harmony in the home, discuss and resolve marital & family crises, and remain faithful to and respectful of each other. A well-managed home should be free of stress.
- Only have the number of children you can manage and be able to give the best that you can give.
- Children are blessings and the couple should treasure those blessings by showering them with love and care, which can be demonstrated by parents in giving their children the best shelter, education, and observing their rights so they will become good human beings and useful and productive citizens.
- Know the services provided by the government through various offices in the tehsil, district, city like health centers, safe homes for the protection of women and children, social welfare and development, agriculture, and other offices.
- Counseling will enhance basic skills to create a positive relationship between couple and service provider which will help them to make positive changes towards reproductive health and family wellbeing.

Remember the elements of a successful marriage and as couples you will not go wrong

Annexures

Annex A: Role-plays



- Every participant should be involved in the **30-minute** role-play exercise, either as a player or as an observer.
- Players should meet for **10 minutes** before the role play to assign roles.
- Observers are requested to use the **checklist** to record their observations by carefully weighing the pros and cons of each situation.

Case Scenario

①

A 22-year woman comes to see her counselor. She wants to practice some method of FP after marriage. She is not sure about having children. She has heard about the Pill and IUCD. How will the service provider respond?

Case Scenario

②

A 26-year-old couple wants to seek counseling because they think implant is the appropriate method for them and refuse to use any other method. How will the service provider respond?

Case Scenario

③

A couple comes to see the counselor. The husband wants to have a male child. The wife wants to postpone pregnancy. How will the service provider respond?

Case Scenario

④

An 18-year-old wants to postpone her pregnancy. Her sister uses the COC and likes that method very much. She desires to use the COC. How will the service provider respond?

Case Scenario

⑤

A 34-year-old girl wants to seek counseling because she thinks pregnancy may be more dangerous for the woman's health than possible side effects of a method. Ask the Participant to discuss what they will do if a client has full information about the risks and still wants a method that is not appropriate?

Role Play Checklist for Counseling Skills

Instructions:

Use the checklist to record your observations of the role play. Observe the counseling process as well as content. Note whether the counselor applies the steps in GATHER (as appropriate to the role play).

Task	Performed	
	Yes	No
Nonverbal Communication		
Friendly/welcoming/smiling		
Non-judgmental/receptive		
Listens attentively/nods head to encourage and acknowledge client's responses		
Appears rushed/impatient		
Verbal Communication		
Phrases questions clearly and uses non-technical terms		
Listens to client's responses closely		
Answers client's questions		
Uses language the client can understand		
GATHER Process and Content		
Greets the client in a friendly and respectful manner		
Asks client about self		
<ul style="list-style-type: none"> client's needs and concerns reproductive goals 		
Tells client about FP methods		
<ul style="list-style-type: none"> tells about all methods available asks which method interests' client asks what client knows about method corrects myths/rumors/incorrect information describes how method works and its effectiveness uses A/V aids during counseling describes benefits and risks describes potential side effects. answers client's questions clearly 		
Helps client to reach an informed decision.		
<ul style="list-style-type: none"> asks if anything not understood. asks what method she wants 		

<p>Explains how to use method</p> <ul style="list-style-type: none"> explains clearly what client must do to use method successfully instructions to client are complete and clear asks client to repeat back instructions reminds client of potential minor side effects reminds client of danger signs explains to client what to do if problems 		
Return visit planned		
Problem Solving		
Does "counselor" respond appropriately to the client's needs and problems		
Is " counselor " convincing in advice given		
Is advice given/method provided appropriate		
Does "counselor" treat client/family with respect		
Is the counseling <ul style="list-style-type: none"> counselor -controlled client-controlled balanced 		
Is " counselor " convincing in her/his role Is "client" convincing in her/his role		

What did you learn from observing this role play?

.....

.....

.....

Please record your comments/observations for feedback to participants (both positive and negative)

.....

.....

.....

Annex B: Glossary of Important Terms

- Abstinence:** *Refraining from sexual intercourse of any type. Abstinence is 100% effective in preventing pregnancy, and prevents transmission of STI's, including HIV.*
- Barrier Method:** *A birth control method that provides a physical barrier between the sperm and the ovum. Examples of barrier contraceptive methods include condoms, diaphragms, foam, sponges and cervical caps. The effectiveness rate for barrier methods ranges from 77% to 98% in preventing pregnancy.*
- Birth Control Method:** *An effective, safe, comfortable method to prevent pregnancy. Birth control can be temporary; meaning you can stop using the method and possibly become pregnant. Temporary methods include birth control pills, Depo-Provera, Norplant, IUCD, diaphragms, cervical caps, condoms, contraceptive sponges, spermicidal foams, films and creams. Permanent methods, which are not reversible, are tubal ligation for women and vasectomy for men.*
- Continuum of care:** *An approach to maternal, new-born, and child health that includes integrated service delivery for women and children from: before pregnancy to delivery, the immediate postnatal period, and childhood.*
- Contraceptive prevalence rate (CPR):** *The percentage of women of reproductive age (15-49) who are practicing, or whose sexual partners are practicing, any form of contraception.*
- Counseling:** *Counseling is the process of helping clients make voluntary and informed decisions about their individual care. It is a two-way exchange of information that involves listening to clients and informing them of their options. Counseling is always responsive to client's individual needs and values. All providers, regardless of their professional backgrounds and educational credentials, need special training in counseling and informed choice.*
- Couple Counseling:** *A strategic approach to engage couples in shared decision-making to meet their overall SRH goals.*
- Couple-focused Counseling:** *A counseling model that targets and intervenes with the couple both together as a dyad, and with separate partners through separate couples, depending on the couples' expressed needs.*
- Family Planning:** *The conscious effort of couples or individuals to plan the number of children they have and to regulate the spacing and timing of their births through contraception and the treatment of involuntary infertility.*

- Full Access and Choice:** *The goal of ensuring that everyone, everywhere has access to a range of family planning options that meet their needs.*
- Hormonal Method:** *Hormonal birth control methods, including pills, implants and patches, use hormones to prevent ovulation, and thus prevent pregnancy.*
- Human rights:** *Basic freedoms and rights that all people are entitled to, regardless of their gender, nationality, ethnicity, socioeconomic class, or other factors. In an international context, "human rights" often refers to freedoms proclaimed in the Universal Declaration of Human Rights by the United Nations in 1948. These rights include the right to life, liberty, and security; the right to live free of torture or cruel and inhumane treatment; and the right to live free of arbitrary arrest.*
- Informed Choice:** *Informed choice refers to the process by which an individual arrives at a decision about health care. It is a process that is based upon access to, and full understanding of, all necessary information from the client's perspective. The process should result in a free and informed decision by the individual about whether or not s/he desires to obtain health services and, if so, what method or procedure s/he will choose and consent to receive.*
- Informed Consent:** *Informed consent is the communication between client and provider that confirms that the client has made a voluntary choice to use or receive a medical method or procedure. Informed consent can only be obtained after the client has been given information about the nature of the medical procedure, its associated risks and benefits, and other alternatives. Voluntary consent cannot be obtained by means of special inducement, force, fraud, deceit, duress, bias, or other forms of coercion or misrepresentation.*
- Rights of the Client:** **Every family planning client has the right to:**
1. Information: *To learn about the benefits and availability of family planning.*
 2. Access: *To obtain services regardless of gender, creed, color, marital status, or location.*
 3. Choice: *To decide freely whether to practice family planning and which method to use.*
 4. Safety: *To be able to practice safe and effective family planning.*
 5. Privacy: *To have a private environment during counseling or services.*
 6. Confidentiality: *To be assured that any personal information will remain confidential.*
 7. Dignity: *To be treated with courtesy, consideration, and attentiveness.*
 8. Comfort: *To feel comfortable when receiving services.*
 9. Continuity: *To receive contraceptive services and supplies for as long as needed.*
 10. Opinion: *To express views on the services offered.*

Annex C: DO'S and DON'TS of Counseling

The following “do’s and don’ts” should ALWAYS be kept in mind by the counselor during any interactive session.

DO'S



- *Do maintain good eye contact*
- *Do prepare in advance*
- *Do involve clients*
- *Do use visual aids*
- *Do speak clearly*
- *Do speak loud enough*
- *Do encourage questions*
- *Do recap at the end of each session*
- *Do bridge one topic to the next*
- *Do encourage client to talk*
- *Do use logical sequencing of topics*
- *Do use good time management*
- *Do Keep It Simple*
- *Do give feedback*
- *Do avoid distracting mannerisms and distractions in the room*
- *Do be aware of the clients' body language*
- *Do keep the group on focused on the task*
- *Do provide clear instructions*
- *Do check to see if your instructions are understood*
- *Do evaluate as you go*
- *Do be patient*
- *Do summarize*

DON'TS



- *Do not talk to the IEC material*
- *Do not block the visual aids*
- *Do not stand in one spot—move around the room*
- *Do not ignore the client comments and feedback*
- *Do not read from paper*
- *Do not shout*

Annex D: Principles of Counseling

- 1** *Counseling should take place in a private quiet place where client and provider can hear each other, and with sufficient time to ensure that all necessary information, client's concerns, and medical requirements are discussed and addressed.*
- 2** *Confidentiality must be ensured, both in the process of counseling and the handling of client records.*
- 3** *Essential that counseling take place in a non-judgmental, accepting, and caring atmosphere.*
- 4** *The provider uses local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology.*
- 5** *Counselor must use good interpersonal communication skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems, and adopt a non-judgmental, helpful manner.*
- 6** *The client should not be overwhelmed with information. The most important messages should be discussed first (e.g., what the client must do to use method correctly and safely) and be brief, simple, and specific.*
- 7** *Repeat critical information to reinforce the message.*
- 8** *Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.*
- 9** *Always verify that the client has understood what has been discussed. Have the client repeat back the most important messages or instructions.*

Counselor Characteristics

An effective counselor:

- believes in and is committed to the basic values and principles of family planning and client rights.
- is accepting, respectful, non-judgmental, and objective when dealing with clients.
- is aware of her/his own values and biases and does not impose them on clients.
- understands and is sensitive to cultural and psychological factors (such as family or community pressures) that may affect a client's decision to adopt family planning.
- always maintains clients' privacy and confidentiality.

Counselor Skills

An effective counselor possesses strong technical knowledge of contraceptive methods:

- knows all technical aspects of family planning methods thoroughly.
- is prepared to answer contraceptive and non-contraceptive questions comfortably on subjects such as myths, rumors, sexuality, STIs, reproductive and personal concerns.
- is able to use visual aids and explain technical information in language that the client understands.
- is able to recognize when to refer the client to a specialist or other provider.

An effective counselor possesses and is able to apply good interpersonal communication skills, and counseling techniques:

- relates/empathizes
- listens actively
- poses questions clearly, using both open and close-ended questions
- answers questions clearly and objectively
- recognizes and correctly interprets nonverbal cues and body language
- interprets, paraphrases, and summarizes client comments and concerns
- offers praise and encouragement
- explains points in language the client understands in culturally appropriate ways

Providers should remember ROLES, when communicating with clients:

R = Relax the client by using facial expressions showing concern

O = Open up the client by using a warm and caring tone of voice

L = Lean towards the client, not away from them

E = Establish and maintain eye contact with the client

S = Smile

Importance of Using Praise and Encouragement

Praise means the giving of approval.

- To give praise means to build on good behavior, to find the good things a client has done. For example:
- Compliment the client.
- Show that you have concern for her/his well-being.
- Look for something to approve of, rather than to criticize.

Encouragement means the giving of confidence. *To give encouragement means to let the client know that you believe she can overcome her problems. For example:*

- Point out hopeful possibilities.
- Remind her that she is already helping herself by coming to the clinic.

The CLEAR Method of Verbal Communication

Providers should always remember to be CLEAR.

C = Use clear and simple language.

L = Listen to what the client is saying.

E = Encourage the client that they will be able to use the method with good results.

A = Ask for feedback from the client and acknowledge that their concerns and opinions are valid.

R = Have the client repeat the key points that you have told them about using the method.

Note: The importance of using clear and simple language cannot be overemphasized. Remember to discuss the most important messages first and last with the client because the client will be more likely to remember them.

The Importance of Counselor Self-Awareness

Having high self-awareness allows counselors to:

- Provide high-quality services to all couples.
- Ensure their values, beliefs, and experiences do not influence their interaction with couples. In other words, self-awareness helps the counselor remain non-judgmental.
- Reduce the potential for biasing the couple's decisions.
- Understand that he or she is not responsible for the test results or the couple's relationship.
- Hear and understand the couple's concerns.
- Offer genuine empathy and support.
- Skilfully and effectively manage the couples counseling session.
- Empower the couple.

Consequently, through self-awareness, counselors are able to focus unbiased attention on the couple and effectively engage and empower the couple.

Annex E:

Investigations & Screening in 3 Trimesters

It is important to conduct the appropriate investigations during each trimester in order to effectively monitor the health of the mother and foetus. Below is a table outlining recommended tests to be ordered at each trimester.

	Purpose	Level of Evidence
First Trimester		
Rh Blood Type and Screen	Determine blood-Ag incompatibility	A
HCT, Hb	Screen for anaemia	B
Hb electrophoresis (if indicated)	Screen for hemoglobinopathies	B
Rubella Ab titre	Determine rubella immunization status	A
VDRL	Screen for syphilis infection	A
HIV	Screen for HIV infection	A
Varicella	Screen for varicella Abs if patient has not had chicken pox	A
HBsAg	Screen for Hepatitis B infection	A
Gonorrhoea	Screen for n. gonorrhoea infection	B
Pap Smear	Screen for cervical cancer	A
Ultrasound at 11-14 weeks	Confirmation of dates, screen for nuchal translucency (NT)	-
Chorionic Villus Sampling, if indicated, at 11-13 weeks	Diagnostic prenatal test, indicated w positive prenatal screen, maternal age >35 or positive family hx for a genetic disorder	-
First Trimester Screen, optional, scheduled between 11-14 weeks	Early prenatal screening, includes 1 blood sample (PAPP-A) and U/S screen for increased NT	A

Integrated Prenatal Screen, optional, (first blood sample and US at 11-14 weeks)	Early prenatal screening that includes U/S screen for increased nuchal translucency (11-14 weeks) and 2 blood samples: • PAPP-A at 11-14 weeks • aFP, B-hCG and estriol testing at 15-20 weeks	A
Serum Integrated Prenatal Screening (SIPS), optional (first blood sample at 11-14 weeks)	Early prenatal screening that includes two blood samples: • PAPP-A at 11-14 weeks • aFP, B-hCG and estriol testing at 15-20 weeks	A
Urine Culture	Screen for bacteriuria	A
Second Trimester		
Rh screen	If mother tested Rh negative, to prevent blood-Ag incompatibility	A
Ultrasound at 16-20 weeks	Anatomical survey	-
Integrated Prenatal Screen, optional (second blood sample taken in T2)	Prenatal screening that includes U/S screen for increased nuchal translucency (11-14 weeks) and 2 blood samples: • PAPP-A at 11-14 weeks • aFP, B-hCG and estriol testing at 15-20 weeks	A
Serum Integrated Prenatal Screening (SIPS), optional (second blood sample taken in T2)	Prenatal screening that includes two blood samples: • PAPP-A at 11-14 weeks • aFP, B-hCG and estriol testing at 15-20 weeks	A
Maternal Serum Screen (MSS) aka Triple Screening or Quadruple Screening at 15-20 weeks	Later prenatal screening offered to women who have their first prenatal visit after 14 weeks of gestation. Includes 1 blood sample: aFP, B-hCG and estriol test (quadruple screen also includes dimeric inhibin A [DIA])	A
Amniocentesis at 15-22 weeks	Diagnostic test, indicated with positive screen, women > 35 or with family history of genetic disorders	-
Third Trimester		
Gestational Diabetes Mellitus (GDM) testing at 24-28 weeks	Identify mothers with GDM	C
Ultrasound	Only if indicated e.g. third trimester bleed	-
Hb or Hct determination	Identify anaemia	-
GBS culture at 35-37 weeks	Identify maternal carriers of group B streptococcus	B
Repeat gonorrhoea, syphilis, chlamydia, hepatitis, & HIV tests	Repeat in women at high risk of infection	A
Rh prophylaxis at 28 weeks	In the Rho(d)-negative patient, 300 mg of Rh immune globulin (RhIg) should be given IM	A

Annex H: Pre-Requisite to obtain a Marriage License in Pakistan

Applicants for marriage license will be required by the government to attend the Pre-Marriage Counseling to provide them with essential information and help them prepare for married life. This pre-requisite to obtaining a marriage license will be governed by laws enacted for PMC-FP:

- i. It requires that all marriage license applicants must receive instructions about responsible and planned parenthood
- ii. Applicants for marriage license shall attach a certificate of marriage counseling to their applications for marriage license
- iii. Applicants for marriage license shall attach photocopy of CNIC

Marriage is a crucial step for a man and a woman who agree to live together, commit themselves and vow to cherish each other until death. Marriage is entry into a new world where they will assume new roles and responsibilities. Families are the building blocks and marriage is the initial step in the formation of families. The family is the basic unit of society. A stable family helps make a stable community and country.

Marriage is a lifetime career and vocation. Unlike other vocations for which individuals can study and prepare for, there is no course that teaches couples the how-to of married life. Couples are expected instead to learn from their marital experiences on a trial-and-error manner or at least, with some guidance and advice from other caring people.

Through the Premarital Counseling, it is hoped that engaged couples will:

- i. Become aware of the different rights and privileges as well as the duties and responsibilities of married couples in their various roles as husbands and wives, as responsible parents, as children of their parents, as in-laws, and as responsible members of society.
- ii. Acquire key information about marriage and relationship, maternal and child health, family planning, responsible parenthood and home management which would be critical tools in making crucial decisions as they try to attain quality life for their families.

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