





Resource Book for Field Health Educator

**IRADA** Improving Reproductive Health Through  
Awareness, Decision and Action







Suraj Social Franchise  
Behaviour Change Communication

# Acknowledgements

A decorative graphic consisting of several small squares in orange, red, purple, green, and teal, arranged in a staggered pattern.

**M**arie Stopes Society (MSS) and the IRADA project team would like to acknowledge the contributions of everyone involved in the development of this resource book. We are extremely grateful to Kausar Saeed Khan and Aziza Burfat who co-authored IRADA's original operational manual, which this book has been adapted from. Additionally, MSS would like to thank Komal Daredia and Asim Nasar for their contributions to the original operational manual.

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# Introduction

This resource book has been developed and designed for use by Field Health Educators (FHE) working with Marie Stopes Society's (MSS) behaviour change strategy, IRADA.

The following book has been divided into four distinct sections:

- I. IRADA (Introduction, Objectives, and Theoretical Underpinnings)
- II. Reproductive Health and Family Planning (Reproductive Systems, Family Planning Methods, Side Effects, and Islam and Family Planning)
- III. Skills (Communication, Counselling, and Field Work)
- IV. Participatory Reflection and Analysis (Social Mapping, Photo Discussion, Timeline /Daily Routine, and Body Mapping).



## Marie Stopes Society (MSS)

Marie Stopes Society (MSS) is a social enterprise that caters to the reproductive health and family planning needs of the underserved, by providing high quality, affordable family planning (FP) services. It is one of the leading partners of Marie Stopes International (MSI), a UK-based non-governmental organization operating in over 37 countries worldwide.

MSS operates in tandem with strong partnerships with government bodies working towards common RH (reproductive health) goals. It is an integral part of the Government's FP2020 Task Force in Sindh and Punjab which is committed to increasing the Contraceptive Prevalence Rate (CPR) to 55% by the year 2020.

The MSS vision is better reproductive health for people in Pakistan, with a mission to be the leading, effective and enduring contributor towards improved reproductive health of the people in Pakistan.

### Objectives

1. Increased availability of quality reproductive health (FP) services with a focus on rural areas.
  2. Improved enabling environment for women, girls and men to avail healthy RH choices.
  3. Strengthened accountability for results at all levels with increased transparency and innovative approaches.
-

## MSS Service Delivery Network

MSS's multi-tiered service delivery structure is crucial to its success, as it enables MSS to provide comprehensive coverage in selected geographical areas.

The RH centres, called Behtar Zindagi Centres, offer a full range of reproductive health services.

A Field Health Educator (FHE) works within a 15-km radius of each centre to build awareness in the target communities regarding RH/FP services. These FHEs also encourage potential clients to avail quality RH services, including follow-up visits from these MSS centres.

MSS mobile teams, comprising a physician, a nurse, and an assistant — using these RH centres as a work base — set up outreach camps in remote areas, called 'Choice Camps'. These camps, located about 100–200 km from the base, offer all forms of contraceptive services (short-term, long-term, and permanent methods).

To enhance its outreach in remote semi urban and rural areas, MSS has successfully established a social franchising network of private providers, called Suraj. The integrated Suraj network aims to create and increase demand, improve access, expand choices, and augment the quality of FP/RH services for the underserved and poor communities of Pakistan. Each service delivery outlet works in coordination with a MSS Behtar Zindagi Centre (located within a 15–100 km radius). The Suraj providers get modern FP training, third party accreditation, quality assurance checks, FP supplies, and marketing support, to ensure the delivery of high quality RH/FP services. Under the IRADA, the Suraj Centres offer a voucher program that entitles resource-poor women to avail long-term and permanent methods of contraception free of cost.

Figure 1: Timeline of MSS Service Delivery Channels

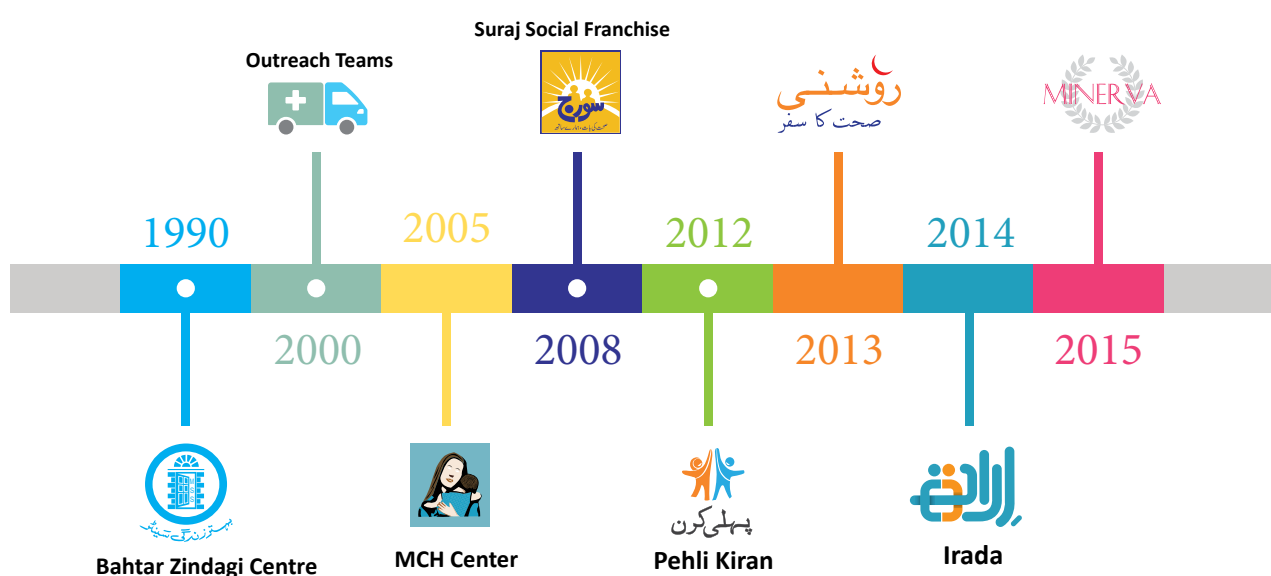
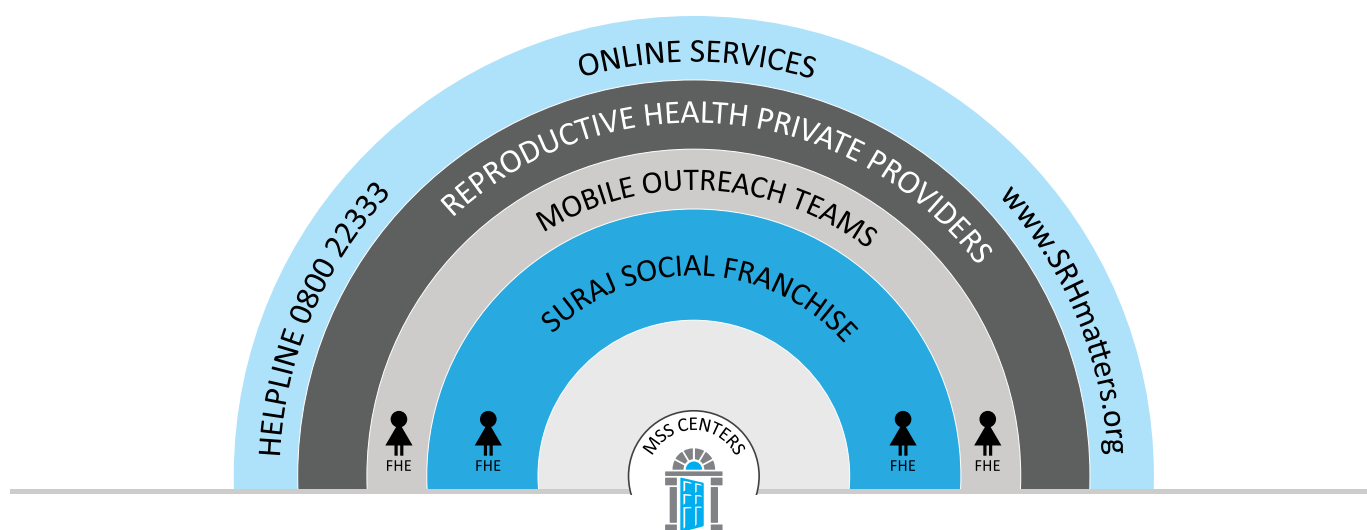


Figure 2 Multi-tiered Structure of MSS FP Service Delivery



A network of FHEs manage the implementation of the Suraj voucher system. The FHEs are crucial for demand generation, as women are hired from the local community (mostly of reproductive age). Each Suraj centre has at least one FHE assigned to visit households in its catchment area. These visits help raise awareness about modern FP methods and also promote the Suraj franchise. The FHE liaises with local community health workers to locate potential clients who are not being serviced by Government health centres. The FHE maintains all records of client visits, referrals, and follow ups in their daily registers and family cards.

This work entails close cooperation with all relevant Government ministries and public service providers, such as Lady Health Workers (LHWs). Spearheading a National Sexual Reproductive Health (SRH) policy, MSS has been training public providers to improve their skills and delivery systems, thus expanding access to care for the underserved and marginalized communities of Pakistan.

# Social and Economic Determinants of Women's Health

Pakistan has a very high birth rate and maternal mortality rate, mostly among young women of reproductive age. The target population consists of the women of reproductive age in 29 districts of the country. Consisting mostly of rural population, these districts have poor access to basic health and social services. These women live in a conservative male dominated society, which includes their husbands and other important people. Fertility rate is high among women living in rural areas. Most of these married women do not receive education and get married at a young age with little lag in subsequent births.

Adoption of FP is increasing, mostly among young men with some education. Withdrawal method is the most commonly used method followed by condoms. Withdrawal method also accounts for the maximum reported increase in adoption of a method: five percentage points since 2006. This indicates an increasing desire among men to restrict birth, suggesting a favourable shift in norms for adoption of modern family planning methods by women of reproductive age.

A couple's desire for another child decreases with the birth of each child, and this is consistent for both men and women. Most couples wish to delay the birth of their next child by at least two years after the first child. It is also these young girls and women who are most deprived of access to care and financial autonomy. MSS posits that the maximum impact of FP will be achieved if long term FP methods are adopted by young women in their early reproductive years, ideally soon after the birth of the first child.

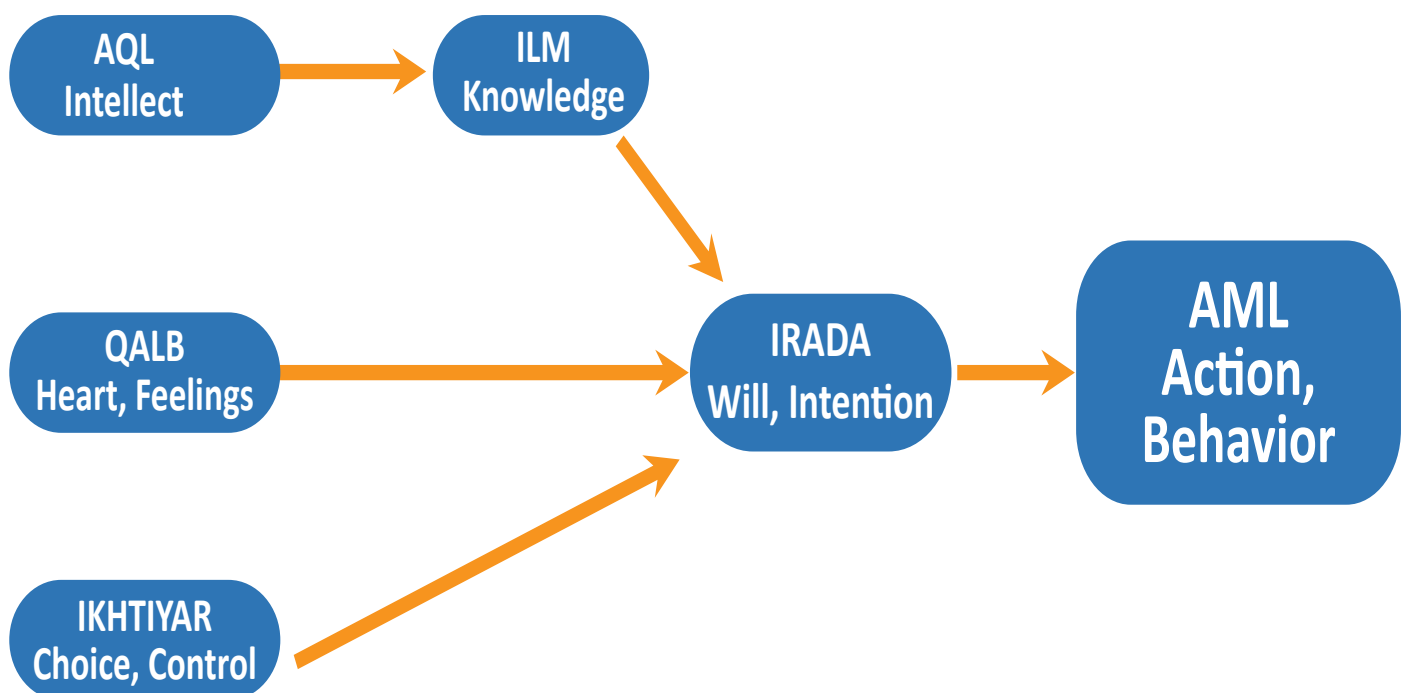


# IRADA

## Islamic underpinning

BCC is a complex process and what drives an individual to adopt certain behaviours, attitudes and convert them to practice is based on moral values, cultural norms and religious interpretations passed down from generation to generation. Attempting to promote behaviours that appear to challenge norms and power distribution can be a daunting and at times dangerous task. In a conservative, religiously motivated environment suspicious of foreign funded FP programs it is imperative that the issue at hand is framed using culturally and religiously relevant terms. Ensuring relevance and identification with messages is key to influencing thought.

The BCC Strategy therefore derives strength and relevance from its strong underpinnings of concepts originally explored in Islamic schools of thought. Early Muslim scholars, between the seventh and the 13th century, wrote extensively about human nature. Abu Zai Al-Balkhi and Ibn Zakaria al-Razi were the world's first cognitive psychologist and psychotherapist. Ibn Sina described the role of mind and its relationship to the body and well-being. Several modern day psychological constructs of behaviours were defined by Islamic scholars, as early as the 11th century.



# Strategy

IRADA will be using participatory approaches to increase uptake of modern family planning methods in the target population by improving societal norms regarding FP, improving attitudes towards FP, and increasing women's ability/confidence regarding using a modern FP method. Field Health Educators (FHEs) will be at the core of this intervention and will oversee the various intervention components and activities. IRADA will be rolled out across all MSS districts.

## IRADA is comprised of two key components:

**Community  
Mobilisation**

**Behaviour Change  
Communication**



### Community Mobilisation

Community refers to a group of people who live in a particular geographical locale and have many things in common, such as the food they eat, clothing, their values, behaviours, attitude towards gender, housing and the way they interact with people within their community and with people from outside. A Community's norms, beliefs and behaviours are grounded in the traditions and environment of the area. Community mobilisation component will focus on two aspects:

#### Community Health “Sehat” Committees (CHCs)

The community health “sehat” committee (CHC) will support the field team and FHEs to create awareness about FP and RH services and to sustain the project gains after the project life. The core group will serve as mediators between the project and its beneficiaries /associated community. They will also serve as enablers within the community by disseminating messages about care during pregnancy, newborn care and healthy timing and spacing of births.

#### Community Health Volunteers “Sehat Razakar” (CHVs)

Community Health Volunteers “Sehat Razakar” (CHVs) refer to men and women who will act as community change agents to facilitate community members in adopting healthy behaviours. CHVs will be from the community which they serve will share a common ethnicity, language, socioeconomic status and life experiences with the community members they serve. They will also serve as enablers within the community by disseminating messages about care during pregnancy, newborn care and healthy timing and spacing of births.



# Behaviour Change Communication

## Mohalla Meetings

FHEs will conduct a monthly Mohalla meeting in her assigned catchment area. The main purpose of these meetings is to engage and educate married women of reproductive age about reproductive health and family planning. Women attending these gatherings will be engaged by using PRA tools and techniques to critically assess women's and children's health issues and also create awareness of the RH services provided at the Suraj Centre.

## Mashvara Meetings

FHEs will additionally conduct Mashvara meetings, where married women of reproductive age will be given advice regarding HTSP and family planning. The relevant SURAJ provider will be present in all Mashvara meetings. These meetings will give women the opportunity to receive vouchers or referrals for Suraj clinics.

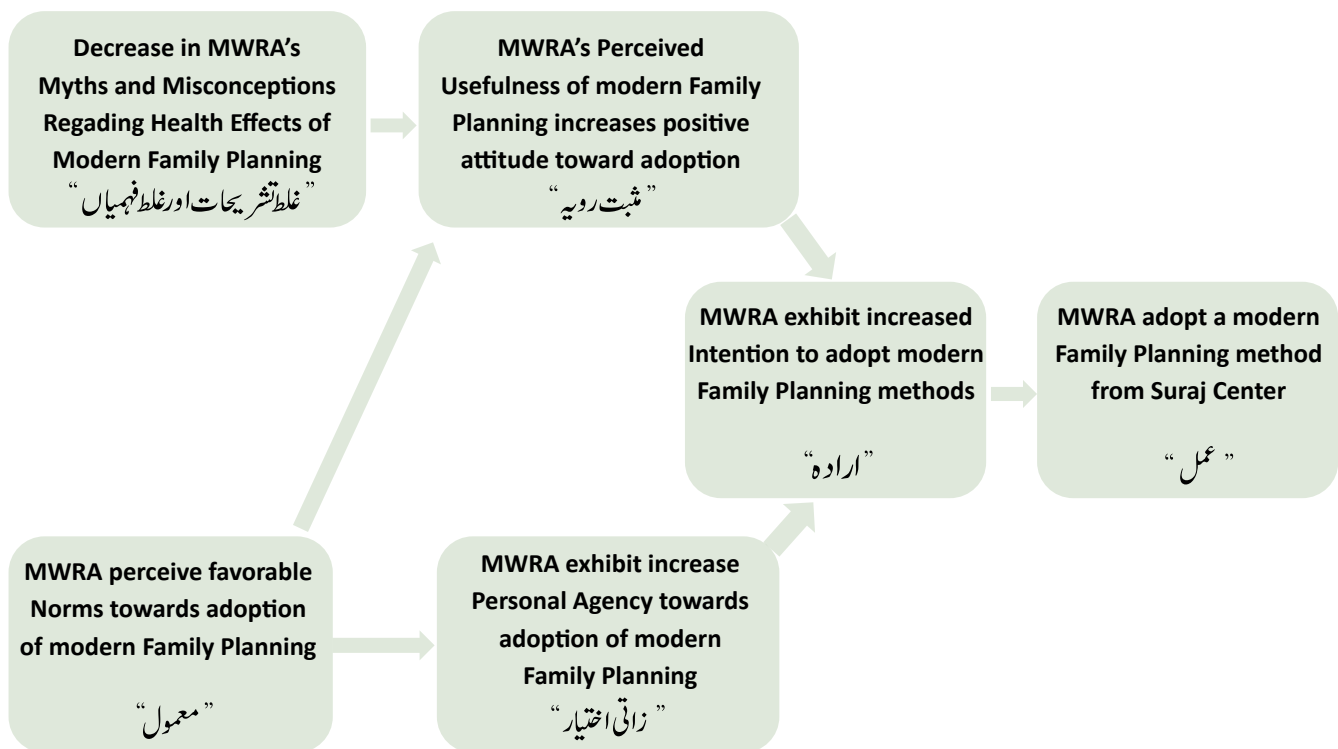
## Client Visits

FHEs will be required to visit at least 120 clients a month for one-on-one education and counselling regarding HTSP and various family planning methods. Family Planning service vouchers and referrals will be provided to those eligible. The FHE will maintain a family record for each client and ensure that clients are regularly followed up.



# Theoretical Framework

The IRADA behaviour change intervention uses a culturally congruent, validated theoretical model that is based in the Integrated Behaviour Model (IBM). This model predicts the most efficient way to promote behaviour change in the target population.



## • Health Objectives

To contribute to a reduction in maternal mortality by averting unintended pregnancies, thereby averting maternal deaths among married women of reproductive age (MWRA) living in rural communities where IRADA is being implemented over the project life.

## • Behavioural Objectives

To increase adoption of modern contraceptive methods by non-users and lapsed users over the project life.

To contribute to the total national Couple Years of Protection (CYPs) amongst participants over the project life.

## Intention Target:

I will accept a suitable, modern FP method from my SURAJ Provider within the next three months.



# Reproductive Health and Family Planning

## Reproductive Health

Reproductive Health is not just absence of some illness or disease in the reproductive system but refers to a state of complete physical, mental and social well-being.

- Maternal health
- Child care (before the age of 1 year)
- Family planning
- Sexually transmitted diseases (STIs)
- Problems of middle and old age
- Problems of Adolescence
- Cure of infertility
- Diagnosis of cancer
- Participation of men

## Government of Pakistan's policy for Family Planning

Government of Pakistan's policy for family planning has been developed on the basis of following points.

- Prohibition on setting a target/quota for health workers or referrers.
- Prohibition of gifts/incentives in the form of money for clients and health workers
- Providing detailed information on the client's preferred method
- Prohibition on depriving people not using family planning of their rights
- Providing detailed information in case of the voluntary sterilization
- Prohibition of promoting abortion



## Target or Quota

No target or quota will be assigned to a health worker/referrer, nor will s/he set such a target or quota for themselves. This quota can be in the form of quantifying total number of births or number of people adopting family planning methods. These numbers may, however, be used for budgeting and planning purposes.

## The government of Pakistan does not allow any kind of financial aid or presents for:

- Anyone individual using a family planning method OR
- Staff members achieving a set quota/target for instance number of child births or number of family planning users.

## The government of Pakistan does not prohibit financial aid under the following circumstances.

- Service fee paid for providing health services
- Non-financial small gifts such as, cap, apron and packets, etc. to appreciate performance.
- Promotion or opportunities for courses based on the good performance of the health worker.

## Denying Rights

If a client does not accept a family planning method, the health care provider cannot deny the client his/her right to health care.

### For example:

- Refusing to give health provisions during a nutrition program,
- Refusing free health services to a mother after a specific number of children.
- Mandatory use of family planning methods/restrictions on family size for health workers

## Comprehensive Information

Health workers will provide complete and comprehensive information to people on their preferred methods for family planning. This may include health benefits, side effects, contra indications for the method. This condition is applicable only for the selected method. This means that the following points need to be elaborated upon as soon as a client decides which method to use.

- Benefits of the selected FP method
- Contraindications for the selected methods
- Side effects

## Health workers can adopt two methods towards this end:

- Promoting voluntary adoption of FP through interpersonal communication, counselling, mass media, etc. Interpersonal communication should be effective during which the health worker should provide the client information, listen attentively, answer questions and avoid giving unnecessary information.
- Disseminating information through specific channel, e.g. wall charts, counselling flip charts, pamphlets and educational inserts in packages.

## Informed Consent in case of Voluntary Sterilization

Informed consent refers to an individual making a voluntary decision to adopt a permanent FP method (sterilization) after obtaining detailed and comprehensive information regarding benefits and possible harmful effects and outcomes prior to surgery.

An individual can only give voluntary consent if she has the right to make a free choice without any coercion in any form. Health centre must maintain a record of all such voluntary consents, in a record

## Informed consent consisting of the following:

- Information on benefits, potential harmful effects and other family planning methods
- Easy to understand language
- Signatures of consenting individual and health worker

If the client is unable to read, all information must be read out aloud. In such instances a thumb impression of the client and a signature of a witness from the same gender and who speaks the same language as the client, must be recorded. All such record is maintained at the health centre for three years.

## Prohibition of Promoting Abortion

Government of Pakistan prohibits the promotion of abortion as a family planning method. Such promotion consists of the following:

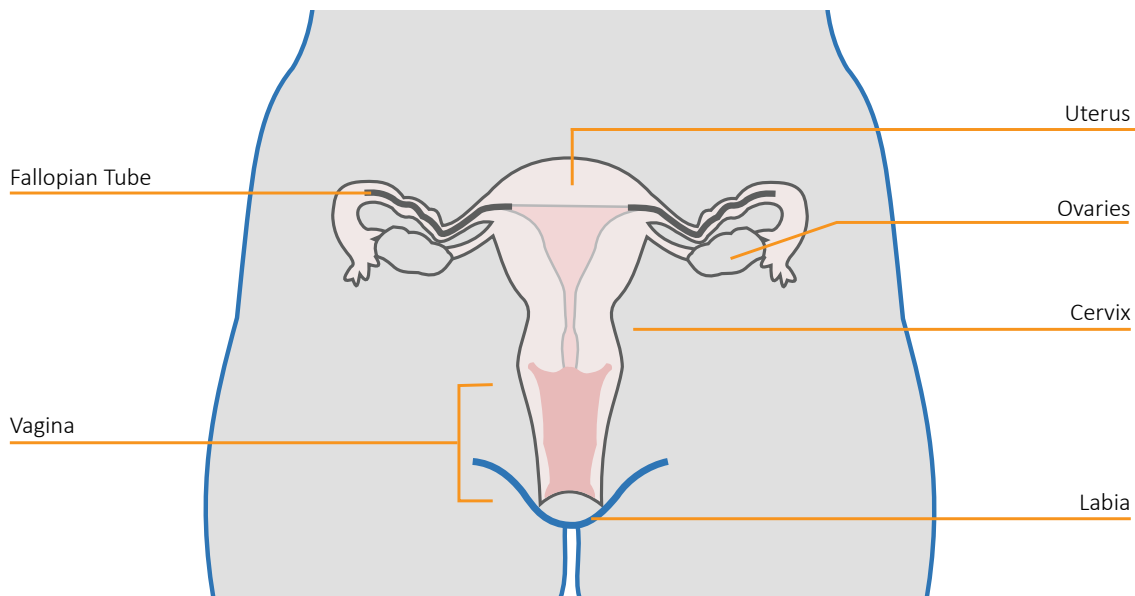
- Giving information or advice to adopt abortion as a family planning method
- Using abortion as a family planning method and labelling or misrepresenting it as another method after use
- Providing assistance that promotes acceptance of abortion as a legal method

It is prohibited to provide assistance for introducing abortion as a family planning method to the public, however, abortion is allowed under the following circumstances:

- If the pregnancy threatens the life of the mother
- If a woman is the victim of a rape it is permitted to provide abortion services as well as post-abortion care, irrespective of whether the abortion was legal or illegal

# The Female Reproductive System

A woman's reproductive system consists of external and internal organs.



## External Organs

### Clitoris

The Clitoris is a very sensitive organ located on the vaginal opening. It has an abundance of nerve endings which are very sensitive to touch. The only function of this organ is to provide pleasure for women during sexual intercourse.

### Labia

This is a pair of fleshy lips, arranged in two layers, located in front of the vaginal opening. They function to protect internal structures.

### Vaginal Opening

The vaginal opening makes up the external, visible part of woman's sexual organs. This part is very sensitive and responds to friction during sexual intercourse.

### Hymen

The hymen is a thin, membranous organ which covers the vaginal opening. It has an opening which allows for the passage of menstrual blood every month. The thickness and strength of the hymen is different in different women. The hymen can also rupture due to other non-sexual physical activities and in some women it is naturally perforated.

## Internal Organs

### Uterus

This is a hollow, thick walled, pear shaped organ situated between the urinary bladder and the last part of the large intestine. The uterus is that organ in which the baby develops during pregnancy. The internal lining of this organ is shed every month and is passed out of the body with blood as menstruation.

### Ovaries

This is a pair of organs which produce eggs. From the onset of puberty until cessation of menstruation, these organs produce one egg every month.

### Fallopian Tubes

This is a pair of tubes which transport one egg from the ovaries to the uterus every month.

### Cervix

This is the lower part of the uterus which joins the vagina. It forms a channel through which menstrual blood flows from the uterus to the outside. It also allows spermatozoa to move from the vagina to the uterus.

### G Spot

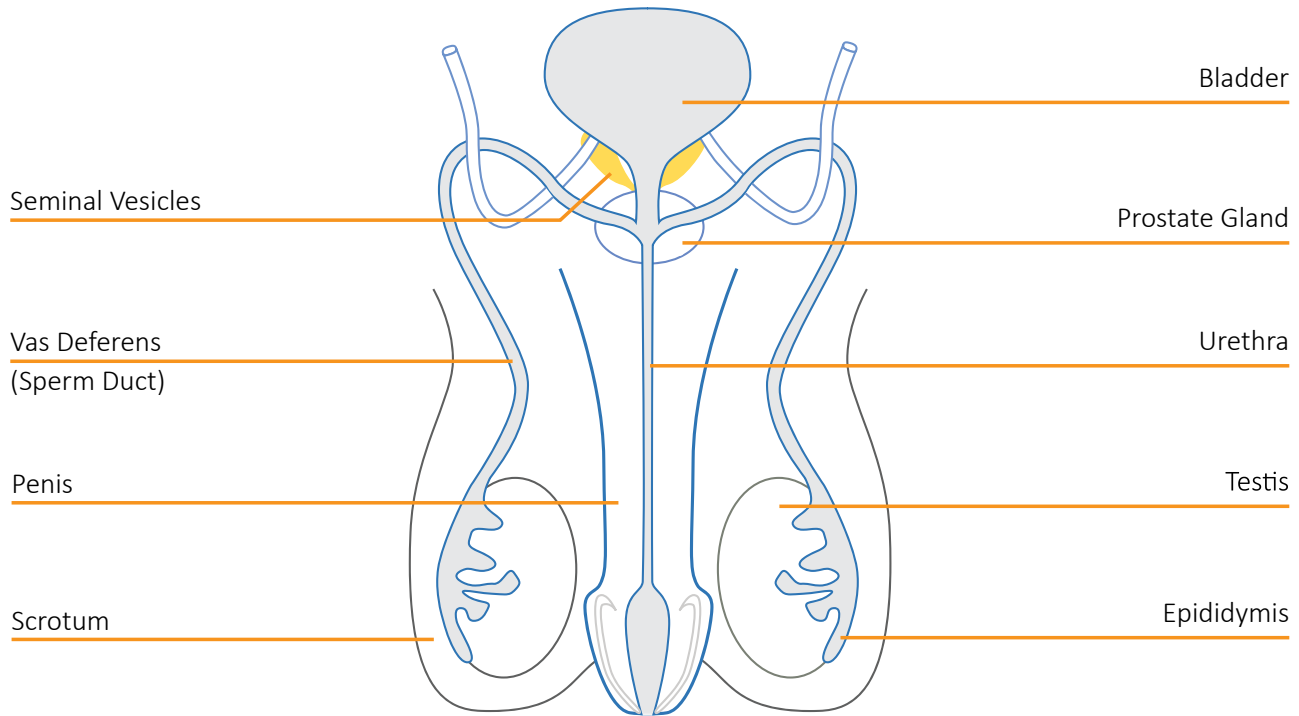
The G spot is a small area, measuring about one to two centimeters, on the front wall of the vagina. The only known function of this part is to facilitate achieving orgasm by women during sexual intercourse.

### Vagina

The vagina is a muscular tube which has the ability to contract and relax. Its size varies from one woman to the next. The penis enters the vagina during sexual intercourse. The vagina forms a passage for menstrual blood to leave the body and also forms part of the birth canal through which a baby is born. Secretions inside the vagina are acidic in nature due to secretion of lactic acid by naturally occurring bacteria. This acidic environment prevents the growth of bacteria inside the vagina. During sexual arousal a woman will feel an increase in the volume and viscosity of vaginal secretions and wetness, the first sexual response within the first 10 to 30 seconds. This increased viscosity and volume of vaginal secretions facilitates easy insertion of penis into the vagina. This change in vaginal secretions at sexual arousal does not occur in prepubescent girls and women who have had a hysterectomy (whose uterus has been surgically removed). Vaginal secretions are usually clear whitish in colour with a slight odor.

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# The Male Reproductive System



## Seminal Vesicles

This is a pair of small sacs which secrete a nourishing fluid for spermatozoa.

## Prostate Gland

This is a walnut sized gland which produces a secretion that makes up 30 percent of the total seminal fluid. Seminal fluid nourishes spermatozoa and provides the transportation medium.

## Scrotum

This is a skin pouch which hangs below the penis. It encloses and holds the testicles which produce spermatozoa (male sex cells). If tight clothing is worn the testicles move closer to the body and the subsequent rise in temperature of the testicles can interfere with maturation and development of spermatozoa.

## Vas Deferens

This is a pair of thin tubes which transport the spermatozoa from the epididymis to the penis. These tubes may be ligated surgically as a family planning method called Vasectomy.

## Urethra

This is a thin tube which carries urine from the urinary bladder to the penis which excretes it from the body. It also provides a channel for ejaculating semen from the body.

## Epididymis

This is a pair of convoluted tubes which provide a nourishing environment for spermatozoa after they leave the testicles before they leave the body.

## Penis

The penis is shaped like a thick tube. It is capable of becoming erect and reverting to a flaccid state. It is very sensitive to physical stimulation and is the organ which enters the vagina during sexual intercourse. There is an abundance of sensitive nerve endings in the head which is covered by additional skin (foreskin). Removing this foreskin by cutting away is referred to as circumcision. Urine and semen leaves the body through the penis. If a person's penis is stimulated, mentally or physically, the penis develops an erection.

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# Identifying Reproductive Health Problems

## Health of Adolescent Girls

### Importance of Health for Adolescent Girls

The health of a mother ensures the health of the whole household. A healthy mother gives birth to healthy children. She can provide better care to her children and fulfil her household duties in a better manner which influences the health of the whole household. It is for this reason that all efforts aimed at improving the health of mothers ultimately ensure the health of a household. Although a number of factors have an effect on a mother's health, the first and foremost determinant is good health during childhood and adolescence. Only a healthy girl can grow up to be a healthy woman and then a healthy mother.

Girls experience a number of physical and mental changes when they reach puberty. These changes are normal and natural, and prepare them for their adult years. Pubertal changes occur in girls between the ages of nine years and 19 years and include the following:

- Increase in height
- Growth of breasts
- Appearance of hair in armpits and pubic area
- Commencement of menstruation (menarche)

### Menstruation

Menstruation begins sometime after the appearance of hair in armpits and the pubic area. The mothers' age at her first period is a key determinant of when the girl will begin to menstruate. The commencement of menstruation is an indication that the girl's ovaries have started producing one egg every month. This egg enters the uterus through the fallopian tubes. The uterine wall thickens every month to receive the egg, however, in case of fertilization not occurring due to non-union of the spermatozoa and the egg, the thickened internal lining of the uterus is shed from the body along with the egg and appears as menstrual blood. Menstruation should commence by nine years old at the minimum and 19 year old at the maximum. Menstruation usually appears after every 28 days but this duration may normally vary from 23 to 33 days in different women and menstruation usually lasts from three to 10 days. It is normal for many women to experience swelling and tenderness of the breasts, and bloating and pain in the lower abdomen.

Mothers, sisters and girlfriends will often confide in each other regarding these changes. However, modesty and embarrassment often prevents mothers from giving their daughters from complete information and young girls for seeking answers to questions they may have. It is, therefore, imperative that the Field Worker Marketing reaches out to these young girls and provides them with correct information and counselling regarding their health so that they may live healthy lives free from myth and misconception. Providing the following information is included in the responsibilities of a health worker:



## Providing Information to Mothers and Young Girls

### About Puberty

Provide mothers and young girls with all information regarding puberty as discussed above.

Inform girls that all these changes during puberty are normal and natural and there is no need for concern, embarrassment or fear due to these changes. Counsel them especially regarding embarrassment due to appearance of breasts.

### About Nutrition

Highlight the importance of nutrition to mothers and young girls. Emphasize that, like boys, girls also require adequate diet and nutrition for healthy progression of pubertal changes.

Adolescent girls require Iron, Folic Acid, and Vitamin C for physical and mental development and their diet should include a greater quantity of food items which include these nutrients, e.g., vegetables, fruit and meat, etc.

### About Hygiene

#### Educate young girls about hygiene.

- Cleaning teeth every day and if possible twice a day using tooth powder, misvak or tooth brush. Rinsing out the mouth after every meal.
- Bathe every day, if possible. If not as often as possible.
- Cleaning hair in the armpits and the pubic region regularly.
- Bathing every day during menstruation.
- Using clean, absorbent, cotton fabric as a menstrual pad instead of used or discarded piece of cloth.
- Changing the menstrual pad (or cloth) every day or more often (using a dirty cloth as a menstrual pad can produce inflammation/infection in the pubic area and result in dirty vaginal discharge which can make menstruation more uncomfortable and lead to further problems in the future. Using a clean cloth can prevent this issue.)
- Any pain or discomfort other than the usual bloating, restlessness and mild ache prior to and during menstruation is not normal and young girls' mothers must be informed of such symptoms.

### About Increased Nutritional Needs

Girls who have a deficiency of blood (anemia) should be given Iron and Folic Acid tablets.

These girls should be given Iron tablets every day for three months.

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## About Sending Girls to Health Centre for Addressing Problems

### Refer girls to the local health centre for the following problems:

- Early onset of menstruation (before nine years of age)
- Lack of onset of menstruation until 12 years of age
- Severe pain just prior to the onset and during menstruation
- Scant menstrual blood (spotting), excessive bleeding during menstruation or the presence of clotted blood in menstruation
- Menstrual bleeding for less than three days or more than 10 days

Inform all mothers that menstruation usually begins between 10 years and 13 years of age. However, adolescent girls' mental development, growth of the skeleton, proper maturation of eggs and other changes in the body continue until 19 to 20 years of age. Early marriage and pregnancy during adolescence interferes with this process and has a negative impact on the physical and mental health of the girl.

### Hysteria

Hysteria is an illness in which the individual either withdraws from the environment and becomes quiet or can start acting violently. This state can last from a few moments to several minutes. In some cases this can manifest as a tendency to break things or harm oneself or others. Some individuals effected by this may be seen saying things that make no sense. Unfortunately this condition commonly effects girls more than boys and in villages is often construed as demonic possession rather than an illness, for which these girls are often subjected to various forms of abuse. This illness is called hysteria and is a curable condition. Such cases should be referred to a hospital.

# Health of Mothers

## Signs of Pregnancy

The basic signs of pregnancy are as follows:

- Menstruation failing to appear on the expected date
- Nausea, vomiting (morning sickness)
- Swelling and tenderness of the breasts, darkening of the colour of the nipples
- Heartburn
- Frequent need to pass urine
- An increase in size of the uterus which can be felt clearly at 20 weeks of the pregnancy
- Various body parts of the baby developing in the womb and its movements can be detected through examination after 21 weeks
- Weight gain

Note: If available, a urine test can be done to confirm pregnancy.

## What Conditions can Lead to Problems for Women

Complications during childbirth include pre-mature birth of the baby, low birth weight of the baby, excessive bleeding during childbirth, prolonged labour or some other health threatening incident. Women with any of the following descriptions are at increased risk for complications during childbirth:

1. Women with height less than 4 feet 8 inches. These women can experience difficulty during childbirth due to a narrower hips.
2. Women who weigh less than 54 kilograms or more than 80 kilograms.
3. Women who have incorrectly shaped hip bones or leg bones can experience difficulty during childbirth.
4. Women who are younger than 18 years of age. Due to young age the girl's body is unable to bear the stress of childbirth.
5. Women who are older than 53 years of age.
6. Women who are going through their first pregnancy.
7. Women who have had five or more children. Repeated pregnancy leads to a deficiency of blood (anemia) in the mother and delayed contraction of the uterus after delivery produces a higher risk of excessive bleeding.
8. Women who have signs and symptoms of blood deficiency (anemia).
9. Women whose last child is less than two years old because these women's health has not recovered completely from the previous pregnancy for a new pregnancy.
10. Women who have a prolonged/chronic illness, e.g., women with diabetes, TB, heart, liver or respiratory illnesses.

11. Women who have had poor outcomes during previous pregnancy, e.g., two consecutive miscarriages, previous stillbirth, previous small size of baby, history of excessive bleeding during previous pregnancy or women who's previous childbirth was through a caesarian section. These problems can reoccur in women with previous history of such complications.

Immediately refer women facing a risky pregnancy to a health centre and encourage them to get a clinical exam during the pregnancy because complications can occur at any stage of pregnancy and/or childbirth. Women who have any of these risk factors should be examined by a medical doctor who can prevent or teach them how to prevent these complications.

## Danger Signs during Pregnancy

Danger signs during pregnancy indicate that there exists a serious threat to the health of the mother and/or baby. These signs include the following:

1. Yellow discolouration of skin (jaundice)/pale skin (anemia)
2. Vaginal bleeding/spotting
3. Redness in spots on the vagina, foul smelling discharge from the vagina
4. Continued vomiting after third month of pregnancy
5. Severe pain in low abdomen
6. Severe headache, blurring of vision, dizziness, swollen hands or feet

It is the responsibility of the health worker that she reminds pregnant women about these danger signs repeatedly so that every woman is completely aware of these signs.

## Anemia/Deficiency of blood

Anemia/Deficiency of blood has the following signs:

1. Pale colouring (eyes and nails)
2. Swelling of the face
3. Swollen feet
4. Weakness and fatigue

## **Anemia is a leading cause of pre-mature birth and low birth weight babies.**

Advise the pregnant woman to eat Iron and Folic Acid tablets and eat food rich in Iron, e.g., liver, kidneys, eggs, chicken, fish, spinach, green leafy vegetable, eggplant, beans, porridge, lentils, apple, pear, and dry fruits such as dates and raisins. Iron and Folic Acid tablets should be eaten from the second trimester of the pregnancy until six months after childbirth. Furthermore, the pregnant woman should eat vitamin C and eat food rich in vitamin C.

## **Food which has vitamin C in it include the following:**

Citrus fruits such as oranges, lemons and grapefruit are rich source of vitamin C. Advise the mother to use extra lemon juice while cooking. Vitamin C also helps to absorb Iron into the blood.

## **Vaginal Bleeding or Spotting**

Any bleeding in a pregnant woman from the uterus, even spotting, is a danger sign. If a pregnant woman informs you regarding bleeding or spotting, immediately refer her to the health centre.

## **Redness/Lesions on the Vagina or Foul Smelling Vaginal Discharge**

Redness/lesions on the vagina or foul smelling vaginal discharge are danger signs during pregnancy. Always inquire from a pregnant woman about the presence of these signs prior to childbirth. If either of these signs is present refer the woman to the health centre immediately.

## **Continued Vomiting After Third Month of Pregnancy**

Vomiting that continues past the third month of pregnancy is a sign of danger. If a woman informs you that she has been pregnant for more than three months and still has complaints of nausea and vomiting, send her to a health centre.

## **Severe Pain in the Abdomen**

Severe pain in the abdomen is a danger sign during pregnancy. If a woman complains of severe pain in the abdomen during pregnancy she should be sent urgently to a health centre or hospital since it is possible that the pain is due to internal bleeding which can be extremely dangerous.

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## Severe Headache, Blurred Vision, Dizziness, Swollen Hands and Feet

Severe headache, blurred vision, dizziness, swollen hands and feet during pregnancy are danger signs. If a pregnant woman have any of these complaints it is possible that she has some toxin in her blood.

The health worker should inquire about the presence of any of these symptoms prior to childbirth. In case of more than normal swelling the pregnant woman will inform the health worker whether her rings, bangles and shoes no longer fit properly. Pressing a thumb against the lower end of the calf or the ankle will leave a depression in the skin. Severe headache, blurred vision, dizziness, swollen

hands and feet are all dangerous signs and a pregnant woman who complains of any of these should be sent to the health centre immediately.



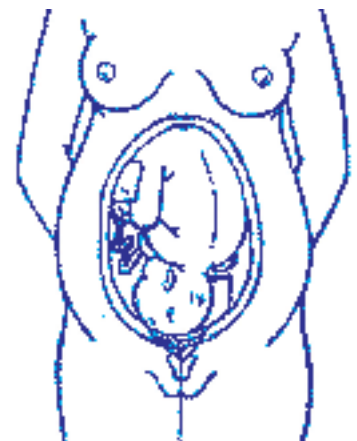
## Size of the Uterus

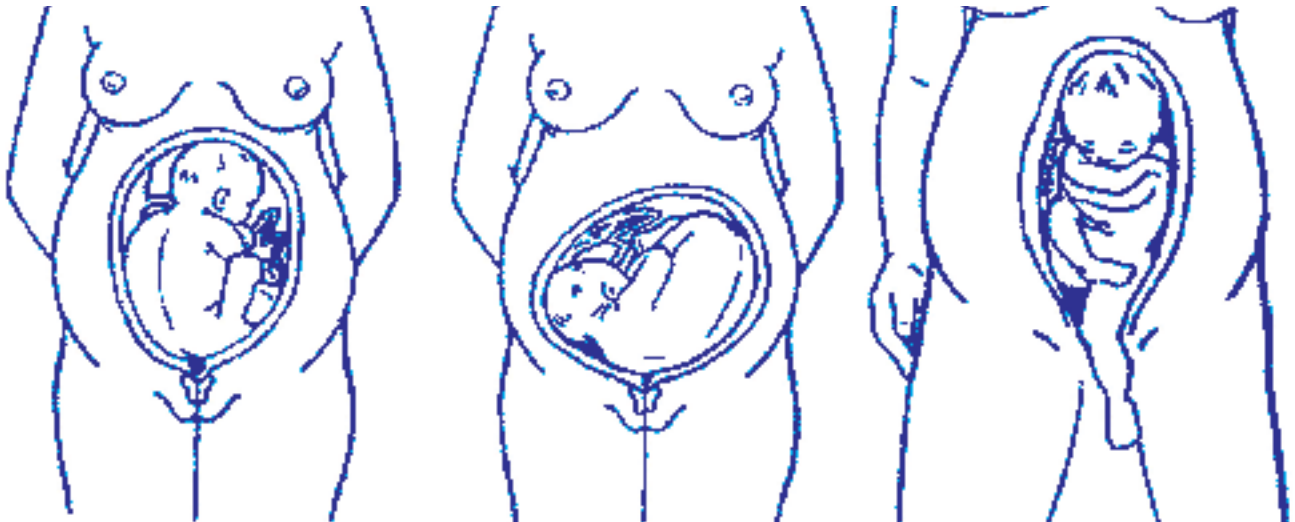
The size of the uterus in a pregnant woman expands by about two finger breadths every month. In the last two weeks of pregnancy, however, the bulge of the uterus moves downwards due to head of the baby entering the pelvis. If a pregnant woman's abdomen does not change shape and size as expected refer her immediately to the health centre for medical attention.

Note: A pregnant woman can have a larger than expected abdomen if she has gone through a large number of pregnancies, suffers from diabetes, duration of pregnancy has been calculated incorrectly or if she has a twin pregnancy.

## Incorrect Position of a Baby During Pregnancy

1. If a baby's head is directed downwards then the baby is in a normal position
2. If the baby's head cannot be felt on the upper or lower end of the abdomen and the rest of its body cannot be easily felt then the baby is lying horizontally/longitudinally. This lie of the baby is incorrect and is called Transverse Lie. Please see figure b.
3. If the baby's body can be felt below the head inside the womb this position is called Breech Position. If the baby has a breech lie and birth is expected within six weeks there is a risk of complicated birth.
4. If on examination of a pregnant woman during the last two weeks of pregnancy you find an incorrectly positioned baby refer the pregnant woman to a health centre for childbirth.





Incorrect Positions of a Baby

## Little or No Movement of the Baby in the Womb

To assess a baby's movement inside the womb ask the mother if she can feel the movements.

1. Ask the mother if the baby moves frequently.
2. Advise women who complain of reduced or little fetal movement and whose pregnancy is longer than 20 weeks to note any and every movement in the womb for three hours. If no movement can be felt for three hours, especially during the first pregnancy refer the woman to the health centre.
3. Baby's movement inside the womb is usually not detectable before the pregnancy has completed 20 weeks (especially during the first pregnancy).
4. If a woman with a pregnancy longer than 20 weeks informs you that the baby does not move inside the womb or that movements are reducing as the pregnancy advances send the mother to the health centre for immediate medical attention.

## Advice for the Pregnant Woman

### Tetanus

Tetanus is a disease spread by germs which can affect people of any age but affects children and mothers much more commonly. Germs which cause tetanus enter the human body when dust, dirt and dirty hands or instruments come into contact with an open wound, e.g., while cutting the umbilical cord of a baby at birth.

## Tetanus in Children

Tetanus usually Affects children within one month of birth. Due to tetanus the child is unable to feed, its body becomes stiff, there is difficulty in breathing and ultimately death ensues.

## Tetanus in Mothers

While tetanus can occur in a woman at any time. Pregnant women going through childbirth are especially prone to contracting tetanus. Mother afflicted with tetanus suffer from stiffening of muscles all over the body, convulsions/seizures and difficulty in breathing. The death rate in these mothers is also very high.

There are two ways to prevent tetanus.

1. Anti-tetanus vaccine
2. Clean birthing practices

## Anti-Tetanus Vaccine

Ask a pregnant woman about anti-tetanus vaccine (injections) the first time you meet her. Advise her to get vaccinated and encourage her to go to the health centre for anti-tetanus vaccine (injection).

### Vaccination Schedule

1st Injection	At onset of pregnancy
2nd Injection	Four weeks after the 1st injection
3rd Injection	Six months after 2nd injection
4th Injection	1 year after 3rd injection
5th Injection	1 year after 4th injection



## Clean Birthing Practices

Clean birthing practices include hygiene of the mother, ensuring cleanliness of the space allocated for birthing, instruments and other equipment, as well as the hygiene and cleanliness of the traditional birth attendant (or the person assisting with the birth).

## Nutritional Requirement during Pregnancy

The possible effects of nutritional deficiency (malnutrition) during pregnancy include low birth weight and height babies and pre-mature birth, i.e., birth of the baby before the expected date.

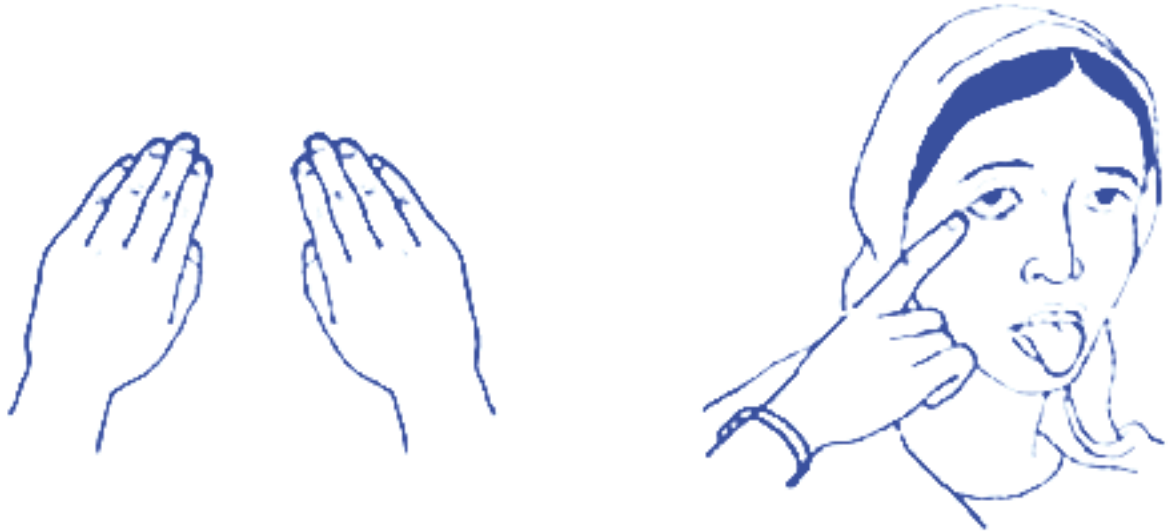
1. A pregnant woman should eat more food as compared to her food intake while non-pregnant.
2. A pregnant woman should eat different types of food as much as possible so in order to fulfill all her nutritional requirements, e.g., vegetables, eggs, fish, fruit, milk, lentils, rice, meat and beans, etc.
3. Good food does not imply expensive food. Lentils, roti (bread), yogurt and yogurt drinks (lassi), butter etc. are excellent sources of nutrition even though they are inexpensive.



Food that pregnant woman should eat

## Deficiency of Blood (Anemia)

As per current policy every pregnant woman is given Iron and Folic Acid tablets to prevent deficiency of blood or anemia. If a pregnant woman has anemia she should get Iron and Folic Acid tablets from her lady health worker or a health centre.



How to look for deficiency of blood (anemia)

## Common Complaints during Pregnancy and their Solution

Complaint	Solution
Nausea, Vomiting	<ol style="list-style-type: none"> <li>1. Eat small portions of food and more frequently making sure to eat more than usual.</li> <li>2. Drink more fluids between meals and drink less fluid during meals.</li> <li>3. Reduce the amount of spicy and oily/greasy food eaten.</li> <li>4. Eat something before going to bed.</li> </ol>
Heartburn	<ol style="list-style-type: none"> <li>1. Avoid spicy and oily/greasy food.</li> <li>2. Sleep with the head raised (use more pillows or use a bigger pillow or place the pillow high at the head end of the bed).</li> </ol>
Constipation, Hemorrhoids	<ol style="list-style-type: none"> <li>1. Increase the amount of leafy vegetables, ispaghula and fruits in the diet.</li> <li>2. Drink more fluids.</li> <li>3. Do light exercise every day or walk for at least 30 minutes.</li> </ol>
Swollen leg veins (varicose veins)	<ol style="list-style-type: none"> <li>1. Avoid prolonged standing.</li> <li>2. Lie down and rest for one to two hours during the day keeping your foot end raised while you are lying down.</li> <li>3. If a blue discolouration appears around the ankles send the woman to a doctor as this condition could be serious.</li> </ol>
Backache	<ol style="list-style-type: none"> <li>1. Reassure the pregnant woman that backache is common during pregnancy.</li> <li>2. Explain to her that there is no need for eating any medicine or massage and that no medicine should be used during the first three months of pregnancy.</li> <li>3. Encourage her to rest more and eat nutritious food.</li> </ol>
Vaginal itching and discharge	<ol style="list-style-type: none"> <li>1. Wash the vaginal area with soap frequently. Alternatively boil Neem leaves and wash the vaginal area with that water.</li> </ol>

## Personal Hygiene, Rest and Using Medicines

It is important that a pregnant mother pays personal attention to her personal hygiene and rest to protect herself and her baby from dangerous illnesses.

### Personal Hygiene

1. Wash hands with soap after passing stool and before touching food.
2. Keep nails trimmed and clean.
3. Keep your skin and especially vaginal area clean.
4. Comb your hair every day.
5. Dry clothes in the sun after washing.
6. Rinse the mouth after every meal.
7. Keep teeth clean.

### Rest

1. A pregnant woman should lie down to rest during the day for an hour or two every day. By lying down during the day a pregnant woman can reduce swelling on her legs and feet.
2. Especially strenuous and tiring work during the last two to three months of the pregnancy can lead to early/pre-mature birth or interfere with the baby's development.

## Using Medicines and Other Substances During the Pregnancy

The following three things can result in birth defects and low birth weight in babies. Pregnant women, therefore, should be advised to avoid all three.

1. Do not use unnecessary medicines during pregnancy. Do not take any medicine without consulting a doctor, especially during the first three months of the pregnancy.
2. Avoid getting an X-Ray during the first three months of a pregnancy.
3. Do not smoke hukkah and cigarettes or use snuff/chewing tobacco while pregnant.

### Breast Care

Normally a mother can breastfeed her baby easily, however, some women have flattened nipples while others may have inverted nipples. When a baby suckles on the breast, flattened or inverted nipples assume the correct shape.

## Examining the Breast during Pregnancy

A pregnant woman's breasts should be examined as early as possible. In order to check the protractility of the nipples ask the expectant mother to gently squeeze her nipples. A normal nipple will revert back to its original shape immediately. Next squeeze the areola to see if the nipple is everted. Explain to the mother the necessity of this examination to avoid difficulties in breastfeeding the baby after birth. If everything appears normal reassure and encourage the mother that she can successfully breastfeed the child with ease. Reassure mothers who have flattened or inverted nipples that with a little bit of help they can also breastfeed their babies normally. To breastfeed the child the expectant mother should use her thumbs to massage the nipple in an outward direction. If nipples are inverted treatment may be obtained by a lady doctor or a Lady Health Visitor (LHV) at the health centre.

## Childbirth and Care of the Mother

### Three Best Hygiene Practices

It is important to know the following three best hygiene practices to help the traditional birth attendant and the pregnant mother, and to prevent various complications.

1. Cleaning the mother and the space where the birth will take place
2. Cleaning hands
3. Cleaning items and equipment that will be used during childbirth



a) Normal nipple



b) Small or Flattened nipple



c) Elongated nipple



d) Inverted nipple

## Preparation for the Mother and Baby

- Bathe if possible, wear clean clothes, void stool and urine, clean unnecessary hair from the vaginal area, wash thoroughly with soap and water and dry the area.
- Arrange adequate clothing and fabric to wrap the baby in.

## Preparation of the Room:

- The room should be airy with an adequate light source in the form of an electric light, lantern or candle.
- Keep the room clean.
- Prepare a clean bed or cot.
- Make arrangements to boil water: arrange for a stove and large saucepan (two liter volume).
- Arrange a dustbin or bag for garbage disposal.
- In cold areas make appropriate heating arrangements.

## Cleaning Hands

Hygiene and cleanliness of the birth attendant especially the birth attendant's hands is very important.

### Correct Method for Washing Hands

- Trim nails and clean all dirt under nails.
- Remove all rings and bangles.
- Pour water on your hands and forearms up to your elbows.
- Use soap to wash hands. (Reiterate that using soap is very important and without soap hands will not be properly clean).
- Scrub hands thoroughly with the brush especially between the fingers and around the nails.
- Rinse hands thoroughly with water.
- Keeping fingers straight, lift hands upwards keeping forearms vertically upwards so that water drips downwards towards the elbows as the hands dry.
- Allow your hands to dry in air and do not use a towel or any other fabric.



## Cleaning Birthing Equipment/Supplies

The following items to be used during childbirth must also be clean.

- An unused disposable razor blade
- Four pieces of thread
- 51 cotton balls
- Eight pieces of muslin cloth
- Breathing tube

Ensure that all these items are thoroughly clean in order to avoid exposing the mother or the baby to any risk. If possible use a fresh, unused razor blade to cut the umbilical cord. Boil the remaining items in water for at least 20 minutes before use.

# Islam and Family Planning

Islamic Shariah neither directly prescribes, nor forbids family planning. A consensus of 500 religious scholars who codified Islamic law during the reign of the Mughal emperor Aurangzeb Alamgir condoned contraception. Over the last 150 years, numerous Islamic scholars have voiced their support for family planning.

Shah Abdel Aziz (1864) stated that taking medicine before or after sexual intercourse to prevent pregnancy is as permissible as the traditional method of withdrawal prior to ejaculation. Sheikh Ahmad Ibrahim, Professor of Islamic Shariah at Cairo University, Egypt and a noted Mujtahid of the 20th century in 1936 provided evidence from Islamic Jurisprudence that family planning is permissible in Islam. The Al-Azhar Islamic Research Academy, Egypt has repeatedly endorsed this stance in 1953, 1959, 1964 and in 1988, and in a paper published in Population Science, the Fatwa Committee of the Al-Azhar Islamic Research Academy presented its view that family planning is permissible in Islam. The following discussion provides answers to the frequently asked questions that a modern day Muslim has.

**Question: Is it necessary for a couple with uncertain financial means to restrict family size to only two children and think about preventing pregnancy after two children?**

Answer: In the time of the Prophet of Islam, Muhammad (pbuh) some individuals and Companions of the Prophet (pubh) adopted various practices to reduce the risk of pregnancy because they did not desire more children and the Prophet (pubh) knew about this. Some individuals also sought the Prophet's (pbuh) counsel regarding family planning and others were already aware that spacing or restricting births is permissible in Islam. Some Companions of the Prophet (pbuh) have said, "The practice of spacing births began after the Quran was revealed." Some Companions have also said that they used a method of spacing which was in the knowledge of the Prophet (pbuh). This information is extremely important since the Companions of the Prophet (pubh) would never have engaged in practices that were contrary to Islam. If spacing births was not permitted, it would have been forbidden in the Quran and is apparent from the Sayings of the Prophet (pbuh) (Ahadith) that the Prophet (pbuh) never said anything to forbid spacing or restriction of births. The Prophet (pbuh) has said, "If you want to space births then you may choose to do so. However, that soul which Allah wants to send to this world, will come no matter what and this will be the will of Allah."



## Withdrawal Method

**Question: The Prophet (pbuh) advised newly married men to delay the first birth until they complete their education; in our society some religious scholars oppose the use of family planning methods, how should one respond to this?**

Answer: In historical times when none of the modern medical methods were available, people used withdrawal method to delay, space or restrict births. This method was safe because it did not involve using anything, it is a simple method in which the man ejaculates his semen outside the body of the woman. However, this is not a very effective method since some of the semen may be discharged as pre-ejaculate prior to actual ejaculation. This method was common in Arabia and other places. The Companions of the Prophet (pbuh) also discussed this method with Prophet Mohammad (pbuh) and asked him if using this method was wrong. The Prophet Mohammad (pbuh) did not forbid using this method but said that, “You cannot stand in the way of the will of Allah, if Allah wants to bless you with a child there is nothing you can do that will stop a woman from getting pregnant”.

**Question: Is it necessary to wait 24 months after a birth before thinking or making Irada for the next birth?**

Answer: A woman's body goes through a lot of changes during pregnancy, childbirth and breastfeeding and requires freedom from stress as well as good nutrition during these periods. Caring for another child during this period is added stress for the woman. By spacing or delaying births a woman gets the opportunity to regain her strength and focus her complete attention on one child at a time. Health experts emphasize the importance of spacing two births by at least three years. A husband and wife need to use a suitable birth spacing method to achieve this objective.

“The mother should feed her milk to the infant for a period of 30 months”

**(Al-Quran, 15:46)**

“And We have instructed people to treat their parents well, your mother has endured much weakness and hardship in order to give birth to you, and then to feed to her milk for two years, be grateful then, to me and your parents, indeed you shall return to me”

**(Al-Quran, 14:31)**

“And We created human beings as man and woman and made them unto pairs, gave chaste men to chaste women so that they may remain steadfast, and gave pious women to pious men, praise Allah in abundance for He is the most forgiving and beneficent”

**(Al-Quran, 35:33)**



# Family Planning Methods

## Before Choosing a Family Planning Method

- Maintain a pleasant and warm attitude during conversation with the client.
- Assure the client that in addition to talking about family planning needs you will also talk about other health related methods.
- Obtain information from the client regarding details of people in the household and immediate family, desire for more children and current family planning method, if any.
  - If client is currently using a family planning method ask her how satisfied she is with her current method and about whether she intends to continue using the current method or is considering switching methods.
- Use the pregnancy card, given after point number 13 to confirm that the client is not pregnant.
- Show the client cards for different methods and ask her if she would like to adopt any specific method.
- Discard cards from the set based on answers to the following questions:
  - Do you want more children?
    - If yes, discard the card for tubal ligation and explain why to the client.
    - If no, continue with the whole set.
  - Have you given birth in the last 48 hours?
    - If yes, discard cards for pills, injection, implant and tubal ligation, and explain why to the client.
    - If no, continue with the whole set.
  - Does your partner support your use of family planning?
    - If yes, continue with the whole set.
    - If no, discard the card for condoms.
  - Do you have any existing illnesses or use any medicine regularly?
    - If yes, obtain more information regarding the illness or medicine being used and discard all cards that can aggravate existing illnesses. Explain why to the client.
    - If no, continue with the whole set.
  - Is there a family planning method that you do not want to use or with which you have experienced problems in the past?
    - If yes, discard the methods mentioned by the client.
    - If no, continue with the whole set.

## Selecting a Family Planning Method

- Give a brief overview of cards not discarded and explain the benefits of methods on these cards.
- Arrange the remaining cards in order of effectiveness.
- Explain the characteristics of these discarded cards in order of effectiveness starting with the least effective.
- Advise the client to select a method that is easiest for her to use.
- Use the specific brochure to assess if the selected method is unsuitable for the client.
- If this method is unsuitable as per the information given in the brochure ask the client to select a different method.

Start again at step number eight.

## After Selecting a Family Planning Method

- Discuss the client's selected method with the help of the given brochure and assess the client's level of understanding of what you have said. Repeat key points.
- Confirm that the client has decided upon a family planning method and give her a referral card or voucher.
- Encourage the client to discuss the selected contraceptive method with her partner and that she should come to the clinic for the method.
- Thank the client and conclude the visit.

## Pregnancy Card

Have you given birth during the last six months? If yes, are you breastfeeding the baby? Have you menstruated since the last birth?	<p>If the answer to any of these questions is Yes,</p> <p>and the client does not have any indications of pregnancy,</p> <p>the client is not pregnant.</p>	<p>If the answer to all of these questions is No,</p> <ol style="list-style-type: none"> <li>1. Pregnancy cannot be ruled out</li> <li>2. If facility is available ask client to get a pregnancy test or refer client to suitable facility.</li> <li>3. Ask the client to meet again once menstruation begins again.</li> <li>4. Until then provide the client with condoms or some other suitable alternate.</li> </ol>
Have you avoided unprotected sexual intercourse with your partner since the last birth or menstruation?		
Have you given birth during the last four weeks?		
Did you have your menstruation in the last seven days (or in last 12 days if planning on using IUCD)?		
Have you had an abortion in the last seven days?		
Are you continuously and correctly using a reliable contraceptive method?		

# I : Natural Family Planning Methods

## 1) Breastfeeding

Three conditions must be met for breastfeeding to be an effective family planning method:

1. A woman has not menstruated since she last gave birth.
2. The baby is exclusively breastfed.
3. The baby is less than six months old.

### Chances of pregnancy while breastfeeding:

- If all three conditions are met: one percent or of a hundred women who use this method there is a chance that one will get pregnant.
- Without all three conditions being met: two percent or of a hundred women who use this method there is a chance that two will get pregnant.

In this temporary family planning method the woman can delay getting pregnant for a short period of time. During this period the woman can decide which longer term family planning method she should use. This method does not protect against sexually transmitted illnesses.

## 2) Rhythm Method

This method is suitable for women who have regular menstrual cycles with a duration between 26 to 32 days.

- With correct use of this method (avoiding unprotected sexual intercourse during days when there is a high chance of getting pregnant): five percent or of one hundred women who use this method there is a chance that five will get pregnant.
- With ordinary use of this method: 12 percent or of one hundred women who use this method there is a chance that 12 will get pregnant.

In this method a woman maintains a record of her menstrual cycle and avoid sexual intercourse or uses a method such as condoms during days when there is a high chance that conception can occur. Using this method requires cooperation and understanding of the sexual partner. Following childbirth and while breastfeeding this method is useable and effective only once the mother has had three regular menstrual cycles.

### 3) Withdrawal Method

- In this method the male partner withdraws the penis from the vagina prior to ejaculation.
- This is the least reliable family planning method but is better than using no spacing method.
- With correct use, i.e., using withdrawal method during safe days (see rhythm method) and avoiding unprotected sexual intercourse during unsafe days: four percent or of one hundred couples who use this method there is a chance that four women will get pregnant.
- With ordinary use: 27 percent or of one hundred couples who use this method there is a chance that 27 women will get pregnant.
- Using this method requires cooperation and understanding among sexual partner.
- This method is not suitable for use by men who are unaware of when they ejaculate or who cannot control their ejaculation.

### 4) Two Day Method

This method is useful for women who have more vaginal secretions. Healthy vaginal secretion is odorless and is not accompanied by burning or itching.

- With correct use, i.e., using withdrawal method during safe days (see rhythm method) and avoiding unprotected sexual intercourse during unsafe days: four percent or of one hundred women who use this method there is a chance that four women will get pregnant.
  - With ordinary use: 14 percent or of one hundred women who use this method there is a chance that 14 women will get pregnant.
  - In this method a woman checks her vaginal secretion regularly and avoids unprotected sexual intercourse during unsafe days. Using this method requires cooperation and understanding among sexual partner.
-

## II : Modern Family Planning Methods

### 1) Condom

Using a condom is the only temporary birth spacing method available for men. It is a tube shaped covering made out of latex rubber which is worn on the penis during sexual intercourse and it serves to collect semen ejaculated by the man providing a barrier to the entry of spermatozoa into the uterus. If a condom is used continuously and correctly, it is 94 percent to 98 percent effective.

### Conditions Which Increase Risk of Rupturing Condom

- If the condom is unrolled or inspected prior to use.
- If a nail or a sharp edge comes into contact with the condom.
- If it is re-used.

### Who Can Use a Condom?

- A condom can be used by anyone at any age.
- A condom should be used when a man or woman have reached a state of complete arousal and are ready for sexual intercourse.

### Who Cannot Use a Condom?

- Men who are allergic to latex rubber should not use a condom. This is a rare occurrence.

### Benefits of Condom

- Inexpensive and easily available.
- If somebody suffers from an infectious sexual disease such as HIV, hepatitis, etc. using a condom during sexual intercourse can prevent the spread of sexually transmitted diseases.
- A condom can be used as per need. If children are desired use can be terminated at any time.
- A condom is used only during sexual intercourse.
- Condoms do not cause any pain/discomfort and have no deleterious effects on a woman's menstrual cycle.
- Condoms are a safe birth spacing method in which no hormones are used.

### Instructions for Using Condoms

- A woman's chances of getting pregnant increase considerable if a condom slips off or ruptures during sexual intercourse. If this happens use pills for emergency contraception.
- A condom should be kept at hand so that it is readily available whenever a couple wants to have sexual intercourse.

## Myths and Misconceptions Regarding Condoms

**Myth:** Condoms do not have the right size and fit badly.

**Fact:** Condoms available in Pakistan fit all penis sizes and are not small in size.

**Myth:** Condoms break during sex.

**Fact:** Condoms are usually very strong. Condoms available these days are good quality and there is very low risk of their breaking or rupturing during the sexual intercourse. Condoms which are old or which have been stored for a prolonged period of time in a wrong place should not be used. One condom should only be used once.

**Myth:** Condoms reduce sexual pleasure.

**Fact:** While this may be true for certain individuals, it is not the norm in fact many couples, being free of the fear of pregnancy or infection due to using a condom experience an increase in sexual pleasure.

**Myth:** If a condom slips off a man's penis during sexual intercourse it can get lost in the woman's vagina.

**Fact:** The uterus rests on top of the vagina and has a very narrow opening at its mouth. The lower end of the uterus expands considerably during childbirth but this opening remains closed until just before the baby is born and a condom cannot enter it. If during sexual intercourse the condom slips off a man's penis in a woman's vagina, the woman can easily extract it from her body using her fingers.

**Myth:** A condom can cause inflammation/ulcers in the uterus.

**Fact:** A condom prevents infection with germs that cause inflammation/ulcers in the uterus.

## 2) Family Planning Pills

Using pills is an effective and reliable method for spacing births as desired. These pills produce hormonal changes in a woman's body, temporarily halting the production of eggs from the ovaries and thereby preventing pregnancy. If pills are used regularly they are 99 percent effective in preventing pregnancy. Family planning pills are available in two types of packaging: one with 28 pills and the other with 21 pills. Both types of pills can be started for the first time on the first day of menstruation or on any day in case there is no pregnancy. Furthermore, if pills are started at any point in the menstrual cycle, a second method must be used for at least seven days. One pill is ingested every day without a gap. A complete packet consists of 28 pills, 21 white and seven dark coloured pills. Once the first pill is taken a pill should be eaten every day going through the white pills first and finishing the seven coloured pills at the end. Menstruation will commence when the white pills are finished. Once the coloured pills are finished a new packet of pills should be started, beginning with white pills. It should be kept in mind that pills should be started on the specified day irrespective of whether menstruation begins or not.

## If you forget to take a Pill

- If you forget to take one or two doses, take a pill as soon as possible. The risk of pregnancy is minimal to none.
- If you forget to take at least three doses during the first or the second week, take a pill as soon as you remember and if sexual intercourse has occurred within the last five days also use emergency contraception and start using a condom.
- If you forget to take three or more doses during the third week, take a pill as soon as you remember, finish all white pills, discard coloured pills and start a new packet. If sexual intercourse has occurred within the last five days also use emergency contraception and start using a condom.

## Which Women should not use Family Planning Pills

- Pregnant women.
- Women who are breastfeeding babies, six months or less in age.
- Women older than 40 years of age who have diabetes.
- Women who have high blood pressure, who smoke or who suffer from heart disease.
- Women of any age who have high blood pressure.
- Women who have jaundice or have had jaundice in the last three months or less.
- Women who are using medicine to treat epilepsy, tuberculosis or mental illnesses.

## Benefits of Pills

- Family planning pills do not effect marital relations.
- Family planning pills can correct irregularity in the menstrual cycle.
- They protect against cancer within the reproductive system.
- They increase the quantity of blood (red blood cells/hemoglobin).
- They make menstrual flow lighter.
- Using family planning pills eliminates pain associated with menstruation.

## Disadvantages of Family Planning Pills

- One pill needs to be taken every day until a pregnancy is desired.
- They do not protect against sexually transmitted diseases.
- Women who want to breastfeed cannot use these pills until six months after childbirth.



## Side Effects of Family Planning Pills

Most women do not experience any side effects of oral contraceptive pills. However, some women can experience the following:

- There is a chance of weight gain in some women. A woman's weight can increase by one to one and a half kilograms during the first year which can be controlled through diet and exercise.
- Some women may experience symptoms similar to that of early pregnancy, however, this can be dealt with by taking the pill at night.

In case a woman using family planning pills experiences any of the following complaints she should see a health service provider immediately:

- Headache
- Pain in the chest
- Slurring of speech
- Pain in the lower abdomen
- Blurring of vision
- Pain and swelling in lower legs (calves and ankles)

## Myths and Misconceptions regarding Family Planning Pills

- Some people believe that family planning pills cause cancer. They in fact protect against cancer.
- Some women say that these pills can make a woman infertile but a woman can easily get pregnant again as soon as she stops taking these pills.
- Some women believe that pills only need to be eaten when they have sexual intercourse with their partner. This is incorrect. Daily use of these pills is necessary to avoid getting pregnant.

## 3) Family Planning Injection

Family planning injection is usually given to a woman in the arm or on the buttock and is a very successful method for spacing births. This injection produces hormonal changes in a woman's body, temporarily halting the production of eggs from the ovaries and thereby preventing pregnancy. It is 99 percent effective in preventing pregnancy. This injection can be given to women at any day while they are menstruating. There are two kinds of family planning injections available in Pakistan:

- Depo Provera – which is repeated after 13 weeks (three months).
- Norigest – which is repeated after eight weeks (two months).

## Women who should not use Family Planning Injections

- Women with pregnancy or suspected pregnancy
- Women who have had jaundice during the last three months
- Women with breast cancer
- Women who are breastfeeding a baby who is six weeks old or less
- Women with complications of diabetes
- Women who desire short term family planning
- Women with liver disease (yellowing of eyes or skin)

## Benefits of Family Planning Injection

- No restriction on marital relations between husband and wife.
- Easy to use with no Hassel of daily use.
- No restriction on breastfeeding. Neither do these injections reduce the amount of milk produced by the mother.
- Can be used secretly.

## Disadvantages of Family Planning Injections

- It can take from three to 15 months for a woman to get pregnant once she stops using family planning injections.
- They do not protect against sexually transmitted illnesses.
- Women have to remember to get an injection every two/three months.
- If a woman forgets or cannot get an injection due to some reason there is a risk of pregnancy.
- Trained health worker is needed to give the injection.

## Side Effects of Family Planning Injections

Most women have no complaints/problems due to the use of family planning injections. However, a few women may complain of the following conditions which are medically not significant and do not have a negative impact on health:

- Irregular menstrual bleeding
- Temporary cessation of menstruation
- Nausea, dizziness, headache and anxiety can sometimes occur
- Weight gain
- Vaginal bleeding of unknown cause

If complaints persist or become aggravated contact the nearest Suraj Centre.

## Myths and Misconceptions regarding Family Planning Injections

Some people believe that injection for family planning causes liver disease or cancer which is completely false. However, if a woman has these pre-existing conditions she should not use a family planning injection.

Some people believe that family planning injections will make a woman infertile which is completely false.

When the woman stops getting an injection she can get pregnant again within a few months.

People often spread rumors about family planning injections. Instead of trusting these people it is preferred that counsel is sought from a woman who has regularly used family planning injections. Alternatively correct information may also be obtained by contacting a Suraj Centre.

Contact a health worker immediately in case of any of the following complaints:

- Headache
- Pain in the chest
- Severe pain in the abdomen

These complaints can sometimes appear during the first few days after getting a family planning injection.

## 3) Emergency Family Planning Methods

If no contraceptive method is used during sexual intercourse or current method is deemed as insufficient protection due to any reason and there is a risk of pregnancy, certain contraceptive methods help prevent pregnancy after sexual intercourse.

First Emergency Method (Oral Pills)

If four family planning pills are taken simultaneously, followed by another four pills 12 hours later the risk of pregnancy is greatly minimized.

Instructions: Pills should be taken within 120 hours (five days) of sexual intercourse otherwise they are ineffective. They prevent pregnancy from occurring in a number of ways; they either block the maturation of the egg, prevent the union of the egg and the spermatozoa or if the egg has fused with the spermatozoa, they prevent its implantation in the wall of the uterus. The earlier the first dose is taken the more effective this method is.

## After taking Emergency Family Planning Pills

- Menstruation begins within three to five days.
- If menstruation does not begin after 15 days or does not appear on the next expected day, immediately contact a doctor to do a confirmatory test for pregnancy.
- Should these pills fail to prevent a pregnancy there is no need for concern regarding the health of the baby since these pills have no dangerous effects for the developing baby.

## Side Effects of Emergency Family Planning Pills

- Emergency pills can cause nausea and vomiting. Medicine to prevent vomiting should, therefore, be taken one hour before taking emergency pills.
- Dizziness can occur.
- In case of pain, menstruation is likely to begin when expected and sometimes before the expected day.

## Myths and Misconceptions regarding Emergency Pills

- Some people believe that the emergency pills cause liver disease or cancer which is not true.
- Some women say that these pills make a woman infertile which is also incorrect.

Note: These pills are given for a very brief duration and are excreted from the body very quickly, they, therefore, have no long lasting effects.

## Benefits of IUD

- This is a very safe and effective method.
- If desired the IUD may be kept in place for a fixed/extended period of time.

In case of any of the following signs/complaints immediate counsel should be sought from a health worker:

- Vaginal bleeding or spotting.
- Some women may experience mild to moderate pain in their abdomen.

## Myths and Misconceptions regarding Emergency IUD

Myth: An IUD causes infection.

Fact: The cause of infection is not the IUD. However, not maintaining proper standards of hygiene and cleanliness at the time of insertion can introduce germs into the body leading to infection. It is, therefore, imperative that an IUD is inserted by a trained health service provider.

## 3) Intra Uterine Device (IUD)

The IUD is a very popular and effective long term birth spacing method and is in common use all over the world. This method involves inserting and leaving in place a small intra uterine device made out of plastic in a woman's uterus. An IUD should always be inserted by a trained health service provider. There is a piece of string attached to the IUD with some of it inside the uterus and the rest hanging outside the uterus in the vagina. Visualising this piece of string vaginal exam is evidence that an IUD is present in the body. Once pregnancy is desired, the IUD can easily be removed by a trained health service provider.

## Types of IUD

- CopperT 380A (12 years duration)
- Multiload (5 years duration)

## Instructions:

An IUD should not be placed in the following conditions:

- In women who desire short term birth spacing
  - Pregnant women
  - Women who have recent history of irregular menstrual bleeding
  - Women who have infection in their pelvic region
-

## Benefits of IUD

- This is a very safe and effective contraceptive method.
- No other contraceptive method requiring daily use is needed once an IUD is in place.
- CopperT gives protection against pregnancy for 12 years and Multiload is effective for five years.
- There is no recurring expense associated with using an IUD.
- When another child is desired it can easily be removed.
- An IUD may be inserted six weeks after childbirth.
- It does not take very long before pregnancy can occur after an IUD is removed.

## Disadvantages of using IUD

- Using an IUD does not protect against sexually transmitted infections.

## Side Effects of IUD

- There may be some vaginal bleeding that may last for a few days after an IUD is placed.
- There may be changes in the menstrual cycles.
- There may be increased pain or discomfort during menstruation.

Note: In case of side effects it is a good idea to seek counsel from a doctor at Suraj Centre. Side effects often occur for a brief period in the beginning and disappear spontaneously without any negative impact on health.

## Myths and Misconceptions regarding IUD

- Myth:** If a woman who has an IUD gets pregnant, the IUD enters the unborn baby's body and the baby is born with the IUD.
- Fact:** An IUD does not enter the baby's body, however, it can result in abortion or infection. It is, therefore, recommended that an IUD should be removed in case of pregnancy.
- Myth:** An IUD causes infection.
- Fact:** The cause of infection is not the IUD. However, not maintaining proper standards of hygiene and cleanliness at the time of insertion can introduce germs into the body leading to infection. It is, therefore, imperative that an IUD is inserted by a trained health service provider.
- Myth:** Plastic IUD can travel from the uterus and enter a woman's heart or brain.
- Fact:** Plastic IUD is restricted to the confines of the uterus and if for some reason it moves, it can only enter the vaginal cavity and cannot travel anywhere else. If an IUD moves for some reason, it is removed.
- Myth:** An IUD can injure a man's penis.
- Fact:** When an IUD is inserted into the uterus its string hangs in the vaginal cavity and cannot be felt by the man. In fact after a few days the string becomes soft.
- Myth:** IUD causes cancer.
- Fact:** IUD does not cause cancer.
- Myth:** IUD causes the abdomen to grow fat.
- Fact:** An IUD is made out of plastic and maintains its original state and therefore has no effect on any increase in abdominal girth.
- Myth:** IUD causes vaginal discharge.
- Fact:** IUD does not cause vaginal discharge. Vaginal discharge is caused by infection.

## Conditions which may occur after inserting an IUD

In case of any of these signs please consult a health service provider:

- Abdominal bloating
- IUD string not being visible
- Nausea, vomiting

## 4) Implant

These are flexible capsules which are placed under the skin of the arm. They secrete a hormone called Progesterone which prevents the maturation of the egg in the ovaries, thickens cervical mucous to prevent spermatozoa from entering the uterus, makes the lining of the uterus irregular and unfavourable to implantation of a fertilized egg. An implant can only be inserted or removed by a trained health service provider. Implants are effective for three to five years and are 99 percent effective in preventing pregnancy.

### Types of Implants

- Femplant (two rods) for four years
- Implanon (one rod) for three years
- Jadelle (two rods) for five years

### Benefits of Implants

- This is a safe and effective contraceptive method.
- Once an implant is inserted no other contraceptive method of requiring daily use is needed.
- Femplant (two rods) is effective for four years, Implanon (one rod) for three years and Jadelle (two rods) is effective for five years.
- There is no recurring expense associated with using an implant.
- It can take from three to six months to get pregnant after an implant is removed.

### Disadvantages of Implants

- Implants do not give protection from sexually transmitted infections.
- A trained health service provider must be visited to have an implant inserted.



## Effects of Implants

- Irregular bleeding.
- Bleeding or abscess formation at the site of implant insertion.
- Temporary cessation of menstruation.
- Nausea, dizziness, headache, anxiety or acne may sometimes occur.
- Weight gain due to increased appetite.
- Vaginal bleeding due to unknown cause.
- Weakness.
- Mild abdominal pain.
- Tenderness in the breasts.

Should these side effects persist or intensify please contact the nearest Suraj Centre.

Please remember: **“If any of the following signs appear after an implant is inserted, immediately contact Suraj Centre for help.”**

- Extrusion of the rod from under the skin.
- Pus formation at the site of insertion.
- Severe headache.
- Unexplained vaginal bleeding.
- Difficulty in seeing or speaking.
- Severe pain in the chest and difficulty in breathing.
- Unusually severe swelling of the legs.

## An Implant should not be inserted under the following conditions

- Liver disease
- Breast cancer
- Uterine bleeding of unknown origin
- Clotting of blood in legs veins
- Breastfeeding mothers and mothers with history of childbirth within the last six weeks

## 5) Tubal Ligation

- Tubal ligation is permanent method for limiting births. It is intended for women who do not desire any more children.
- Every month one egg is produced by a woman's ovaries, which travels to the uterus via the fallopian tubes.
- Tubal ligation involves interrupting and tying off these tube to prevent the egg from reaching the uterus.
- This is an easy and safe contraceptive method, the procedure for which is performed by making specific portion of the body numb using local anesthesia.
- There is no need for general anesthesia to make the woman unconscious for the procedure.

## Who can get Tubal Ligation

- Women who are not pregnant.
- Women who want a permanent contraceptive method.
- Women of any age who have completed their families.

## Benefits of Tubal Ligation

- This is a permanent method. No other method is needed after tubal ligation.
- It is a very easy and simple method.
- The woman experiences no weakness or discomfort after adopting this method.
- There are no restrictions on marital relations between the husband and wife following adoption of this method.

## Disadvantages of Tubal Ligation

- There may be discomfort and restlessness following the surgery.
- This is a permanent method.
- Once tubal ligation has been done, a woman cannot give birth to any more children. It is, therefore, only recommended for women who have no desire to have more children.

## Side effects of Tubal Ligation

- There may be pain or discomfort in stitches from the procedure for tubal ligation. If symptoms persist or become aggravated contact Suraj Centre for treatment.

## Myths and Misconceptions about Tubal Ligation

- Weight gain and increase in abdominal size.
- Backache and headache due to tubal ligation.
- Cessation of menstruation or heavy menstrual bleeding.
- Reduced sexual desire.

## These are false and merely rumors.

- Tubal ligation does not cause backache or headache.
- It has no effect on menstruation or sexual desire.

Do not believe in rumors regarding tubal ligation based on myths and misconceptions. In order to gain correct knowledge seek the counsel of a woman who has had tubal ligation done and contact Suraj Centre for correct information.

## Family Planning Methods

### Natural/Traditional Methods

Name	Mechanism	Chance of Pregnancy
Breastfeeding	Three conditions must be met for breastfeeding to be an effective family planning method: 1. A woman has not menstruated since she last gave birth. 2. The baby is exclusively breastfed. 3. The baby is less than six months old.	1%
Rhythm Method	Woman maintains a record of her menstrual cycle and avoid sexual intercourse or uses a method such as condoms during days when there is a high chance that conception can occur.	Correct Use: 5% Ordinary Use: 12%
Withdrawal Method	In this method the male partner withdraws the penis from the vagina prior to ejaculation.	Correct Use: 4% Ordinary Use: 27%
Two-Day Method	A woman checks her vaginal secretion regularly and avoids unprotected sexual intercourse during unsafe days.	Correct Use: 4% Ordinary Use: 14%

### Modern Methods

#### Temporary Methods

Condom	It is a tube shaped covering made out of latex rubber which is worn on the penis during sexual intercourse and it serves to collect semen ejaculated by the man providing a barrier to the entry of spermatozoa into the uterus.	2-6%
Family Planning Pill	One pill is ingested every day without a gap. A complete packet consists of 28 pills, 21 white and seven dark coloured pills. Once the first pill is taken a pill should be eaten every day going through the white pills first and finishing the seven coloured pills at the end. Menstruation will commence when the white pills are finished. Once the coloured pills are finished a new packet of pills should be started, beginning with white pills. It should be kept in mind that pills should be started on the specified day irrespective of whether menstruation begins or not.	1%
Family Planning Injection	Usually given to a woman in the arm or on the buttock and is a very successful method for spacing births. This injection produces hormonal changes in a woman's body, temporarily halting the production of eggs from the ovaries and thereby preventing pregnancy.	1%

### Long Acting Methods

Implant	These are flexible capsules which are placed under the skin of the arm. They secrete a hormone called Progesterone which prevents the maturation of the egg in the ovaries, thickens cervical mucous to prevent spermatozoa from entering the uterus, makes the lining of the uterus irregular and unfavourable to implantation of a fertilized egg.	1%
Intra Uterine Device (IUD)	Involves inserting and leaving in place a small intra uterine device made out of plastic in a woman's uterus.	<1%

### Permanent Methods

Tubal Ligation (Female Sterilization)		<1%
Male Sterilization		

### Family Planning Methods: Eligibility, Side Effects and Common Myths & Misconceptions

#### Natural/Traditional Methods

Name	Eligibility	Chance of Pregnancy	Potential Side Effects	Myths and Misconceptions
Breastfeeding	3 Conditions must be met: - No menstruation since last birth - Baby is exclusively breastfed - Baby is < 6 months old	1%	-	-
Rhythm Method	- Women with regular menstrual cycle of 26-32 days	Correct Use: 5% Ordinary Use: 12%	-	-
Withdrawal Method	-Men must be aware of when they ejaculate and able to control their ejaculation	Correct Use: 4% Ordinary Use: 27%	-Least reliable family planning method	
Two-Day Method	- Can be used by women with more vaginal secretions	Correct Use: 4% Ordinary Use: 14%	-	-

Modern Methods				
Temporary Methods				
Condom	<ul style="list-style-type: none"> <li>-Can be used by anyone at any age (unless latex allergy)</li> <li>-Must be used when state of complete arousal is reached</li> </ul>	2-6%	<ul style="list-style-type: none"> <li>- Side effects can occur if man/ woman have latex allergy (very rare)</li> </ul>	<ul style="list-style-type: none"> <li>• Do not have the right size and fit badly.</li> <li>• Break during sex</li> <li>• Reduce sexual pleasure</li> <li>• If it slips off, can get lost in the vagina</li> <li>• Can cause inflammation or ulcers in the uterus</li> </ul>
Family Planning Pill	Women must not have the following conditions: <ul style="list-style-type: none"> <li>- Pregnant</li> <li>- Breastfeeding babies &lt;6 months</li> <li>- &gt;40 and diabetic</li> <li>- High BP, smoke, or heart disease</li> <li>- Current jaundice or in past 3 months</li> <li>- Using medicine for epilepsy, TB, or mental illness</li> </ul>	1%	<ul style="list-style-type: none"> <li>-Weight gain</li> <li>-Symptoms similar to those of early pregnancy</li> </ul> Seek medical attention if: <ul style="list-style-type: none"> <li>-Headache</li> <li>-Pain in chest</li> <li>-Slurring of speech</li> <li>-Pain in lower abdomen</li> <li>-Blurred vision</li> <li>-Pain and swelling in lower legs</li> </ul>	
Family Planning Injection	Women must not have the following conditions: <ul style="list-style-type: none"> <li>-Pregnant</li> <li>-Current jaundice or in the past 3 months</li> <li>-Diagnosed with breast cancer</li> <li>-Breastfeeding baby &lt;6 weeks old</li> <li>-Complications of diabetes</li> <li>-Desire short term FP</li> <li>-Have liver disease</li> </ul>	1%	<ul style="list-style-type: none"> <li>-Irregular menstrual bleeding</li> <li>-Temporary cessation of menstruation</li> <li>-Nausea, dizziness, headache and anxiety</li> <li>-Weight gain</li> <li>-Vaginal bleeding of unknown cause</li> </ul> Seek medical attention if: <ul style="list-style-type: none"> <li>-Headache</li> <li>-Pain in chest</li> <li>-Severe pain in abdomen</li> </ul>	<ul style="list-style-type: none"> <li>-Causes liver disease or cancer</li> <li>-Will make them infertile</li> </ul>

## Long Acting Methods

Implant	<p>Women must not have the following conditions:</p> <ul style="list-style-type: none"> <li>-Liver disease</li> <li>-Breast cancer</li> <li>-Uterine bleeding of unknown origin</li> <li>-Clotting of blood in leg veins</li> <li>-Breastfeeding/history of childbirth in past 6 weeks</li> </ul>	1%	<ul style="list-style-type: none"> <li>-Irregular bleeding</li> <li>-Bleeding or abscess formation at the site of implant insertion</li> <li>-Temporary cessation of menstruation</li> <li>-Nausea, dizziness, headache, anxiety, acne</li> <li>-Weight gain/increased appetite</li> <li>-Vaginal bleeding due to unknown cause</li> <li>-Weakness</li> <li>-Mild abdominal pain</li> <li>-Tenderness in the breasts</li> </ul> <p>Seek medical attention if:</p> <ul style="list-style-type: none"> <li>-Extrusion of rod from under the skin</li> <li>-Pus formation at site of insertion</li> <li>-Unexplained vaginal bleeding</li> <li>-Severe headache</li> <li>-Difficulty seeing or speaking</li> <li>-Severe pain in the chest and difficulty breathing</li> <li>-Unusually severe swelling of the legs</li> </ul>	
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<b>Intra Uterine Device (IUD)</b>	<p>Women must not have the following conditions:</p> <ul style="list-style-type: none"> <li>- Pregnant</li> <li>- Desire short term FP</li> <li>- History of irregular menstrual bleeding</li> <li>- Infection in their pelvic region</li> </ul>	<1%	<ul style="list-style-type: none"> <li>-Vaginal bleeding for a few days after IUD placement</li> <li>-Changes to menstrual cycle</li> <li>-Increased pain or discomfort during menstrual cycle</li> </ul> <p>Seek medical attention if:</p> <ul style="list-style-type: none"> <li>-Abdominal bleeding</li> <li>-IUD string is not visible</li> <li>-Nausea, vomiting</li> </ul>	<ul style="list-style-type: none"> <li>-Causes infection</li> <li>-If the woman gets pregnant, baby will be born with IUD</li> <li>-IUD can travel from uterus into heart or brain</li> <li>-Can injure a man's penis</li> <li>-Causes cancer</li> <li>-Causes the abdomen to grow fat</li> <li>-Causes vaginal discharge</li> </ul>
<b>Permanent Methods</b>				
<b>Tubal Ligation (Female Sterilization)</b>	<ul style="list-style-type: none"> <li>-Do not desire any more children</li> <li>-Want a permanent method</li> <li>-Are not pregnant</li> </ul>	<1%	<ul style="list-style-type: none"> <li>-Pain or discomfort from stitches</li> </ul>	<ul style="list-style-type: none"> <li>-Weight gain and increase in abdominal size</li> <li>-Backache and headache</li> <li>-Cessation of menstruation or heavy menstrual bleeding</li> <li>-Reduced sexual desire</li> </ul>
<b>Male Sterilization</b>				



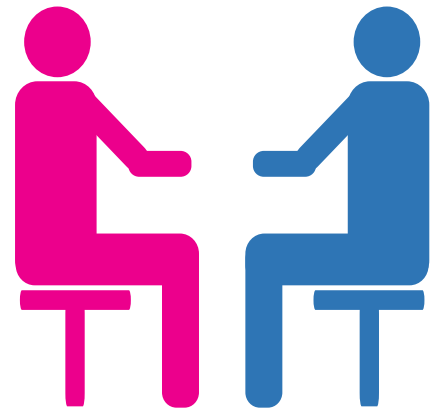
# Skills

## I- Counselling

Counselling is the process of communication between two people, one of whom is in need of information while the other has the needed information which will benefit the woman. It is imperative that a family planning worker presents correct information clearly as this makes it easier for a woman to select a family planning method. It is very important that during counselling, a field worker, in addition to having correct scientific information regarding family planning methods, is also familiar with a woman's life and the social context.

### DIAGRAM

Information Giver      Information Needed



### Information

- **What**
- **Possible effects**
- **How to deal with effects**





# Behaviour

## What is behaviour?

Behaviour refers to the different actions or re-actions that people adopt under different conditions and situations. Different people can have different behaviour despite being in similar situations. Behaviour is determined by multiple factors which can influence and modify them. Behaviour is generally determined by three things:

- **Beliefs:** Beliefs are thoughts or ideas which a person holds to be true but are not necessarily based on reality or facts. For example, some women believe that allopathic medicines especially pills are very “Hot” for the body and others believe that a pregnant woman should not go to a graveyard.
- **Values:** These are opinions or norms which are important for the person. Values are determined and influenced by religion, education and cultural factors. They change based on our personal experiences. We express our values through actions such as saying Salam O Alaikum to each other, respecting our elders, listening to our parents, etc.
- **Attitude:** Our beliefs and values give rise to attitude which in turn lead to behaviour. Attitude is made up of what we think and what we want to do. In other words it reflects our point of view regarding any problem. Our point of view determines our attitude and therefore considered the predecessor of behaviour. Normally our attitude (point of view regarding a problem) becomes our behaviour but this is not always the case. Sometimes our behaviour is different from our attitude and this is referred to as discrepancy. For example, people’s attitude towards satellite tv/cable etc., and their behaviour.

People, therefore, behave differently and there may be multiple reasons or factors behind this. For example, a man in the city with educated well off parents will have received quality education and his behaviour will be different from an un-educated man who lives in a village. Upbringing, education, social conditions, family conditions, religion, etc. are important influencers of behaviour.

## What are the three types of behaviour?

### Characteristics of aggressive behaviour

An aggressive person usually demonstrates behaviours such as saying the truth at an inappropriate time, making other people feel inferior, disregarding other people’s rights, making selections for other people, assaulting, blaming, over reaction and using strong language, sarcasm, speaking loudly, inflexible demands and pointing fingers at others. These behaviours are termed aggressive behaviours.

## Causes

Aggressive behaviour is adopted to achieve one's objectives through anger and violence, even if it is only temporary.

## Feelings about self

An aggressive person is either narcissistic or can have an inferiority complex. Such a person will pick fights, always place themselves first, think that they are always right, is disconnected from society, defensive, hopeless or is bitter or worried.

## Feelings of others

When somebody adopts aggressive behaviour, people feel let down, demeaned, defensiveness, spite or anger.

## Characteristics of Passive behaviour

Such a person usually allows other persons to make decisions and will not express their own feelings, thoughts or desires. In case of confrontation with someone they will either choose to remove themselves physically from the situation or give in easily. They use apologetic tone and words and send indirect messages in the hope that somebody will understand what they mean. They will weep, plead and hesitate.

## Causes

Passive behaviours are adopted to avoid confrontation and unpleasant or dangerous situations.

## Feelings about self

A passive person suffers from an inferiority complex. They are sometimes seen as alone, friendless, worried, without authority, disgruntled, and ultimately angry. They perceive themselves at fault and incapable of achieving anything.

## Feelings of other

When someone is passive people who deal with them can feel guilty, angry, rude, agitated, hopeless or even superior.

## Characteristics of Confident behaviour

A confident person is sufficiently honest and expresses their needs and feelings as required. They empathize with other people's pain, can express what they feel, make their own decisions and care for their own and other people's rights. They use meaningful words, look people in the eye, are good listeners and speak in a gentle yet assertive tone.

## Causes

A person adopts confident behaviour when they want to achieve their objective and create positive feelings about themselves.

## Feelings about self

A confident person has self-respect. S/he is self-confident and self-reliant. They are strong and peaceful.

## Feelings of others

Other people respect a confident person and vice versa. Sometimes certain people may feel threatened by confident people.

Every person has all three types of behaviours. Different people express different types at different times. Positive or confident behaviour is the most preferred. If we can understand our own behaviour, we can easily understand the behaviour of people around us. We can access why someone adopts a certain type of behaviour. It is very important to know what effect one person's behaviour can have on other people's behaviour. It is also essential to know that we possess the ability within us to change our behaviours.

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# SAHR Framework

## Principles for Family Planning Counselling

### Salutation

Knock/seek permission to enter the house

- Greet client in a courteous and friendly manner
- Ask the client if she has adequate time to talk
- Show interest, empathy and concern
- Show respect to the client and other family members
- Create a tension-free and relaxed atmosphere
- Ensure an atmosphere of privacy and confidentiality
- Reassure client that everything discussed will be kept confidential
- Maintain atmosphere of equality
- Call the client by his/her name

#### Note:

• Mohalla can be of two types; some have open space where generally women are sitting. In such an environment whoever you see first, greet them first and start conversation.

• If you see the family members only and there is no woman in the open space then knock on the door.

### Assess the Situation

- Observe the client
- Listen carefully
- Use communication tools like reflective listening and stroking
- Provide ample time
- Identify concerns, worries and fears of the client
- Assess reproductive health beliefs, attitude and problems regarding maternal health, child health and family planning through open ended questions. For example;
  - What do you know about family planning?
  - How do you feel about breastfeeding your baby?
  - What is your opinion regarding getting your children vaccinated?
- Assess additional reproductive health needs (maternal health, child health and family planning, etc.)
- Assess who has the decision making power in the household.

## **HELP – Provide guidance and assistance**

### **Keep the following points in mind when communicating with the client:**

- Encourage the client to speak
- Maintain an atmosphere of equality
- Ensure privacy and confidentiality
- Maintain eye-to-eye contact
- Use gentle tone and appropriate body language
- Avoid aggressive and passive behaviour and maintain a positive attitude
- Avoid blaming the client
- Empower the client with information to address her/his needs
- Provide information about options appropriate to her/his RH needs

### **In case the client has to be referred, provide her information about:**

- Where to go and when to go
- Distance involved
- Convenient mode of transport
- Costs to be incurred
- Total time it would take

### **Involve family members, if present for:**

- A negotiated solution
- Providing referral information

## **REASSURE:**

- Placate the client
- Ask the client to repeat instructions:
- Allow client to ask questions
- Confirm that the family planning method selected for the client is appropriate
- Reassure and allay client's fears regarding contraceptive methods.
- Work with the client to overcome obstacles if any
- Renegotiate solution, if necessary

### **FWM should also inform the client:**

- When would she visit the client for follow-up
  - Client can also call her, if necessary
  - Client can visit you directly
  - You will accompany the client to the referral facility, if needed
-

# Rights of the Client

## The right to information regarding family planning

- Providing unbiased information.
- Providing information regarding side effects.
- Explaining both beneficial and harmful effects.

## The right to choice

- Choosing freely among available and suitable contraceptive methods.
- Adopting, discontinuing or switching methods.

## The right to respect

- Client's fears and concerns should be addressed with respect and dignity.

## The right to a safe and friendly atmosphere

- Client should feel safe using the selected method.
- Adequate provision of service delivery requirements such as a place to sit, washroom, adequate light and circulation of air.

## The right to confidentiality

- All matters discussed between the health service provider and the client shall remain confidential between them.
- All health matters shall be a part of medical records.

## The right to privacy

- Extremely important during examination

## The right to refuse

- The right to refuse examination
- The right to refuse contraceptive method
- The right to refuse treatment

## The right to receive treatment

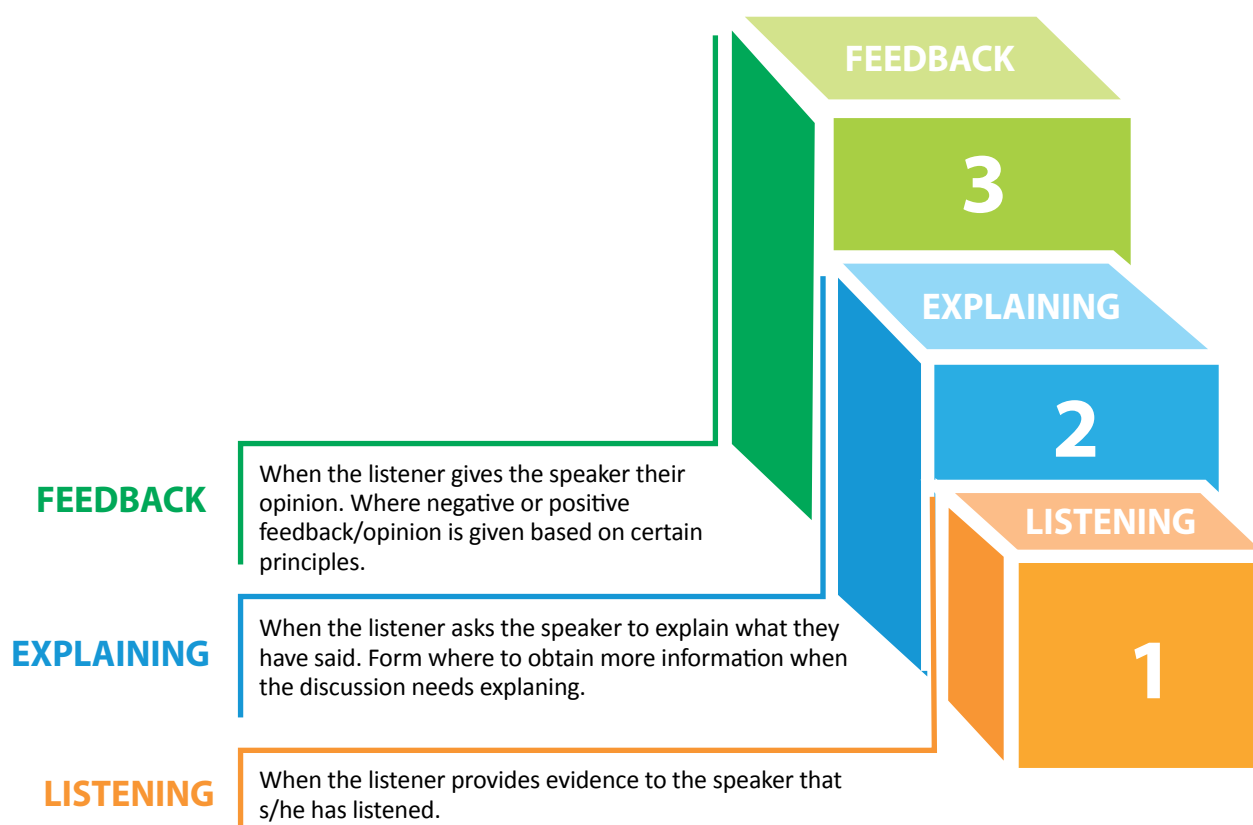
- Critical medical care included in this right
- The right to access family planning resources

## The right to express themselves

- Regarding the standard and quality of services
- Suggestions to improve services

## II- Communication

Communication is a skill and art which provides a means of transferring information, ideas and attitudes from one person to another. Communication between two individuals makes conversation meaningful and helps people understand each other and maintain relationships.



# Components of Communication

## Sender

Also known as the source, this refers to any person or group of people who want to send a message/instructions/information to another person or group of people. The sender can be anyone, for example, provider, field worker marketing, teacher, client, etc.

## Message

Information, instructions or feelings that a sender wants to convey to the receiver is called the message. The message can be verbal or non-verbal. Common examples of messages include “wash hands before eating” and “brush your teeth at least twice a day”.

## Channel

The method of sending a message is referred to as a channel. A channel is selected based on the nature of the message and the receiver. The channel can vary from face to face meeting and telephone to letter, email, television, and radio, etc.

## Receiver

The receiver is that person or group of people who the sender wants to convey the message to. In a two way conversation, one person is the sender of the message and the other is the receiver at any given point. For example, if a FWM were to give a lecture to school girls regarding health and hygiene, the FWM is the sender while the school girls are receivers of the message. However, if a student asks the FWM a question then the student is the sender and the FWM is the receiver.

## Feedback

The process of communication is incomplete without obtaining the opinion or reaction/response of the receiver to the message. This feedback allows the sender to assess whether the message has been properly conveyed and to re-send the message in a more appropriate manner if the message has not been properly conveyed. Communication like any other process can be complex with multiple components and individual characteristics/attitudes acting as influences. Several hurdles and difficulties can create barriers between the person sending the message and the person receiving it. Some of these are given below:



## Barrier No. 1:

Barriers between speaking and listening

The purpose of communication is to develop a mutual understanding and eventually produce a change in attitude. In this whole process it is very important that a message is sent in a manner that it actually reaches the receiver. Merely saying it is not enough and it should be ensured that the message has reached the people it was intended for. Just delivering the message is not enough, the message being received is also important.

## Barrier No. 2:

Barrier in listening and understanding

A message will often reach the receiver but this does not guarantee that it has been understood as well. Reasons for this may include language of the message or its delivery in a manner which the receiver does not understand, or if the message is sent in written form to a receiver who is unable to read. It is, therefore, important to know who the receiver is so that the message may be sent using a method that is understood by the receiver.

## Barrier No. 3:

Barrier in understanding and believing

Even when messages are understood they may not necessarily be believed. We receive a lot of information every day but we do not believe in all of it. It is important for the sender of the message to ensure that not only is the message understood but also that it is believed. One method to ensure this is to use a reliable source for the message or there are solid facts to support the message. For example, it may be said that “Spacing births by three to five years produces greater likelihood of survival and it is better for the health of the mother and child (message). This has been reported in the latest published research by John’s Hopkins University.”

## Barrier No. 4:

Barrier in believing and initiating action

It is the responsibility of the sender to ensure not only the reliability of the message but also that the receiver acts as a result of the message, as intended. Creating or making efforts to create a supportive environment for the sender to initiate that particular act is important. For example, in addition to convincing a woman to adopt a family planning method it is also important that she is able to access family planning services and is able to use them without any fear or pressure.

This means that not only is it important that family planning supplies are available but that the woman is given skills to convince her husband or other family members if they are opposed to it.

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## Barrier No. 5:

Barrier in initiating action and continuing to act

People often initiate actions such as exercising every day or avoiding to lose weight, however, after sometime the initial enthusiasm wanes. Deeming the action too difficult or too expensive it is terminated and they revert to their previous state prior to initiation. It is important to understand the barriers between the initiation of action and maintaining such action in order to develop an approach which is helpful in removing these barriers. The receiver needs regular assistance and encouragement in order to continue the new behaviour. For example, a woman may decide to discontinue a family planning method due to a few side effects but a FWM can convince her to continue using the method in order to avoid an unwanted pregnancy by providing her all previous information and reassuring her regarding her health.

## Tools of Communication

### Reflective Listening

Reflective listening is based on the principal that when people talk they are not just speaking but are also expressing feelings. Reflective listening allows the speaker to realize that not only have they been heard but their feelings have also been understood. For example, when a worried mother brings her sick child and says, “My child is very ill”, the FWM should not just indicate that she has heard what has been said but should also express her understanding the mother’s feelings (i.e., I feel that you are very worried/stressed because of your child’s illness). Another example is if a woman comes to the FWM in tears because her child has severe diarrhea and vomiting and asks for urgent help the FWM can use reflective listening to reassure the woman that her feelings have been completely understood.

### Stroking

Stroking is used to produce positive feelings in the receiver of the message. It is very different from flattery since the encouragement given is based on honesty and facts. It may include the use of words (well done, excellent) or the use of actions (patting the shoulder). For example, if a woman has completed the schedule of vaccination for her child the FWM should congratulate her praise her. Similarly, if during follow-up you find that a woman has been getting regular check-ups or you enter the house and see that food items are properly covered, this is worth praising.

## Types of questions and examples

These are asked at the beginning of the interview.

### Questions that have multiple answers

These are questions that may have several possible answers. For example, what does your husband think about family planning? These questions are asked to explore thoughts, feelings, knowledge and beliefs. For example, how do you feel about family planning? These questions help the client to speak openly and they can express what they are thinking. For example, what are you thinking? Do you want to tell me something more?

### Questions that may be answered using few words

These questions are useful for obtaining history of previous illnesses and may be answered using a few words. For example, how old are you? How long have you had fever?

### Indirect Questions

These questions are used during discussions involving sensitive issues. For example, domestic violence, death of a child, etc. For instance, if you suspect domestic violence do not ask, “Has somebody hit you?” Instead ask, “How did you get this injury?”. This allows the woman to answer as she wants to.

### Suggestive Questions

These are questions which include hints to the answer. These questions should normally not be asked since it puts pressure on the woman to give a response that may not be true or respond when she does not want to. For example, instead of asking “Will you buy medicines from the market?”, ask “Where will you buy the medicines?”.

## Listening

What is listening?

Paying attention to sounds falling on the ears.

What is attentive listening?

Attentive listening is different from ordinary listening and includes:

- Observing (using other senses)
- Empathising (placing yourself in the speaker’s position)
- Exchanging thoughts (understanding and showing interest)

## Why do health service providers listen?

- To obtain information in order to access client’s needs.
  - To encourage the speaker to express their problems openly.
  - To understand people’s difficulties and help them in a more effective way.
-

## What do we listen to?

- Facts
- Feelings or opinions
- Style of speech
- Nature/Mood (sighing, expressing displeasure)
- Sound of silence (shame, sorrow)
- Hidden plans (speaker's unexpressed problems)

## How do we listen attentively?

The following attributes are required for attentive listening

- Enthusiastic: listening to the speaker with complete, undivided attention, maintaining eye to eye contact.
- Accepting: whatever the speaker says without any counter arguments even if their thoughts are contrary to one's own opinion.
- Aware: paying attention to not just words and facts but also knowing feelings.
- Respectful: giving the speaker an equal footing and respecting their thoughts and feelings.
- Encouraging: harmonising or reducing discrepancy between thoughts and feelings of the speaker. This is done so that communication can continue through gestures or indications such as saying yes, okay or by nodding the head.

## Encouragement

This is one way communication during which one person guides a person's behaviour in a specific direction.

## Conversation

This is two way communication which is done in private. Two way conversation with the client and exchange of thoughts helps the health worker to understand the client's problem and provide a suitable solution. During conversation it must be kept in mind that both the client and the FWM possess their own respective knowledge: the FWM possesses technical knowledge while the client possess knowledge and insight regarding her own particular situation.

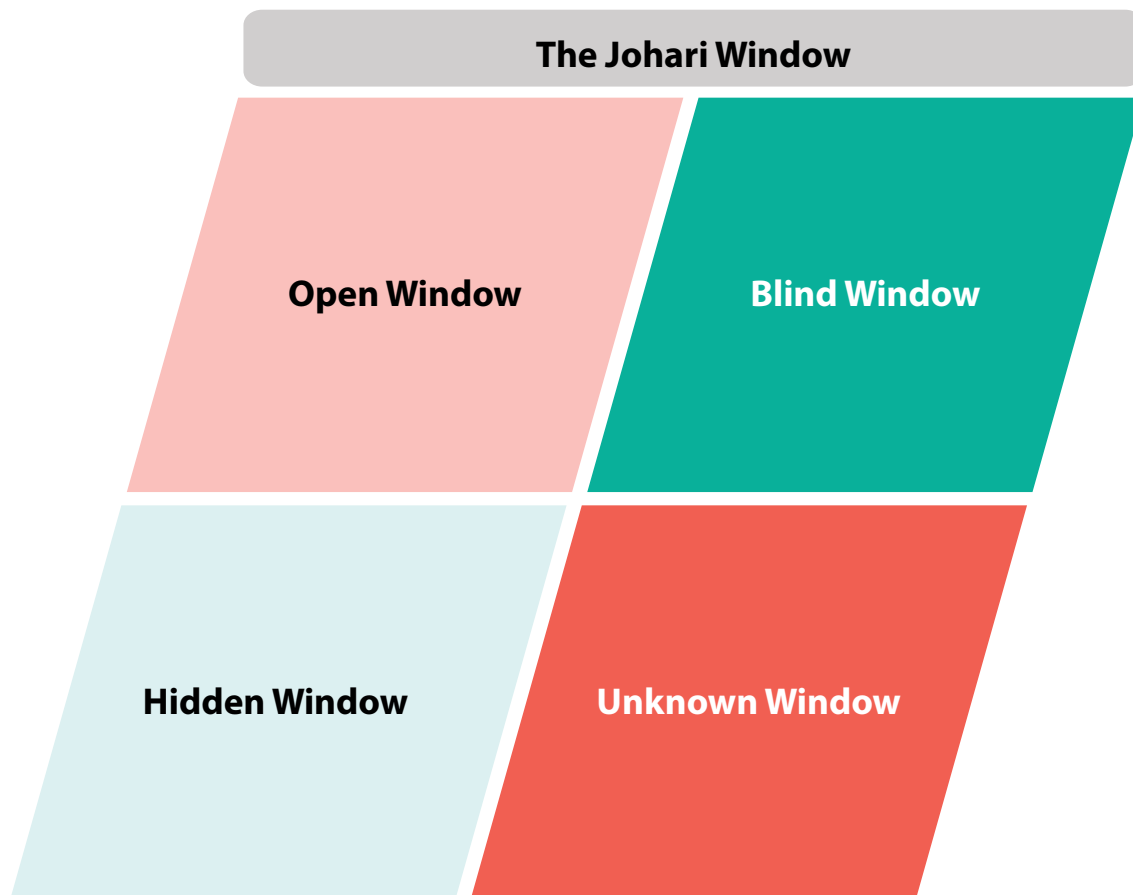
## Self-Awareness

There is widespread evidence available that proves that both emotional health, as well as physical health play important roles in the development of a secure and peaceful personality. According to the World Health Organization (WHO), Health is a state of complete physical, mental and social well-being and not merely the absence of disease. Spiritual and emotional health has now also been included in this definition. Emotional health can be achieved by mastering our emotions and understanding how our emotions influence our decisions. Healthy relationships with friends and relatives and a desire to improve oneself nurture emotional health. It is important to change attitudes and behaviours in order to change social conditions in any country. Towards this end, we must begin by bringing about change within ourselves first of all. Knowing one's attributes, weaknesses and strengths is a step in this direction. Self-awareness is beneficial for society because it helps to channel our strengths and energy in a positive direction. Self-awareness is a difficult task. Johari Window is a tool which can help us understand our capability and personality. Self-awareness and the desire to improve oneself forms the basis of IRADA.

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## Johari Window

Jo and Harry were two psychologists who believed that a person's personality has four aspects. They constructed a model which is given below.



<b>Open Window</b>	Those attributes of the personality that are known to self and to others as well, e.g., name, education level, profession, physical attributes.
<b>Blind Window</b>	Those attributes of the personality which are known to others but the self is not aware of them, e.g., adherence to cultural norms, behaviour, weaknesses, strengths.
<b>Hidden Window</b>	Those attributes of the personality that are known to the self but are unknown to others, e.g., weaknesses and strengths, fears, secrets, etc.
<b>Unknown Window</b>	These are those qualities of the personality that are known neither to the self nor to others. They usually appear in times of emergency.

The open window should be the prominent aspect of the personality. The bigger this window is the more self-aware, confident and deserving of others' respect a person will be.

The open window can be made bigger by making the hidden and blind windows smaller. Not knowing one's own strengths and limitations decreases self-confidence which makes people feel insecure. People who are aware of their strengths can help people in a more effective manner and knowing one's own weaknesses makes it easier to overcome these weaknesses. The open window can be enlarged by allowing others to give their opinion about you and this requires patience and can be a trying task since listening to criticism about oneself and accepting one's weaknesses is a difficult task.

The hidden window should be made smaller by sharing joys and sorrows with people; it is said that sharing sorrow with someone make it half the burden. However, one cannot share one's sorrow with everyone; it can only be shared with someone the person trusts. This is why a health service provider must establish a relationship of trust with the client so that hidden aspects of the personality are as few as possible. Once a client learns to trust the health service provider, she can discuss her problems with ease without any fears allowing for a better assessment of her needs and provision of better quality care.

Duties and responsibilities of men and women keep changing with time. Things are different now but in earlier times women stayed at home and were usually uneducated. They travelled little and their opinions were not considered while making decisions.

## Factors which influence Duties, Responsibilities and Traits

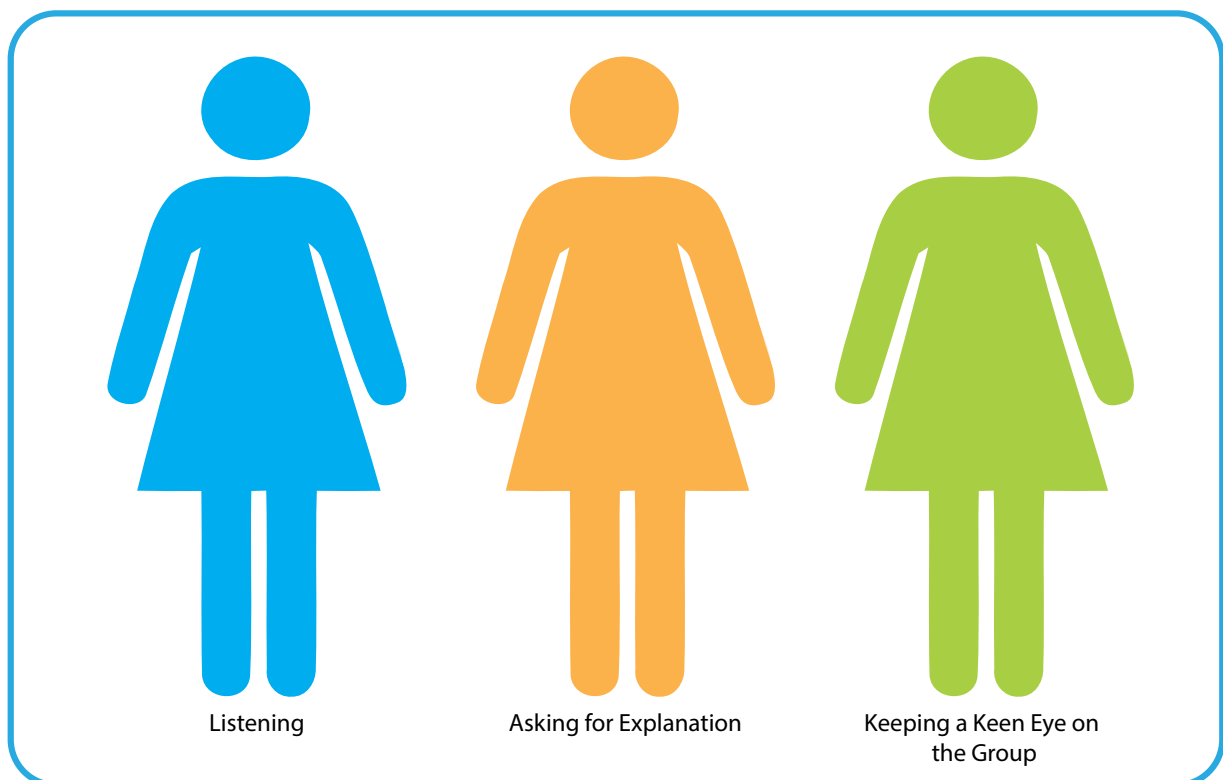
- Age
- Marital status
- Culture
- Country
- Education
- Social development
- Financial circumstances
- Profession

Despite playing the central role in the family/household, a woman has little control over own life. She relies on her husband and elders in the family and is unable to make even small, everyday decisions. Women are unable to live a healthy and meaningful life because of the discriminatory treatment against them on individual level and as a group in every sphere of life. Women should, therefore, be given equal right to life, learning, pursuing happiness and ownership.

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## III-Facilitation

Facilitation refers to creating an atmosphere conducive to meaningful conversation. During the process of facilitation, the facilitator creates a atmosphere where everyone can express their thoughts and feelings freely. S/he effectively engages those present to include everyone in the discussion. A facilitator looks for ways to reduce the discrepancy between the dominating and the quiet members in the group, ensures that all participants can express their views and maintains focus of the discussion but carries other relevant information forward with the discussion. S/he explains what participants are saying in own words to confirm that the discussion thus far has been completely understood. The facilitators keep track of and use time effectively.





## Definition of Facilitator

A facilitator is the person who leads the group in activities and provides guidance to the group.

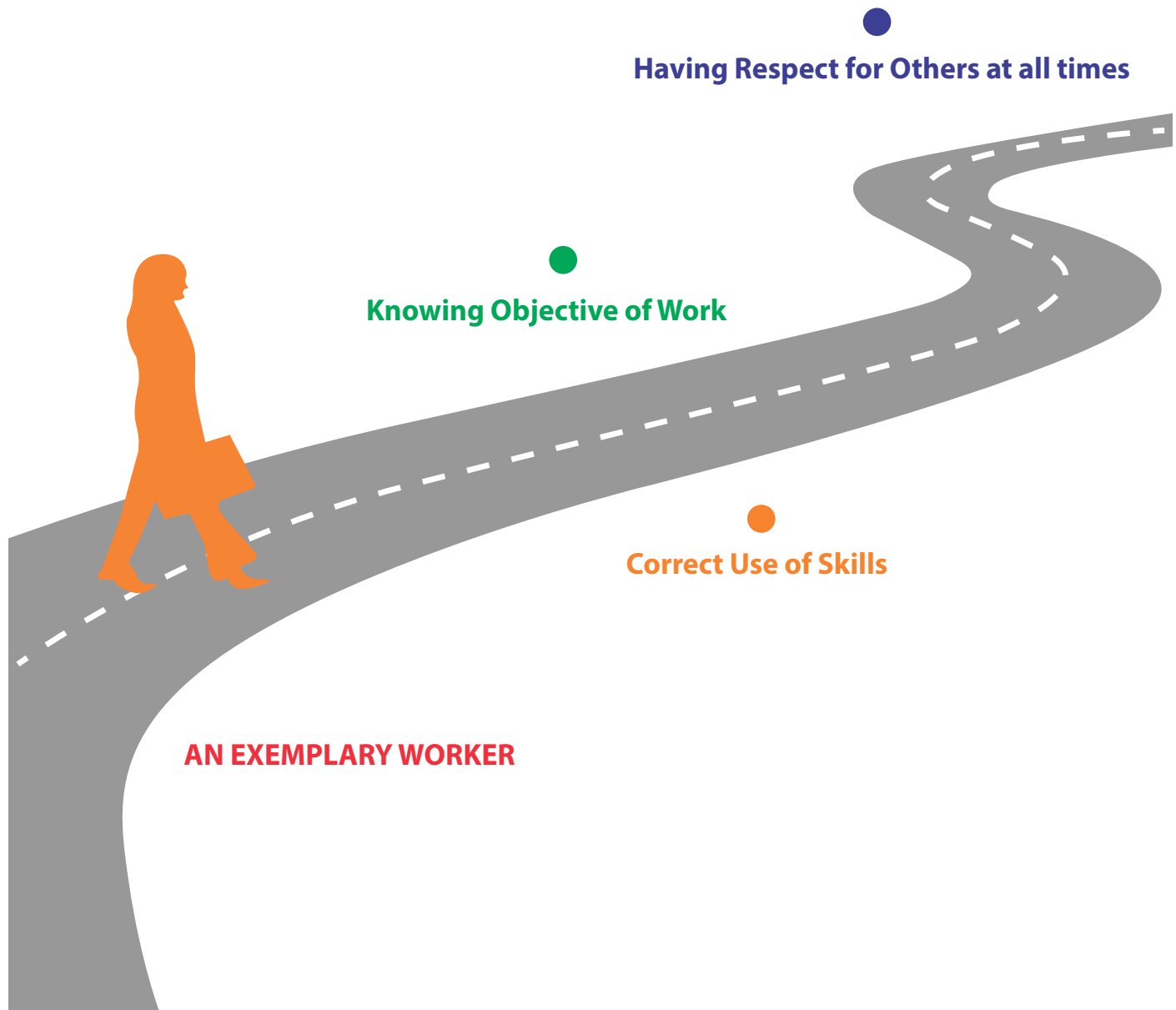
## Responsibilities

- Providing easy solutions to the group.
- Taking the whole group together as a whole.
- Animating group participants.
- Reducing discrepancy between the dominating and the quiet members in the group and ensuring that all participants can express their views.
- Ensuring that the group remains on-topic but carries all other relevant information forward with the discussion.
- Explaining what participants are saying in own words to confirm that the discussion thus far has been completely understood.
- Ensuring punctuality and using time effectively.
- Collating all relevant information for the group and upon completion of activities documenting everything and preparing an activity sheet.

## Behaviour

- Possesses flexible nature, patience and a sense of humour.
  - Avoids the use of difficult words and jargon.
  - Can speak in the local language.
  - Encourages and animates people.
  - Allows community groups to speak as much as possible and keeps the session moving forward.
  - Acts like regular people during the session.
  - Listens to every member of the group attentively and does not try to teach.
  - Includes people who are quiet and/or sitting at the back.
-

## Skills Required for an Exemplary Worker



### SKILLS OF AN EXEMPLARY WORKER



**Skill for Facilitation Required**

## Planning

Before going to a village or a mohalla it is very important work to be planned. Prepare a work plan for the whole week before doing any activities under IRADA so that you can keep an eye on your progress.

Month: June 2014				
Activities	Week 1	Week 2	Week 3	Week 4
Mohalla Meeting				
Mashvara Meeting				
Client Visit				
Others				
Total				

## IV- Documentation

Documentation refers to keeping an honest and accurate record of activities including recording discussions, taking pictures, saving discussions as electronic computer files either as audio or as video record. Documentation is an instrument which allows individuals and organizations to learn from their experiences and to widen the horizons of their experiences. This is a structured activity during which notes and recordings are collated and their information is used for policy, fund raising and monitoring. Documentation is a basic requirement for all projects and programs. It is an effective means of collecting and using in a meaningful way relevant or desired information or numbers. A note taker is required to document activities.

### Definition of Note Taker

A note taker is a person who physically records or writes all information and observations.

### Responsibilities of a Note Taker

- Writes down all information. Checklists that contain all required information can help the note taker.
- Writes down who is talking and also notes whether everybody is participating equally or are some people more active.
- Ensures that participants copy onto a paper sheet all maps/diagrams/pictures drawn on the ground during the session.
- Observes the drawings on the ground carefully and makes sure that copies made by participants are accurate. Notes the date, place and names of participants who drew the picture.
- At the end of the day fills the activity sheet with the facilitator while discussing notes.

### Behaviours of the Note Taker

- Good observer capable of noticing body language, attitudes, likes and dislikes and facial expressions of participants.
- A note taker should maintain a passive demeanour during the session. Nonetheless, it is the responsibility of the note taker to transform notes into meaningful results and presents an overview to the whole group. S/he should be familiar with the local language.

### Reporting Skills

Reporting skills are very important for field work. If work done in the field is not reported/documented, it can lead to many problems at a later time. A field worker and supervisor should, therefore, decide jointly what things are to be reported, who to report to and how the report should be given. For this reason it is important to understand the responsibilities of a supervisor.

## Responsibilities of a Supervisor

- Maintaining communication with community members and elders/influentials in the community.
- Briefly reviewing the area.
- Bringing necessary materials to assist in discussing problems.
- Observing discussions in their correct context.
- Asking appropriate questions at the right time to direct assist the facilitator.
- At the end of the day, sitting with the facilitator and note taker and discussing the notes while filling in the activity sheet.

## Behaviours of a Supervisor

- Excellent organizer.
- Helpful and patient, if something goes wrong remains calm.
- Possess a sense of humour.
- Lives like regular people.
- Listens, observes and communicates/counsels.
- Participants in community events and celebrations.
- Good interviewer, facilitator and observer.

## V- Observations Skills

Observation means keeping one's attention focused on one's surrounding environment. It is a means of collecting information with four senses playing important roles: listening, seeing, touching and smelling. We can observe three main things which include people, environment and events. This skill involves carefully viewing that which is being observed to obtain information. Personal feeling, preferences or priorities are not taken into consideration while observing. If such personal inclusions are to be included, they should be included separately so as to keep the observation free from inaccuracies.

## VI- Participation

Taking part in any activity that is being undertaken by a community is called participation. Participation is undertaken by communities to work on matters which can be beneficial for their community. Participatory approaches involves engaging people in the community in activities which involve finding solutions and strategies to deal with problems in the community.

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## Reflexivity

Reflexivity is the honest description of experiences under different circumstances. All thoughts occurring during specific experiences or events must be connected with the outside world. For example, an activity, its environment and people (which includes one's own person as well). It is very important that a person is familiar with their reactions, thoughts and feelings in different environments and during different experiences.

Reflexivity, in addition to providing a critique on the researcher, reflects the researcher's likes and dislikes, prejudices and assumptions. This helps to better understand and explain events occurring during the project thereby allowing people to improve their work. Reflexivity not only speeds up research work but also allows helps to verify results of the research. Babcock describes a researcher's skills to include stepping back and examining events in one's own life. On the one hand reflexivity gives expression to the researcher's thoughts and feelings, while on the other hand it helps the researcher to develop her/his own identity. Reflexivity is grounded in Anthropology and demands that the researcher present events and facts exactly as s/he has seen and heard so that the unknown may be analysed without bias.

Reflexivity, which involves completely honest personal assessment, is a tiresome task. The same act is even more difficult in a group setting because one has to be sensitive to other people's sensibilities and feelings. Reflexivity is a two-sided, logical debate in which one becomes part of a group activity by presenting one's individual experience. It involves careful critique of one's own statements as well the statements of others. The interesting thing about reflexivity is that it allows assessment of individual depths of feeling which helps participants to go through the process of getting to know one another and create a complete picture.

## Reflexivity consists of the following steps:

1. Describing the event completely and analysing it.
2. Investigating one's own experience thoroughly.
3. Expressing one's reaction to the event (thoughts and feelings).
4. Maintaining a grasp of relationship established on the basis of individual inquiry.

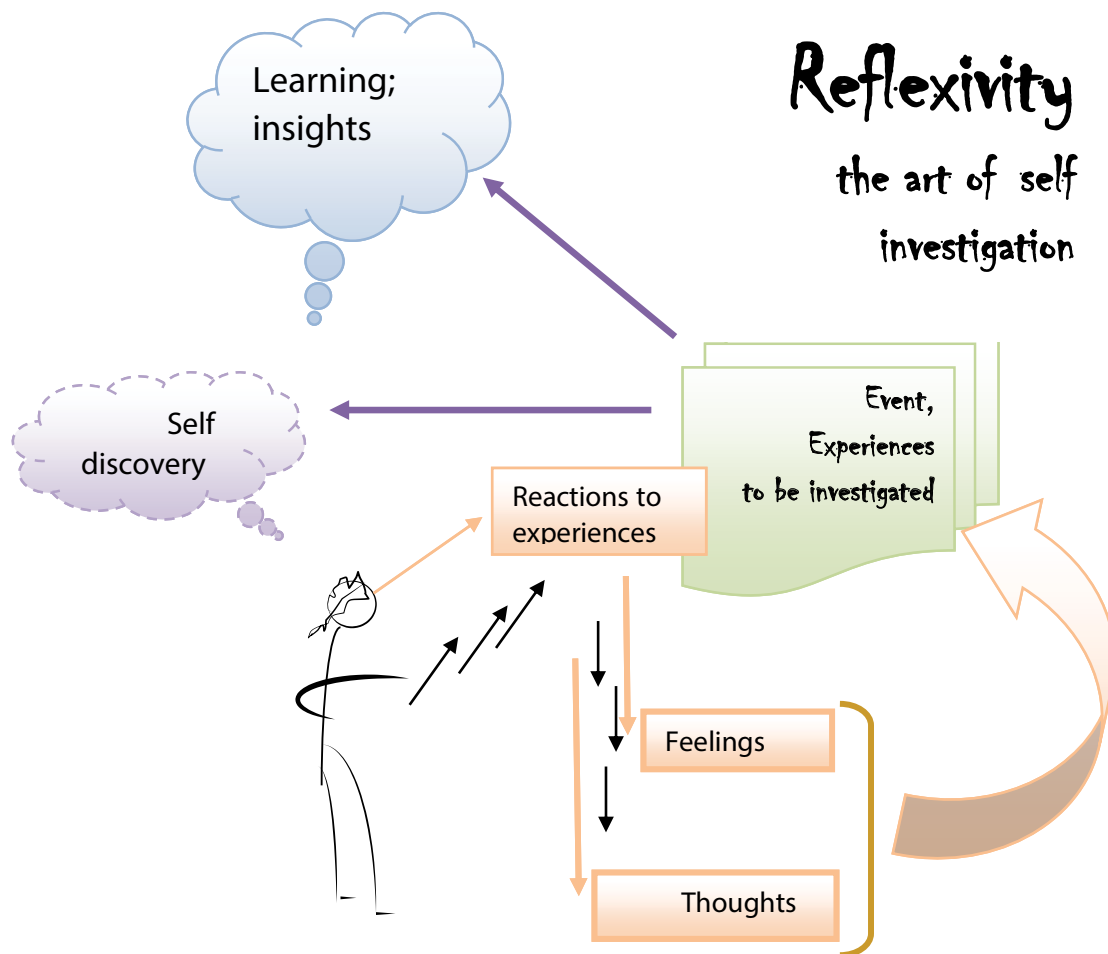


Illustration by Kausar Saeed Khan

# Community Mobilisation

## What is community?

Community refers to a group of people who live in a particular geographical locale and have many things in common, such as the food they eat, clothing, their values, behaviours, attitude towards gender, housing and the way they interact with people within their community and with people from outside. A community's norms, beliefs and behaviours are grounded in the traditions and environment of the area.

## Conceptual understanding of Community Mobilisation

Community Mobilisation is the process of reaching out to different stakeholders within the community to share a vision, promote discussion and build their capacity and take action together to address problems affecting the entire community.

**IRADA** has community mobilisation at the heart of strategy. The purpose is to create an enabling environment that empowers couples to take decisions about their health. The community mobilisation strategy also aims to create a supportive environment for couples to support the reproductive rights of women, empowering them to take decisions on birth spacing and access to FP and MCH services.

## Through community mobilisation, IRADA aims to achieve following aspirations:

- Increased ownership, support and responsibility for the family planning and reproductive health initiatives
- Increase access and better results
- Improved coverage and access to information and services
- Development of sustainable behaviour change approaches
- Better response to community needs and concerns
- Developing more culturally appropriate strategies and messages
- Greater success (results and sustainability)



## Role of field teams and FHE

As mentioned earlier, field teams and FHEs are responsible for mobilising the community using the steps mentioned above.

In order to achieve its goal of meeting the unmet needs of the community, IRADA creates capacity building opportunities for its staff and various cadres of community mobilisers to enable them to reach out to different stakeholders in the community. The community mobilisation strategy aspires to create partnerships with community stakeholders, including individuals, families, teachers as well as political and social activists by creating a supportive environment for FP and MNCH services.

## Guiding principles of Community Mobilisation

It is very important to understand the decision making process of the community in order to ensure that right people are engaged and mobilised for planning and implementing the community program.

There are certain guiding principles that enables the program to get successfully institutionalised and sustained within the community. This would include the following:

### **Principle 1: Planning must be based on a historical understanding of similar intervention in the community**

It is very important for the field team to carry out a rapid assessment exercise in the community to understand if there have been past initiative on this issue in the community and what has been the outcome. For example, what has been the community's experience with part interventions on Healthy Timing and Spacing program (HTSP) program, optimum birth spacing and voucher program? The field team should do its homework in order to understand if there are cynicisms around such initiatives which may hinder the progress of this program. All the tools used for communicating the messages should be culturally relevant.

### **Principle 2: Ownership of project goals by the legitimate representatives of the community is vital**

Changing community norms require involvement and mobilisation of the entire community. But the participation of the community leaders is very important. Often those who are more visible and politically motivated come forward and present themselves as the community leaders.

A proper homework by the team is therefore very essential because sometimes a community that we might think as a homogenous entity is divided into two or more groups. In that case, meeting with people from one group of the community as community representatives may displease the other group, putting the program in jeopardy.

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Supposing a family planning discussion is engaged with the leader of a single dominant faction within the area. The failure of the organizers to engage the leaders of smaller groups can serve as an insult to them. There may also be differing views on FP programs due to religious sentiments, as one group may be more open to the idea than the others. This may even escalate to violence, as is often seen with polio programs in North Pakistan. In order to circumnavigate around such problems, it is essential to have a common vote amongst all the smaller leaders within the community as well. A singular say on the matter may not be agreeable with everyone in the group.

### **Principle 3: Mobilise available platform and revitalise dormant platforms to support social change**

Communities are living organism with its own culture, structures and platforms. Many mobilisers believe that their first responsibility is to create new structures in the community for mobilisation, but we know that these newly built structures are difficult to sustain once the project life is over. Therefore, the third principle strongly advocates for identifying existing platform and investing time in strengthening these platforms as well as revitalising dormant platforms. Communities in rural Sindh are often joined together by family bonding which goes back to many generations. In some villages of Sindh, even a door is not put up at the entrance to convey a message of welcome to other members of the community. There are women living since decades in the community and involved in social work. It is a common practice in these villages for women and children within the neighborhood to spend time with each other in their house. Topics of discussion are random in these groups of women. While social scientists may refer to these gatherings as support groups, the local communities often refer to them as Mohalla meetings. Similarly, men get together in “autaq” which is a meeting place for local people with local leaders also present. In many villages LHWs have created a village health committee but they are not fully active. Trying to change the norms in such communities is a tall task as these local practices have been ingrained for centuries. A systematic process of behaviour change often needs to be adopted in these villages.

### **Principle 4: Reinforce, reinforce and re-enforce the behaviour in focus**

Community mobilisation has at its core an initiative or change that needs to be institutionalized. However, any behaviour that needs to be changed also requires re-enforcement using different approaches. There are several studies conducted internationally that have highlighted dose related relationships between the message and the behaviour change<sup>1</sup>. An analysis of the 1989 Kenya Demographic and Health Survey found that contraceptive prevalence was nearly 50% among women who recalled hearing or seeing family planning messages in three media (radio, print and television), compared with 14% among those who did not recall any family planning messages in the media. This significant relationship persisted even after differences in age, residence and socioeconomic status were taken into account. Besides the effect of dose, the impact of using various modes of communication has also been documented as the means for increasing contraceptive use.

The question of interest to program planners is: If most potential clients are reached by a media channel, is there an added benefit when family planning messages are disseminated through additional media channels, or are additional channels redundant? Studying the effect of exposure to a varying number of media sources is an application of the epidemiologic concept of dosage response. Our assumption here is that women who recall messages in several media are exposed to a higher “dose” of family planning information than those exposed to only a few or no media sources. Available data do not permit measurement of the timing of exposure to different media or the intensity of media exposure. Therefore, the number of media channels with family planning information is used as a proxy for intensity of exposure.

In this article, we seek to determine whether women’s recent exposure to family planning messages in the media, as measured by their recall of these messages, has any effect on their current contraceptive use, spousal approval of family planning, discussions with their spouse about family planning or visits to a family planning service site. We also assess the effects of increased numbers of media sources on contraceptive behaviour. Finally, the effects of five major media channels and those of two specific program interventions are examined to determine their relationship to contraceptive behaviour.

While those from outside the community and trained social scientist may have many ideas, it is worth remembering that the community itself is in the best position to suggest ideas from their own experience and decide on which ideas would actually work. Such reinforcement of messages enables community to get used to hearing the message and later on actually internalizing the knowledge and change behaviour.

### **Principle 5: Strengthening access to good quality family planning service, encourages the community to adopt HTSP behaviour**

In order to address the unmet need, it is not enough to create a platform and mobilise community with knowledge provision, but it is also important to reduce barriers to access the providers of care through ensuring availability of good quality providers with certification and competency. There are successful examples of projects that aim to reduce the barriers to travel through voucher systems for the poorest of the poor and developing community based saving schemes. In addition, it is important to ensure that a range of contraceptive options is available with the provider along with counseling tools to enable them to reach out effectively to couples interested in HTSP.

## Principle 6: Ensure client confidentiality during FP counseling

Family planning/HTSP is a very sensitive issue and couple, particularly husbands would only be willing to discuss these issues if confidentiality is ensured. At Mashwara meeting, the couple may want to ask very sensitive question, but if others can hear them, it is natural for them to refrain from asking these questions. Face to face communication at home where privacy can be ensured is the most powerful approach. The telephone consultation is also quite successful. A study carried out in Kenya indicates that providing contraception information to young people in Kenya using SMS or text messages has been quite successful.

Another study documented in psych net has documented the findings of an experiment carried out to study the effect of reduced privacy in a counseling setting on client self-disclosure. A laboratory analog simulating an invasion of privacy by a 3rd party in a counseling setting was developed, and 74 undergraduates were randomly assigned to 3 experimental conditions: private--an interviewer and S were alone in an interview setting; invasion--a 3rd party (a confederate) invaded the privacy of the interview; spatial divider--a 3rd party again invaded the interview, but spatial dividers were introduced to enhance privacy. Results demonstrate that reduced privacy decreases client self-disclosure. Spatial dividers influenced the client's perception of privacy, but failed to increase self-disclosure).

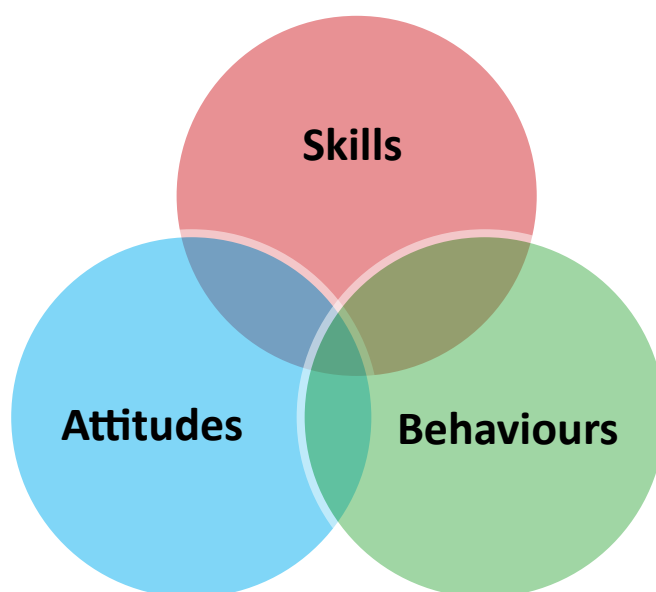
# Participatory Methods for Women's Health

## Objectives and Principles of Participatory Methodology

### Objectives and Benefits of the Resource Book

The purpose of this manual is to introduce the FWM to participatory methodology and provide all necessary detail regarding principles and use of participatory methods. This manual has been developed to improve skills among field workers through education and training.

This manual will guide FWMs on how to work in the field, how to deal with people, how to conduct meetings using participatory methods so as to maximise participation by people in the community and how to increase skills and abilities of FWMs. In order to adopt this methodology, it is necessary to understand three important underlying principles, which are as follows.



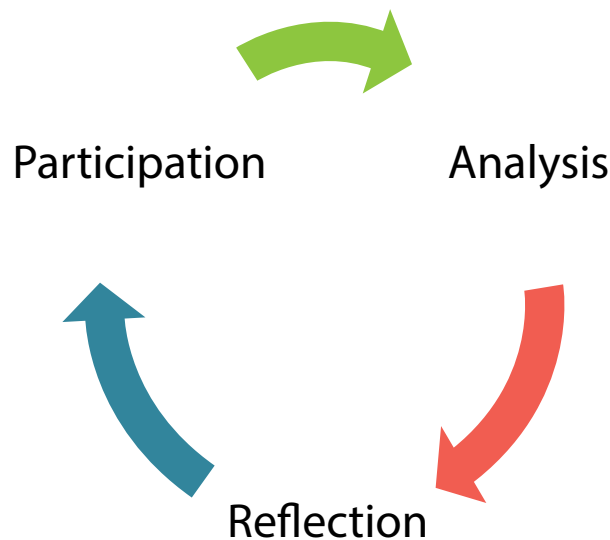
This manual is based on participatory principles and will, therefore, be an effective resource for any task which requires the use of participatory methods.

# Participatory Methodology

Another name for participatory methodology is PRA. Before using participatory methodology, it is important to understand what PRA is. The first word in PRA is “Participatory”; it signifies participation. The second word is “Reflection” and represents thinking or pondering. The third word is “Analysis” which draws attention to the process of critical thought.

The founding principles of PRA are based on the ideology of the famous philosopher, Paulo Frere

Participation may also be defined as voluntary involvement of people to voluntarily raise consciousness within themselves. PRA is an ideology which is found and practiced in many countries across the world. Its use began in rural areas and has now spread to urban populations as well. It eliminates the distinction between literate and illiterate. PRA is an act which broadens the horizons of people’s thoughts and makes them self-reliant. It can be undertaken with just one person or with different groups of people. The basic purpose of PRA is to enable people to identify their problems, analyse them and find a solution to the problem by working together



## Principles of Participatory Methodology (PRA)

In order to use participatory methodology, a facilitator must remember the following:

1. Participants (of any activity) should be able to express their thoughts and feelings at time without any fear or hesitation.
2. Participants should listen to each other's thoughts and feelings and remain unbiased/unprejudiced.
3. Participants should respect each other's opinions.
4. Participants should analyse their problems.
5. Participants should reflect on these problems.
6. Participants should identify actions that can solve their problems.





## Characteristics of Participatory Methodology

Information is usually collected through surveys and it takes time for this information to reach people. Often a lot has changed during this time and these results are not as useful anymore. PRA, on the other hand, has an important characteristic that it provides people with results immediately, enabling and empowering them to highlight information.

## Collective Reflective Thinking

There is increased participation of the community in PRA. People engage in reflecting and thinking about their problems and more information can be obtained relatively quickly thereby minimising expense.

## Collective Analysis

In PRA, the community collectively analyses the information collectively at the same time as it is obtained by working together.

## Identifying Possible Actions

PRA provides people with possibilities and suggestions to resolve problems on their own. People, in addition to analyzing their complex problems, also identify potential actions to address the problem.

## Benefits:

PRA has the following benefits:

- Knowledge is increased at every level.
- It enhances people's interest and brings them together.
- It eliminates the distinction between senior-junior and literate and illiterate.
- It is an effective instrument to assess people's thoughts and behaviours.



# PRA Tools

PRA Tools encourage people to think and people can reflect on their lives, their environment and its various components. These tools do not rely only on words and employ the use of lines and symbols. These tools include daily routine, seasonal calendar, social mapping, network diagram, body mapping and matrices, e.g. drawing a line on the ground and asking a woman to identify tasks she completes during her day.

## Social Map

A social map is constructed to assess available resources in an area. The availability of schools, clinic, water supply, construction of houses, etc., as well the problems faced by people may be analysed using this PRA tool.



# Photo Discussion

Photo discussion will be used to compare two different pictures: one of a healthy woman with two children and another of a woman who is worried/worn down with five children. The purpose of this tool is to increase positive attitude towards modern family planning amongst MWRAs.

**Step 1: Show the participants a picture of a healthy woman; ask them their thoughts on the photo. How does the woman appear to them?**



**Step 2: Show a picture of a worried woman; and again ask them to discuss their thoughts on the photo.**



**Step 3: Ask participants to compare both of the photos and discuss what is positive/negative about each picture.**

**Step 4: Discuss the key messages regarding positive attitude towards modern family planning.**

## Timeline

This PRA tool is used to visualize the different periods in a person's life and to analyse what s/he does in these periods how s/he spend their life during these periods.



## Daily Routine

This PRA tool is used to visualize and analyse people's activities in their everyday lives in terms of what they do from the time they wake up to when they go to sleep.

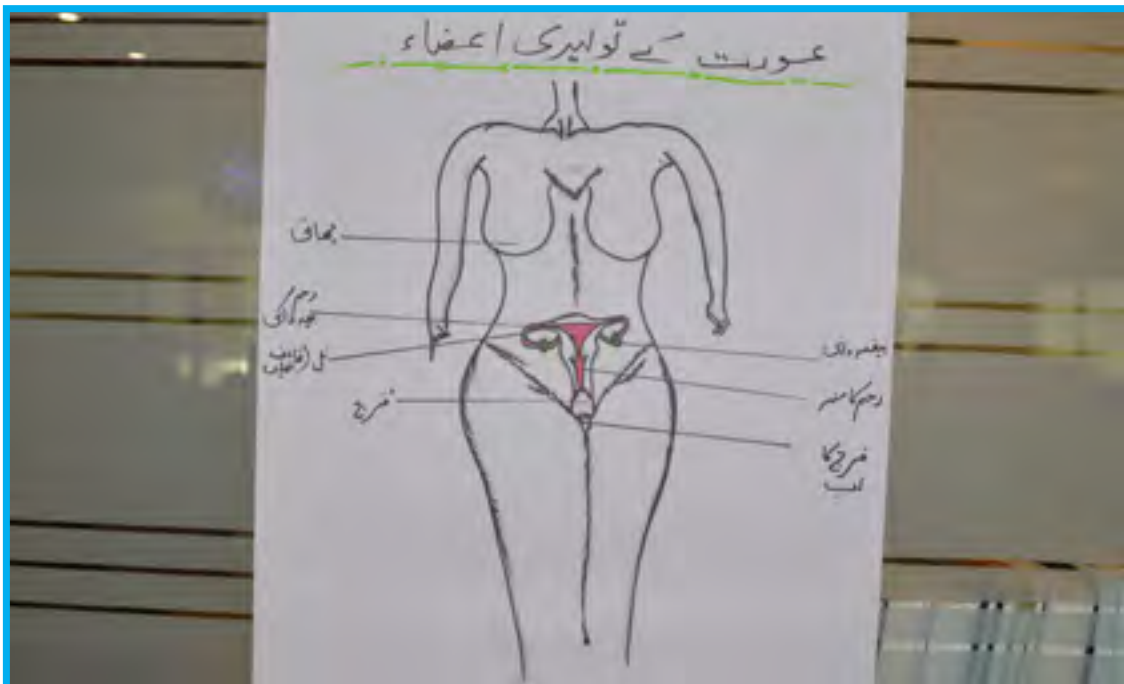
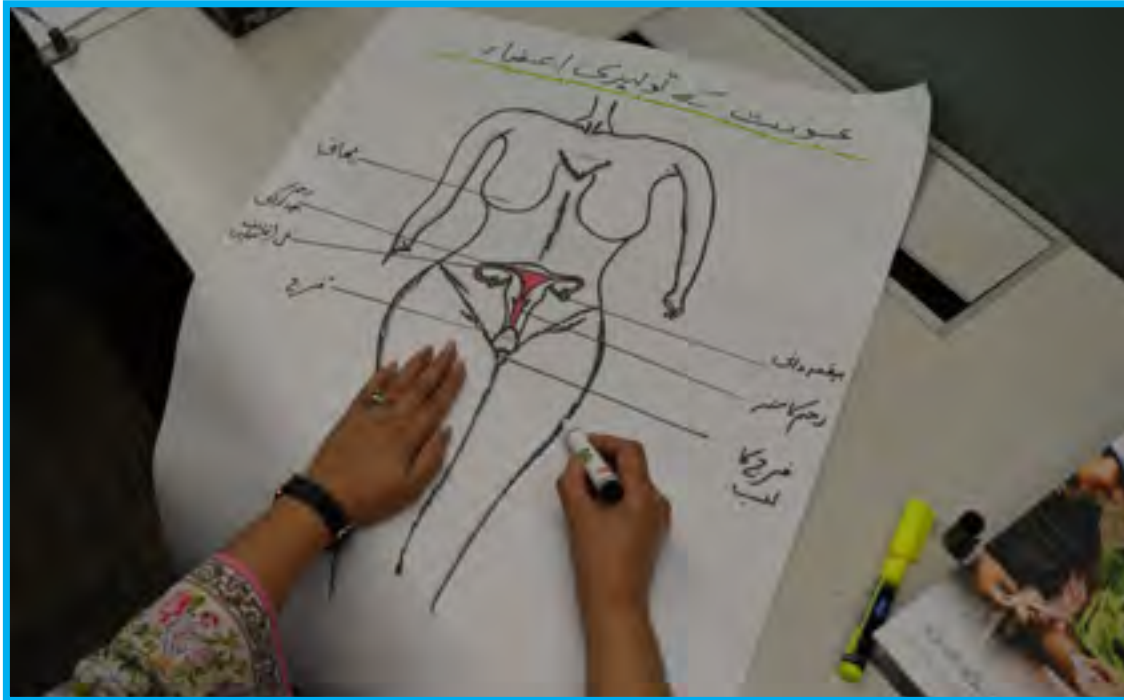
Daily Routine





# Body Mapping

The purpose of this PRA too is to get men and women in the community to draw body organs on paper or on the ground in order to assess their knowledge and understanding of their bodies and reproductive health. It is used to assess the level of knowledge that participants have regarding their body organs and with what level of comfort they can draw these organs on paper or on the ground.



## Annex

### Activity Report

Activity Report

Mohalla Meeting: \_\_\_\_\_

Mashvara Meeting: \_\_\_\_\_

Where

Province: \_\_\_\_\_

District: \_\_\_\_\_

Taluka: \_\_\_\_\_

Union Council: \_\_\_\_\_

Village or Town Area: \_\_\_\_\_

WHO

\_\_\_\_\_

## Participants

1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

## Facilitator/Team members:

1	
2	
3	
4	
5	

**Activities/Tools**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Steps:****Step 1:****Step 2:****Step 3:****Step 4:**

## Discussion



**Feedback/Opinions:**

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**Observations:**

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**Facilitator's Notes:**

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## Mohalla Meeting Invitation

الحمد للہ جس نے صحت کی بات طے کرنا  
 ہرچیز سچائی کی بات سے کھانے کی بات  
 والی سیدہ میٹنگ میں جملہ بہکریاں  
 اور بچے کی صحت سیکھ سہا بنیں یہ بات کریں




محکمہ صحت کا دعوت نامہ

..... نام : .....

..... تاریخ : .....

..... وقت : .....

..... جگہ : .....

**0800 22333** 

قریب پائڈ لائٹ سے ملتے معلومات اور طورے کیلے 24 گھنٹے کالی کریں۔

کم عمرے میں بار بار حاملہ ہونا صحت کیلئے خطرناک ہو سکتا ہے۔ جبکہ بچوں کی  
 پیدائش میں وقفے کے مختلف طریقے استعمال کرنے سے عورت ان  
 خطرات سے محفوظ رہتی ہے

## Mohalla Meeting Invitation

سورج سینٹر کی طرف سے منعقد کی  
ہائے والی مشورہ میٹنگ میں  
مداخلت ہو کر ماں اور بچے کی صحت  
کے مسائل پر آسیت یافتہ سائل  
سے بات کریں




مشورہ میٹنگ کا دعوت نامہ

.....: نام

.....: نام

.....: وقت

.....: کہہ

**0800 22333** 

ترتیب یافتہ ڈاکٹر سے ملنے کے لیے 24 گھنٹے کال کریں۔

کم عرصے میں باریاں حاملہ ہونا صحت کیلئے خطرناک ہو سکتا ہے۔ جبکہ بچوں کی  
پیدائش میں وقفے کے مختلف طریقے استعمال کرنے سے عورت ان  
خطرات سے محفوظ رہتی ہے

## IRADA Key Messages

Based on the IRADA model the following 15 key messages were created to be included throughout the IRADA intervention.

Behavioural Indicator Targeted	Key Message/Belief	Target Audience
Positive Attitude towards usefulness of modern FP	It is important for the health of both the mother and child to wait at least three years between children.	MWRA
	By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.	MWRA
	Birth spacing can improve the health of a woman by giving her time to recover following her delivery.	MWRA
	Modern family planning can be used to delay pregnancy after marriage.	MWRA
Myths and Misconceptions regarding modern FP	If used correctly, modern family planning methods are a safe and reliable way to practice birth spacing.	MWRA
	Women who choose to use family planning injections to prevent pregnancy can get pregnant within a few months after she stops receiving the injections.	MWRA
	Inserting an implant is a simple procedure that takes approximately 2-5 minutes and does not require surgery or stitches, and does not leave a scar.	MWRA
	An IUD is inserted into the uterus and is confined there and unable to travel to other parts of the body. Women using IUDs can continue to have sexual intercourse.	MWRA
	If a woman is using family planning pills to prevent pregnancy, she will be able to conceive as soon as she discontinues use of the pills.	MWRA

Personal Agency to adopt modern FP	There is a Suraj Centre located within your community to ensure easy access to modern family planning methods for you.	MWRA
	In the case where you are unable to afford a modern FP method, reach out to an FHE or Suraj provider in your community to receive a voucher for free services.	MWRA
	In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.	MWRA
Perceived Norms surrounding modern FP	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.	Husband
	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.	Mother-in-law
	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.	Community

## Summary Table of IRADA

		Community Mobilisation		Behaviour Change Communication		
		CHC	CHV	Mohalla Meeting	Mash-vara Meeting	Client Visit
Behavioural Indicator Targeted	Key Message/Belief					
Positive Attitude towards usefulness of modern FP	It is important for the health of both the mother and child to wait at least three years between children.			X	X	X
	By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.			X	X	X
	Birth spacing can improve the health of a woman by giving her time to recover following her delivery.			X	X	X
	Modern family planning can be used to delay pregnancy after marriage.			X	X	X
Myths and Misconceptions regarding modern FP	If used correctly, modern family planning methods are a safe and reliable way to practice birth spacing.				X	X
	Women who choose to use family planning injections to prevent pregnancy can get pregnant within a few months after she stops receiving the injections.				X	X
	Inserting an implant is a simple procedure that takes approximately 2-5 minutes and does not require surgery or stitches, and does not leave a scar.				X	X
	An IUD is inserted into the uterus and is confined there and unable to travel to other parts of the body.				X	X
	Women using IUDs can continue to have sexual intercourse.				X	X
Personal Agency to adopt modern FP	If a woman is using family planning pills to prevent pregnancy, she will be able to conceive as soon as she discontinues use of the pills.				X	X
	There is a Suraj centre located within your community to ensure easy access to modern family planning methods for you.			X	X	X
	In the case where you are unable to afford a modern FP method, reach out to an FHE or Suraj provider in your community to receive a voucher for free services.			X	X	X
	In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.			X	X	X

Perceived Norms surrounding modern FP	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.			X	X	X
	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.			X	X	X
	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.			X	X	X

### Communication Tools

	Key Theoretical Construct Targeted					
Social Mapping	Personal Agency to adopt modern FP					
Photo Discussion	Positive Attitude towards usefulness of modern FP					
Timeline/Daily Routine	Positive Attitude towards usefulness of modern FP					
Body Mapping	Myths and Misconceptions regarding modern FP					

## Intention to Adopt Modern Family Planning

### How to Assess Intention

Do you expect to adopt a modern FP method to space births?

Do you want to adopt a modern FP method to space births?

Do you intend to adopt a modern FP method to space births?

Yes

No

## Positive Attitudes towards Usefulness of Modern Family Planning

### How to Assess Positive Attitudes

Do you think that using a modern FP method for child spacing is a useful thing?

Do you think that using a modern FP method for child spacing is a wise thing to do?

Do you think that using a modern FP method for child spacing is a beneficial thing to do?

If there is no gap between children naturally, a modern FP method is in effective in for spacing births?

Yes

No

### Communication Tools to Increase Positive Attitudes



Photo Discussion



Daily Routine



Timeline

### Key Messages to Deliver to Increase Positive Attitudes

It is important for the health of both the mother and child to wait at least three years between children.

By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.

Birth spacing can improve the health of a woman by giving her time to recover following her delivery.

Modern family planning can be used to delay pregnancy after marriage.



## Personal Agency to Adopt Modern Family Planning

### How to Assess Personal Agency

Is the decision to adopt a modern family planning method to space births in your control?

Do you think that you can become severely ill by using a modern FP method for child spacing?

Do you think that using a modern FP method for child spacing is harmful for health?

Yes

No

### Communication Tools to Increase Personal Agency



Social Map

### Key Messages to Deliver to Increase Personal Agency

There is a Suraj center located within your community to ensure easy access to modern family planning methods for you.

In the case where you are unable to afford a modern FP method, reach out to an FHE or Suraj provider in your community to receive a voucher for free services.

In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.

## Perceived Norms Surrounding Modern Family Planning

### How to Assess Perceived Norms

Do the people who are close to you think that using modern FP method to space births is a good thing?

Do people your area support modern FP methods for birth spacing?

Do the people who are close to you think that a woman who uses a modern FP method to space births is wise?

Do the people who are close to you/known to you think that you should use modern FP method to space the birth of children?

Yes

No

### Communication Tools to Improve Perceived Norms



### Key Messages to Deliver to Improve Perceived Norms

Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.

Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.

The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

## Client Details Form

S/No	Item	Response			
Contact Details					
1	Name	Write down full name of participant			
2	Phone number	Write down contact number for participant			
3	Home address	Write down full home address for participant			
Demographic Information					
4	What is your age?	Record participant's age (in years)			
5	What was your age at marriage?	Record participant's age at marriage (in years)			
6	How many children do you have?	Record the number of children			
7	How many sons do you have?	Record the number of sons			
8	When was your last pregnancy?	Currently pregnant	In past 6 months	In past year	In past 2 years
9	Have you ever used any modern methods of family planning for birth spacing?	Yes		No	
10	How much education have you attained?	No education	Less than 5 years		Primary (5 years)
		Middle (8th class)	Matric		College/ University
11	Do you earn yourself? Do you have ways of earning yourself?	Yes		No	
12	Does your husband's family live with you?	Yes		No	
13	In what province is your home located?	Balochistan	KPK	Sindh	Punjab
14	How many people in the household are 13 years old or younger?	5 or more	4	3	
		2	1	None	
15	How many of the children between 5-13 years go to school?				
16	14	How many people in the household are 13 years old or younger?	1	None	

17	How much education has the head woman/wife in the household attained?	Less than class 1 or unknown	No female head	Class 1 or more
18	What is the fundamental source of drinking water in your household?	Some ways	Tap, well, motorized air pump, tube wells, pipe water	
19	What type of toilet is used in your household?	None or any	Flush linked to pit or hole in pipeline	Flush linked to public pit
20	Does the household have a personal fridge or freezer?	Yes		No
21	Does the household have a personal TV?	Yes		No
22	Does the household have a personal motorcycle scooter or any other vehicle?	Yes		No

## IRADA Questionnaire

S/No	Item	Scale				
		1	2	3	4	5
		NO			YES	
1	Do you expect to adopt a modern FP method to space births?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
2	Do you want to adopt a modern FP method to space births?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
3	Do you intend to adopt a modern FP method to space births?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
	POSITIVE ATTITUDE					
		NO			YES	
4	Do you think that using a modern FP method for child spacing is a useful thing?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
5	Do you think that using a modern FP method for child spacing is a wise thing to do?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
6	Do you think that using a modern FP method for child spacing is a beneficial thing to do?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
7	If there is no gap between children naturally, a modern FP method is in effective in for spacing births?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
	MYTHS AND MISCONCEPTIONS					
		NO			YES	
8	Do you think using modern FP method for child spacing will make you a little ill?	Com- pletely Yes	Some- what Yes	Neither Yes nor No	Some- what No	Com- pletely No
9	Do you think that you can become severely ill by using a modern FP method for child spacing?	Com- pletely Yes	Some- what Yes	Neither Yes nor No	Some- what No	Com- pletely No

10	Do you think that using a modern FP method for child spacing is harmful for health?	Completely Yes	Some-what Yes	Neither Yes nor No	Some-what No	Completely No
11	If you get some illness from using a modern FP method for child spacing, do you think that you will have to spend a lot of money on its treatment?	Completely Yes	Some-what Yes	Neither Yes nor No	Some-what No	Completely No
	PERCEIVED NORMS					
		NO			YES	
12	Do the people who are close to you think that using modern FP method to space births is a good thing?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes
13	Do people in your area support modern FP methods for birth spacing?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes
14	Do the people who are close to you think that a woman who uses a modern FP method to space births is wise?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes
15	Do the people who are close to you/known to you think that you should use modern FP method to space the birth of children?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes
	PERSONAL AGENCY					
		NO			YES	
16	Is the decision to adopt a modern family planning method to space births in your control?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes
		NO			YES	
17	If you wanted to use a modern family planning method to space births, would it be difficult for you to do so?	Completely Yes	Some-what Yes	Neither Yes nor No	Some-what No	Completely No
		NO			YES	
18	Is using modern methods of family planning to space birth easy for you?	Completely No	Some-what No	Neither Yes nor No	Some-what Yes	Completely Yes

## Annex 8: Perceived Quality Questionnaire

S/No	Item	Scale				
		1	2	3	4	5
	Perceived Accessibility of Family Planning Services					
		NO			YES	
1	Does it take little time to get to the family planning clinic?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
2	Is the family planning clinic far from your house?	Com- pletely Yes	Some- what Yes	Neither Yes nor No	Some- what No	Com- pletely No
3	Do you have to travel far to reach the family planning clinic?	Com- pletely Yes	Some- what Yes	Neither Yes nor No	Some- what No	Com- pletely No
	Perceived Quality of Service Provision					
		NO			YES	
4	Are you happy with the family planning services provided at the clinic?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
5	Do you think that family planning services you received are of a good quality?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
6	Would you recommend this clinic to a friend/relative in need of family planning services?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
	Perceived Quality of Interaction with Provider					
		NO			YES	
7	Are you satisfied with the information provided to you about side-effects by the provider?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
8	In your opinion, do you think you were provided complete information about family planning services?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
9	Were you counselled on other/alternative methods other than the one you received?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes

	Perceived Quality of Facility Management					
		NO			YES	
10	Did the cleanliness at the clinic meet your expectations?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
11	Was the atmosphere at the clinic comfortable for you?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes
12	In your opinion, was the clinic well-managed?	Com- pletely No	Some- what No	Neither Yes nor No	Some- what Yes	Com- pletely Yes