



# Family Planning Lesson Plan


# Family Planning


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Lessons and activities in the *Lesson Plan* complement the information provided in *Leader Mother Flipchart*.

## Understanding the Lesson Plan

	<p>Each lesson begins with <b>objectives</b>. These are the behavior, knowledge and belief objectives that are covered in the lesson. Make sure that <u>each</u> of these objectives is reinforced during the lesson. There are four types of objectives. Each is described below.</p>
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**Behavior objectives:** Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

**Belief objectives:** We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making healthy behavior change. In this module we are reinforcing the principle of good stewardship: the belief that breastfeeding and proper infant care are a good use of the resources we have been given.

**Behavioral determinant objectives:** Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are eight possible behavioral determinants as identified in the Barrier Analysis<sup>1</sup> surveys done in each region. The surveys identify the most important determinants for each behavior. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. The facilitator should make sure to bring all of these materials to the lesson. In Lesson 4, we introduce the idea of an Activity Leader who will focus on the needed materials for Module 2. See below for more information.

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

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<sup>1</sup> See <http://barrieranalysis.fhi.net> for more information.



### Game

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



### Attendance and Troubleshooting

Following the game, all facilitators will take attendance. Troubleshooting applies only to facilitators (promoters) training others.<sup>2</sup> The promoter follows up with any difficulties that the Leader Mothers had teaching the previous lessons. Refer to the role play in Lesson 4 for more information.



### Ask about Current Practices

Use the discussion questions to find out the current practices of the women in the group. This is a time to find out what the group members already know. It is not the time for teaching and the facilitator should not correct wrong answers.

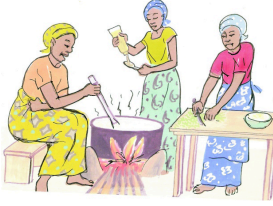


### Share the Meaning of Each Picture

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

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

<sup>2</sup> In *Lagonywal*, paid staff are called promoters. The role of the promoters is to train Leader Mothers to facilitate lessons with their neighbors. A few exercises (such as the Troubleshooting exercise and the Practice and Coaching exercise) are only for Promoters training Leader Mothers. This exercise does not need to be used by the Leader Mothers when sharing with their neighbors.



### Activity

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

Beginning in Module 2, an activity leader is responsible to organize materials for the Lesson Activity. The Activity Leader for Module 2 is elected in Lesson 4. The **Activity Leader** meets with the facilitator ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Leader Mothers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items. The facilitator will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the facilitator as needed during the activity.



### Discuss Barriers

The facilitator asks if there are any obstacles that prevent the caregivers from trying the new practices. The facilitator and other group members give more information or a different perspective to help caregivers understand how to overcome these obstacles.



### Practice and Coaching

This section is required for the training of Leader Mothers only. We want to make sure that they understand the material and can present it to others. In this activity, the promoter observes and coach Leader Mothers as they practice teaching in pairs.



### Request Commitments

Finally, the facilitator requests a commitment from each of the women in the group. It is up to each woman to make a choice. They should not be forced to make a commitment if they are not ready.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed below.

Section name	Time needed for this section
Game or Song	5 - 10 minutes
Attendance and Troubleshooting	5 - 15 minutes
Ask about Current Practices	10 minutes
Share the Meaning of Picture 1	10 minutes
Share the Meaning of Picture 2	10 minutes
Share the Meaning of Picture 3	10 minutes
Activity	15-30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
	<b>2 – 2 ½ hours</b>

### Acknowledgements

The majority of illustrations for LAM and TwoDay method are from the Institute for Reproductive Health and Georgetown University. Resources are available at the following website: <http://www.irh.org/> Additional illustrations come from Octávio Consalves (Mozambique), Ir Léonidas Nisabwe (Burundi), and Shukrani kwa maitre Wabangu (DRC).

- Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).
- International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at [www.aidsalliance.org](http://www.aidsalliance.org).
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herein are those of the authors and do not necessarily reflect the view of the U.S. Agency for International Development.

## Lesson 1: Family Planning Introduction



- Families will delay new pregnancy for two years after the birth of the last child
  - Mothers who get pregnant too early are more likely to die than mothers who delay new pregnancy for two years after delivery.
  - Infants born to mothers who do not delay new pregnancy are more likely to die, be born too early, too small or dead.
  - Families that do not delay pregnancy are more likely to have malnourished children who suffer from frequent illness.
- Families will delay pregnancy until the woman is 18 years old
- Families will delay new pregnancy for six months after a miscarriage or abortion

### Materials:

1. Attendance Registers
2. Flipchart

### Summary:

- Game: Getting to Know You
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 5-9: Benefits of Delaying New Pregnancy; Risks of Not Delaying Pregnancy; How long to Delay New Pregnancy.
- Activity: Healthy Farms and Healthy Families
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: Getting to Know You – 10 minutes

1. Ask the women to talk to the woman sitting next to them to find out about their family (how many children, how old are they, what are their names, etc). Finally, ask what they hope to learn from these family planning lessons.
2. In a large group, ask each woman to introduce her neighbor until everyone has been introduced.



Now, let's begin today's meeting.



## **2. Attendance and Troubleshooting – 15 minutes**

- 1.** Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
- 2.** Promoter asks if any women tried a new family planning method in the last two weeks because of what she learned in this group. She adds this information to the attendance sheet.
- 3.** Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
- 4.** The Promoter helps to solve the problems mentioned.
- 5.** Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
- 6.** Promoter asks the group's Activity Leader<sup>3</sup> to discuss the needed items for next week's activity and solicit volunteers.



## **3. Ask about Current Practices – 10 minutes**

**?** Are you ready to be pregnant again? If no, what are you doing or using to delay new pregnancy?

- Ask this question to find out if women are interested in being pregnant again and what they are currently doing to prevent pregnancy.
  - Possible methods to delay new pregnancy may include temporary abstinence from sex, exclusive breastfeeding (LAM) using natural family planning (calendar methods, cyclebeads or mucus methods) or other devices such as pills, condoms or IUDs to prevent new pregnancy.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

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

## Benefits of Delaying New Pregnancy (Picture 1.1) - 10 minutes



### 4. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 5.
- Share the key messages using flipcharts pages 4 and 5.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Families that delay pregnancy for two years after each birth have healthy mothers, healthy children and healthy families.
  - Mothers are healthy during and after pregnancy.
  - Children grow well and are sick less often than those who don't wait.
- Mothers can breastfeed infants for 24 months which makes both the child and mother healthier.
- Mothers have more time and energy to care for her children, husband and home.
- Families can save money and prepare for the next child when there is more time between children.

? Are there other benefits for children, mothers and families when there is more time between children?

### Additional Information for the Trainer

#### Uganda Family Planning Statistics <sup>4</sup>

- In Uganda (2006), a survey found that 25% of births occur within 24 months and another 67% within 36 months. The World Health Organization recommends at least 33 months (24 months + 9 months) between each birth.
- Among women interviewed about their preferred timing of their next child, 41% expressed a desire to delay pregnancy, but only 24% were using any form of family planning.
- By the age of 18, 41% of women have started having children.
- Only 54% of women interviewed during 12 months after their last birth said they desired new pregnancy within two years.

<sup>4</sup> Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, Maryland, USA: UBOS and Macro International Inc.

## Risks of Not Delaying Pregnancy (Picture 1.2) - 10 minutes

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### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 7.
- Share the key messages using flipcharts pages 6 and 7.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Families that do not delay pregnancy suffer from poor health and sickness.
  - o Mothers are more likely to die.
  - o Infants are more likely to die.
  - o Children are born too early.
  - o Children are born very skinny.
- When a woman becomes pregnant too soon, she and her infant are more likely to die.

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

## How long to Delay New Pregnancy (Picture 1.3) – 10 minutes

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### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the picture on page 9.
- Share the key messages using flipcharts pages 8 and 9.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

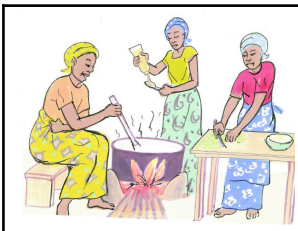
- Delay new pregnancy for two years after each delivery.
  - Mothers are healthy during and after pregnancy.
  - Children grow well and are sick less often than those who don't wait.
- If the baby dies in your belly (abortion or miscarriage), wait 6 months before getting pregnant again.
- Wait until age 18 before getting pregnant for the first time.

? Do you think that it will be difficult to wait two years before getting pregnant?

? What cultural practices encourage new pregnancies?

### **Additional Information for the Trainer:**

- There are many methods to avoid pregnancy. Some are natural and can be used at home and other methods are available at the health center.
- In the future lessons, we will learn about two natural methods and the health center methods.



### **7. Activity: Healthy Farms and Families- 15 minutes**

*There are many things that are the same for healthy families and healthy farms. Lead the women in a discussion about planting maize.*

? How far apart is the maize planted?

? What would happen if the maize were planted very close together?

In order for children to be healthy and get all the food and care they need it is important that there is enough space between each one.

? What would happen if maize were planted in the same location over and over again?

The nutrients in the soil help the plants grow strong and healthy. If maize is planted in the same spot over and over the nutrients in the soil will be used up. It is important to allow the soil to rest between plantings.

A woman's body is like the soil and provides all the nutrients to her baby when in her belly and when she is breastfeeding. Having

many children close to together will use up a mother's nutrients and will make her and her children sick and weak.

- Many women who have many children close together are not healthy.

? Are there other things that healthy farms and healthy families have in common?



## 8. Discuss Barriers – 15 minutes

? What do you think of these ideas? Is there anything that might prevent you from following this guidance? Discuss these concerns with the woman sitting next to you.

*Ask mothers to talk to a woman sitting next to them. They will share barriers and concerns they have about the new teaching. Together they will try to find solutions to these barriers. After five minutes, ask the Leader Mothers to share what they have discussed with the large group.*

*Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.*

### Possible concerns:

- Health managers: please add possible concerns and solutions that might be common in your area.



## 9. Practice and Coaching – 20 minutes

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.
2. In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last page of the lesson.

3. *Watch, correct, and help Leader Mothers who are having trouble.*
4. *When everyone is finished, answer questions that the mothers have about the lesson.*



## **10. Request Commitments – 10 minutes**

**?** Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today.  
Each mother can choose the commitment that is most important to her.*

*For example:*

- I commit to talking to my partner about delaying new pregnancy for two years.
- I commit to talking with a health worker about other options to prevent new pregnancy.

## Lesson 2: The LAM Method



- Women who meet the following three criteria can delay new pregnancy for six months:
  - The woman must breastfeed the infant whenever the child shows signs of hunger day and night. (The woman must not give any other foods or liquids to the child.)
  - The woman's monthly bleeding has not returned.
  - The child must be under the age of six months.
- Women practicing the LAM method will talk with a health worker about new methods to delay pregnancy while still exclusively breastfeeding (before the child is six months old and her bleeding has not returned).
- Caregivers will believe that if the three criteria are met, they can prevent new pregnancy by LAM (action-efficacy).<sup>5</sup>

### Materials:

1. Attendance Registers
2. Flipchart

### Summary:

- Game: Rainstorm
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 11-15: The LAM Method, Practices to Delay New Pregnancy, Planning Ahead.
- Activity: The Four Mothers
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments

	<b>1. Game: Rainstorm – 10 minutes</b>
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1. *Ask the women to sit quietly in a circle with their eyes closed.*

<sup>5</sup> Perceived action efficacy is a behavioral determinant in barrier analysis. Action efficacy is whether or not the person believes that the behavior of exclusive breastfeeding actually works to prevent new pregnancy. For more information visit <http://barrieranalysis.fhi.net/>.

2. *They must listen to the sounds made by the woman sitting on their right side. They should repeat the sound that they hear from that woman.*
3. *The facilitator begins each action, continuing the action until the person on their right starts the action and the action is repeated by all the women in the circle:*
  - a. *Rub your palms together to create the sound of rain. Continue rubbing your palms together until the woman on your right rubs her palms and the noise is passed to each woman.*
  - b. *Now, snap your fingers until everyone is snapping their fingers.*
  - c. *Clap your hands together until everyone is clapping their hands.*
  - d. *Slap your thighs until everyone is slapping their thighs.*
  - e. *Stomp your feet until everyone is stomping.*
  - f. *Now the rain is going away, slap your thighs until everyone is slapping their thighs.*
  - g. *Clap both hands together until everyone is clapping their hands.*
  - h. *Snap your fingers.*
  - i. *Rub your palms together.*
  - j. *Then silence.*


*Now let's begin today's lesson.*

	<p><b>2. Attendance and Troubleshooting – 15 minutes</b></p>
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- 1.** *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
- 2.** *Promoter asks if any women tried a new family planning method in the last two weeks because of what she learned in this group. She adds this information to the attendance sheet.*
- 3.** *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
- 4.** *The Promoter helps to solve the problems that they mention.*
- 5.** *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
- 6.** *Promoter asks the group's Activity Leader<sup>6</sup> to discuss the needed items for next week's activity and solicit volunteers.*

<sup>6</sup> The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.



	<p><b>3. Ask about Current Practices – 10 minutes</b></p> <p>? How can women with children less than 6 months old prevent new pregnancy?</p> <p>? What do you do to prevent new pregnancy after delivery?</p>
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- Ask this question about what options women with children less than 6 months old have for delaying pregnancy.
  - Possible responses may include: avoid sex, use condoms or use LAM.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the followings pages."

### The LAM Method (Picture 2.1) – 10 minutes

	<p><b>4. Share the Meaning of Each Picture</b></p>
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- Ask the women to describe what they see in the pictures on page 11.
- Share the meaning of each picture on the flipcharts pages 10 and 11.
- Use the captions on the flipchart to remind you which images represent each point.

<p>What do you think these pictures mean?</p> <ul style="list-style-type: none"> <li>• LAM delays new pregnancy for six months only if the following things are true:           <ol style="list-style-type: none"> <li>1. The mother never gives water, milk, fruit, porridge or other foods or liquids.               <ul style="list-style-type: none"> <li>◦ If you give other foods and liquids, new pregnancy is possible.</li> </ul> </li> <li>2. The woman's monthly bleeding has not returned.               <ul style="list-style-type: none"> <li>◦ Bleeding is a sign that new pregnancy is possible.</li> </ul> </li> <li>3. The child is younger than six months.               <ul style="list-style-type: none"> <li>◦ When your baby is six months, new pregnancy is possible.</li> </ul> </li> </ol> </li> </ul>
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- These three things must be true if you want to delay new pregnancy using this method.

Are you able to use this method to prevent pregnancy?

Why or why not?

What should you do if all of these things are not true?

- Talk with a health worker about other methods to delay new pregnancy.

### **Additional Information for the Trainer**


- LAM stands for the Lactational Amenorrhea Method. "Lactational" means breastfeeding and "Amenorrhea" means not having monthly bleeding.
- The three LAM criteria are:
  - The baby is exclusively breastfed, day and night
  - The mother's monthly bleeding has not returned
  - The baby is less than six months old
- For non-breastfeeding women, women who give water, or other foods and liquids to infants, or those whose bleeding has returned, new pregnancy is possible within 25 days after delivery.
- Any bleeding 25 days after the child's birth is considered a return of monthly bleeding. Bleeding that occurs before two months is most likely a result of normal post-delivery discharge.
- **How effective is LAM?**
  - As commonly used, the LAM method is 98% effective in preventing new pregnancies for up to six months. This means that if 100 women use LAM for six months, 1 will become pregnant.
  - When used correctly the LAM method is 99.5% effective in preventing new pregnancy for six months. This means that 99 out of 100 women who follow the guidelines perfectly will delay new pregnancy using this method for six months.<sup>7</sup>
- **How does LAM work?** When a woman practices all three LAM criteria, a hormone (chemical) stops the woman's body from releasing eggs.
- **When can women start LAM?** Start breastfeeding immediately (within the first hour of birth).
- **What are common side effects of LAM?** None.
- **Why do some women prefer LAM?**
  - LAM is a natural family planning method.
  - LAM supports good breastfeeding practices that are healthy for mother and baby.
  - LAM is free.
- **What are some common misunderstandings about LAM?**

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<sup>7</sup> Kennedy K. Lobbok MH and Van Look PFA. 1996. Consensus statement: Lactational Amenorrhea method for family planning. Int J Gynecol Obstet 54: 55-57.

- LAM is very effective if all three criteria are met (the child is exclusively breastfed, the mother's monthly bleeding has not returned and the baby is less than six months old).
- LAM works for women who are thin and women who are fat.

## Practices to Delay New Pregnancy (Picture 2.2) – 10 minutes

	<h3>5. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the picture on page 13.
- Share the key messages using flipcharts pages 12 and 13.
- Use the captions on the flipchart to remind you which images represent each point.

<p>? What do you think these pictures mean?</p> <ul style="list-style-type: none"> <li>• To delay pregnancy with LAM mothers must breastfeed whenever the child is hungry day and night.</li> <li>• Breastfeed even if you or your infant is sick.             <ul style="list-style-type: none"> <li>○ If the mother does not breastfeed when the child shows signs of hunger, new pregnancy is possible.</li> <li>○ If you stop breastfeeding when you are sick, new pregnancy is possible.</li> </ul> </li> <li>• Never give water, milk, fruit, porridge or other foods and liquids to your infant before six months.</li> </ul> <p>? Do you believe LAM works to prevent new pregnancy?</p> <ul style="list-style-type: none"> <li>○ <i>If these things are true, 99 out of 100 women using this method will not become pregnant for six months.</i></li> </ul>
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### Additional Information for the Facilitator

#### Remember!

- LAM only works if ALL of the criteria are true. Even if the woman's bleeding has not come, if any one of the following change, then the mother must find a new method.
  1. Mother must breastfeed on demand day and night.
  2. The child must be younger than six months.
  3. The mother's bleeding has not returned.

### Working Mothers

- This method only works if the infant is fed whenever he is hungry (on demand) day and night. If a woman is separated from her infant for more than a few hours each day because of work or other responsibilities, the effectiveness of this method is lowered and she should use a different method.

### Planning Ahead (Picture 2.3) – 10 minutes

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#### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the picture on page 15.
- Share the key messages using flipcharts pages 14 and 15.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- While still using the LAM method, speak with a health worker and choose which family planning method you will use next.
  - Monthly bleeding may return before your child is 6 months old so it is good to plan ahead.
  - After six months, breastfeeding alone is not enough to prevent new pregnancy.
  - The three LAM criteria must be true to delay new pregnancy. The child must be fed only breastmilk and no other foods or liquids, the mother's monthly bleeding has not returned and the child must be less than six months old.

? What other family planning options would you consider?

- *The next lessons will cover a natural family planning method and describe methods available at the health centers.*



#### 7. Activity: The Four Mothers– 15 minutes

1. *Tell the group about the following four women. Ask the group if this method can be used by these women to prevent new pregnancy.*

Mother 1, Aber:

This mother wants to delay pregnancy for two years. She has an infant that is 10 months old. She plans to breastfeed until the child is two years of age.

- ? Will this protect her from a new pregnancy? (No. The child is too old)?

Mother 2, Akello:

The mother has two children one is two months and the other is 20 months old. She is breastfeeding both of them. She stops breastfeeding the oldest child, but continues to exclusively breastfeed the youngest child.

- ? Will this protect her from a new pregnancy? (Yes)

Mother 3 (give her a local name).

She is breastfeeding her 3 month old infant and has never given porridge or other foods to her infant. She does give some water to her infant each day.

- ? Will this protect her from a new pregnancy? (No, she is giving the child water.)

Mother 4 (give her a local name)

She is exclusively breastfeeding her four month old infant. She has never given her infant water, beer, or other foods or liquids. Today her monthly bleeding returned. However her child is only four months old and she plans to continue exclusively breastfeeding until six months of age.

- ? Will this protect her from a new pregnancy? (No, her bleeding has returned).

- ? Will the LAM work for you? Why or why not?



## 8. Discuss Barriers- 15 minutes


- ❓ Do you have any concerns, worries or obstacles that would prevent you from delaying new pregnancy in this way? Discuss these concerns with the woman sitting next to you.

*Together they should try to find solutions to these worries and problems. After five minutes, ask the women to share what they have discussed.*


Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

**Possible concerns:**

- For mothers who are not able to use this method, encourage them that they will learn new methods in the next three lessons.
- Health managers: please add possible concerns and solutions that might be common in your area.

	<p><b>9. Practice and Coaching – 20 minutes</b></p>
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1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.
2. In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last page of the lesson.
3. Watch, correct, and help Leader Mothers who are having trouble.
4. When everyone is finished, answer questions that the mothers have about the lesson.

	<p><b>10. Request Commitments – 10 minutes</b></p>
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- ❓ Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today.  
Each mother can choose the commitment that is most important to her.*

*For example:*

- *I will use to prevent new pregnancy.*
- *I will talk with a health worker this week to learn about other options to prevent new pregnancy.*

**?** What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

## Lesson 3: The TwoDay Method



- Partners who plan to delay new pregnancy, will use the TwoDay method if the following criteria are met:
  - Both partners agree to delay new pregnancy.
  - Both partners agree to avoid sex or use a condom on days when new pregnancy is possible.
  - The woman's bleeding has returned for at least four months.
  - The woman agrees to watch her secretions each day and inform her partner on days when new pregnancy is possible.
  - They are not currently using another method to delay new pregnancy.
- Women using the TwoDay method will look for secretions twice each day, once in the afternoon and once in the evening.
- Women will use a memory device to keep track of secretions each day.
  - Women may mark secretions on a calendar, use two rocks or develop another method to remember yesterday's secretions.
- Couples will avoid sex or use a condom if secretions are seen today or yesterday. New pregnancy is possible on these days.
- Couples will believe that they can work together and develop the skills needed to avoid sex or use condoms on days when pregnancy is possible (self efficacy).<sup>8</sup>

### Materials:

1. *Attendance Registers*
2. *Flipchart*
3. *Two rocks, and a tin can or scrap of fabric*

### Summary:

- Game: People to People
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 17-21: Understanding Your Monthly Cycle, Looking for Secretions and Practices to Delay New Pregnancy.
- Activity: Reminders and Techniques
- Discuss Barriers
- Practice and Coaching in pairs
- Request a commitment

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<sup>8</sup> Perceived self efficacy is a behavioral determinant in barrier analysis. Self efficacy is whether or not the couple believes they have the time, skills or abilities to delay new pregnancy in this way. For more information visit <http://barrieranalysis.fhi.net/>.





## **1. Game: People to People – 10 minutes**

1. Ask each woman to find a partner.
2. The facilitator calls out body parts such as "nose to nose," or "hand to hand".
3. Participants follow the facilitator's instruction with their partner (standing with their noses touching, or hands touching, etc).
4. The facilitator calls out new actions such as "foot to foot," "arm to arm," "hip to hip," etc.
5. When the facilitator calls out, "people to people" everyone must find a new partner (including the facilitator). The person who does not have a partner becomes the new facilitator.
6. The new facilitator begins calling out new actions.
7. Repeat several times until everyone is relaxed and laughing.


*Let's begin today's meeting.*



## **2. Attendance and Troubleshooting – 15 minutes**

1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
2. Promoter fills out if any women tried a new family planning method in the last two weeks because of what she learned in this group.
3. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
4. The Promoter helps to solve the problems that they mention.
5. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
6. Promoter asks the group's Activity Leader<sup>9</sup> to discuss the needed items for next week's activity and solicit volunteers.

<sup>9</sup> The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

	<p><b>3. Ask about Current Practices – 10 minutes</b></p> <p>? Have you ever avoided your spouse in hopes that you could prevent new pregnancy? Why or why not?</p> <p>? Have any of you used a family planning method that tells you which days when you are most fertile (most likely to become pregnant?) Tell us about it.</p>
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- Ask the second question to hear the women's opinions about how this method would (or would not) work for them.
  - Women may believe that it is impossible for their husband to abstain or use condoms.
  - Encourage the women to first discuss it with their spouse before they decide it will never work.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the followings pages."

### Understanding Your Monthly Cycle (Picture 3.1) – 10 minutes

	<p><b>4. Share the Meaning of Each Picture</b></p>
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- Ask the women to describe what they see in the pictures on page 17.
- Share the meaning of each picture on the flipcharts pages 16 and 17.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Each month a woman has some bloody secretions and some non-bloody secretions.
  - On this calendar, the woman has four days of bleeding at the start of the month.
  - In the second and third week she has small non-bloody secretions.
  - On the last day of the month her bleeding starts again.

- New pregnancy is possible today if you had non-bloody secretions today or yesterday.
  - If you have sex today, you may become pregnant.
- New pregnancy is not possible today if you had no secretions today or yesterday.
  - If you have sex today, you will not become pregnant.
  - The TwoDay method helps women to know which days pregnancy is possible.

? Have you noticed these non-bloody secretions before?

? How do your secretions compare to this calendar?

### **Additional Information for the Trainer**

- **How effective is the Two Day Method?**
  - When correctly used, the TwoDay method is 96% effective in preventing new pregnancies.<sup>10</sup> Out of 100 women using this method correctly, 96 of them will delay new pregnancy, only 4 of them will become pregnant. No family planning method is 100% effective.
- **How does the Two Day Method Work?** The Two Day Method teaches women when they are fertile (most likely to get pregnant) and to avoid sex during this time.
- **When can women start using the Two Day Method?**
  - The Two Day Method can be started as soon as normal secretions return after childbirth.
  - If a woman is breastfeeding, it will take longer for her secretions to return.
- **What are common side effects from the Two Day Method?** None.
- **Why do some women prefer the Two Day Method?**
  - The Two Day Method does not have any side effects.
  - The Two Day Method does not require any supplies or medications.
  - The Two Day Method helps women understand how their body works.
  - The Two Day Method allows women to keep their religious and cultural beliefs.
  - The Two Day Method teaches women when they are most likely to become pregnant. This information can be used if women want to become pregnant.
- **What are some common misunderstandings about the Two Day Method?**
  - The Two Day Method can be very effective if used correctly all the time.
  - Women do not need to know how to read or go to school to understand the Two Day Method.

<sup>10</sup> Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of Family Planning". *Fertility and Sterility* 82(4):885-892.

## Looking for Secretions (Picture 3.2) – 10 minutes

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### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the picture on page 19.
- Share the key messages using flipcharts pages 18 and 19.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Look on your skirt or underclothes or when you wipe yourself in the latrine.
  - Some secretions may be cloudy and sticky.
  - Other secretions may be thin and slimy.
- Some women sense (notice) wetness on days with secretions.
  - They do not need to look for secretions.
  - They can feel wetness during normal activities.
- To prevent new pregnancy, check for secretions twice each day. Check once in the afternoon and once in the evening.
  - Do not look for secretions in the morning.
  - Morning secretions may be liquids from sex.
  - Secretions may be difficult to notice if you check only once.

? How do you feel about checking for secretions this way?

? Why is it important to check twice each day?

### Additional Information for the Trainer

#### Secretions

- Secretions may be slippery and thin or thick and sticky. Women do not need to distinguish between the different types of secretions. All non-bloody secretions are signs that new pregnancy is possible.
- Most women can tell the difference between semen and genital secretions. Semen may be present on the woman's genitals the

morning after sex. Checking for secretions in the afternoon and evening will help women to avoid this problem.

- If women notice secretions for more than 14 days in a row, she may have a sexually transmitted infection. She should visit the Health Center for diagnosis and treatment.
- On average, women will have 12-13 days each month when pregnancy is possible.

### **Postpartum Women**

- This method is recommended for women who have had four months or monthly bleeding. (It is important that women find another method of family planning if they have stopped LAM and are waiting to use this method).
- Secretions can be difficult to notice and interpret before four months of bleeding. Women may have many days with secretions even on days when new pregnancy is not possible. This increases the days that she and her partner must abstain from sex, making the method more difficult to follow.

### **Practices to Delay New Pregnancy (Picture 3.3) – 10 minutes**

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#### **6. Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in the picture on page 21.
- Use flipchart pages 20 and 21 for guidance.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- New pregnancy is possible if you had secretions today or yesterday.
  - If you had secretions today and yesterday, new pregnancy is possible.
  - If you had secretions yesterday only, new pregnancy is possible.
  - If you have secretions today only, new pregnancy is possible.
- To delay new pregnancy, you and your partner must agree to use a condom or avoid sex on days when new pregnancy is possible.
  - This couple has agreed to delay new pregnancy in this way.

- ? What can women do to encourage their husbands to abstain from sex on days with secretions?
- ? If a couple wanted to get pregnant, how could they use this method to help them become pregnant?

### **Additional Information for the Trainer**

#### **Using TwoDay Method for New Pregnancy**

- This method helps women to understand days of fertility as well as days when new pregnancy is not possible.
- For those who want to become pregnant, they should have sex if the woman had secretions today or yesterday.
- Couples can also use CycleBeads to target the days when new pregnancy is possible (see Lesson 3).



### **7. Activity: Reminders and Techniques– 15 minutes**

- ? What are some things you can do to help you remember what happened yesterday?

*Ideas might include any of the following:*

- Using a calendar to mark the secretions that you see.
- Using two rocks and a tin (or fabric sack) to remind you. Place them in the latrine. Put one rock inside the can (or wrap it in a fabric sack) on the first day of secretions. Put a second rock inside the tin (or fabric sack) on the second day of secretions.
- If one or both rocks are inside the tin (or fabric sack), abstain from sex or use a condom to prevent new pregnancy.
- On the first day that you do not see a secretion, remove one rock. On the next day that you do not see a secretion, remove the other rock.
- When both rocks are outside the can (or fabric sack), new pregnancy is not possible if you have sex today.

- ? Which of the following would be easiest for you and your spouse?

- A. To agree to avoid sex
- B. To agree to use a condom

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

- *Couples who are avoiding sex many consider activities that do not cause pregnancy such as kissing, massaging, cuddling or*

mutual stimulation (using hands with or without lubricants) on days when new pregnancy is possible.

- o *Women may decide to travel to their mother's home during the time when new pregnancy is possible.*
- o *Add other culturally relevant suggestions here.*

? What can women do to encourage their husbands to use a condom?

- o *Add culturally relevant responses here.*

? Can you discuss these things with your partner? When will you discuss it with them in the next two weeks?

*Help the women make a plan to discuss family planning options in the next two weeks if they have not already done so.*



## **8. Discuss Barriers- 15 minutes**

? Do you have any concerns, worries or obstacles that would prevent you from using the TwoDay method to delay new pregnancy? Discuss these concerns with the woman sitting next to you.

*Together they should try to find solutions to these worries and problems. After five minutes, ask the women to share what they have discussed.*

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

### **Possible concerns:**

- Some men will not agree to avoid sex or use condoms. For these families, they may consider other methods such as pills, injections or IUDs provided at the health facility.
- Some families will not use condoms and find it difficult to avoid sex. These couples may consider other activities that do not cause pregnancy such as kissing, massaging, cuddling or mutual stimulation (using hands with or without lubricants) on days when new pregnancy is possible.
- Health managers: please add possible concerns and solutions that might be common in your area.



## 9. Practice and Coaching – 20 minutes

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.
2. In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last two pages of the lesson.
3. Watch, correct, and help Leader Mothers who are having trouble.
4. When everyone is finished, answer questions that the mothers have about the lesson.



## 10. Request Commitments – 10 minutes

- ❓ Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.*

*For example:*

- *I commit to talk with my spouse about the Two Day method.*
- *I commit to looking for secretions each day so I can delay new pregnancy.*
- *I commit to sharing this method with my friend who is trying to get pregnant.*

- ❓ What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?



## Lesson 4: Health Facility Options

### The Pills and Injectables

#### Objectives



- Couples will meet with a health worker and receive counseling to decide which of the following methods is best for them.
  - Contraceptive pills are taken each day by the woman. As long as a pill is taken each day, new pregnancy is not possible. If pills are skipped or missed, new pregnancy is possible.
  - Injections given to women by the health worker such as Depo-Provera prevent new pregnancy for three months.
- Caregivers will believe that they can take action to delay new pregnancy to protect the health of the woman and future infants.

#### Materials:

1. Attendance Registers
2. *Flipchart*

#### Summary:

- Game: Memory
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 23-27: Meeting with a Health Worker, Pills to Delay Pregnancy, and Injections to Delay Pregnancy.
- Activity: Finding Pills and Injections to Delay Pregnancy
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



#### 1. Game: Memory – 10 minutes


1. Ask the women to stand in a circle.
2. The facilitator begins by giving an action and naming a body part. Such as "Push your nose" while pushing the tip of her nose.
3. The next woman in the circle, repeats the action and words said by the facilitator and adds another action. For example, "Push on your nose, pull on your ear."

4. Each woman in the circle repeats the action and description done by the women before her, and then adds a new action.
5. Continue until one of the women forgets the actions.
6. (Optional) Now repeat the game, this time, the statement that is said should not match the action.
7. For example the facilitator says, "Push on your nose," while pulling on her ear, "stand on one foot" while squatting.
8. Continue going around the circle with each woman saying and doing the actions and words said by the women before her, and then adding a new one.
9. If someone forgets or does the wrong thing, they should sit down.
10. The last woman standing is the winner.

Now that we are energized, let's begin today's lesson.

	<p><b>2. Attendance and Troubleshooting – 15 minutes</b></p>
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1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
4. Promoter asks if any women tried a new family planning method in the last two weeks because of what she learned in this group. She adds this information to the attendance sheet.
5. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
6. The Promoter helps to solve the problems mentioned.
7. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
8. Promoter asks the group's Activity Leader<sup>11</sup> to discuss the needed items for next week's activity and solicit volunteers.

	<p><b>3. Ask about Current Practices – 10 minutes</b></p> <p>? Have you ever used pills or injectables to delay pregnancy? Tell us about it.</p> <p>? Are any of you using one of these methods now? Why did you choose this method?</p>
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- Ask these questions to find out if any women have used these methods before and how they feel about it.

<sup>11</sup> The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

### Meeting with a Health Worker (Picture 4.1) - 10 minutes

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#### 1. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 23.
- Share the key messages using flipcharts pages 22 and 23.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Meet with a health worker to discuss the different options.
  - The health worker can give advice and answer questions.
  - If you are unhappy with one method, try another one.
- Ask the health worker about the danger signs of each method.
  - These methods may cause headaches, nausea, and changes in monthly bleeding.
- Return to the health center if you don't feel well.
- Use condoms to protect yourself against HIV/AIDS.
  - Other methods to delay and prevent pregnancy do not protect you from HIV/AIDS.

?

Would you be willing to go to a health center to discuss methods to delay pregnancy? Why or why not.

?

Would your partner be willing to go with you? Why or why not.

## Pills to Delay Pregnancy (Picture 4.2) - 10 minutes



### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 25.
- Share the key messages using flipcharts pages 24 and 25.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Contraceptive pills can be taken each day to prevent new pregnancy.
  - Take one pill each day.
  - Take the pill at the same time each day.
  - When you skip a day or miss a pill, new pregnancy is possible.
  - It is common for women to have changes to their monthly bleeding when using pills. This is not harmful.
- To delay new pregnancy, use one package of pills each month.
  - Return to the health center and get more pills before you run out, so you do not miss any days.

? Would you be willing to try pills to prevent new pregnancy?

? Why or why not?

### Additional Information for Trainers<sup>12</sup>:

- There are two main types of oral contraceptive pills:
  - Combined Oral Contraceptives have two types of hormones: progesterone and estrogen. In Uganda, Lo-Femenal and Microgynon are examples of combined pills.
  - Progesterone-only Oral Contraceptives only have the hormone progesterone. In Uganda, Ovrette is an example of progesterone-only pills.
- Pregnancy is possible as soon as women stop taking the pills, there is no delay.

<sup>12</sup> Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).

- **How effective are pills?**
  - As commonly used, pills are about 92% effective. This means that if 100 women used this method for one year, eight of them would become pregnant.
  - If used perfectly, pills are about 99% effective. This means that if 100 women used this method perfectly for one year, one of them would become pregnant.
- **How do pills work?**
  - Combined pills prevent pregnancy by sending a chemical (hormone) that stops the woman's body from releasing eggs.
  - Progesterone-only pills prevent pregnancy by thickening the woman's secretions (cervical mucus) which blocks the sperm from meeting the egg. Progesterone-only pills also prevent the woman's body from releasing eggs.
- **When can women start taking pills?**
  - Progesterone-only pills can be taken as soon as six weeks after childbirth.
  - Combined pills can be taken six months after childbirth for women who are exclusively breastfeeding.
  - Pills can be started at any time during a woman's monthly cycle.
- **What are the common side effects?** Side effects are not signs of illness. They are common, but some women do not have them. Women should return to the health center if the side effects are bothering her.
  - Changes in monthly bleeding
  - Headaches
  - Dizziness
  - Nausea
  - Breast tenderness
  - Weight change
  - Mood changes and/or
  - Acne
- **Why do some women prefer pills?**
  - The woman has control over taking the pills.
  - Pills can be stopped at any time without a provider's help.
  - Pills do not interfere with sex.
  - Pills can be used during breastfeeding (Progesterone-only).
- **What are some common misunderstandings about pills?**
  - Pills do not build up in a woman's body, women do not need a "rest" from taking pills.
  - Pills must be taken every day, not only when women have sex.
  - Pills do not make women infertile (not able to have babies).
  - Pills do not change women's sexual behavior.
  - Pills do not collect in the stomach. The pill dissolves each day.
  - Pills do not disrupt an existing pregnancy.

## Injections to Delay Pregnancy (Picture 4.3) - 10 minutes

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### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 27.
- Share the key messages using flipcharts pages 26 and 27.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Injections prevent pregnancy for three months (13 weeks).
  - For three months, new pregnancy is not possible.
  - To delay new pregnancy, return every three months (13 weeks) for a new injection.
  - It is common for women to have changes in their monthly bleeding when using injections. This is not harmful.
  - It is also common for women to gain weight when using injections.
  - When a woman stops taking the injections, it can take three to six months to become pregnant.

? Would you be willing to try this method to prevent new pregnancy?  
Why or why not?

### Additional Information for Trainers<sup>13</sup>

- In Uganda, the health centers provide an injection called “Depo-Provera”.
- It contains the hormone progesterone.
- It can take several months after women stop injections to become pregnant (delayed fertility).
- **How effective are injections?**
  - As commonly used, injections are 97% effective. This means that if 100 women used this method for one year, three of them would become pregnant.

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<sup>13</sup> Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).

- If women have the shot on-time every-time, injections are 99% effective. This means that if 100 women used this method perfectly for one year, one of them would become pregnant.
- **How do injections work?** Injections prevent pregnancy by sending a chemical (hormone) that stops the woman's body from releasing eggs.
- **When can women start injections?** Injections can be started as soon as six weeks after childbirth.
- **What are the common side effects?** Side effects are not signs of illness. They are common, but some women do not have them. Women should return to the health center if the side effects are bothering her.
  - Sometimes women who have injections may have changes in monthly bleeding. (In the first three months bleeding may increase or occur at different times than normal. After a year, bleeding may stop or be less often.)
  - Weight gain
  - Headaches
  - Dizziness
  - Abdominal (stomach) bloating and discomfort
  - Mood changes
  - Less sex drive
- **Why do some women prefer injections?**
  - Injections do not require women to do something every day.
  - Injections do not interfere with sex.
  - Injections are private. No one else can tell if a woman is getting injections.
  - Injections women stop their monthly bleeding.
  - Injections may help women to gain weight.
- **What are some common misunderstandings about injections?**
  - Injections can stop monthly bleeding, but this is not harmful. Blood does not build up inside the woman.
  - Injections do not disrupt an existing pregnancy.
  - Injections do not make women infertile (unable to have babies).



## 7. Activity: Finding Pills and Injections- 10 minutes

1. Discuss where the nearest facility is that provides these methods. Keep in mind places such as Marie Stopes Clinic or monthly mobile clinics.
2. What days and hours is this facility open?

3. Consider visiting the facility as a group or inviting a facility member to come and speak to your group.



### **8. Discuss Barriers- 15 minutes**

- ?** Do you have any concerns, worries or obstacles that would prevent you from delaying new pregnancy in this way? Discuss these concerns with the woman sitting next to you.

*Ask mothers to talk to a woman sitting next to them. They will share barriers and concerns they have about the new teaching. Together they will try to find solutions to these barriers. After five minutes, ask the Leader Mothers to share what they have discussed with the large group.*

*Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.*

#### **Possible concerns:**

- Health managers: please add possible concerns and solutions that might be common in your area.



### **9. Practice and Coaching – 20 minutes**

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.
9. In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last page of the lesson.
10. Watch, correct, and help Leader Mothers who are having trouble.
11. When everyone is finished, answer questions that the mothers have about the lesson.





## **10. Request Commitments – 10 minutes**

**?** Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.*

*For example:*

- I commit to talking to my partner about delaying new pregnancy for two years.
- I commit to talking with a health worker about other options to prevent new pregnancy.

**?** What was your commitment at the last lesson? Have you kept that commitment? How? What did you do?

## Lesson 5: Long Acting Health Facility Options

### Implants, IUDs, and Permanent methods

#### Objectives



- Couples will meet with a health worker and receive counseling to decide which of the following methods is best for them:
  - Implants are small flexible sticks placed under the woman's skin on her arm to prevent new pregnancy.
  - Implants prevent new pregnancy for up to five years.
  - An IUD can be inserted by a health worker into the woman's uterus (womb) to prevent new pregnancies for up to five years.
  - Permanent methods such as tubal ligations and vasectomies are surgeries that will prevent all future pregnancies.
- Caregivers will believe that they can take action to delay new pregnancy to protect the health of the woman and future infants.

#### Materials:

1. Attendance Registers
2. Flipchart

#### Summary:

- Game: Who is the Leader
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 29-33: IUDs to Delay Pregnancy; Tubal Ligations and Vasectomies.
- Activity: The Four Women
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



#### 1. Game: Who is the Leader – 10 minutes

1. Ask the Leader Mothers to sit in a circle. A volunteer leaves the room.
2. After the volunteer leaves, the remaining women choose a leader.
3. The leader practices performing a series of actions, such as clapping, tapping a foot, or snapping their fingers. Everyone in the group copies the action of the leader.

4. The volunteer returns and stands in the middle of the circle.
5. Secretly, the leader of the group begins an action as she had done a few minutes earlier. She must begin the action, without the volunteer seeing which one of the women is the leader. As soon as the others see, they should repeat the same action that the leader is doing.
6. After a few seconds, she secretly changes the action to something new. The volunteer should try to find the leader. The others in the group should protect the leader by not looking at her.
7. When the volunteer spots the leader, the volunteer joins the circle, and the person who was the leader leaves the room.
8. Repeat the game several times.



## **2. Attendance and Troubleshooting – 15 minutes**

1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
12. Promoter asks if any women tried a new family planning method in the last two weeks because of what she learned in this group. She adds this information to the attendance sheet.
13. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
14. The Promoter helps to solve the problems mentioned.
15. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
16. Promoter asks the group's Activity Leader<sup>14</sup> to discuss the needed items for next week's activity and solicit volunteers.



## **3. Ask about Current Practices – 10 minutes**

- ? If a family decides not to have any more children, what can they do to prevent all future pregnancies?
- ? Are any of you using a permanent method to prevent new pregnancy? What method are you using?

- Ask these questions to find out what families do if they do not want any future children.
  - The options in this lesson delay pregnancy for longer than the pill and injections.

<sup>14</sup> The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

### **Implants to Delay Pregnancy (Picture 5.1) – 10 minutes**



#### **Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in the picture on page 29.
- Share the key messages using flipcharts pages 28-29.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Implants are small plastic sticks or rods that are inserted under the skin on a woman's arm to prevent new pregnancy for five years.
  - o The sticks must be put in and removed by a trained health provider.
  - o When the sticks are removed, new pregnancy is possible immediately.
  - o To delay new pregnancy, return every five years for a new implant.
  - o It is common for women to have changes in their monthly bleeding while using implants. This is not harmful.

? Would you be willing to this procedure to prevent new pregnancy? Why or why not?

### **Additional Information for the Trainer<sup>15</sup>**

- In Uganda, Norplant implants are available at the health center.
- The small plastic sticks or rods are about the size of matchsticks.
- Pregnancy is possible as soon as the implants are removed.

<sup>15</sup> Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).

- **How effective are implants?**
  - Implants are one of the most effective and long lasting methods of delaying pregnancy.
  - In the first year, implants are 99% effective. This means that if 100 women used this method perfectly for one year, one of them would become pregnant.
- **How do implants work?**
  - Implants prevent pregnancy by thickening the woman's secretions (cervical mucus). This blocks the sperm from meeting the egg.
  - Implants also prevent the woman's body from releasing eggs.
- **When can women start using implants?**
  - Implants must be inserted and removed by specially trained providers. Women cannot start and stop on her own.
  - Implants can be started as soon as six weeks after childbirth.
- **What are the common side effects of implants?** Side effects are not signs of illness. They are common, but some women do not have them. Women should return to the health center if the side effects are bothering her.
  - Changes in monthly bleeding
  - Headaches
  - Abdominal (stomach) pain
  - Acne
  - Weight change
  - Breast tenderness
  - Dizziness
  - Mood changes
  - Nausea
- **Why do some women prefer implants?**
  - Implants do not require women to do anything after they are put under the skin on the arm.
  - Implants are very effective in preventing pregnancy.
  - Implants are long-lasting.
  - Implants do not interfere with sex.
- **What are some common misunderstandings about pills?**
  - Implants do not move around in the woman's body. They stay under the skin in her upper arm.
  - Implants can stop a woman's monthly bleeding, but this is not harmful. Blood does not build up inside the woman.
  - Implants do not make women infertile (unable to have babies).
  - Implants stop working when they are removed. The hormones (chemicals) do not stay in the woman's body.
  - Implants lower a woman's risk of having an ectopic pregnancy. *Ectopic pregnancy is when a fertilized egg (and egg and sperm) implants and begins to grow outside of the woman's womb.*

## IUD to Delay Pregnancy (Picture 5.2) - 10 minutes

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### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 31.
- Share the key messages using flipcharts pages 30-31.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- An IUD is a small object put inside the womb (uterus) to prevent pregnancy for twelve years.
  - o The IUD is in the shape of a T (or cross) and made of plastic and metal.
  - o It is placed inside the womb (uterus).
  - o The IUD does not travel outside the womb (uterus).
  - o The IUD must be put in and removed by a health worker.
  - o When the IUD is removed new pregnancy is possible immediately.
  - o It is common for women to have changes in their monthly bleeding when using an IUD. This is not harmful.

? Would you be willing to try this procedure to prevent new pregnancy? Why or why not?

### Additional Information for the Trainer<sup>16</sup>

- In Uganda, Copper Intrauterine Devices (IUD) are available at the health center.
- The IUD is inserted through the vagina and cervix into the uterus (womb).
- The IUD has one or two strings tied to it. The strings hang down through the cervix into the vagina.
- New pregnancy is possible immediately after the IUD is removed.

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<sup>16</sup> Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).

- **How effective are IUDs?**
  - IUDs are one of the most effective and long-lasting methods.
  - IUDs are 99% effective. This means that if 100 women used this method for one year, one of them would become pregnant.
- **How do IUDs work?** IUDs damage sperm. The sperm are then unable to meet (fertilize) the woman's egg.
- **When can women start IUDs?**
  - IUDs must be inserted and removed by specially trained providers. Women cannot start and stop on her own.
  - Copper IUDs can be inserted within 2 days of childbirth or after four weeks of childbirth.
- **What are common side effects from IUDs?** Side effects are not signs of illness. They are common, but some women do not have them. Women should return to the health center if the side effects are bothering her.
  - Changes in monthly bleeding
  - More pain (cramping) during monthly bleeding
- **Why do some women prefer IUDs?**
  - IUDs are very effective at preventing new pregnancy.
  - IUDs are long-lasting.
  - IUDs have no additional costs after the IUD is inserted and before it is removed.
  - IUDs do not require women to do anything after it is inserted.
- **What are some common misunderstandings about IUDs?**
  - IUDs do not increase a woman's risk of getting a sexually transmitted disease, including HIV.
  - IUDs do not cause miscarriage (the baby dies inside the womb) when a woman becomes pregnant after the IUD is removed.
  - IUDs do not make women infertile (unable to have babies).
  - IUDs do not cause birth defects.
  - IUDs do not cause cancer.
  - IUDs do not move to the heart or the brain. They stay in the uterus (womb).
  - IUDs do not cause pain during sex.
  - IUDs lower a woman's risk of having an ectopic pregnancy.  
*Ectopic pregnancy is when a fertilized egg (and egg and sperm) implants and begins to grow outside of the woman's womb.*

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**Permanent Methods to Prevent Pregnancy (Picture 5.3) - 10 minutes**



## 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 33.
- Share the key messages using flipcharts pages 32 and 33.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Men or women can have surgery to prevent all pregnancies forever.
  - In women, the method is called "Tubal Ligation"
  - In men, it is called "Vasectomy"
  - These methods are permanent. They can not be undone.
  - These methods do not affect a woman or man's ability to have sex.



Would you be willing to try these methods to prevent new pregnancy?  
Why or why not?

### Additional Information for Trainers<sup>17</sup>

- These methods are for couples that do not want to have any more children.
- **How effective are permanent methods?**
  - Permanent methods are two of the most effective forms of pregnancy prevention.
  - In women, the permanent method is 99% effective. This means that if 100 women used this method for one year, one of them would become pregnant.
  - In men, the permanent method is 97%-98% effective. This means that if 100 men used this method for one year, two or three of their partners would become pregnant.
- **How do the permanent methods work?**
  - In women, the surgery prevents the egg from traveling to the woman's belly or womb.
  - This method will not change a woman's monthly bleeding.
  - In men, the surgery prevents sperm (man's seed) from mixing with the ejaculate (sex fluids released by the man).

<sup>17</sup> Johns Hopkins University, Center for Communication Program. (2011). Family Planning: A Global Handbook for Providers. Available at: [www.fphandbook.org/](http://www.fphandbook.org/).



- After surgery, a man will still be able to get a woman pregnant for three months.
- This method will not affect a man's ability to have sex.
- **When can women and men start the permanent methods?**
  - In men, the permanent method can be done at any time.
  - In women, the permanent method can be done within seven days of childbirth, or after six weeks of childbirth.
- **What are the common side effects of the permanent methods?**

Side effects are not signs of illness. They are common, but some women do not have them. Women should return to the health center if the side effects are bothering her.

  - After recovering from surgery, there are no side effects.
- **Why do some women prefer permanent methods?**
  - The permanent methods have no side effects.
  - The permanent methods are safe.
  - The permanent methods are easy to use. There is nothing to remember.
  - Women and men do not have to worry about getting pregnant again.
- **What are some common misunderstandings about permanent methods?**
  - Permanent methods do not protect against sexually transmitted diseases, including HIV.
  - Permanent methods do not make women or men weak.
  - Permanent methods do not cause disease when men or women are old.
  - In women, the permanent method does not cause pain in the back, uterus (womb) or abdomen (stomach).
  - In women, the permanent method does not remove the uterus (womb).
  - In women, the permanent method does not change a woman's monthly bleeding.
  - In women, the permanent method does not cause any changes in weight, how much a woman eats or what she looks like.
  - Permanent methods do not change sexual behavior or sex drive.
  - In men, permanent methods do not remove the testicles (the man's reproductive organs).
  - In men, permanent methods do not change how much ejaculate (sex fluid) a man produces.



## **7. Activity: Comparing Options – 15 minutes**

*Explain to the women that you want to speak openly about the different methods that have been discussed.*

? Which of all the methods we have discussed are the least expensive methods to prevent new pregnancy?

- The TwoDay method and Exclusive Breastfeeding Method are free.
- The only cost is buying condoms if you decide to use them.
- Health Managers: Add information here regarding local costs for modern methods)

? Which of the methods are the most effective at preventing new pregnancy?

- As commonly used, Implants and IUDs are the most effective reversible methods. 99 out of 100 women are able to delay new pregnancy using these methods.
- Surgery is very effective to prevent all future pregnancies.
- LAM is very effective but only up to first six months and if all the criteria are met.
- Birth control pills are also effective if taken every day.

? Which methods require the least amount of time and attention?

- Permanent methods require surgery and time afterwards to heal. After healing, pregnancy will not be possible.
- Implants and IUDs do not require women to do anything after they are put in.
- Injections require health center visits every three months.
- All other methods require daily attention, or attention before each sex act.

? Which method do prefer and why?

? How has this module helped you and your husband to delay new pregnancy?



## **8. Discuss Barriers- 15 minutes**

? Do you have any concerns, worries or obstacles that would prevent you from choosing one of these methods to delay new pregnancy? Discuss these concerns with the woman sitting next to you.

*Ask mothers to talk to a woman sitting next to them. They will share barriers and concerns they have about the new teaching. Together they will try to find solutions to these barriers. After five minutes, ask the Leader Mothers to share what they have discussed with the large group.*

*Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.*

**Possible concerns:**

- Health managers: please add possible concerns and solutions that might be common in your area.



**9. Practice and Coaching – 20 minutes**

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.
17. In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last page of the lesson.
18. Watch, correct, and help Leader Mothers who are having trouble.
19. When everyone is finished, answer questions that the mothers have about the lesson.



**10. Request Commitments – 10 minutes**

- ?** Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.*

*For example:*

- I commit to visiting the health center with my spouse to discuss these methods.
- I commit to talking with my spouse about trying one of these methods.
- I commit to returning to the health center if I don't feel well after having a family planning procedure.

? What was your commitment at the last lesson? Have you kept that commitment? How? What did you do?

## Lesson 6: Speaking with Your Partner



- Women will feel confident to initiate conversations about delaying or preventing new pregnancy.
- Couples will discuss their need for family planning, options and decide what is best for their family.
- Couples will seek advice from health workers to discuss their options to delay or prevent pregnancies.
- If conflict arises, couples will seek advice from health workers, religious leaders or community leaders.

### Materials:

1. Attendance Registers
2. *Flipchart*

### Summary:

- Game: Telephone
- Attendance and Troubleshooting
- Ask about current practices
- Share the meaning of each picture on flipchart pages 35-39: Using Good Communication Techniques, Things to Discuss, and Getting Advice.
- Activity: Practice Discussion
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments

	<b>1. Game: Telephone – 10 minutes</b>
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Choose a volunteer and ask her to think of one new thing they learned from the last session. Then, ask the volunteer to whisper this new thing to their neighbor (the message should only be one sentence long). Then, ask that neighbor to whisper the message to person sitting next to them. The youth should continue whispering the message from one youth to the next, until the message reaches the last youth (the person who is next to the first volunteer). The last person should share out loud the message which he/she heard. Compare this message with the original message sent by the volunteer.

Usually the message that is heard after it has been whispered to many people, will be very different that the original message. Ask for a new volunteer and repeat the game.

### **? What can we learn from this game?**


*Encourage discussion. Possible responses include:*

- *When a message passes through many people, the content may change.*
- *If we speak into someone's ear, they may not understand what we mean.*
- *It is important for us to ask for clarification if we don't understand something. Sometimes we need to hear it more than once.*

Now that we have practiced poor communication let's see how we can improve!

	<p><b>2. Attendance and Troubleshooting – 15 minutes</b></p>
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- 1.** *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
- 20.** *Promoter asks if any women tried a new family planning method in the last two weeks because of what she learned in this group. She adds this information to the attendance sheet.*
- 21.** *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
- 22.** *The Promoter helps to solve the problems mentioned.*
- 23.** *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
- 24.** *Promoter asks the group's Activity Leader<sup>18</sup> to discuss the needed items for next week's activity and solicit volunteers.*

	<p><b>3. Ask about Current Practices – 10 minutes</b></p> <p><b>?</b> Have you ever talked with your partner about family planning? Tell us about it.</p> <p><b>?</b> How do you negotiate a solution with your partner if you have a disagreement about sex or a family planning method?</p>
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<sup>18</sup> The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- Ask this question to determine how many women have tried to speak to their partners and how they find solutions to disagreements.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

### Using Good Communication Techniques (Picture 6.1) – 10 minutes



#### 4. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the picture on page 35.
- Share the key messages using flipcharts pages 34-35.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Find a good time and a good place to talk.
  - o Find a quiet space alone with your partner where you will not be bothered by other people.
  - o Find a time when you and your partner are not busy with other activities.
- Plan out what you are going to say and speak clearly.
  - o Don't mumble or talk too quietly.
  - o Have a clear message. Think before you speak.
  - o If the listener does not understand your message, say it again using different (or easier) words.
- Listen to what your partner says.

? Do you think these methods would help you speak to your partner? Why or why not?

## Things to Discuss (Picture 6.2) - 10 minutes

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### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 37.
- Share the key messages using flipcharts pages 36 and 37.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Discuss the size of your family
  - Discuss how many children you want in your family.
- Discuss the time of your next pregnancy.
  - Discuss when you would like to be pregnant again and how far apart you want your children.
- Discuss the advantages and disadvantages of each option.
  - Discuss the good things about having children such as help around the house and field.
  - Discuss the bad things about having more children such as the cost of school fees and future weddings.

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

## Getting Advice (Picture 6.3) - 10 minutes

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### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 39.



- Share the key messages using flipcharts pages 38 and 39.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Talk to a health worker about what options are best for you and your partner.
  - o Discuss the options that are available at the health center.
  - o Discuss the advantages and disadvantages of each option.
  - o Together, choose the option which is most comfortable for you.
- If conflict arises, talk to someone you trust like a pastor, health worker or community leaders.
  - o Sometimes couples disagree on what is best for the family.
  - o Talk to someone that you both trust to help you come to a decision.

? Who could you talk to about delaying or preventing new pregnancies?



## 7. Activity: Practice Discussion— 30 minutes

*Ask for two volunteers to act out a discussion about delaying new pregnancy. One woman will be the wife and the other the husband.*

The family has a husband, a wife, and three children. The wife would like to the family to have four children, but the youngest is only 7 months old. She would like to delay a new pregnancy until her youngest child is 3 years old.

*Ask the wife to begin a conversation with her husband. She will use the techniques she learned in the lesson to talk with her husband about her desire to delay new pregnancy.*

*Give her 5-10 minutes to discuss. Then review the following questions-giving advice on ways to improve her discussion.*

? Did she find a good place and time to talk?

- ? Did she listen to what her husband said?
- ? Was the couple able to discuss the size of their family and when to have the next child?
- ? What were some of the advantages and disadvantages she discussed?
- ? Did the husband and wife disagree? How did they resolve the disagreement?
- ? What was the decision made?

*Ask for two new volunteers. Repeat the exercise encouraging the women to practice the new techniques they have learned.*



## **8. Discuss Barriers- 15 minutes**

- ? Do you have any concerns, worries or obstacles that would prevent you from speaking with your partner about delaying or preventing new pregnancy? Discuss these concerns with the woman sitting next to you.

*Ask mothers to talk to a woman sitting next to them. They will share barriers and concerns they have about the new teaching. Together they will try to find solutions to these barriers. After five minutes, ask the Leader Mothers to share what they have discussed with the large group.*

*Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.*

### **Possible concerns:**

- Health managers: please add possible concerns and solutions that might be common in your area.



## **9. Practice and Coaching – 20 minutes**

1. *Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. (All Leader Mothers will work in pairs). Each Leader Mother teaches in the same way that she was taught.*
25. *In each pair, one woman will teach the first two pages of the lesson to her partner. After she is finished, the other Leader Mother will teach the last page of the lesson.*
26. *Watch, correct, and help Leader Mothers who are having trouble.*
27. *When everyone is finished, answer questions that the mothers have about the lesson.*



## **10. Request Commitments – 10 minutes**

- ? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

*Ask mothers to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.*

*For example:*

- I will talk with my spouse about delaying or preventing new pregnancy.
- I will ask my partner to go with me to the health center to learn about more family planning options.

- ? What was your commitment at the last lesson? Have you kept that commitment? How? What did you do?