PATH Foundation Philippines, Inc. (PFPI) is a local, private, non-stock, non-profit corporation registered with the Philippine Securities and Exchange Commission in 1992. PFPI is also a 501 (3) (c) registered charitable organization with the U.S. Internal Revenue Service. Its mission is to improve health and environmentally sustainable development, particularly in undeserved areas of the Philippines and the Asia Pacific region. Results are accomplished by designing and implementing operations research activities and field-based projects that work through cross-sectoral partnership arrangements with government and private sector organizations, including the commercial sector.

The contents and presentation of the manual are solely that of the authors and do not reflect on PFPI or The David and Lucile Packard Foundation.
Integrated Population and Coastal Resource Management Initiative (IPOPCORM)

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

The three objectives of the project are to: 1) Improve RH outcomes among people living in coastal communities, 2) Enhance management of coastal resources at the community level and, 3) Increase public and policy makers' awareness of population-consumption-environment linkages and solutions to inter-related problems.
The beneficiaries are the fisher-folks and members of their sexual network, the youth, and entrepreneurs, specifically to address the unmet needs in human sexuality information, education and communication and Reproductive Health services including STD and AIDS prevention-education, contraceptives management, and Family Planning. Similarly, the youth are assisted to become future stewards of the environment, and the entrepreneurs who profit from the natural resources, encouraged to create economic livelihood that are environmentally friendly.

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

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

Purpose:

The curriculum presents a training design that can be the basis for training Community Health Outreach Workers (CHOWs) implementing project activities dedicated to integrating Reproductive Health options including contraceptive usage into Coastal Resource Management among community members of coastal barangays.

Persons who can use this manual are trainers of organizations such as non-government and community-based organizations. Trainers who will facilitate the sessions in this manual should have had experience in conducting group exercises and background knowledge on Reproductive Health and Family Planning.

Content:

There are fourteen topics or sections in this manual that are related to selected information on Reproductive Health, such as human fertility, human reproductive anatomy, modern contraceptive-use, the Family Planning situation in the country, and counseling. The process of providing these information and education is through the conduct of ‘Participatory Learning Exercises’. There may be more than one exercise for each topic. These were designed to help CHOWs retain the facts easily, as well as share these with peer educators. Each topic or section also has ‘Facts To Know’ which contains the appropriate information related to conducting the exercise/s. This will assist participants have a better understanding of the exercise/s they will be doing. There are also figures and pictures that accompany the facts. Other figures and tables that can be used in the exercises are also presented in the ‘Appendix’ section. A ‘Glossary’ has been added to clarify some of the medical terms found in the manual.

When speaking to larger groups, it may be best to use larger versions of the illustrations so that everyone can see these. The facilitators may draw the charts on the poster boards or chalkboards as part of the lecture or discussion.
Conduct of the Training Curriculum:

This curriculum can be the basis for a training course for new CHOWs or a refresher course for training experienced CHOWs. Some changes may be required to be sure that each exercise and related material is appropriate for the course participants. Facilitators of the training are encouraged to adapt the sessions to the unique needs of the participants.

This curriculum requires a minimum of 22 hours to complete the 14 topics. This does not include the lectures and the breaks. The schedule of the training can be distributed over a span of 5 days, depending on the needs of the participants. A sample schedule is found below:

### PROGRAM OF ACTIVITIES

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Day 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 9:00 am</td>
<td>Registration</td>
</tr>
<tr>
<td></td>
<td>I-A: Pre-Test</td>
</tr>
<tr>
<td>9:00 - 10:00</td>
<td>I-B: Presentation of Participants and Training Course</td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 10:45</td>
<td>I-C: Organization of Training Teams</td>
</tr>
<tr>
<td>10:45 - 12:00</td>
<td>I-D: Team Meetings</td>
</tr>
<tr>
<td>12:00 - 1:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 - 2:00 pm</td>
<td>III: Puzzles/Summary and Feedback</td>
</tr>
<tr>
<td>2:00 - 2:45</td>
<td>IV: Menstrual Cycle/Summary and Feedback</td>
</tr>
<tr>
<td>2:45 - 3:00</td>
<td>Break</td>
</tr>
<tr>
<td>3:00 - 4:00</td>
<td>Lecture: Reproductive Anatomy and Human Fertility</td>
</tr>
<tr>
<td>4:00 - onwards</td>
<td>Group Work/Dinner</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>8:30 - 9:15 am</td>
<td>Evaluation of Day 1</td>
</tr>
<tr>
<td></td>
<td>Review of Day 2’s Schedule</td>
</tr>
<tr>
<td>9:15 - 9:45</td>
<td>II-A: The Fisherman/Summary and Feedback</td>
</tr>
<tr>
<td>9:45 - 10:00</td>
<td>Lecture: Reproductive Health</td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 11:00</td>
<td>V-A: Family Circles/Summary and Feedback</td>
</tr>
<tr>
<td>11:00 - 11:15</td>
<td>V-B: Philippine Family Planning Situation/Summary and Feedback</td>
</tr>
<tr>
<td>11:15 - 12:15</td>
<td>VI: How Does It Work/Summary and Feedback</td>
</tr>
<tr>
<td>12:15 - 1:15 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:15 – 2:15</td>
<td>Lecture: Contraceptive Methods</td>
</tr>
<tr>
<td>2:15 - 3:00</td>
<td>VII-A: Doing It Right/Summary and Feedback</td>
</tr>
<tr>
<td>3:00 - 3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 – 4:15</td>
<td>VII-B: Outlines/Summary and Feedback</td>
</tr>
<tr>
<td>4:15 – 5:00</td>
<td>VII-C: Red Light, Green Light/Summary and Feedback</td>
</tr>
<tr>
<td>5:00 – onwards</td>
<td>Group Work/Dinner</td>
</tr>
<tr>
<td>Schedule</td>
<td>Day 3</td>
</tr>
<tr>
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<td>--------------------------------------------</td>
</tr>
<tr>
<td>8:30 - 9:15 am</td>
<td>Evaluation of Day 2</td>
</tr>
<tr>
<td></td>
<td>Review of Day 3’s Schedule</td>
</tr>
<tr>
<td>9:15 - 10:15</td>
<td>II-B: Ang Barangay Namin (Our Community)/</td>
</tr>
<tr>
<td></td>
<td>Summary and Feedback</td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:30 – 11:30</td>
<td>Lecture: Combined Oral Contraceptive Pills</td>
</tr>
<tr>
<td></td>
<td>and Progestin-Only Pills</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>VIII: Paraan Dos/Summary and Feedback</td>
</tr>
<tr>
<td>12:00 - 1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>IX: Gossip and Rumors/Summary and Feedback</td>
</tr>
<tr>
<td>2:00 - 3:00</td>
<td>X-A: The Right Information/Summary and Feedback</td>
</tr>
<tr>
<td>3:00 - 3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 4:15</td>
<td>X-B: Counseling/Summary and Feedback</td>
</tr>
<tr>
<td>4:15 - onwards</td>
<td>Group Work/Dinner</td>
</tr>
<tr>
<td>Schedule</td>
<td>Day 4</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| 8:30 – 9:15 am | Evaluation of Day 3  
Review of Day 4’s Schedule |
<p>| 9:15 - 10:15 | II-C: A Plateful of Fish/Summary and Feedback |
| 10:15 - 10:30 | Break |
| 10:30 - 11:30 | Lecture: <em>Interpersonal Communication/Family Planning Counseling</em> |
| 11:30 - 12:30 | XI: The Dance/Summary and Feedback |
| 12:30 – 1:30 pm | Lunch |
| 1:30 - 2:00 | Lecture: <em>Sexually Transmitted Disease</em> |
| 2:00 - 3:00 | XII: Pop Quiz/Summary and Feedback |
| 3:00 - 3:15 | Break |
| 3:15 - 4:15 | XIII-A: For or Against |
| 4:15 - 5:15 | XIII-B: Recruiting and Motivating Others |
| 5:15 - onwards | Group Work/Dinner |</p>
<table>
<thead>
<tr>
<th>Schedule</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 9:15 am</td>
<td>Evaluation of Day 4</td>
</tr>
<tr>
<td></td>
<td>Review of Day 5’s Schedule</td>
</tr>
<tr>
<td>9:15 - 10:15</td>
<td>II-D: The Fishermen’s Descendants/Summary and Feedback</td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:30 - 11:30</td>
<td>XIII–C: Developing and Evaluating a Peer Educator Work Plan/Summary and Feedback</td>
</tr>
<tr>
<td>11:30 - 12:30</td>
<td>Lecture: <em>How to do Outreach Work/Reporting Forms</em></td>
</tr>
<tr>
<td>12:30 - 1:30 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30 - 2:00</td>
<td>Evaluation of Day 5</td>
</tr>
<tr>
<td>2:00 - 2:45</td>
<td>XIV: Post-Test/Course Evaluation</td>
</tr>
<tr>
<td>2:45 - 3:30</td>
<td>Closing Activities</td>
</tr>
</tbody>
</table>

The facilitator may adapt the schedule of the training according to the amount of time that can be devoted by majority of the participants without sacrificing the learning process. It may be difficult for them to attend 5 full days of training sessions. Moreover, learning new skills and basic facts everyday may be difficult for some participants.
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COURSE PREPARATION

Planning the Training

Facilitators assigned to train either CHOWs or peer educators (PEs) should know that careful planning is important and this should start several weeks ahead of the intended training schedule. As the course is planned, review the following list as a guide:

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

2. Logistical Arrangements:
   - Decide on the training date and venue. These should be agreeable with the participants and facilitators.
   - Determine the cost per participant with regard to food, lodging, transportation and materials.

3. Identification of Participants and External Resource Persons:
   - Ensure attendance of your participants either by direct contact or through letters of invitation.
   - Ensure also that the participants are followed-up. Put on record or file their responses.
   - If there is a need for external resource persons to handle or facilitate more important and technical topics, then make a listing of possible persons to invite prior to final selection. The list can be narrowed down depending on their availability, eagerness to provide technical assistance, their fees, and comfort level of the facilitators with the resource speakers.
   - Send out letters also to the selected resource speakers. It is good to also inform them, either personally or through letter of invitation, about the goals and directions of the training.
4. Preparation and Review of the Curriculum:
   • Design the methodologies and activities of the training sessions.
   • Determine materials to be used based on training needs of the participants.

5. Preparation of Materials and Equipment:
   • Develop or collect handouts, video, or reference materials for training-use or distribution.
   • Prepare Manila paper, marker pens, acetate, chalkboard, board markers, nametags, notebooks, ball pens/pencils and other supplies that may be needed.
   • Arrange the use of video player, television set, overhead projector, slide projector, and other equipment that may be needed.

Use of the Training Course Manual

The manual has 13 ‘Topics’ related to training participants become trainers on issues regarding Reproductive Health and Coastal Resource Management. Each topic is composed of one or more ‘Exercises’ with supporting information contained in the ‘Facts To Know’.

Each Exercise is composed of the following:

- **Purpose**
  States the reason and objective for the conduct of the exercise and the importance of learning the facts

- **Learning Objectives**
  States the indicators of the participants’ learning after the conduct of the exercise

- **Time**
  Indicates the time allotted to conduct the exercise, and to summarize and provide feedback

- **Preparation**
  Contains the materials needed and the necessary pre-requisites for the conduct of the exercise

- **Instructions**
  Composed of two parts; the first part contains the step-by-step guide in conducting the exercise and the second part contains instructions for the ‘Evaluation’ which reinforces the participants’ learning and indicates whether the exercise has emphasized the learning objectives.
The 'Facts To Know' will assist the training team in knowing beforehand what to emphasize while conducting the 'Exercise' for a particular 'Topic'. The information contained in 'Facts To Know' can be given through a short lecture either before or after the conduct of the 'Exercise' to reinforce and strengthen the learning gained by the participants. The schedule of the lecture could be as suggested in this manual or based on the prerogative of the training team.

Each 'Exercise' should also be evaluated through the conduct of the 'Summary and Feedback'. This provides a good feedback mechanism that could indicate areas of improvement and incorporation of recommendations.

It is important to emphasize that there is a need to divide the participants into different teams that will have their respective roles in the conduct of the activities of each topic.
COURSE OBJECTIVES

General Objective:

To aid Community Health Outreach Workers (CHOWs) in understanding the link between Reproductive Health (RH) and Coastal Resource Management (CRM), and in providing reproductive health services and education to the communities of coastal barangays

Specific Objectives:

By the end of the training, participants will:

1) be able to discuss the importance of integrating Reproductive Health into Coastal Resource Management,
2) be able to provide and discuss options regarding the use of contraceptives, to sexually-active men and women in coastal barangays,
3) have acquired the appropriate attitudes, skills and information needed to improve provision of counseling on various Reproductive Health options, and
4) have acquired the appropriate information and skills in recruiting and motivating peer educators.
## COURSE CONTENT

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>ACTIVITY/PURPOSE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Introduction</strong></td>
<td><strong>Exercise I-A:</strong> Pre-Test</td>
<td>15 minutes</td>
</tr>
<tr>
<td></td>
<td>Purpose: To measure participants’ related baseline knowledge.</td>
<td></td>
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<tr>
<td></td>
<td><strong>Exercise I-B:</strong> Presentation of Participants, Course Objectives, Methodology, Training Activities and Schedule/ Discussion of House Rules</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td>Purpose: 1. To know each participant with regard to their expectations from the course and their initial understanding of Family Planning/Reproductive Health</td>
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</tr>
<tr>
<td></td>
<td>2. To develop rapport among the participants</td>
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<td></td>
<td>3. To familiarize the participants with the objectives, methodology and schedule of the training</td>
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<td></td>
<td>4. To create an environment conducive to learning</td>
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<td></td>
<td><strong>Exercise I-C:</strong> Discussion: Organization of Training Teams and Team Assignments</td>
<td>30 minutes</td>
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<tr>
<td></td>
<td>Purpose: To involve the participants in employing the participatory training methodology of the course</td>
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<td></td>
<td><strong>Exercise I-D:</strong> Team Meetings</td>
<td>75 minutes</td>
</tr>
<tr>
<td></td>
<td>Purpose: To review assigned exercises and make preparations</td>
<td></td>
</tr>
<tr>
<td><strong>II. Integration of Reproductive Health into Coastal Resource Management</strong></td>
<td><strong>Exercise II-A:</strong> The Fisherman/ Summary and Feedback</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td><strong>Exercise II-B:</strong> Ang Barangay Namin/ Summary and Feedback</td>
<td>60 minutes</td>
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<td></td>
<td><strong>Exercise II-C:</strong> A Plateful of Fish/Summary and Feedback</td>
<td>60 minutes</td>
</tr>
<tr>
<td></td>
<td><strong>Exercise II-D:</strong> The Fishermen’s Descendants/Summary and Feedback</td>
<td>60 minutes</td>
</tr>
<tr>
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<td>Purpose: To show the effect of rapid population growth on coastal resources</td>
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<tr>
<td>TOPIC</td>
<td>ACTIVITY/PURPOSE</td>
<td>DURATION</td>
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<tr>
<td>III. Human Reproductive Anatomy</td>
<td><strong>Exercise III:</strong> Puzzles/Summary and Feedback</td>
<td>60 minutes</td>
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<td></td>
<td>Purpose: To provide participants with information on</td>
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<td></td>
<td>the different parts and functions of the male and</td>
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<td></td>
<td>female reproductive systems</td>
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<tr>
<td>IV. Human Fertility</td>
<td><strong>Exercise IV:</strong> Video: Menstrual Cycle/Summary and</td>
<td></td>
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<td></td>
<td>Feedback</td>
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<td></td>
<td>Purpose: To provide the participants with information</td>
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<tr>
<td></td>
<td>on the vital processes involved in the fertility</td>
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<td></td>
<td>of an individual</td>
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<td>V. Philippine Family Planning Situation</td>
<td><strong>Exercise V-A:</strong> Family Circles/Summary and Feedback</td>
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<tr>
<td></td>
<td>Purpose: 1. To illustrate the difference between a</td>
<td></td>
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<td></td>
<td>planned family and one that was not planned</td>
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<td>2. To demonstrate the advantages of birth spacing to</td>
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<td></td>
<td>the whole family</td>
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<td><strong>Exercise V-B:</strong> Presentation of the Philippine FP</td>
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<td></td>
<td>Situation/Summary and Feedback</td>
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<tr>
<td></td>
<td>Purpose: To provide information and raise awareness</td>
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<tr>
<td></td>
<td>regarding the Family Planning situation in the</td>
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<td>country</td>
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<tr>
<td>VI. Contraceptive Methods and Prevention of</td>
<td><strong>Exercise VI:</strong> How Does It Work?/ Summary and</td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Feedback</td>
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</tr>
<tr>
<td></td>
<td>Purpose: 1. To explain in very basic terms, how</td>
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<td></td>
<td>contraceptive methods prevent pregnancy</td>
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<td></td>
<td>2. To equip participants with the necessary</td>
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<td>information on the different contraceptive methods</td>
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<td>VII. Oral Contraceptive Pill</td>
<td><strong>Exercise VII-A:</strong> Doing It Right/Summary and</td>
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<td>Feedback</td>
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<td>Purpose: 1. To provide the participants with the</td>
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<td>necessary and correct information regarding the use</td>
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<td>of Combined Oral Contraceptives (COCs) and</td>
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<td>Progestin-Only Pills (POPs)</td>
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<td>2. To teach the participants how to advice users</td>
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<td>about the correct use of the pill using an</td>
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<td>illustrated sheet as a guide</td>
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<td>TOPIC</td>
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<td>Exercise VII-B:</td>
<td>Outlines/Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose:</td>
<td>To teach participants health conditions that may prevent a woman from choosing Combined Oral Contraceptives (COCs)</td>
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<td>Exercise VII-C:</td>
<td>Red Light, Green Light/ Summary and Feedback</td>
<td>50 minutes</td>
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<td>Purpose:</td>
<td>1. To demonstrate the difference between side effects and danger signs</td>
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<td>2. To teach participants how to respond in each case</td>
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<td><strong>Exercise VIII:</strong> Lecture-Discussion: Paraan Dos/ Summary and Feedback</td>
<td>30 minutes</td>
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<td>Purpose:</td>
<td>To provide the participants with the necessary and correct information regarding the use of oral contraceptives in emergency contraception</td>
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<td><strong>Exercise IX:</strong> Gossip and Rumors/ Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose:</td>
<td>To identify and clarify negative rumors about different contraceptive methods</td>
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<td>X. Interpersonal Communication and Family Planning Counseling</td>
<td><strong>Exercise X-A:</strong> The Right Information/Summary and Feedback</td>
<td>60 minutes</td>
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<td><strong>Exercise X-B:</strong> Role-playing: Counseling/Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose:</td>
<td>To provide the participants with the necessary information, skills, elements and guidelines in the conduct of interpersonal communication and Family Planning Counseling</td>
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<td><strong>Exercise XI:</strong> The Dance/Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose:</td>
<td>To demonstrate how Sexually Transmitted Disease (STD) is spread and review ways to avoid infection</td>
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<td>XI. Sexually Transmitted Disease</td>
<td><strong>Exercise XII:</strong> Pop Quiz/Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose:</td>
<td>To review and reinforce reasons for condom-use and proper instructions on usage</td>
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<td>TOPIC</td>
<td>ACTIVITY/PURPOSE</td>
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<td>XIII. The Community Health Outreach Worker</td>
<td><strong>Exercise XIII-A:</strong> Video: For or Against</td>
<td>60 minutes</td>
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<td><strong>Exercise XIII-B:</strong> Recruiting and Motivating Others</td>
<td>60 minutes</td>
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<td><strong>Exercise XIII-C:</strong> Developing and Evaluating a Peer Educator Work Plan/ Summary and Feedback</td>
<td>60 minutes</td>
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<td>Purpose: To become familiar with the characteristics of an effective Community Health Outreach Worker (CHOW)/Peer Educator (PE) as Family Planning promoter</td>
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<td>XIV. Evaluation</td>
<td><strong>Exercise XIV:</strong> Post-Test/Course Evaluation</td>
<td>45 minutes</td>
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<td>Purpose: 1. To measure participants’ level of related knowledge post-training</td>
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<td>2. To assess overall conduct of the course</td>
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TOPIC I: INTRODUCTION

Exercise I-A: Pre-test

Purpose: To measure participants’ related baseline knowledge

Time: 15 minutes

Instructions:
1. Distribute the pre-test questionnaires to the participants.
2. Make sure that they fully understand the instructions.
3. Collect answered test papers after an allocated time and then proceed to the next session. Please see sample of pre-test in ‘Appendix A’.

Exercise I-B: Presentation of Participants, Course Objectives, Methodology, Training Activities and Schedule/Discussion of House Rules

Purpose:
1. To know details of each participant with regard to their expectations from the course and their initial understanding of Family Planning and Reproductive Health
2. To develop rapport among the participants
3. To familiarize the participants with the objectives, methodology and schedule of the training
4. To create an environment that is conducive to learning

Time: 60 minutes

Preparation:
- Prepare beforehand the necessary materials.
Materials needed:

- Manila paper
- marking pens
- nametags of participants
- basket or paper box
- masking tape
- scissors

Instructions:

1. Pass around a basket or box with the nametags of all group members. Each person should pull a nametag of someone they don’t know and look for that person.

2. Instruct the participants that they should try to get some information about the person whose name appears on the nametag they picked.

3. Use the questions listed below during the interview. Do this in 10 minutes.

   - Who are you?
   - Name one of your characteristics or personality traits that you are proud of.
   - What do you wish to learn from this training?
   - How can this training help you as a Community Health Outreach Worker?
   - What does Family Planning and Reproductive Health mean?

4. Prepare to introduce that person to the rest of the group.

5. List the expectations of the participants and their initial understanding of Family Planning and Reproductive Health on the labeled Manila paper.

6. Read through what was written on the Manila paper.

7. Present the Seminar Objectives.

8. Compare participants’ expectations to the stated objectives and identify which expectations can be met and those that cannot be met by this training course.

9. Present the prepared schedule.
10. Discuss house rules that the participants would like to adopt for the duration of the course. List the rules that were agreed upon by the group on Manila paper.

11. Set this aside and place in a very visible place to serve as a reminder for the participants.

Exercise I-C: Discussion: Organization of Training Teams and Team Assignments

Purpose: To involve the participants in employing the participatory training methodology of the course

Time: 15 minutes

Preparation:

- Divide and pre-assign all participants to ‘trainer’ teams consisting of a maximum of 5-7 members each. Try to maintain balance in number and training capacity among the different teams formed.

Instructions:

1. Mention to the group that each training team will have 3 types of assignments:
   - Conduct a participatory training exercise. Some ‘Exercises’ include an ‘Evaluation’ exercise.
   - Summarize what was learned from the preceding ‘Exercise’ and provide feedback to the assigned training team on their training performance.
   - Conduct an evaluation of the previous day’s training activities.

2. Emphasize that the team assignments may vary daily and would be assigned randomly. (*Please see Appendix E. Team Assignments*)
Training Exercises

During the course, every member of the training team must lead an activity at some point. Team members should rotate leadership roles and distribute tasks so that each member of the training team has the opportunity to practice different training roles and tasks.

None of the activities assigned requires lecturing. No ‘trainer’ team member should talk continuously for more than 5 minutes without involving one or more members of the ‘trainee’ team in the activity. Also, writing is discouraged. Summaries should be verbal, emphasizing key points, rather than long and written lists.

Summary and Feedback

Your assignment is to summarize what was learned in the ‘Exercise’ and provide feedback to the ‘trainer’ team on their performance.

To summarize, refer to the ‘Learning Objectives’ of the ‘Exercise’. Were the objectives met? Why or why not? What did you think were the main points made during the exercise? Summarize them for the group. You might also want to comment as to whether or not your group liked the exercise, and whether or not you think it would work in a rural area. Why or why not?

The second part of your assignment is to give feedback to the ‘trainers’ on how they did. The purpose of the feedback is to help the training teams improve. Always start with the positive aspects of their performance. What did the ‘trainers’ do best? Why did you like it? Was there anything they needed to change or improve? What? How could they do that?

Don’t forget to thank the ‘trainer’ team for their work!

Evaluation

How to evaluate:

You may choose any technique for the evaluation: a survey of your fellow trainees, a brief focus group with trainees in the morning, a discussion, questions and answers, an evaluation exercise, a quiz or any other useful technique that will provide the information you need to evaluate the day’s activities.
What to evaluate:

Aspects of training that are often evaluated include:

- Participant learning
- Relevance of the training content
- Utility of the training content
- Topics that need to be reviewed or clarified
- The training methodology
- Instructor/facilitator performance
- Participant participation
- The training site
- Organization/administration of the training activity

Choose one or two aspects or areas of training to evaluate and decide on the specific things that you want to evaluate in each. Do not try to cover too much. Remember, only 45 minutes are scheduled for the daily evaluation.

Be creative! Make it fun.

Exercise I-D: Team Meetings

Purpose: To review assigned exercises and make preparations.

Time: 75 minutes

Instructions:

Allow the different teams to find a comfortable place in the training venue to meet individually and review the exercises assigned to them. They should make preparations to conduct these exercises.
TOPIC II: INTEGRATION OF REPRODUCTIVE HEALTH AND COASTAL RESOURCE MANAGEMENT

Purpose: To illustrate the effect of rapid population growth on coastal resources

Exercise II-A: ‘The Fisherman’/Summary and Feedback

Time: 60 minutes

Preparation:
Read the procedure below and prepare the story you will tell about the fisherman’s life.

Materials needed:

- whiteboard or Manila paper
- marking pens
- “dynamite” props
- scissors
- masking tape

Instructions:

1. Ask one participant to volunteer to be a fisherman. Have that volunteer come in front of the group.

2. Explain to the remaining participants that they represent fish living in the reef near the home of the fisherman.

3. Explain to the group that you will tell a story about the life of a fisherman. He will go out to fish, and when he does, he will need to "catch" one or more of the participants. It counts as a "catch" when he taps a participant’s right hand.

4. Start by introducing the fisherman to the group. His name is "Juan", and he is a young man who just got married. He and his wife received a small plot of land from her uncle in a quiet beach several miles from town. For the first few months of his marriage, "Juan" would go out every week to work on building a
small house while his wife stayed in town with her family. While living in the beach, "Juan" goes out every day or two to catch fish to eat.

5. Ask "Juan" to "catch" a fish by tapping the right hand of one of the participants.

6. Continue the story with "Juan" completing his house and his wife joining him. Now "Juan" does not need just two fishes a week, he needs three or four. Have "Juan" "catch" 3 or 4 of the participants. The participants that have been caught should stand to one side, away from the action of "Juan" pursuing participants to catch.

7. Several years later, "Juan" and his wife now have 4 children and another on the way. Now ‘Juan’ not only needs fish for his family, but also needs to sell fish to buy rice and clothes and other things his family needs. Have "Juan" continue to catch fish until only 3 or 4 participants remain.

8. When almost all the participants have been "caught", tell the group that it is getting more and more difficult for "Juan" to find fish. He has to go out earlier and stay out longer each day, because there are fewer fish and these are smarter and harder to catch.

9. Have one of the facilitators to play the role of “Jose”.

10. "Juan” tells his friend "Jose" how difficult it has become to catch enough fish. "Jose" says he knows a way to change that and promises to come the next day. The next day, "Jose" appears with a dynamite stick. He tosses it at the remaining participants, who all fall "dead".

11. Bring the whole group together again and ask them:

   - What did you learn from the story?
   - Could the events in the exercise happen in your own villages; why or why not?
   - What would Juan do now that all the schools of fish are gone?
   - How will he feed his family?

12. List the participants’ answers on Manila paper or on the whiteboard. After all the questions have been answered and recorded, ask for other feedback or additional sharing. Summarize what was mentioned and ask the participants if this reflects what they have shared. Ask also if there are questions or clarifications. If there are none, proceed to the next activity.
Evaluation:

13. Divide the participants into small groups of 4 to 5 participants each. Ask them to think of recommendations they would make to fishermen to help them avoid the problem "Juan" experienced. Give each group 10 minutes to come up with recommendations. Let the groups choose their representatives to discuss their recommendations.

14. List down on the board or on Manila paper the recommendations. When all the questions have been answered, read through what has been written. Ask them if all their inputs were taken. If not, clarify which other answers were left out. If yes, proceed to another activity. Leave the recommendations on the board.

Exercise II-B: ‘Ang Barangay Namin’ (Our Community)

Time: 60 minutes

Preparation:

1. The materials needed for this exercise depend on the venue of the activity.
   • If the activity will be held in-door: prepare pieces of chalk and small cutouts of coastal and mangrove resources (e.g., mangrove trees, crabs, shrimps, fishes) to represent the resources commonly utilized by residents.
   • If outdoor: collect dry leaves and twigs to substitute for the cutouts. Make sure the participants understand what each material represents.

2. It would help to have an idea of the map of the community, specifying the locations of the settlement, mangroves, and other natural resources found along their coastline.

Materials needed:

- colored paper
- scissors
- masking tape
- marker pens or chalk
- whiteboard or Manila paper
Instructions:

1. Have the participants stand around a clear area.

2. Draw a sketch of the community's map on the board or on the ground/floor using a chalk or marker pen. With the help of the participants, label the portions and mark the boundaries of the mangrove areas ('bakawan'), settlement ('bahayan'), and the sea ('dagat').

3. Create a story of how the community was 20–25 years ago. Invite 2 participants to stand inside the "settlement" area. These 2 volunteers will represent the first family who settled in the area.

4. Using a chalk or marker, divide the "settlement" area into two. Distribute the cutouts in the delineated coastal areas (e.g., mangrove resources inside the 'mangrove'; fish, seaweed and other resources in the 'sea').

5. Ask the volunteers what resources they need for household-use (e.g., shelter, food), and have them gather what they need by picking-up the "resources".

6. Ask the volunteers how many children they have or would like to have, and let them call other participants who they would like to be identified as their "children". Have the "children" stand inside the area allocated to their "parent".

7. Divide the settlement again according to the number of "children", and ask them to gather the resources they need (e.g., mangrove for houses; fish, shellfish, etc. for food). Have the "children" state the number of children they have or would like to have. Continue the process until all the "resources" are depleted (no more cutouts to gather) and/or a participant says he/she no longer has space to build his/her house (i.e., settlement has encroached on the mangrove/s, or have "reclaimed" parts of the sea).

8. Bring the whole group together and ask them the following guide questions: (related questions could be added)
   a. What did you observe during the session?
   b. Were the circumstances similar to your experience in your community? in what way?
   c. What did you learn from the exercise?

9. Write down all their answers on the board or on Manila paper. When all the questions have been answered, read through what has been written.

10. Ask them if all their inputs were taken. If not, clarify what other answers were left out. If yes, proceed to another activity. Leave their answers on the board.
Exercise II-C: ‘A Plateful of Fish’/Summary and Feedback

Time: 60 minutes

Preparation:

• Set-up in the middle of the training room, 2 chairs and a table. Treat the set as a fisherman’s home.

Materials needed:

• marker pens
• scissors
• Manila paper or whiteboard
• masking tape

Instructions:

1. Choose volunteers for the role-play.
2. Enact the story that follows:

Danny & Lisa are happily married and have one child. The couple belongs to a fishing community whose only source of livelihood is the sea. Resources are abundant so Danny is confident that plates in the household will always be full of fish.

In three years, the fishing community has grown and his wife is pregnant and expected to give birth to twins. Danny is still confident that his family will not starve since he believes that resources from the sea are still plentiful.

Four more years later, his community is so populated that he has to double his efforts in fishing. There already are too many fishermen sharing the coastal waters and again, the couple is expecting their fourth child.

In ten years, Danny is forced to fish in offshore waters since the coastal resources in his community have been depleted. Lisa is once more expecting her fifth child and the children are already asking how come the food on their plates is becoming less.

Danny and Lisa are worried and scared. There are too many mouths to feed. There may not be enough resources from the sea to sustain them.
3. After the role-play, ask the rest of the participants the following:

   a. What will you do if they’re in Danny’s, and Lisa’s place?
   b. Is there a relationship between the use of coastal resources and increase in population, and if so, what is the relation?

4. Write down all their answers on the board or on Manila paper. When all the questions have been answered, read through what has been written.

5. Ask them if all their inputs were taken. If not, clarify what other answers were left out. If yes, proceed to another activity. Leave their answers on the board.

**Exercise II-D: ‘The Fishermen’s Descendants’**

**Time:** 60 minutes

**Preparation:**

- Collect the identification cards of the participants prior to this activity. These will be used to place the marks or symbols needed in the exercise.

**Materials needed:**

- Cutouts of small symbol of nets, 1" x 1" in size
- Cutouts of small symbol of chemicals, 1” X 1” in size
- Cutouts of small symbol of dynamite, 1” x 1” in size
- Manila paper or whiteboard
- marker pens
- masking tape
- scissors

*Note: The number of each symbol is arbitrary. It also depends on the number of participants.*

**Instructions:**

1. Insert the symbols on the back of the nametags of the participants, before the start of the activity. It is better if the participants are unaware of the symbols placed.

2. Divide the participants into 3 groups. The number in each group should as much as possible, be equal.
3. Ask the small groups to discuss their observations of how fishermen gather fish in their coasts.

4. Allow 5-10 minutes for the discussion. Write down all their answers on the board or on Manila paper. When all the answers have been given, read through what has been written.

5. Ask them if all their inputs were taken. If not, clarify what other answers were left out. Leave their answers on the board.

6. Emphasize to the participants that in our country, the common and illegal ways to fish are through the use of dynamite or chemicals. However, some fishermen still fish the traditional way, and that is by using nets.

7. Tell the group that you would now tell a story. Ask one participant to volunteer to read the story. Have the volunteer come in front of the group. The story goes like this:

   Have you ever wondered why there are very few schools of fish in the sea? Let me tell you how this happened. Long ago there were so many schools of fish in our coasts enough to feed everyone in the community. Years have gone by and the community grew larger and there was a need to catch more fish to feed members of the community. Some fishermen devised ways to get more fish by using various fishing methods such as using dynamite and certain chemicals. The fish slowly dwindled. Realization came too late, as there were very few fishes left in the ocean, and the fishermen vowed that they would make sure their descendants would find ways to bring back the fishes in the ocean again.

8. After the story has been told, ask the group how they felt about the story. Write their answers on the board or on Manila paper.

9. After all their answers have been recorded, tell them to look at their nametags and look for the symbols. Tell them that the symbols represent the types of fishing used by their ancestors.

10. When everyone has seen the symbol assigned to him/her, ask the group to mention two things they would tell their ancestors if they were given a chance to talk to them. Record their answers on the board or on Manila paper.

11. Finally, ask them to think of two things that they can do to bring back the fishes in the ocean. Write their answers on the board or on Manila paper.
12. After all the answers have been listed, read all of them. Ask them later if you were able to record all that they have mentioned. If not, ask the participants the additional recommendations. If yes, proceed to the next activity.

**Evaluation:**
*(This activity will process Integration Exercise II-B until II-D)*

1. Divide the participants into small groups (maximum of 6 members per group). Instruct each group to answer the following:

   - Think of recommendations that they are capable of accomplishing to avoid the problems associated with the depletion of coastal resources and rapid population growth as seen in the integration exercises. Ask the group to come up with a common answer.

   - What would be the advantages of managing the health of the family through Reproductive Health/Family Planning ---
     --- to the population?
     --- to the coastal resources?

   - Do you think there is a need to link management of the health of the family (such as in Reproductive Health/Family Planning) to the management of coastal resources (CRM)?
     - If yes, why? What do you think is the link?
     - If no, why not?
     - What will be the benefits of the linkage?

   Do this task in 10 minutes.

2. Let them report on their group discussion. List down their outputs on Manila paper or on the board.

3. Summarize the presentations made by the participants by reading through their listed outputs. The facilitator could emphasize points based on the statements contained in the 'Facts To Know'.
Facts To Know

1) What are the salient points to emphasize in Reproductive Health?

- **Definition of Reproductive Health:**
  
  *A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and processes*

- **Implication of Reproductive Health definition:**
  - people are able to have a satisfying and safer sex life, which contributes to the enhancement of life and personal relations
  - people have the capacity to reproduce
  - people have the freedom to decide if, when, and how often to do so

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

- **Ten (10) Elements of the Philippine Reproductive Health Program:**
  - *Family Planning* – focuses on the right of couples to be informed and to have access to safe, effective and affordable methods of Family Planning
  - *Maternal and Child Health Care, Nutrition* – focuses on the child-bearing function of the woman and ensures her health during pregnancy as a way of promoting child and family health
  - *Prevention and Treatment of Reproductive Tract Infection (RTI and HIV/AIDS)* – program for prevention and management of RTI and HIV/AIDS and the promotion of safer sex practices
  - *Women and Men’s Cancers of the Reproductive Tract* (Breast and Reproductive Tract Cancers and other Gynecological Conditions, Prostate Cancer) – focuses on the early detection and management of male and female cancers as part of the RH program
  - *Prevention and Management of Abortion Complications* – focuses on the effective use of FP methods to avoid abortion and provision of health and counseling services to the complications of abortion
- **Men’s Reproductive Health** – focuses on the role of males in the prevention of RTI and HIV/AIDS; male involvement in Family Planning program; early detection and management of cancers of the male reproductive tract
- **Adolescent’s Health** - focuses on the prevention and management of RTI and HIV/AIDS, and the issues and concerns about early and unwanted pregnancies
- **Violence against Women and Children** – focuses on the effective referral and networking system for the prevention of VAC and the provision of emergency services for survivors
- **Prevention and Treatment of Infertility and Sexual Dysfunction** – focusing on counseling clients with problems on infertility and provision of assistance for their reproductive needs
- **Education and Counseling on Sexuality and Sexual Health** – focuses on counseling on issues and concerns of clients related to sexuality

2) **Why do we have to integrate RH/FP and CRM?**

The 1994 International Convention on Population and Development (ICPD) document decisively advocates the promotion of gender equity across development programs. RH/FP programs and activities are focused on both men and women, and yet majority of service providers, health educators/counselors and advocates are women. FP has conventionally been the domain of women while CRM programs are considered to be the realm of men. Men should be tapped not only in conservation of coastal resources but should also be involved in Reproductive Health and in the reduction of population pressure. Men should be brought out in the forefront of RH as service providers/educators/advocates in order to increase contraceptive-use, address men’s Reproductive Health needs, and promote more equitable relations between sexes. It is high time to integrate and target men in all RH/FP activities because the process of reproduction and decision-making rely on both sexes.

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

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

4) **What is Food Security?**

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

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

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

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

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

5) **What is the role of fisheries in achieving Food Security?**

- Fish and other aquatic resources should factor significantly in the Food Security equation.

- Fishery resources should be considered in the inventory of stable, sustainable and predictable food supply because these resources supply the highest quality and most efficiently produced dietary protein in the world.
• Fishery resources play an important role in Food Security in the Philippines. Fish provide approximately 50 percent of the animal protein in our country. In rural communities, fish provides 80 percent of the highest quality and most efficiently produced protein supplement to their regular diet that typically lack essential vitamins and minerals.

• Rapid population growth and migration to coastal areas result in continuous increase in commercial and municipal fishing efforts. As population pressure increases, over-fishing and habitat destruction are resulting in decreasing fish stocks in the Philippines.

• As the population and demand for coastal resources continue to grow, environmental limits will become increasingly apparent. The Philippines could avoid environmental crisis if they take steps now to conserve and manage supply and demand better, and by slowing population growth through the provision of information and services needed to make informed choices about Reproductive Health. Family Planning programs play a key role. When Family Planning information and services are widely available and accessible, couples are better off in achieving their fertility.

• The cycle of food insecurity and poverty will be broken only when all rural coastal people have the means to generate income or resources to produce for their needs. Macro-economic policies to stimulate the rural sector are essential. But equally important is strengthening the capacity of the poor to participate in socio-economic development.

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

Exercise III: Puzzles/Summary and Feedback

Purpose: To provide participants with information on the different parts and functions of the male and female reproductive system

Time: 60 minutes

Learning Objectives:

After this exercise, the participants will be able to:

1. Identify the principal male and female reproductive organs
2. Name a function for each part of the reproductive organ

Preparation:

- Have drawings of the male and female reproductive systems. Cut these into 4-5 pieces of a puzzle. Cut the drawings so that each piece has a part of the reproductive organ in it. Please see drawings of the male and female genitalia in the 'Facts To Know' for guidance.

Materials needed:

- masking tape
- puzzles of the female and male reproductive systems
- scissors
- box or basket

Instructions:

1. Put the pieces of the puzzles in the box or basket and pass it around asking each participant to take one piece.

2. Explain that the pieces are from drawings of the male and female reproductive systems.
3. Ask participants to look at their respective pieces of the puzzle and decide if it belongs to the male or female reproductive system. Then tell them to look for other participants who have pieces from the same system they have so they can put their pieces together to form a complete drawing.

4. Ask the first group to finish each system to identify the parts of the system.

5. Tell them that having finished first they get to quiz the other participants about the functions of the parts. They should ask about each part of the system and be sure that different participants respond so that all will have a chance to participate.

6. Summarize by adding any functions that were missed and quickly reviewing each part and function you feel is needed. Make use of the information in the 'Facts To Know' to give further input.

**Evaluation:**

1. Divide the participants into 2 groups and form lines that face each other.

2. Ask the first person in line to name a function. The first person of the opposite team should name the organ that corresponds to that function. Have the second person in the opposing team to name a function. The second person in the first team should name the organ. Continue until all functions and organs have been named. Clarify any doubts or remaining questions.
Facts To Know

1) What are the important parts of the male reproductive system? What are the functions of these parts?

Male Reproductive Anatomy

<table>
<thead>
<tr>
<th>Parts</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td>Male organ for sexual intercourse, for urinary excretion and ejaculation of sperm</td>
</tr>
<tr>
<td>Scrotum</td>
<td>Sac below the penis that holds the testes; the scrotal muscles contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm</td>
</tr>
<tr>
<td>Urethra</td>
<td>Tube that provides passage for urine and semen</td>
</tr>
<tr>
<td>Testes</td>
<td>Site of the production of sperm and male hormone, i.e., testosterone</td>
</tr>
<tr>
<td>Epididymis</td>
<td>Serves as storage for sperm</td>
</tr>
<tr>
<td>Vas deferens</td>
<td>Tubes that provide passage for sperm from epididymis to the urethra during ejaculation</td>
</tr>
</tbody>
</table>
### Parts

<table>
<thead>
<tr>
<th>Parts</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminal vesicles</td>
<td>Glands that produce the sugar- and protein-containing fluid that provides nourishment for the sperm</td>
</tr>
<tr>
<td>Prostate gland</td>
<td>Round-shaped body located below the urinary bladder that secretes fluids that aids in the motility of the sperm</td>
</tr>
</tbody>
</table>

2) **What are the important parts of the female reproductive system? What are the functions of these parts?**

**Internal Female Reproductive Anatomy**

![Diagram of Internal Female Reproductive Anatomy](image)
External Female Reproductive Anatomy

Parts and Functions of the Female Reproductive System

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

Purpose: To provide the participants with information on the vital processes involved in the fertility of an individual

Time: 15 minutes (video showing)
      25 minutes (lecture)

Learning Objectives:

After the exercise, the participants will be able to:

1. Identify the normal range of the menstrual cycle
2. Identify the processes involved in the menstrual cycle
3. Name at least 2 signs and symptoms of fertility

Preparation:

1. Be certain that electricity is available in the training venue for the video showing. If it is not available, just prepare the necessary lecture materials for the entire didactic session.

2. Prepare the necessary lecture materials or visual aids showing the itemized points of the topic. These lecture points could be placed on Manila paper with prints discernible at 20 feet or on overhead transparencies if possible.

Materials needed:

- Television
- VHS player
- marker pens
- masking tape
- Manila paper or whiteboard
- scissors
- overhead transparencies (if needed)
- overhead projector (if needed)
Instructions:

For video system-equipped areas:

1. Mention to the participants that the information presented in the video they will be watching is important for the succeeding learning activities.

2. Instruct them to write down any questions or clarifications they may have during the course of the video showing. These will be answered at the end of the showing and during the short lecture.

3. After the video showing, clarify questions asked by the participants regarding the film. Remind them that some questions would be answered during the short lecture. Relevant questions not addressed in the lecture should be answered immediately.

4. Present and discuss the topic of Human Fertility through a short lecture. Use the necessary transparencies for the topic. Be guided by the contents of the 'Facts To Know'.

For areas without a video system:

1. Present and discuss the topic of Human Fertility. Focus only on the menstrual cycle, fertile/infertile phases, and signs and symptoms of fertility. Be guided by the contents of the 'Facts To Know'.

Facts To Know

1) What is human fertility?

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- It is closely linked to age:
  - begins in puberty:
    - Menarche – when a woman starts to menstruate
    - Spermarche – when a man begins to produce sperm
  - ends in:
    - Women – menopause
    - Men – later age
2) What is the menstrual cycle?

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

3) What is menstruation or menstrual bleeding?

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

4) What are the 3 stages of the menstrual cycle?

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

Maturation of the Follicles
### Stages

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b) Ovulatory</strong></td>
</tr>
</tbody>
</table>

- It is the release of the mature egg from the ovary.
- Occurs approximately 14 days before a woman begins to menstruate again.
- Can happen at different times in different cycles.
- Most fertile period and most likely to conceive if unprotected sex occurs.
- The ovaries are the source of eggs as well as the hormones that regulate female reproduction:
  - At birth: there are one million egg follicles present in the ovary.
  - During puberty: +/- 100,000 egg follicles.
  - Adulthood: one mature egg is released from the ovary every 28 days (ovulation) until menopause.
- Can be identified through changes in the cervical mucus, body temperature, and by being aware of the changes in the woman’s body.
c) Post-Ovulatory

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

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

a. Cervical Mucus
   - egg-white in appearance and texture
   - can be stretched between thumb and finger

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

c. Body Awareness
   - increase in sex drive
   - occurrence of mild degree lower pelvic pain or discomfort
6) **What are the possible events that could happen after ovulation?**

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

7) **What is fertilization?**

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

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

9) The Schematic Diagram of the Fate of the Egg/Ovum:
(Please see diagram below)
**Fate of the Egg after Ovulation**

After menstruation, many follicles in both ovaries will undergo an accelerated growth. Only one follicle will mature to become an egg/ovum.

1. **Ovulation**
   - Mature egg is released from the ovary.

2. **Mature egg is picked up by the fallopian tube.**

3. **The egg will remain in the fallopian tube for possible fertilization within 24 hours only.**

   - **Fertilization**
     - There is union of the egg and sperm.
     - The fertilized egg will undergo division while travelling through the fallopian tube to the uterine cavity. The journey takes around 3-5 days before the fully divided fertilized egg reaches the uterine lining.

   - **No Fertilization**
     - There is no union of the egg and sperm.
     - The unfertilized egg will travel down to the uterus and dissolve. The lining of the uterus will then break down and shed-off resulting in menstruation.

4. **Implantation**
   - After 2 to 4 more days, the fully divided fertilized egg then penetrates the endometrium and establishes the pregnancy.

5. **(1) Pregnancy**

6. **(2) Menstruation**
10) **What are the reasons for changes in the menstrual cycle?**

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

11) **What is estrogen?**

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

12) **What is progesterone?**

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

Exercise V-A: Family Circles/Summary and Feedback

Purpose:
1. To illustrate the difference between a planned family and one that was not planned
2. To demonstrate the advantages to the whole family of birth spacing

Time: 45 minutes

Learning Objectives:

After the exercise, the participants will be able to:

- Name at least three advantages of planning a family or birth-spacing

Preparation:

Materials needed:

- marker pens
- Manila paper or whiteboard
- two pieces of loaf bread
- radio or cassette player (if available)
- chalk

Instructions:

1. Before the session, create a story about 2 couples that get married at the same day. One couple plans their family, while the other does not.

2. On the floor, draw 2 chalk circles of the same size, in which 4 people will fit comfortably.

3. Ask for 4 volunteers to help you. If the group is mixed, ask for 2 women and 2 men. If the group is not mixed, have the volunteers form 2 couples anyway.
4. Place 2 volunteers in each circle. Explain that one will play the role of the father and the other that of the mother.

5. Begin the story, telling how both couples got married on the same day. If possible, music can be played. Let the couples dance inside the circle. (In the absence of any electricity or music, you can instruct the participants to move round clockwise inside the circle.)

6. Continue the story: “Then, about a year later, each couple had their first child.” Bring another volunteer into each circle.

7. “After having been married 2 years, one couple had their second child.” Bring another volunteer into one circle. The other family remains with only 1 child.

8. “After being married 3 years, each couple had another child.” Add another volunteer to each circle.

9. “After 5 years the couple with 3 children had a fourth (bring another volunteer into the circle) while the other couple still had 2.”

10. “When they were married 7 years, the couple with 2 children had a third, while the other had their fifth.” Let both families dance inside their respective circles.

**Evaluation:**

1. At the end of the story and dancing, give each mother or father a piece of bread and ask them to divide it among the "family". Instruct each "family member" to show how much he or she got so that the whole group can clearly see the difference in size.

2. Ask the families in the vernacular:
   a) How did they feel during the conduct of the activity?
   b) What did they experience during the exercise?
   c) Are they happy with their family size?

3. Ask the whole group:
   a) What differences do they see between the two families?
   b) Why did those differences develop?
   c) What advantage did the family that spaced births have? What advantage did the family with a smaller number have?
d) How can we help couples in our communities regarding what we observed in this exercise?

4. List all their answers to the questions on Manila paper or whiteboard.

5. After all answers have been given, summarize the advantages of planning a family and spacing births that the participants shared. Mention additional input by referring to ‘Why Practice Family Planning’ contained in ‘Facts To Know’.

Exercise V-B: Presentation of the Philippine FP Situation/Summary and Feedback

Purpose: To provide information and raise awareness regarding Family Planning and its current situation in the country

Time: 15 minutes

Learning Objectives:

After the exercise, the participants will be able to:

1. Mention 3 benefits of Family Planning
2. Define what Family Planning is; and
3. Identify at least 2 country situations that Family Planning could address

Preparation:

- Prepare lecture materials or visual aids showing the itemized points of your topic. These lecture points could be placed on Manila paper with prints discernible at 20 feet or on overhead transparencies if possible.

Materials needed:

- marker pens
- Manila paper or overhead transparencies
- masking tape
- scissors
- overhead projector (if available or needed)
Instructions:

1. Review and summarize the answers related to the understanding of Family Planning as given by the participants during the ‘Introduction’, and discuss along with the Philippine Family Planning Program’s definition of Family Planning.


Facts To Know

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

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

Philippine Population Situation:

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

Why Practice Family Planning:

- Improves quality of life of family members:
  - Ensures health and well-being of family members
  - Protects values, religious beliefs and family resources
  - Have less risky pregnancies
  - Ensures planned and wanted pregnancies
  - Promotes smaller families
  - Promotes longer spacing of children
  - Delays age of marriage
  - Takes advantage of opportunities for self-improvement and career development
Exercise VI: How Does It Work?/Summary and Feedback

Purpose:
1. To explain in very basic terms, how contraceptive methods prevent pregnancy
2. To equip participants with the necessary information on the different contraceptive methods of the government’s program

Time: 60 minutes

Learning Objectives:

After this exercise, participants will be able to:

1. Name 3 contraceptive methods that stop the ovary from releasing the egg
2. Name 5 contraceptive methods that prevent a man’s sperm from reaching the woman’s egg

Preparation:

1. Prepare 2 drawings, one that shows an ovary with a slanted bar or “X” across it (whichever symbol you think would be easiest for your participants to recognize) and the other which shows a barrier or bar with a sperm on one side and an egg/ovum on the other.

2. Decide how many methods you wish to cover. Have on hand samples or drawings of those methods.

Materials needed:

- Manila paper
- Marker pens
- Masking tape
- Scissors
- Samples of contraceptive methods
Instructions:

1. Provide a short lecture on contraceptive methods by elaborating on the following:
   - What the method is?
   - How does the method work?
   - How effective is the method?
   - Advantages and disadvantages of the method
   - Indications of the method

2. Post the 2 drawings and explain to the group what each means.

3. Organize as many sub-groups as you have methods and give a sample or drawing of a method to each group.

4. Give the groups 2 or 3 minutes to decide how their assigned method prevents pregnancy.

5. When the sub-groups are ready, ask for volunteers to come forward and place their method in front of the symbol that represents how the method prevents pregnancy. As each volunteer comes forward, ask the whole group if they agree with the placement of the method. If not, why not? Clarify any doubts. Continue until all methods have been categorized.

6. Summarize, emphasizing the following:

<table>
<thead>
<tr>
<th>Hormonal Methods that Prevent the Ovary from Releasing the Egg</th>
<th>Methods that Act as Barrier to the Meeting of the Egg and Sperm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptive Pills</td>
<td>Condom</td>
</tr>
<tr>
<td>DMPA Injection</td>
<td>Natural Family Planning</td>
</tr>
<tr>
<td>Lactational Amenorrhea Method</td>
<td>Intra-Uterine Device</td>
</tr>
<tr>
<td></td>
<td>Voluntary Surgical Contraception</td>
</tr>
</tbody>
</table>

   - Refer to the ‘Facts To Know’ to be guided in the conduct of the exercise.

Evaluation:

1. After the short lecture, have the participants form a circle. Take any small object and explain that it is very hot and that it will burn them if they hold on to it. Give the object to the first participant who should quickly pass it to the second participant and so on around the circle. When you clap, ask the participant who was left holding the object to name a method that belongs under one of the symbols. Circulate the object again and repeat until all methods covered have been named.
Facts To Know

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

1) What are the different modern contraceptive FP methods?

a) The following contraceptives are methods that basically prevent the union of egg and sperm:
   a.1) Condom
   a.2) Intra-Uterine Device (IUD)
   a.3) Voluntary Surgical Contraception (VSC)
   • Vasectomy
   • Bilateral Tubal Ligation
   a.4) Natural Family Planning Methods (NFP)
   • Basal Body Temperature
   • Cervical Mucus Method
   • Sympto-thermal Method

a.1) CONDOM

What is it? - Rubber device worn over the erect penis during sex
          - A barrier method

How does it work? - Prevents sperm from entering the vagina

How effective is it? - Highly effective, if used correctly and consistently

Advantages - Easy to use
          - Reversible
          - Can serve as back-up method
          - Can protect from STD/HIV

Disadvantages - Interrupts sex
                - Can break easily if not stored properly
                - One-time use only
                - Allergy
### a.1) CONDOM

**Indications**
- For couples at risk for STD/HIV
- For women needing back-up method

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**Sample of Male Condom**

![Image of a male condom setup]

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### a.2) Intra-uterine Device (IUD)

**What is it?**
- Small plastic and copper device inserted into the uterus to prevent pregnancy

**How does it work?**
- Prevents sperm from meeting the egg

**How effective is it?**
- Highly effective
  - If 100 women use IUD for a year, only 1 will become pregnant

**Advantages**
- Long duration
- Can be used by lactating women
- Can be used immediately after giving birth
- Reversible
### a.2) Intra-uterine Device (IUD)

**Disadvantages**
- Slight pain during the first few days after insertion
- May predispose to Pelvic Inflammatory Disease (PID)
- Does not protect from STD/HIV

**Indications**
- Long-term birth-spacing
- Can be used by breastfeeding women
- Women over 35 years-old who smoke
- Precaution to estrogen

**Sample of an IUD T-copper**

![Sample of an IUD T-copper](image)
a.3) Voluntary Surgical Contraception: Vasectomy

What is it?  - Permanent sterilization for men who do not want any more children

How does it work?  - Tubes (vas deferens) that carry sperm from the testes to the urethra of the penis are cut

How effective is it?  - Highly effective

Advantages  - Highly effective
- Safe
- Convenient
- Single procedure

Disadvantages  - Surgical
- Permanent
- Requires training of provider
- Does not protect from STD/HIV

Indications  - For those who no longer want to have any more children

Vasectomy
a.3) Voluntary Surgical Contraception: Bilateral Tubal Ligation

**What is it?**
- Permanent sterilization for women

**How does it work?**
- Tubes (fallopian) that carry eggs from the ovary to the uterus are cut

**How effective is it?**
- Highly effective

**Advantages**
- Highly effective
- Safe
- Convenient
- Single procedure

**Disadvantages**
- Surgical
- Permanent
- Requires training of provider
- Does not protect from STD/HIV

**Indications**
- For those who no longer want to have any more children
- For those whose lives are endangered by pregnancy

---

**Bilateral Tubal Ligation**

[Diagram of human reproductive system with blocked Fallopian tubes, showing Ovary, Uterus, Vagina, Cervix, and Blocked Fallopian Tube.]
a.4) Natural Family Planning Methods

**Basal Body Temperature (BBT)**

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

**Sample of a BBT Chart**

![Sample of a BBT Chart]

**Sample of a Basal Body Thermometer**

![Sample of a Basal Body Thermometer]
a.4) Natural Family Planning Methods

Cervical Mucus Method (CMM)

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

Cervical Mucus Method Sampling

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

Can Have Sex
No secretions mean the woman probably cannot become pregnant. She can have unprotected vaginal sex.
a.4) Natural Family Planning Methods

Sympto-Thermal Method (STM)

- Basal body temperature plus signs of ovulation like breast tenderness, back pain, abdominal pain/discomfort, and light bleeding between menstrual periods are observed.

- Sexual intercourse is avoided from first appearance of wet cervical mucus until temperature remains elevated for 3 days after the last day of clear slippery mucus or until thin mucus is no longer observed.

Sample of a STM Chart
b) The following contraceptives are methods that basically prevent ovulation:

   b.1) Lactational Amenorrhea Method (LAM)
   b.2) DMPA (Depo-Medroxy Progesterone Acetate) Injection
   b.3) Oral Contraceptive Pills (*Discussed in TOPIC VII*)
   b.4) Paraan Dos (*Discussed in TOPIC VIII*)

### b.1) Lactational Amenorrhea Method (LAM)

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Method for breastfeeding women with natural protection against pregnancy for up to 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does it work?</td>
<td>Can be used if woman fully breastfeeds her baby both day and night, if her menstruation has not returned, and if her baby is less than 6 months</td>
</tr>
<tr>
<td>How effective is it?</td>
<td>One pregnancy for every 50 women in the first 6 months after childbirth</td>
</tr>
<tr>
<td>Advantages</td>
<td>No prescription required; economical</td>
</tr>
<tr>
<td>Disadvantages</td>
<td>Can be used only by women who have just given birth</td>
</tr>
<tr>
<td>Indications</td>
<td>For breastfeeding women only</td>
</tr>
</tbody>
</table>

### b.2) Injectable – DMPA

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Injectable contraceptive which contains progestin, given every 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does it work?</td>
<td>Prevents the release of egg from the ovary</td>
</tr>
<tr>
<td></td>
<td>Thickens mucus making it difficult for sperm to pass</td>
</tr>
<tr>
<td>How effective is it?</td>
<td>Given every 3 months, 1 out of 333 women get pregnant</td>
</tr>
</tbody>
</table>
b.2) Injectable – DMPA

**Advantages**
- Safe and effective
- Lasts for 3 months
- Reversible
- No daily pill-taking
- Can be used at any age
- For breastfeeding women
- Few side effects

**Disadvantages**
- Injection every 3 months
- Does not protect from STD/HIV

**Indications**
- Can be used by breastfeeding women
- Those who have estrogen-related side effects from COCs

**Sample of DMPA Product**
2) **What are the other methods of preventing pregnancy?**

a) Traditional Methods  
   a.1) Calendar/Rhythm Method  
   a.2) Withdrawal Method  

b) Safer Sex Activities  

c) Abstinence

### a.1) Traditional Method: Rhythm or Calendar

**What is it?**  
- The woman records the duration of the last 6 cycles and determines the duration of her fertile days

**How does it work?**  
- Abstain from sex during fertile days to avoid pregnancy  
- This is done through:  
  First day of probable fertile period: length of the shortest cycle minus 18  
  Last day of probable fertile period: length of the longest cycle minus 11

**How effective is it?**  
- High failure rate

**Other facts:**  
- Does not prevent transmission of STD and HIV  
- Traditional and common in rural communities
## a.2) Traditional Method: Withdrawal

<table>
<thead>
<tr>
<th><strong>What is it?</strong></th>
<th>The penis is withdrawn from the vagina before ejaculation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How does it work?</strong></td>
<td>Prevents union of egg and sperm</td>
</tr>
<tr>
<td><strong>How effective is it?</strong></td>
<td>High failure rate</td>
</tr>
<tr>
<td></td>
<td>Effectiveness depends on the man’s ability to withdraw prior to ejaculation</td>
</tr>
<tr>
<td><strong>Other facts:</strong></td>
<td>Does not prevent transmission of STD and HIV</td>
</tr>
<tr>
<td></td>
<td>Traditional and common in rural communities</td>
</tr>
</tbody>
</table>

## b) Safer Sex Activities

<table>
<thead>
<tr>
<th><strong>What is it?</strong></th>
<th>Any sexual activity that does not allow exchange of body fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How does it work?</strong></td>
<td>Prevents union of egg and sperm</td>
</tr>
<tr>
<td><strong>How effective is it?</strong></td>
<td>Effective in preventing pregnancy and transmission of STD and HIV</td>
</tr>
<tr>
<td><strong>Other facts:</strong></td>
<td>Health service providers should support the choice and teach negotiating and planning skills for using safer sex methods effectively.</td>
</tr>
</tbody>
</table>
c) Abstinence

**What is it?**
- Avoiding sex or sexual activities with another person

**How does it work?**
- Prevents union of egg and sperm

**How effective is it?**
- Effective in preventing pregnancy and transmission of STD and HIV

**Other facts:**
- Health service providers should support the choice and teach negotiating and planning skills to avoid sex effectively.
TOPIC VII: ORAL CONTRACEPTIVE PILLS

Exercise VII-A: Doing It Right/Summary and Feedback

Purpose: 1. To provide the participants with the necessary and correct information regarding the use of Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs)

2. To teach the participants how to advise users about the correct use of the pill, using an illustrated guide

Time: 40 minutes

Learning Objectives:

After this exercise, the participants will be able to:

1. Teach a user about the correct use of the pill using a guide, without leaving out any steps
2. Test how well the user understood the instructions by asking her to repeat how she would take the pill

Preparation:

1. Prepare an illustrated guide showing the correct use of the pill. Make copies for all the participants. Please refer to ‘Appendix-D: Figure for Exercise VII-A’.

2. Have on hand samples of contraceptive pills. Have at least one packet for every 2 participants.

Materials needed:

- marker pens
- Manila paper or bond paper
- samples of contraceptives
- masking tape
- Scissors
Instructions:

1. Explain to the participants that they are going to learn how to teach a user how to take the pill and the importance of this in guaranteeing the pill’s effectiveness.

2. Next, give each participant a copy of the illustrated guide and go over it with the group, explaining each drawing. Please refer to ‘Appendix-E: Figure for Exercise VII-A’.

3. Give a demonstration in front of the group, with a volunteer, on how to use the guide. If there are any questions, repeat the demonstration.

4. Form pairs to practice. Each participant teaches his or her partner the correct use of the pill, using the guide. Walk around to supervise where necessary.

5. Tell them to ask their partners to repeat what they heard to make sure that their partner understood how to use the pill correctly.

6. After finishing this practice session, proceed to the next activity.

Evaluation:

1. Assign to each participant one step in the orientation on the pill. For example: “Take the first pill on the fifth day of your period, counting from the first day you start bleeding…”

2. When everyone has their assigned step, ask them to form a line, organizing themselves in the same order as the steps in the guide. When they are in order, ask them to repeat their steps one after the other. At each step, ask the group if they agree. If they do not, repeat the step.

3. If the group is large, you can work in small groups.

Exercise VII-B: Outlines/Summary and Feedback

Purpose: To teach participants which health conditions may prevent a woman from choosing Combined Oral Contraceptives

Time: 60 minutes
Learning Objectives:

After this exercise, the participants will be able to:

- Recognize all the precautions to pill-use in agency norms which require referral to the clinic or health center

Preparation:

1. From poster-board or cardboard, cut a rectangle, 80 cm x 35 cm and draw the outline of a woman’s body. Use the figure in ‘Appendix-E: Figure for Exercise VII-B’.
2. Make a number of blue cardboard circles 2cm across.

Materials needed:

- cardboard or poster-board
- colored paper (blue)
- scissors
- marker pens
- masking tape

Instructions:

1. Start by explaining that not all women can use the pill. There are precautions to pill-use and that these should be taken into account before giving a woman the pill. Mention that there are important pre-existing medical conditions in a woman that could be aggravated by taking the pill. If these precautions are known, then it is best to refer them first to a medical service provider prior to possible pill-use.

2. Display the drawing of the woman where everyone can see it.

3. Explain one by one all the precautions to pill-use and as you explain, place a blue circle on the part of the drawing you are referring to. Start with those that have to do with the head, then the chest, and so on. Refer to the ‘Screening Questions’ in the ‘Facts To Know’ for guidance.

4. Make sure the participants understand each precaution.
Evaluation:

1. Leaving the circles on the drawing, ask the participants to think of some medical problems that they have had or that a friend has had. They should not share their problem with anyone else. It could be one of the precautions or any health problem. Then, ask for a volunteer to decide if the problem represents a precaution to pill use or not. If it is, the volunteer comes up and shows the group which blue circle on the drawing represents the precaution just mentioned.

2. Continue the exercise by asking the volunteer that just answered, to share his or her medical problem with the group.

3. Continue until everyone has had a chance to share his or her case and evaluate the case presented by someone else.

4. If you are working with a large group, this exercise can be done in small groups of 8 to 10 people.

Exercise VII-C: Red Light, Green Light/Summary and Feedback

Purpose: 1. To demonstrate the difference between side effects and danger signs
2. To teach participants how to respond in each case

Time: 50 minutes

Learning Objectives:

After this exercise, the participants will be able to:

1. Identify the danger signs or important health problems that can appear in rare cases in users of COCs
2. Distinguish between side effects and danger signs
3. Give technically correct guidance to a woman complaining of side effects
4. Explain the importance of seeing the doctor, to a woman showing a danger sign
**Preparation:**

1. Draw two outlines of a woman on two different sheets of heavy paper cardboard. Use the figures on side effects and danger signs at the end of ‘Facts To Know’ or in ‘Appendix-D: Figure for Exercise VII-C’.

2. Make small paper circles, painting half of them red (for the danger signs) and half green (for the side effects). Prepare masking tape to tape the circles to the drawings.

**Materials needed:**

- colored paper (red & blue)
- scissors
- marker pens
- masking tape
- Manila paper or cardboard

**Instructions:**

1. Explain what a side effect is. Mention the side effects related to the use of contraceptive pills and explain how to counsel a woman about these side effects. As you mention them one by one, tape a green circle on the part of the body associated with the side effect. Example: to represent the slight headache that sometimes accompanies use of the pill, tape a green circle on the forehead of the figure in the drawing.

2. In this manner, explain each of the side effects and mark this on the drawing.

3. Then, explain the danger signs associated with use of the pill. Be clear about what to do if a woman complains of a symptom that is a danger sign. Mark the danger signs with red circles on the other drawing, taping the circles to the parts of the body where symptoms of danger signs are located.

4. With the two drawings side by side, ask the group why the side effects are marked with green circles and the danger signs with red circles. Make it clear that the color green represents only bothersome or slight side effects while the red symbolizes danger which requires immediate action.

5. Reinforce the understanding of the message, practicing with actual cases. Present, for example, the case of a woman who has been taking the pill for 3 weeks and has nausea. What color would we mark that problem with, and where? What would we tell the woman? Give examples of danger signs in the same way.
6. Make it clear that the side effects are slight and that some women may feel these in the first several months of taking the pill. Remind the participants that if a side effect persists for more than two months, the woman needs to go to a Family Planning Clinic or Health Center.

7. As for danger signs, make it clear that a woman who has any of the danger signs needs to go to a doctor, a Family Planning Clinic or a Health Center immediately. Until she does, she should stop using the pill and use a barrier method to avoid an unwanted pregnancy.

8. Refer to the information and figures contained in ‘Facts To Know’ for guidance.

**Evaluation:**

1. Take down the red and green circles and leave these on a table. Divide the group into 2 teams. Each team would take turns naming a side effect or danger sign. A member of the other team chooses the right color circle and tapes it to the drawing in the correct place. When all the circles have been taped, ask the participants to identify and correct any errors that were made. Ask for a round of applause for the winning team.
## Facts To Know

<table>
<thead>
<tr>
<th>Sample Product Names</th>
<th>COMBINED ORAL CONTRACEPTIVES (COCs)</th>
<th>PROGESTIN-ONLY PILLS (POPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust, Nordiol, Logynon, Femenal, Diane 35, Nordette, Minulet, Micropil, Logentrol</td>
<td>Exluton</td>
</tr>
</tbody>
</table>

| How does it work? | Prevents ovulation  
No meeting of egg and sperm  
Alters uterine lining preventing implantation |
|--------------------|--------------------------------------------------|

| How effective is it? | • Very effective when used correctly  
• Very effective when used correctly by breastfeeding women |
|----------------------|--------------------------------------------------|

| Reasons for Failure  | • Improper use  
• Proper instructions not provided  
• Drug interaction  
• Vomiting/diarrhea  
• Expired pills  
• Improper use  
• Proper instructions not provided  
• Drug interaction  
• Expired pills |
|----------------------|--------------------------------------------------|

| Advantages           | • Very effective with correct use  
• Not permanent, temporary  
• Does not interfere with sexual intercourse  
• Protects against cancer of the ovary and lining of the uterus  
• Reduces painful menstruation, anemia, mood changes before menstruation  
• No harm to women who breastfeed 6-month old babies and above  
• Very effective with correct use  
• Not permanent, temporary  
• Does not affect breastfeeding  
• Reduces danger of blood-clotting  
• Protects against cancer of the ovary and lining of the uterus  
• Reduces bleeding and pain during menstruation  
• No harm to women who breastfeed 6-week old babies and above |
|----------------------|--------------------------------------------------|

| Disadvantages        | • Needs regular and adequate supply  
• Success depends on client  
• No protection from  
• Must be taken at the same time everyday  
• Minor side effects (no menses, weight gain/loss, |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBINED ORAL CONTRACEPTIVES (COCs)</td>
<td>PROGESTIN-ONLY PILLS (POPs)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>STD/HIV</td>
<td>mood changes, nausea, headache, breast tenderness)</td>
</tr>
<tr>
<td>• Last choice for breastfeeding women</td>
<td>• Does not protect against ovarian cyst and STD/ HIV/AIDS</td>
</tr>
</tbody>
</table>

**Indications**

- Those who want effective, reversible method
- Anemic women with too much menstrual bleeding
- Couples who want birthspacing
- History of ectopic pregnancy
- History of ovarian cancer in the family

- Breastfeeding women who do not want to get pregnant
- Women who are sensitive to COCs
- High blood pressure
- Over 35 years-old and a cigarette-smoker

**Side Effects**

- Spotting
- Nausea
- Headache
- Depression
- Weight gain
- Breast tenderness
- Loss of sex drive
- Acne
- Darkening of skin

- No menstruation
- Menstrual irregularities/spotting

**Remember:** Side effects of pills are the common, minor, non-alarming and non-life-threatening discomforts experienced by a pill-user. These are temporary signs and symptoms that a first-time pill-user may or may not experience. The user will not experience all of the side effects. The side effects may last 3 months on the average, from the time of use. If they persist, it is recommended that the user consult a physician.
<table>
<thead>
<tr>
<th>Danger Signs</th>
<th>COMBINED ORAL CONTRACEPTIVES (COCs)</th>
<th>PROGESTIN-ONLY PILLS (POPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>Aundice or yellowish discoloration of skin and eyes</td>
<td>• Abdominal pain</td>
</tr>
<tr>
<td>A</td>
<td>Abdominal pain</td>
<td>• Heavy bleeding</td>
</tr>
<tr>
<td>C</td>
<td>Chest pain, cough, shortness of breath</td>
<td>- could be signs of ectopic pregnancy, PID, or other gynecological problem</td>
</tr>
<tr>
<td>H</td>
<td>Headache, dizziness, weakness, or numbness</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Eye problems (doubling/loss of vision)</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Speech problem, severe pain in the calf (clot)</td>
<td></td>
</tr>
</tbody>
</table>

**Remember:** *Danger signs* or warning signs are sudden and unusual signs and symptoms that a contraceptive-user may experience. Pill-users who experience these danger signs need to see a physician immediately. Until she does, she should stop using the pill and use a barrier method to avoid unwanted pregnancy. These types of complaints are very serious since the client’s health may deteriorate dangerously.

<table>
<thead>
<tr>
<th>Screening Check List</th>
<th>COMBINED ORAL CONTRACEPTIVES (COCs)</th>
<th>PROGESTIN-ONLY PILLS (POPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the potential client the following questions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is your menstruation regular but is now delayed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever had a problem with continuous bleeding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have chest pains or have you been diagnosed as having heart disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you smoke and are over 35-years old?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you often have very bad headaches with blurred vision?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ask the potential client the following questions:

1. Is your menstruation regular but is now delayed?
2. Do you have lumps in your breasts?
3. Have you ever had liver disease (yellowish discoloration of the skin and eyes)?
4. Do you have unusual vaginal bleeding between periods?
5. Are you now taking medications for TB or a fungal infection?
<table>
<thead>
<tr>
<th><strong>COMBINED ORAL CONTRACEPTIVES (COCs)</strong></th>
<th><strong>PROGESTIN-ONLY PILLS (POPs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Do you have lumps that do not disappear especially in your breasts?</td>
<td>6. Are you breastfeeding a baby under 6 weeks?</td>
</tr>
<tr>
<td>7. Do you have high blood pressure?</td>
<td></td>
</tr>
<tr>
<td>8. Do you have Diabetes?</td>
<td></td>
</tr>
<tr>
<td>9. Do you have any unusual vaginal bleeding between menstrual periods?</td>
<td></td>
</tr>
<tr>
<td>10. Have you had liver disease (yellowish discoloration of the skin and eyes)?</td>
<td></td>
</tr>
<tr>
<td>11. Are you now taking medications for TB or a fungal infection?</td>
<td></td>
</tr>
<tr>
<td>12. Are you breastfeeding a baby under 6 months old?</td>
<td></td>
</tr>
<tr>
<td><strong>If client answers “yes” to #1, advise pregnancy test. If “yes” to #s 2-12, refer to a clinic.</strong></td>
<td><strong>If client answers “yes” to #1, advise pregnancy test. If “yes” to #s 2-6, refer to a clinic.</strong></td>
</tr>
</tbody>
</table>

**Client specific instructions**

- Ask what she knows about COCs
- Explain how COCs work to prevent pregnancy
- Show the type of pills she will take (21- or 28 day)
- Explain potential side effects common during the first three months
- Screen client for COC – precautions
- Provide the pills and give instructions:
  - how to take the pill out
  - how to follow the directions or arrows in the packet

- Ask what she knows about POPs
- Explain how POPs work to prevent pregnancy
- Hand the 28-pill pack (Exluton)
- Explain potential side effects common during the first three months
- Screen client for POP – precautions
- Provide the pills and give instructions:
  - how to take the pill out
  - how to follow the directions or arrows in the packet
<table>
<thead>
<tr>
<th><strong>COMBINED ORAL CONTRACEPTIVES (COCs)</strong></th>
<th><strong>PROGESTIN-ONLY PILLS (POPs)</strong></th>
</tr>
</thead>
</table>
| - take the pill by mouth everyday at a fixed time  
- to start the pill on or before the 5th day of menstrual cycle or use specific instructions of the packet  
- if she uses 28-day cycle, start a new pack after she finishes the previous packet without stopping  
- if she uses 21-day packet, stop for 7 days before starting a new pack | - to start the pill on first day of menstruation  
- continue taking 1 pill by mouth everyday strictly at the same time  
- when she finishes 1 packet, take the first pill from the next packet |
| **Provide her with back-up method (explain how and when to use) during the first month of regular COC pill-use**  
**Explain in a non-alarming way possible danger signs**  
**Ask client to repeat instructions, including that for missed pills**  
**Remind to store away from children**  
**Explain that COCs do not provide protection from STD/HIV**  
**Follow-up** | **Provide her with back-up method (explain how and when to use) during the first month of regular POP pill-use**  
**Explain in a non-alarming way possible danger signs**  
**Ask client to repeat instructions, including that for missed pills**  
**Remind to store away from children**  
**Explain that POPs do not provide protection from STD/HIV**  
**Follow-up** |
| **In cases of missed pills**  
If misses 1 pill: take missed pill at once & the next pill at the regular time, then take the rest as usual  
If more than 3 hours late in taking a pill, should use condoms as back-up or avoid sex for 7 days | **In cases of missed pills**  
If misses 1 pill: take missed pill at once & take the rest of the pills as usual  
If more than 3 hours late in taking a pill, should use condoms as back-up or avoid sex for 7 days |
<table>
<thead>
<tr>
<th><strong>COMBINED ORAL CONTRACEPTIVES (COCs)</strong></th>
<th><strong>PROGESTIN-ONLY PILLS (POPs)</strong></th>
</tr>
</thead>
</table>
| If misses 2 pills: take 2 pills as soon as she remembers, then take 2 pills the next day. Use a back-up method for 7 days then take the rest of the pills as usual.  
If misses more than 2 pills:  
- Throw away packet  
- Start a new one on or before the 5th day of the next menstrual cycle  
- Use a back-up method for a month  
If menstrual period does not begin within 4 – 6 weeks, see a physician for pregnancy exam | If misses 2 pills: take 2 pills a day for 2 days and re-start your pills right away. Use a back-up method for 7 days.  
If misses more than 2 pills:  
- Throw away packet  
- Start a new one on the 1st day of the next menstrual cycle  
- Use a back-up method for a month  
If menstrual period does not begin within 4 – 6 weeks, see a physician for pregnancy exam |
Common Side Effects

1. Nasusuka o Nahihilo
2. Maraming Tagihawat o Pimples
3. Pananakit ng Suso
4. Pagbabago ng Daloy ng Regla; Minsan walang Regla
Danger Signs

1. Jaundice
   Naniniwala ang Balat

2. Abdominal Pain
   Matinding Pananakit ng Puson

3. Chest Pain
   Pananakit ng Dibdib; Nahihiyapan sa Pagchinga

4. Headache Severe
   Matinding Pananakit ng Ulo

5. Eye Problems
   Panalalaban ng Mata

6. Swelling of Legs
   Namamagat at Sumasakit ang Binti
Sample of Combined Oral Contraceptive (COC) Pills

Sample of Progestin Only Pills (POPs)
Exercise VIII: Lecture-Discussion on Paraan Dos

Purpose: To provide the participants with the necessary and correct information regarding the use of oral contraceptives in emergency contraception

Time: 30 minutes

Learning Objectives:

After the exercise, the participants will be able to:

1. Identify what is Paraan Dos
2. Name 4 indications for Paraan Dos-use
3. State how to use Paraan Dos

Preparation:

• Prepare lecture materials or visual aids showing the itemized points of your topic. These lecture points could be placed on Manila paper with prints discernible at 20 feet or on overhead transparencies if possible.

Materials needed:

• Manila paper
• marker pens
• overhead transparencies (if needed)
• masking tape
• sample product of Paraan Dos
• overhead projector (if needed)

Instructions:

1. Give a brief lecture and discuss basic information regarding Paraan Dos. Refer to ‘Facts To Know’ for guidance.
Facts To Know

1) What is Paraan Dos?
   • It is a safe and effective way to prevent an unwanted pregnancy after unprotected sex within 72 hours or 3 days. It should not be used as a regular contraceptive method.

2) What kinds of pills can a client use as Paraan Dos?
   • Only two types of Oral Contraceptives Pills can be used as Paraan Dos:
     - Combined Oral Contraceptives (COCs)
     - Progestin-Only Pills (POPs)

3) In what cases can a client use Paraan Dos?
   Paraan Dos is suitable for a woman who has had any of the following:
   • Rape/sexual assault or other non-consenting sexual intercourse
   • Unprotected sexual intercourse
   • Contraceptive-use errors
   • Missed pills (if she forgets to take COCs 3 or more days in a row)
   • Miscalculated safe days with Natural Family Planning method
   • Contraceptive accidents (ex. condom breakage or slippage, IUD expulsion)

4) What are the directions for using Paraan Dos? (Please refer to PCM Diagram.)
   • Initially determine if the client had unprotected sex within 72 hours or 3 days before the consultation.
   • Determine also if the pregnancy is unwanted.
   • If there is risk for unwanted pregnancy and unprotected sex occurred within 72 hours or 3 days, provide Paraan Dos upon informed consent of the client. Use the following directions:

      ➢ If Combined Oral Contraceptives (COCs) are used:

<table>
<thead>
<tr>
<th>COC DOSE</th>
<th>DOSAGE</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Dose</strong></td>
<td>• Take 2 pills as first dose within 72 hours after unprotected sexual intercourse, followed by another 2 pills after 12 hours</td>
<td>Nordiol</td>
</tr>
<tr>
<td>– contains 50 mcg or 0.5 mg ethinyl estradiol or more</td>
<td></td>
<td>Femenal</td>
</tr>
<tr>
<td><strong>Low Dose</strong></td>
<td>• Take 4 pills as first dose within 72 hours after unprotected sexual intercourse, followed by another 4 pills after 12 hours</td>
<td>Trust</td>
</tr>
<tr>
<td>- contains less than 50 mcg or 0.5 mg ethinyl estradiol</td>
<td></td>
<td>Microgynon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nordette</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Logentrol</td>
</tr>
</tbody>
</table>
If **Progestin-Only Pills (POPs)** are used:

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

Example: Postinor 2 (contains 0.75 mg levonorgestrel)

- Provide the necessary take home messages.
- Remind the client to follow-up with a physician.
5) **How does Paraan Dos work in preventing pregnancy?**
- Prevents ovulation
- No meeting of egg and sperm
- Changes the lining of the uterus (endometrium) making it not suitable for implantation of a fertilized ovum

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

6) **How effective is Paraan Dos?**
- Effective when used correctly. If 100 women had sex during mid-cycle, 8 would become pregnant. With Paraan Dos, only 2 would become pregnant.

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

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

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

   a) Contraceptive methods that can be started immediately:
   - Condoms
   - Spermicides

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

Important to Remember:

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

Issues Related to the Use of Paraan Dos:

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

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

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

• STD and HIV. Messages that Paraan Dos treatment does not protect one from STD or HIV infection should be a part of the counseling session when providing Paraan Dos treatment.
• Stress. Clients may feel particularly anxious after unprotected sexual intercourse due to:
  ➢ fear of becoming pregnant
  ➢ worrying about missing the 72-hour window of opportunity for emergency contraception
  ➢ embarrassment at failing to effectively use contraception
  ➢ general embarrassment about sexual issues
  ➢ rape-related trauma
  ➢ concern about HIV
  ➢ a combination of these factors

Note: For these reasons, maintaining a supportive atmosphere during counseling is especially important.
Diagram for Prevention Case Management of Unwanted Pregnancy

**WITHOUT RISK OF PREGNANCY**
- hysterectomy
- menopause
- ligation

**WITH RISK OF PREGNANCY**
- contraceptive accidents (condom rupture, IUD expulsion)
- failure to use any type of contraceptive
- rape cases or sexual assault
- unprotected sex
- current user of Natural Family Planning Method (NFP) and Lactational Amenorrhea Method (LAM)

**UNWANTED PREGNANCY**
- contraceptive accidents (condom rupture, IUD expulsion)
- failure to use any type of contraceptive
- rape cases or sexual assault
- unprotected sex
- current user of Natural Family Planning Method (NFP) and Lactational Amenorrhea Method (LAM)

**ELIGIBLE FOR PARAAN DOS**
- unprotected sex is within 72 hours or 3 days
- LMP is not more than 5 weeks
- menstruation is regular

**NOT ELIGIBLE FOR PARAAN DOS**
- unprotected sex is beyond 72 hours or 3 days
- LMP is beyond 5 weeks
- with signs and symptoms of pregnancy or pregnancy test is positive

**TAKE HOME MESSAGES**
- Provide safer sex information for HIV and STD prevention.
- Assure the client.

**TAKE HOME MESSAGES**
- Refer the client to a doctor.
- Provide Counseling.
- Provide information regarding the use of regular contraceptives, including Paraan Dos.
- Give information materials regarding the different contraceptive methods, including Paraan Dos.

**TAKE HOME MESSAGES**
- Mention possible side effects such as vomiting, nausea, headache, and others.
- Emphasize that Paraan Dos is for one-time use only. Refer the client to a clinic, if necessary.
- Emphasize that Paraan Dos does not provide protection against HIV/AIDS and STD.
- Recommend regular use of contraceptives such as condoms, pills, and others.
- Give information materials regarding the different contraceptive methods, including Paraan Dos.

**ACTION PLAN**
- Provide Paraan Dos: Take 4 low-dose oral contraceptive pills (30 mcg or 0.3 mg ethinyl estradiol) within 72 hours of unprotected sex then take another 4 low-dose pills 12 hours after the 1st dose. If high-dose pills (50 mcg or 0.5 mg ethinyl estradiol) are used, take 2 pills each for the 1st and 2nd dose.
- Take Paraan Dos preferably with snacks or before bedtime.
- To avoid vomiting, take an anti-emetic tablet an hour before the first dose. Repeat intake of Paraan Dos if vomiting occurs within 2 hours of initial intake.
TOPIC IX: GOSSIP AND RUMORS

Exercise IX: Gossip and Rumors/Summary and Feedback

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

Time:
- Activity 1: 15 minutes
- Activity 2: 45 minutes

Learning Objective:

After this exercise, the participants will be able to:

1. Experience how rumors or gossips start
2. Refute 3 common rumors about contraceptive methods

Activity 1:

Preparation:

- Have on hand 2 strips of paper with the following statement written on each:

  Alam niyo ba, ang sabi ni Bitoy narinig niya, nagloloko si Bebang, nalalagas ang buhok, at nagpa-ligate na. (Trans.: Did you know, according to Bitoy, he heard that Bebang is fooling around, has “falling hair”, and has already been ligated.)

Instructions:

1. Divide the participants into two groups with equal number of members. If there is an excess participant, let her/him act as observer.

2. Instruct them to form a straight line according to height. The two groups should be two meters away from each other. The members of each group should be equidistant from each other.
3. After this, instruct them that the first member in front of the line of each group will be given a message to read. S/he will be given a minute to read the message and remember it.

4. After one minute, the facilitator will collect the written messages.

5. Instruct that the first member of each group will relay the message to the second member of their respective groups. The second member will then relay the message to the next and so on. The message relayed to each member should not be heard by the other group. Remind them that this activity is not a contest of speed in relaying the message.

6. The last member of the group who would receive the message should proceed in front. Wait for the other group to finish.

7. Let the last member of each group recite the message s/he received and remembered. After this, ask their respective groups if the message recited was complete or understandable. If not, ask them what were lacking in the message.

8. After the groups have answered, read out the original and written message. Compare it with what the last members mentioned by stating what information was excluded.

9. Mention to the whole group that what they have just experienced is an example of how rumors or gossips are started and how real information is distorted. Clarify to them that rumors or gossips are unverified information or opinions that are widely disseminated with no discernible source. As exemplified in the activity, the original and written message received by the first members is already unverified information coming from a person who also heard it from an unverified source. The first members then relayed what s/he remembers to another person creating more gossip since the original message has already been distorted.
**Activity 2:**

**Preparation:**

1. Have a ball ready for this exercise.

2. Prepare in advance. We recommend for example, that you find out which are the most common rumors circulating in areas where the participants work. Test your own ability to refute these rumors.

3. Be aware that in clarifying rumors, it is important not to create new ones. If the participants do not mention some rumors that you have heard, do not mention it either. Sometimes we are the ones that start the rumors!

4. Remember that you are now addressing a principal cause for the lack of acceptance and use of contraceptive methods. Fears of health problems, serious side effects, or premature sterility are hidden barriers that discourage people from using contraceptive methods. Developing skill in refuting these negative rumors is a priority in training FP-workers.

**Instructions:**

1. Explain to the group that you would like to hear all the negative things that people in their communities say about contraceptive methods.

2. Divide the group into small groups of 5 to 6 people. Ask one group to think of general rumors that apply to all or most methods. An example would be that the use of methods leads to infidelity. Assign to each of the other groups one or two methods. Tell them that they have 10 minutes to come up with all the negative rumors they have heard about. Have them choose 3 to share with the whole group.

3. Ask each group to choose a member to relate the rumors to the whole group.

4. Before participants break into their groups, make sure they understand the instructions. If they do not, explain again.

5. After 10 minutes, ask them to return to the large group and share the rumors that they thought of.

6. As the facilitator, be sure to take notes on any negative rumors you cannot clarify. Find out the answer and share it with the group before the training is over.
7. Start with the negative rumors that relate to all or most methods. Work with the participants to clarify the rumors. When a rumor is presented, ask the group for comments.

- Is it true? Why or why not?
- Why would people believe this rumor?
- If the rumor is not true, what can we say to convince people that the rumor is false?

8. Work through each of these rumors presented, making sure that the participants themselves fully understand why the rumors are false. Refer to the ‘Facts To Know’ on how to refute some of these rumors. Remember that your participants are from the community and may believe these rumors themselves. They need to know not only that a rumor is not true, but also why it is not true.

**Evaluation:**

1. Invite the group to form a circle. Choose one participant to start and give him or her, the ball.

2. Explain the game. Whoever has the ball repeats one of the rumors about contraceptive methods that were just discussed. Then, he or she throws the ball to another participant. This person refutes the rumor. The facilitator should also ask the group if they are satisfied with how the rumor was refuted. If not, ask them how the rumor should be refuted or what other facts should be mentioned aside from the information already given. The ball is then thrown to a third person, who repeats another rumor. The ball is thrown to a fourth person, who refutes it. The game continues in this manner until everyone has had the chance to participate.
Facts To Know

1) **What are rumors/gossips?**
   - Unreliable information passed around the community, mostly by word of mouth
   - Often inaccurate or false

2) **What should be done about counteracting rumors/gossips and misconceptions/misinformation?**
   - Correcting rumors and misinformation is one of the critical roles of CHOWs.
   - It is not enough to simply tell clients that what they heard is not true.
   - It is important to provide the right information based on facts.

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

<table>
<thead>
<tr>
<th>Myths/Misconceptions</th>
<th>Responses/Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PILLS</strong></td>
<td></td>
</tr>
<tr>
<td>Pills cause cancer.</td>
<td>Oral contraceptive pills (OCPs) have not been proven to be the cause of cancer in a woman’s body. In fact, OCPs such as COCs help prevent cancer of the ovary and the endometrium (lining of the uterus).</td>
</tr>
<tr>
<td>Pills cause abnormalities in babies if the mother has taken the pill during pregnancy.</td>
<td>Studies have shown that OCPs taken during pregnancy did not produce any abnormalities. The OCPs sold in pharmacy outlets have very low dosages of hormonal content. Causes of abnormalities of babies could be due to other factors, such as: intake of drugs that cause abortion, hereditary/genetics, illness such as measles, and antibiotics.</td>
</tr>
<tr>
<td>The pill builds up in the body and forms stones or causes the growth of uterine tumor.</td>
<td>The pill is dissolved inside the body. The hormones from the pill are metabolized in the liver and eliminated from the body through the urine within 24 hours.</td>
</tr>
<tr>
<td>Women who take the pill will not be able to have a baby in the future.</td>
<td>Pills do not cause total infertility. Most women become pregnant soon after they stop taking the pill. Some women like other women who do not take the pill, may take 3 to 4 months to get pregnant.</td>
</tr>
<tr>
<td>The pill makes the woman weak so that they cannot do their work.</td>
<td>The pill prevents both pregnancy and loss of too much blood during her monthly period. The woman even becomes healthier and stronger.</td>
</tr>
<tr>
<td>Women who use the pill lose interest in sex and become cold.</td>
<td>The woman who uses the pill has no fear of becoming pregnant. She therefore may enjoy sex more freely.</td>
</tr>
<tr>
<td>Myths/ Misconceptions</td>
<td>Responses/Answers</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PARAAN DOS can cause abortion and abnormalities in babies if taken when the woman is already pregnant.</td>
<td>PARAAN DOS cannot cause an abortion or abnormalities in babies if taken when the woman is already pregnant. PARAAN DOS does not disrupt an established pregnancy and has no known adverse effects on the growth and development of an established pregnancy.</td>
</tr>
<tr>
<td><strong>BILATERAL TUBAL LIGATION / VASECTOMY</strong></td>
<td></td>
</tr>
<tr>
<td>Ligation changes the woman’s menstrual period.</td>
<td>Bilateral Tubal Ligation (BTL) does not affect the woman’s menstrual cycle. The duration and length of the menstrual cycle can be affected by the following: poor nutrition, obesity, abnormally low body weight, stress, emotional trauma, hormonal, travel, endometriosis, and ovarian cysts.</td>
</tr>
<tr>
<td>Ligated women lose their sexual desire.</td>
<td>This is not true. The woman will look and feel the same. She might find that sex is better since she does not have to worry about pregnancy and the FP method does not interrupt sex.</td>
</tr>
<tr>
<td>Ligated women become &quot;sex maniacs&quot; or have higher sexual libido.</td>
<td>Bilateral Tubal Ligation has no direct effect on the sexual behavior of the woman. Ligated women may enjoy sex more since they no longer fear pregnancy. The sense of security of not getting pregnant may increase the libido of the client. Sexual activities are not interrupted by the chosen method.</td>
</tr>
<tr>
<td>The procedure in tubal ligation is more painful than childbirth.</td>
<td>The operation is simple and very minor. It only takes 30 minutes to perform. There is no pain during the operation due to the anesthesia. Pain-relievers are given for any slight discomfort that may occur after the operation.</td>
</tr>
<tr>
<td>After tubal ligation, women become weak and cannot do their work.</td>
<td>The minor operation has no effect on the physical strength of a woman. Women continue to do their ordinary work after operation. General body weakness of a woman could be due to several factors such as illness, lack of sleep, or lack of nutrition.</td>
</tr>
<tr>
<td>Ligated women should not lift heavy objects or engage in strenuous activities.</td>
<td>This is not true. As soon as the skin incision is healed the woman may resume her usual activities.</td>
</tr>
<tr>
<td><strong>Myths/ Misconceptions</strong></td>
<td><strong>Responses/Answers</strong></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Vasectomy is castration.</td>
<td>The man who has a vasectomy does not lose his testicles/penis or any of his masculine characteristics and feelings, except that he definitely will not make a woman pregnant.</td>
</tr>
<tr>
<td>Vasectomy makes a man lose his sexual desire and ability.</td>
<td>A man will look and feel the same as before. The vasectomy procedure does not affect his erection and ejaculation. Problems in achieving erection could be psychological.</td>
</tr>
<tr>
<td>Vasectomy causes impotency.</td>
<td>Vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.</td>
</tr>
</tbody>
</table>

**INTRA-UTERINE DEVICE (IUD)**

<p>| <strong>IUDs can travel from the uterus to other parts of the body.</strong> | The IUD can not travel to any part of the body. The uterus has a thick muscular wall and opens only into the vagina through the cervix. (Show a picture of the uterus.) It is only placed inside the uterus by a physician or a midwife and can only be taken out by them. If it does come out by itself, it usually comes out through the vagina. |
| <strong>IUDs cause infection.</strong> | This is not true. The procedure of inserting an IUD is very sterile. The process can only be done by trained medical personnel who observe proper aseptic (absence of any infectious organism) technique. The IUD does not cause the infection. The string of the IUD can be a carrier of a microorganism if there is an existing infection in the vagina. |
| The string of the IUD can wrap around the penis during sexual intercourse. | (Show the client an actual sample of IUD. Permit the client to touch the flexible string of the IUD. Show the client how short the string will be cut after the IUD insertion.) |
| A woman who gets pregnant while using an IUD will deliver with the IUD on the baby’s forehead. | The fertilized egg implanted in the endometrium of the uterus will develop into a fetus. This fetus is enveloped in an amniotic sac. The IUD is outside this developing fetus thus, the IUD cannot be found on the baby’s forehead during delivery. |</p>
<table>
<thead>
<tr>
<th>Myths/ Misconceptions</th>
<th>Responses/Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DMPA Injection</strong></td>
<td></td>
</tr>
<tr>
<td>Absence of menstruation as a result of using DMPA is bad for the health of women.</td>
<td>Absence of menstruation is an expected result of using DMPA because women using it do not ovulate and since the lining of the uterus does not thicken, there is nothing that will be shed off. It prevents anemia and frees women from the discomfort of monthly bleeding.</td>
</tr>
<tr>
<td>DMPA can cause abortion.</td>
<td>It does not cause abortion. DMPA inhibits ovulation and the union of egg and sperm does not take place hence, there is no abortion.</td>
</tr>
<tr>
<td>DMPA users will not get pregnant anymore even when they stop the injections.</td>
<td>Return to fertility is slow with DMPA-users because of the systemic effect of the drug. Women who have stopped using the DMPA usually get pregnant about 3 months after the last injection. Some women may however, take 6 to 9 months before they get pregnant.</td>
</tr>
<tr>
<td>DMPA can cause cancer.</td>
<td>DMPA has not been shown to cause cancer in humans. In fact, it has been demonstrated to protect against ovarian and endometrial cancer.</td>
</tr>
<tr>
<td><strong>CONDOMS</strong></td>
<td></td>
</tr>
<tr>
<td>Condoms will decrease sexual pleasure.</td>
<td>For some people this might be true. However, this does not have to be the case. After all, the condom does not have to be applied until after the couple is already aroused. Also sometimes, just knowing that you cannot get pregnant or become infected with STD makes sex more enjoyable.</td>
</tr>
<tr>
<td>Some condoms cannot fit.</td>
<td>“One size fits all.” Condoms can fit any size of penis as long as it is correctly used.</td>
</tr>
<tr>
<td>Condoms have holes where the sperm and microorganisms can pass through.</td>
<td>Every condom manufactured is tested electronically for holes and weak spots before it is released for sale.</td>
</tr>
</tbody>
</table>
TOPIC X:
INTERPERSONAL COMMUNICATION AND
FAMILY PLANNING COUNSELING

Exercise X-A: The Right Information/Summary and Feedback

Time: 60 minutes

Learning Objective:

After this exercise, the participants will be able to:

• Tell about all the methods available in the community and describe their general characteristics

Preparation:

• Have on hand samples or drawings of all the contraceptive methods offered by your agency.

Materials needed:

• marker pens
• Manila paper
• masking tape
• overhead transparencies (if needed)
• overhead projector (if needed)
• scissors
• samples or drawings of contraceptives

Instructions:

1. Ask the participants which FP methods are available in the community, and hold each one up as it is named. If any is missed, name it and hold it up.

2. Next, review each method, holding it up and asking: which method is this? Is it for a woman or a man? Is it temporary or permanent? Who can use it? Make sure the answer to each question is clear. Go over it again if necessary.

3. Now pick a volunteer to play the role of a young person coming to ask for Family Planning for the first time. Demonstrate how to introduce all the
available methods. Do the demonstration twice: once with a woman and once with a man.

4. Ask if there are any questions. If there are, clear them up. If not, divide the groups into twos or threes and have them practice giving information on all methods, to each other.

5. When everyone has had a chance to practice, get the group back together and talk about the experience and the attitude of the participants.

6. Summarize briefly the importance of giving this information so that couples and individuals can make an informed decision. Mention that informing and teaching couples or individuals about the whole range of available contraceptive methods in the community would assist them in making their choice. Remind the participants that it is important to let couples and individuals to be introduced to general information about the available contraceptives before going into the details of each. Be guided by the questions in #2 of this exercise to describe Family Planning methods in a general way.

Evaluation:

1. Ask the participants: if a man came to you asking for condoms, what would you do? Ask for volunteers to respond. Or, what would you do if a woman came asking for contraceptive pills for the first time? What should we do when anyone comes for the first time to ask for Family Planning?

2. Make it clear that users should always be informed that there are other methods, which can be described in a general way. Someone might come asking for one method and change his or her mind. Make sure the choice is a free one.
Exercise X-B: Counseling Role-playing/Summary and Feedback

Purpose: To provide the participants with the necessary information and practical skills in Family Planning counseling and interpersonal communication

Time: 60 minutes

Preparation:

- Prepare beforehand, copies of the cases on small strips of paper.

Materials needed:

- marker pens
- Manila paper
- masking tape
- overhead transparencies (if needed)
- overhead projector (if needed)
- scissors

Instructions:

1. Select 2 volunteers who will perform each of the cases.

2. Ask one volunteer to be the client from the community and the other, the Community Health Outreach Worker (or the CPE/PE, depending on the type of participants).

3. Mention to the volunteers that the pre-selected clients will play the role assigned to them. Make use of the cases in this exercise for the role-play. Other cases could be made depending on the needs of the participants and the training. The CHOWs/CPEs/PEs will have to demonstrate in front of the participants how they will handle the cases. Give the resolution of each case a maximum of 5 minutes or until such time that the volunteers can no longer handle the case.

4. The rest of the participants will observe the proceedings. Mention to them that at the end of each role-play, they will give additional inputs on how the situation could be handled better.

5. Remind the participants that the additional input is not meant to criticize the capability of the volunteers in the role-play. The inputs are meant to identify what is needed to improve their face-to-face communication skills in providing Family Planning service.
6. When input is given ask the rest of the group if this is useful and appropriate in improving face-to-face communication between a Family Planning service provider and a client. If not, ask why and ask for other recommendations. Write on the board the accepted inputs.

7. Summarize each case by reviewing the inputs given by the participants.

8. After this, present and discuss the lecture on interpersonal communication. Be guided by the information given in the ‘Facts To Know’.

**Cases:**

1) You are a 24-year old mother with four children. Asthma has been your only previous illness. You approach a CHOW to ask which Family Planning method you can use.

2) You are a young woman who has had sex with your boyfriend only last night. You are worried that the time will come when you will get pregnant. Your boyfriend is still not ready to marry you. You approach a CHOW to ask about medicine that can prevent possible pregnancy.

3) You are a 30-year old mother with two children. You have been taking pills for the past three weeks. You approach a CHOW because you have always been dizzy and nauseous.
Facts To Know

Conducting outreach work by the CHOWs or by CPEs/PEs are effectively done by being sensitive to the many behaviors people use to communicate their feelings and inquiries. The feedback your clients provide is very important since it lets you know if they understand and accept your messages.

Interpersonal communication is important in promoting and educating your clients about Family Planning concerns and choices. It is also important in helping the clients decide through counseling what course of action to take in planning their family.

1) What is Interpersonal Communication?

Interpersonal Communication:

- **Face to face, verbal** and **non-verbal** exchange of information or feelings between two or more people.
- It is used to **promote, educate** and **counsel** clients in every area of outreach work especially in promoting Family Planning.
- CHOWs and CPEs/PEs rely on face-to-face communication as the main way of educating and motivating clients to practice Family Planning.
- For CPEs/PEs doing outreach work, interpersonal communication is used to promote and educate community members on Family Planning concerns such as contraceptive-use.
- For CHOWs doing outreach work, interpersonal communication is used not only to promote and educate community members on Family Planning and Reproductive Health but also to counsel them into making the best decision on contraceptive-use.

Education

- Process of providing factual information and clarification about a topic to an individual or group

  Example: Clarifying myths and misconceptions on the use of oral contraceptive pills to a couple

Promotion

- Act of persuading an individual or group to adopt a specific behavior that could possibly assist them in their problem
Example: A couple being informed of all the available modern contraceptives in the community that could be used by the client to prevent future pregnancies

Counseling

- Act of helping a client to make her or his own decision, by providing unbiased information and asking questions about what the client wants and what the client thinks that he or she can do.
- PEs/CPEs should refer their clients to CHOWs for counseling on difficult Family Planning concerns or for decisions on contraceptive-choice.

2) How can Interpersonal Communication be effective in Family Planning?

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

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

3) What do you need to do in educating and promoting among couples or other community members on Family Planning such as modern contraceptive-use?

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

- Alert the couple or the individual to the problem
  Examples:  - overpopulation and economic situation of the country
             - economic burden of supporting more children
             - health risks of women with birth-spacing less than 2 years or multiple pregnancies
- Tell clients what to do about the problem
- Give reasons why the couple or the individual should adapt the behavior you are promoting
- Refute rumors if necessary
- Give simple and clear instructions if needed
- Sometimes you may need to appeal to emotions
• Use visual aids effectively or other education tools/materials
• Give a demonstration if necessary
• Provide information for follow-up
• Give clients handouts or flyers to take home

4) What is non-verbal communication?

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

Tone of Voice

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

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

The tone of voice appropriate when talking with your clients should be:

• Sympathetic
• Friendly
• Courteous
• Concerned
• Serious
• Factual

Body Language

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

Examples of poor body language include:

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

Examples of good body language:

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

5) What is verbal communication?

• It is speaking clearly and appropriately when dealing with clients.
• The words you speak must be specific and easy to understand.
• Use words or statements that the client understands and is adapted to his/her educational level.
• In talking with clients about FP, try to:
  - Be accurate and factual with your statements
  - Be brief and concise; only give information that is needed by your client
  - Speak in a simple and clear manner; use words that are common and familiar with the common group of listeners; translate technical terms to layman's vocabulary
• It is also important for CHOWs and CPEs/PEs to remember that they should also learn to listen in interpersonal communication.

6) Role of Counseling in Family Planning:

• Counseling is face-to-face communication
• Health service provider helps the client make a decision about his/her Family Planning program
• Enables health service provider to assist clients in choosing the method that is best suited for them and their needs
• Helps to correct rumors and misconceptions
• helps increase continuation rates and minimize drop-outs from the FP program
• Leads to increased acceptance of Family Planning

7) 6 Topics to cover when discussing contraceptive methods:

a. Effectiveness of the method
b. Advantages and disadvantages
c. Side effects and complications
  d. Proper instructions
  e. Prevention of STD and HIV
  f. When to return/refer

8) 6 Principles of Counseling:

  a. Treat each client well
  b. Interact with the client
  c. Adapt the information to the needs of the client
  d. Avoid too much information
  e. Provide the method that the client wants
  f. Help the client understand and remember

GATHER:

  • is an acronym which stands for the 6 elements of FP and RH counseling
  • is the approach to be adapted to meet the client’s needs

G = Greet the client in a friendly, helpful and respectful manner.
A = Ask the client about contraceptive needs, concerns and previous experiences with other contraceptive methods used.
T = Tell client about different contraceptive methods available in the community based on their needs.
H = Help client make decision about choice of method by explaining each method available.
E = Explain to client how to use the method.
R = Refer the client to other health service providers for further evaluation and management.

  Refer also for other services that you cannot offer at your level.

  Return: Schedule and carry out return visit and follow-up of client.
TOPIC XI:  
SEXUALLY TRANSMITTED DISEASE

Exercise XI: The Dance/Summary and Feedback

Purpose: To demonstrate how Sexually Transmitted Disease (STD) is spread and review ways to avoid infection

Time: 60 minutes

Learning Objectives:

After the exercise, the participants will be able to:

1. Explain what "chain of infection" means
2. Name 2 ways of avoiding STD

Preparation:

1. Have available a tape cassette or CD player so you can play some popular dance music. You should use a type of dance music that requires participants to dance as couples.

2. Obtain twice as many nametag-holders (ID plastic cases) as the number of participants. Fill the tag-holders with 3 colors of paper, white or plain paper for example, red, and blue. You will need 1/3 of the tag-holders for each color. Decide which color represents uninfected individuals, which will represent HIV-positive individuals, and which will represent participants with Gonorrhea.

3. Put all of the tag-holders representing uninfected individuals in a box or basket. Complete the number needed, so every participant will have a tag by adding HIV and Gonorrhea tags. For a group of 20 participants for example, you should have 13 blank or white tags, 2 HIV tags and 5 Gonorrhea tags. DO NOT LABEL ANY OF THE TAGS. Participants should not know until the end of the exercise what different colors of the tags mean.
4. Arrange the training room so there is space for the participants to dance.

Materials needed:

- nametag-holders/ID plastic cases
- colored paper
- scissors
- masking tape
- cassette player and tape

Instructions:

1. Explain to the participants that they are going to a dance where they hope to meet new people. Every dancer will be wearing a tag. Some of the tags are plain paper or white and other tags are colored. During the dance, you will be asking couples to change partners once in a while so they can meet new people.

2. Tell the participants that when they first choose a partner, and every time they change partners, they should check the color of their partner's tag. If the partner has a plain tag, they don't need to do anything. However, if their partner has a colored tag, they should get a tag of the same color from the box and add it to the one they already have. In other words, by the end of the dance some people might be wearing several tags.

3. Put the box with the remaining colored tags in a place that all the dancers can reach easily.

4. Start the music and motivate all the participants to choose a partner and start dancing. After a minute or two, call for a change of partners. Continue until participants have changed partners 2 or 3 times.

5. When the dance ends, ask participants who picked up colored tags during the dance to come forward. Have the participants who started the dance to also come forward and stand separately.

6. Tell the group what the tags represent, red for HIV and blue for Gonorrhea. First note the number of people who were infected during the dance. Starting with 8 infected people, we now have "X" number of infected people.

7. Next, explore with the participants how the infection was passed in the group. Ask how many of the participants that picked up tags during the dance were partners of those who were infected when they began the dance. How many became infected because they danced with a partner of the original infected group? Summarize, by explaining that there is a "chain of infection" with sexually transmitted diseases. They pass from person to person whenever there is a change of sexual partners.
8. Finally, ask the dancers who picked up colored tags during the dance how they could have avoided infection. Summarize that we can avoid sexually-transmitted infections by:
   a. "not dancing" - (not having sex)
   b. "dancing with only one uninfected partner who did not dance with anyone else" - (having sex only with a partner who has no other partner)
   c. always using condoms if you or your sexual partner has more than one partner

EVALUATION:

1. Have participants create a "chain of infection". Ask for volunteers to represent a married couple. Have them stand side by side in front of the group. Tell the group that the husband, Pedro, also has a mistress. Ask a female volunteer to come forward and stand behind Pedro. Pedro also had casual sex with a woman he met at a party six months ago. Have a second woman come forward and stand behind Pedro.

2. Continue by explaining that his wife, Aida, had sex with a boyfriend before she met Pedro and fell in love with him. Ask a volunteer to stand behind Aida and represent her former boyfriend.

3. Ask a volunteer to build the chain by naming another person who might have had sex with any of the people standing in front of the group. Have another volunteer add another partner.

4. Summarize by explaining that when we have sex with a person, it is as though we are having sex with every other partner of that person, either current or past. Ask participants to summarize how they can protect themselves from infection. Emphasize the following:

   - The ABCDs for the prevention of the sexual transmission of STD/HIV/AIDS are:
     - A: abstinence, do not engage in sex
     - B: be faithful, do not have sex outside a mutually monogamous relationship
     - C: condoms, use condoms correctly and consistently
     - D: do not abuse prohibited drugs or alcoholic beverages
**Facts To Know**

1) *What are STDs?*

**Sexually Transmitted Diseases (STDs):**

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

2) *How are STDs transmitted?*

They can be transmitted through the following:

- sexual intercourse
- contact with blood and blood products
- mother to infant
- close contact

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

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

3) *What are the causative agents of STDs?*

- **Bacteria:** Neisseria gonorrhea (causes Gonorrhea or ‘tulo’)
- **Virus:** Human Immunodeficiency Virus (HIV)
  - Hepatitis B Virus (HBV)
  - Papilloma Virus (warts)
• Protozoa: Trichomonas vaginalis (Trichomoniasis)
• Fungus: Candida albicans (fungal infection)
• Parasites: Phthirus pubis (pubic lice), Sarcoptes scabei (Scabies)

4) **What are the factors that influence the transmission of STDs?**

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

5) **What are the usual signs and symptoms of STDs?**

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

6) **Who can be infected with STDs?**

- Usually with age range of 15 – 29 y/o but any age group can be infected
- Job: sex workers and their clients, truck drivers, overseas contract workers
- Sexually active persons

7) **What are the complications of STDs?**

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

- Untreated Gonorrhea and Chlamydial infection can lead to Pelvic Inflammatory Disease which can cause infertility, ectopic pregnancy or infection of the eyes or lungs of the newborn
- Syphilis can spread through the placenta of a pregnant mother and could cause spontaneous abortion or death of the infant.
- Venereal warts can lead to cervical cancer after 5-30 years after initial infection
Exercise XII: Pop Quiz/Summary and Feedback

Purpose: To review and reinforce reasons for condom-use and use-instructions

Time: 60 minutes

Learning Objectives:

At the end of this exercise, participants will be able to:

1. Name 2 advantages of condom-use
2. Discuss how to use a condom

Preparation:

1. Have several condoms and penis-models on hand. Have a poster or drawings of the steps in condom-use for the evaluation.

2. Prepare a list of quiz questions you will ask the teams of participants. See the list that follows the exercise.

Materials needed:

- Manila paper
- Scissors
- Masking tape
- Condoms
- Penis-model or elongated egg-plant
- Marker pens
- Tokens (any type/form)

Instructions:

1. Divide the group into 2 teams and have the teams form lines, one line on the left side of the room and the other on the right.

2. Explain that you will be quizzing the group on the condom. The first question will go to the team on the right and the second to the team on the left. The first person in line will answer the question. If they answer correctly, they
should go to the end of the line. If the answer is wrong, you will repeat the question for the other team to answer. The person who gave an incorrect answer should stay at the head of the line and wait for another question.

3. Tell the participants that you will keep score by putting an object in front of each team every time they give a correct answer. The object can be anything readily available -- beans, a slip of paper, pens, etc.

4. Ask the first question and continue until all of the participants have had a chance to respond to at least one question. Refer to the ‘Pop Quiz Questions’ below.

EVALUATION:

1. Put up a poster illustrating the use of the condom. Cover up any writing that is on the poster so that only the drawings can be seen. Refer to the drawings of steps in condom-use in ‘Facts To Know’.

2. Ask for a volunteer to come forward and describe what is happening in the first step of the illustration. Have a second volunteer explain the second step, etc., until all the steps in condom-use have been reviewed.

3. Summarize the importance of condom-use by saying that it is both for protection from pregnancy and from STD.
POP QUIZ QUESTIONS

Note: The following questions are examples. The actual questions you ask should be guided by the responses from the participants, with follow-up questions where necessary. Refer to 'Facts To Know' for the appropriate answers.

A. General Questions

1. Is the condom a good method?
2. Why?
3. How well do condoms protect against pregnancy?
4. Is it true that condoms break easily?
5. If a condom slips off during sex, will it get lost inside the woman?
6. Why don’t more people use condoms?
7. Can a condom make it hard to keep an erection?
8. Do condoms protect against sexually transmitted diseases?
9. What do we mean by "sexually transmitted diseases"?
10. Can you give the name of an infection you might get from having sex?
11. Can you name another?
12. Is AIDS a sexually transmitted disease?
13. How else is HIV transmitted?
14. If you only have sex with one partner, do you need to use condoms?
15. Why?
16. Where can you get condoms?
17. Are they expensive?
18. Can anyone use them?
19. Do they come in different sizes?
20. Are they all lubricated (greasy)?

B. Use instructions

Take a condom and hand it to the next participant who is due to answer a question.

1. "If I want to use this condom, what is the first thing I should do?" (When participants say "Open the package", have them do that.)
2. Take the condom from the participant and hand it to the next participant on the opposite team. Ask her/him "Does this need to be tested for leaks".
3. Hand the condom to the next participant and ask "What might happen if I test the condom before using it".
4. Hand the next participant a penis-model and a condom and ask "How do I get the condom on the penis".
5. Ask the next participant "Can you show me how it is put on".
6. Pass the penis-model with the condom on and ask, “Should the condom be pulled tight?”
7. Why do you leave room at the tip of the condom?
8. When should a man put on the condom?
9. When should he take it off?
10. How do you get the condom off?
11. What do you do with a used condom?
Facts To Know

Condoms are the only Family Planning method that also protects against STD including HIV. These are inexpensive and easy to use. Some information about condoms, have been discussed in the topic on contraceptives.

1) What is the importance of the manufacture and expiration dates of condoms?

Most condoms have either the manufacture date or expiration date stamped on its packages. Use condoms before the expiry date or within 3 years of the manufacture date.

Regardless of the manufacture date or expiry date, if a condom has a defect or flaw, or looks and smells different, do not use it. Throw away and get a new one.

2) What is the importance of lubrication?

Some commercially available condoms have lubricants on it – these are slippery to the touch.

It is easier to unroll a condom if it is lubricated.

A small drop of lubricant on the penis and on the inside of the condom can increase sensation.

Do not use oil-based lubricants on the condom (example: vaseline, baby oil, hair gel, cooking oil). These types of products quickly make latex brittle and break easily.

Use water-based lubricants such as K-Y gel. Water, saliva and raw egg-white can be used as lubricants.

3) Reminders on condom disposal:

Dispose condoms carefully so that other people, children or even animals do not find them. Infected semen and other body fluids on the condom can infect others. Throw away used condoms in a trashcan or bury them under the ground.
4) **Illustrated condom instruction:**

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

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

- Continue squeezing tip while unrolling condom until it covers all of penis.
• Always put on condom before entering partner.

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

• Slide condom off without spilling liquid (semen) inside vagina.
5) Illustrated Condom Care

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

- Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms. The oils cause the condom to break. Use water based lubricants.
• Do not use your teeth or other sharp object to open the package — it may tear the condom. Tear the condom package open carefully using the guides in the package.

• Do not pull the condom tight over the head of the penis — it may cause the condom to burst. Squeeze the air out of the tip of the condom before you put it on to leave space for the semen to collect.
• Do not unroll the condom to check for tears before putting it on. Unroll the condom directly onto an erect penis.

• Do not wash out and attempt to re-use a condom – it may break. Use condoms one at a time and then dispose of it properly. Keep new supplies.
Exercise XIII-A: Video: For or Against

Purpose: To become familiar with the characteristics of an effective Community Health Outreach Worker (CHOW)/Peer Educator (PE) as Family Planning promoter

Time: 60 minutes

(Reminder: This exercise can be used in areas if video equipment and electricity is available.)

Learning Objectives:

At the end of the exercise, the participants will be able to:

- Describe at least 2 positive qualities of a CHOW and a PE

Preparation:

1. Have on hand a video of ‘Agreeing to Be a Promoter’ (TRT: 7 minutes).
2. Prepare VHS and television equipment.
3. Distribute ballpens/pencils and paper for the participants' use. Write the words ‘FOR’ and ‘AGAINST’ in bold letters on separate pieces of bond paper. Have these labels on hand for the activity.

Materials needed:

- Marker pens
- Manila paper
- masking tape
- overhead transparencies (if needed)
- overhead projector (if needed)
- scissors
- ballpens or pencils
- VHS and TV equipment (if available)
Instructions:

1. Inform the participants that they will watch a video interview that shows a real-life situation, which a CHOW might encounter. However, the presentation has been exaggerated to emphasize its learning content.

2. Explain to them that they should pay attention to both the verbal and non-verbal communication used by the actors and take notes to help them remember the dialogue and reactions of the actors.

3. Show the video twice.

4. After the showing, post the labels ‘FOR’ and ‘AGAINST’ on separate sides of the board in front of the participants.

5. Ask the participants to decide, without saying anything, whether the owner of the store would or would not be an appropriate promoter.

6. Ask the participants that are in agreement to write ‘yes’ and those who are not in agreement to write ‘no’ on their papers.

7. Ask the participants who are in agreement to go to the ‘FOR’ side, and those who are not in agreement to go to the ‘AGAINST’ side. If the participants all arrive at the same conclusion, divide them into 2 groups. Let the participants divide themselves for the succeeding activities.

8. Ask the participants of both groups to discuss for 5-10 minutes the reasons for their decision.

9. Ask each group to name a representative to share their ideas with the rest of the participants.

10. On the board, write down the ideas mentioned by the group representatives under the labels ‘FOR’ and ‘AGAINST’, respectively.

11. To conclude, analyze the concepts voiced by the participants.

12. Summarize the most important points and opinions expressed by the participants, such as:

   - Personal characteristics are very important in the selection of a volunteer promoter of Family Planning.
• The store owner in the video is not an appropriate candidate for the position of promoter because she is neither interested in nor supportive of Family Planning, does not have time to attend training courses, and is more interested in making money than in serving the community.

13. After this summary, you could ask the group to also come up with a consensus on this question: ‘What are the positive qualities that a PE should possess?’

14. Have the groups discuss this for 5 – 10 minutes.

15. After which, let the representatives of the groups summarize their discussion.

16. Write on the board their points.

17. To conclude, emphasize the points the groups made and then ask for feedback if all points are acceptable.

18. Go back to number 5 and repeat the process for the FP promoter in the video, towards reaching a consensus on the positive qualities that a CHOW should have.

Exercise XIII-B: Recruiting and Motivating Others

Purpose:
1. To provide the participants the necessary information to recruit and motivate individuals and couples to become peer educators

2. To make the participants realize the importance of assisting peer educators understand their reasons for helping their peers

Time: Activity 1: 20 minutes
Activity 2: 40 minutes

Learning Objectives:

At the end of the exercise, the participants will be able to:

1. Identify the reasons for wanting to become a peer educator
2. Describe at least 2 strategies for recruiting peer educators
Preparation:

Materials needed:

- Marker pens
- Manila paper
- ballpens/pencils
- masking tape
- overhead projector (if needed)
- scissors
- overhead transparencies (if needed)
- pad/bond paper

Activity 1:

Instructions:

1. Ask each participant to share with the group reasons for wanting to become a peer educator (PE) on Family Planning. Record the list on the board or on Manila paper. Some possible reasons are included in ‘Facts to Know’ – Item 3C. This list will be used for the next exercise. Allow a maximum of 10 minutes for this particular activity.

2. Ask the participants to list some of the reasons why others may not be able to become peer-educators. Record the list on the board or on Manila paper. Some possible answers are included in ‘Facts To Know” – Item 3C. This list will also be used in the next exercise. Allow a maximum of 10 minutes to do this particular activity.

3. Review the important points and ask for feedback from the participants if all points are acceptable. Input more by mentioning other answers found in ‘Facts to Know’ – Item 3 C.

Activity 2:

Instructions:

1. After the first activity, divide the participants into small groups of at least 3 participants each. Ask each group to select one item under the reasons for not becoming a peer educator from the list developed in the previous exercise.

2. Instruct the group members to develop a role-play showing how they would convince a friend with this particular reason to become a peer educator.
3. The members of each group should assume the roles of:
   a. CHOW
   b. reluctant but qualified friend/couple
   c. observer, to evaluate the role-play and make suggestions for improvement
   (Give them 10 minutes to develop the role-play.)

4. Bring the groups back together. Ask each small group to perform their role-play for the whole group.

5. After all the role-plays have been performed, discuss how convincing and effective the arguments and strategies were. Use the following questions to start a discussion:

   - Do you think the strategies demonstrated by the groups will work? Why or why not? How can they be improved?
   - Are there some additional incentives and support that the project can provide? Does the project have the resources to provide them?
   - What other things can the CHOW do to recruit PEs? What can other people (example: NGO/project staff, government partners) do to help recruit PEs?

6. Record the suggestions on the board or on Manila paper. Several possible suggestions are listed in 'Facts To Know' – Item 3C.

7. Review the important points and ask for feedback from the participants.
Exercise XIII-C: Developing and Evaluating a Peer Educator Work-Plan/Summary and Feedback

Purpose:
1. To enable the participants to develop their own personal project work plans and schedules of activities that will fulfill their duties in doing outreach work
2. To make the participants aware of the sources of support in fulfilling their outreach work duties

Time: 
- Activity 1: 20 minutes
- Activity 2: 40 minutes

Preparation:

Materials needed:
- Marker pens
- Manila paper
- pad/bond paper
- masking tape
- overhead projector (if needed)
- scissors
- overhead transparencies (if needed)

Learning Objectives:

At the end of the exercise, the participants will be able to:

1. Describe how and where they can find additional support and resources to help them complete their duties
2. Discuss how they will develop their personal work plans
3. Explain how they will successfully complete their personal development and work plans

Activity 1:

Instructions:

1. The facilitator will use the questions below to discuss how and where participants can get various types of information about Family Planning and contraception. The ‘Facts To Know’–item 3D contains some sources of information. Record the ideas on the board or on Manila paper.
   - Who or what resources can help you?
   - What types of information do they have?
   - Where are they located?
2. Review the important points and ask for feedback from the participants if they have anything else to add.

Activity 2:

Instructions:

1. After the first activity, the facilitator will divide the group into smaller groups of at least 3 participants each.

2. Read the following scenario and questions to initiate small group discussion for 5 minutes.

   Scenario

   Imagine that you are a peer educator and responsibilities in the coming week are:

   - Talk to a certain number of new couples for Family Planning and promoting contraceptive-use
   - Attend a meeting of peer educators with the CHOW
   - Accomplish reporting forms after each outreach activity
   - Follow-up a contraceptive-user
   - Submit reporting forms to CHOW
   - Go to the marketplace to buy food supplies

   Discussion Questions

   - How would you go about doing all these tasks during the week?
   - Are there tasks more important than the rest?
   - What strategies and materials can you use to help organize your schedule?

3. Ask the groups to attempt to make and arrange a schedule that makes good use of their time and reduces wasted effort.

4. Ask the participants to return to the large group. Discuss the strategies and materials that they used to develop a schedule. You can record on the board the discussion points. ‘Facts To Know’ – Item 3D contains some suggestions for materials that improve time-management capability. It also contains a sample work-plan table.
5. After discussing, you can review the important points made and ask feedback from the participants.

6. After all these exercises, it is advisable to provide a short lecture on the outreach work program, qualities and tasks of a CHOW/Couple Peer Educator (CPE), and how to develop an effective outreach work program.

**Facts To Know**

**1) What is an outreach work program?**

- It is a very effective strategy for connecting with people who are difficult to reach through conventional intervention-delivery methods.
- This is designed to meet people where they are and help them avail of selected programs that may assist them with education, counseling, and provision of health services.
- The program should be supervised and evaluated on a continuing basis to assess its effectiveness.
- An outreach work program could be done through 3 outreach activity-sites:

  - Active Street Outreach: physically providing information in an area where the target community-members are located
  - Fixed Outreach Site: outreach work is carried out in a designated site; this establishes a relationship with the community and recognition as a dependable source of information and service
  - Distribution Site Outreach: providing IEC materials or supplies in a location utilized by community-members availing of FP/RH services; these sites enable people to obtain materials/supplies confidentially

- Outreach-work for RH/FP services could be done by a qualified Community Health Outreach Worker (CHOW) or Peer Educator (PE).

- A RH Community Health Outreach Worker:
  - is trained to be sensitive to the Reproductive Health and Family Planning needs and values of the community-members
  - is more readily accepted and valued by the community as a credible person to provide RH information, counseling and services
• A RH Peer Educator:
  - is trained to assist others in his/her peer/social group in making decisions about Family Planning and Reproductive Health concerns through programmed activities
  - could be selected among low-income, sexually-active young adults/couples
  - assists the CHOW in the accomplishment of the project’s tasks

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

**A CHOW should:**

- have relevant background
- be fluent in Tagalog and other local dialects
- be willing to conduct outreach work among fisherfolks in coastal communities
- have no reservations concerning Family Planning or modern contraceptive-use
- have good interpersonal communication skills
- have a positive attitude and non-judgmental manner
- have leadership skills, i.e., ability to interact with barangay officials
- be a mature, responsible and committed individual
- be accepted and respected by the community he/she will work in
- be familiar with the community in terms of the following:
  - community’s beliefs, values and opinions
  - existing primary health care structure
  - knowing the society’s main players, both formal and informal
- be willing to serve the community-members
- be willing to learn and undergo training in Reproductive Health (RH) and Family Planning (FP) and to serve as a motivator and provider of FP services
- lead by example
- be a team worker

**A CHOW’s main responsibilities are:**

- develop and deliver mobile FP services in assigned barangays and sitios
  - work together with Peer Educators (PEs) to identify and screen females that are interested and eligible to use modern contraceptives
  - develop a routine schedule at each sitio for delivery of Family Planning commodities and information, education and communication (IEC) materials
  - travel to the designated sitio to collect contributions from Community Based Distributors and remit funds to the Project Manager(PM)/Executive Director (ED)
- deliver Counseling and Inter-Personal Communication (IPC) to target audiences as needed and indicated
- develop and maintain recording/reporting system that tracks the number of new and recurrent FP acceptors, reported side effects/problems, amount of funds donated, etc.
- maintain inventory of stocks of FP commodities
- submit monthly output report and inventory forms to the PM/ED by the 25th of each month

- counsel potential acceptors about the range of contraceptive options particularly modern methods, e.g., Oral Contraceptive Pills (OCP), injectable contraceptive (DMPA), Paraan Dos, condoms, etc.
- motivate new FP acceptors and maintain current acceptors
- clarify myths and misconceptions about Family Planning, side effects of hormonal methods and other issues utilizing support materials provided by PFPI as part of the CHOW training
- assist in establishing, monitoring and re-supplying a community-based distribution (CBD) outlet for FP commodities (pill, condom, Paraan Dos, DMPA) and IEC materials in each target sitio (the CBD point can be located in the home of a peer educator or other appropriate location); monitor and re-supply the CBD outlets; collect donations, and remit funds to the PM/ED on the same day
- establish a functional referral network for other FP services (IUD insertion, vasectomy, tubal ligation); liaise with midwife, BHWs and private practitioners in the target area; refer cases to other Reproductive Health services as appropriate
- assist with the establishment of the Peer Education program
  - identify active Family Planning acceptors or couples to serve as PEs and role-models in their respective communities
  - assist in the conduct of training and continuing education for PEs
  - supervise and support the work of PEs, deliver continuing education, and review the daily logbook of each PE
  - collect and collate data from PEs and other sources; prepare monthly output report using the standard forms developed by the project; submit completed forms to the PM/ED by the 25th of each month
- assist in the development, pre-testing and/or distribution of Reproductive Health and Family Planning IEC materials as requested
- identify areas for professional development of peer educators to update them on the latest developments in RH as necessary
- conduct annual behavior monitoring surveys (BMS) in selected barangays/sitios as requested and trained
A CPE should:

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

A CPE’s main responsibilities are:

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

3) How to develop an effective outreach program?

a) Know the rationale for utilizing couples as peer educators.

The need for couples to assist in community health outreach work as peer educators depends on the RH goals of the project. For the IPOPCORM Project, CPEs were found to be necessary in promoting the use of modern contraceptive methods. Reasons for such are the following:

- Peer education provides the avenue for delivering culturally sensitive messages from within the social group. It is particularly more advantageous to promote FP to partners/married individuals, if coming from couples within their community.
• This is a community-level intervention that supports and complements the program of the local health unit. It links other community-based strategies of the project.
• Community-members are more comfortable relating their intimate personal concerns, to somebody or a couple they know. It is particularly effective to be informed of solutions to their problems by a credible person or couple.
• This provides increased delivery of FP services to the community at a smaller cost. Services are also more effectively provided.

b) Review the objectives of the project and the activities that will help meet these objectives.

Before selecting and training PEs, it is vital to know, learn, and review the project’s objectives and corresponding activities. These activities will determine the type of training, support, supervision, and materials needed for the outreach and peer education program.

There is a need to also review the duties and responsibilities of CHOWs and PEs. The activities of the PEs can be based on these duties and responsibilities.

Remember: The training and supervision of the PEs depend on their assigned activities. Do not assign activities that need supervision beyond the capabilities of the CHOW. Involve the PEs in the planning of their assigned tasks.

c) In motivating, recruiting and selecting PEs, the CHOW should take note of the qualifications that the individuals or couples should have as peer educators. They should meet most, if not all, of the qualifications. (Please refer to items in bullet no. 2 above.)

Remember: Couples who currently practice FP and/or are strong advocates of FP principles can be good peer educators. Trained health workers could also be effective peer educators.

Some reasons couples decide to become peer educators:

• Desire to help others
• Desire to help themselves learn how to prevent pregnancy and observe birth-spacing
• An influential person (CHOW, nurse, health educator, community leader) had asked the couple
• The incentives or benefits that may be received

Some reasons couples decide not to become peer educators:

• Fear of failure
• Lack of knowledge about the project
• Lack of time (busy with job or other family matters)
• Lack of money
• Physical obstacles (access to transportation, large coverage area)
• Personal values

Some arguments that may convince reluctant qualified PEs might be:

• Fear of failure - They will be trained to equip themselves with the necessary information and skills that will assist them in the accomplishment of their tasks.
  - There will be ongoing support from the staff and their peers.

• Lack of knowledge - They will be provided continuous supervision, training, and appropriate informative materials.

• Lack of time - Although commitment of time is great, the CHOW will assist them in planning the most appropriate schedule for fulfilling the task required.

• Physical Obstacles - Arrangements could be made to overcome these problems and appropriate resources available to the project will be provided.
• Lack of money - Performance of their duties will not entail personal cost and other forms of incentive from other sources will prioritize them.

**d) Provide the necessary support and supervision to PEs. This would also include monitoring and evaluating them.**

The amount of supervision and support that PEs need will depend on the type of activity they will undertake and the amount of training they’ve had regarding RH-concerns.

**d.1) PEs need to be given as much support as is required, when in search of information, and in the performance of their duties. Resources to tap are:**

- Local health care providers
  - They could provide additional information, materials, or insight with regard to RH.
  - They could also assist in serving referrals made by PEs.

- Informative materials on FP and RH

- Mass media

- Project staff (field supervisor, community-organizer, CHOW)
  - They could provide project direction and serve referrals made by PEs
  - They have the informative materials the PEs can use in the performance of their duties.
  - They can assist in the development of the PEs' work plans for contraceptive promotion, or guide them in making a weekly plan. (See example of a CPE work plan.)
  - They can also assist in providing PEs' target outputs, which should be achieved in a specified time.
### Sample of a Work Plan of a CPE
#### Month of February (day 1-7)

<table>
<thead>
<tr>
<th>Morning Schedule</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat/Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend weekly meeting with CHOW (10 am)</td>
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<td>Family Time</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Schedule</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat/Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work* (meet new contact/couple for FP promotion &amp; education)</td>
<td></td>
<td></td>
<td>Work* (remind FP-user to avail of FP supply and follow-up)</td>
<td>Work* Submit report to CHOW Refresher Course</td>
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</tbody>
</table>

Other sources of support are:
- Community acceptance is important. This may come in the form of endorsement of the activity by the local leaders and government officials, and people’s organization.
- Regular scheduled meetings
- Additional educational materials for their own use
- Supervisor/CHOW-availability to assist in difficult and discouraging experiences
- Paraphernalia/materials for outreach work such as:
  - Calendar (pocket-size)
  - Map of target area/barangay
  - Weekly work-plan (to-do list)
  - Bag for holding and transporting outreach materials
  - Monitoring Forms for recording accomplishment of their duties

**d.2) Supervising PEs is very important to ensure that they are actually fulfilling their duties and activities. There are various ways that supervision can be done:**

- One-on-one meetings-visits with PEs to answer their questions and difficulties
- Observation of PEs during their work and provide constructive feedback regarding their outreach
• Scheduled meetings with PEs to sort out problems and difficulties encountered; this is also an appropriate time to provide information-update activities to further support their learning

• Regular submission by PEs of recorded data and reporting forms. Also provide constructive feedback regarding their reports.

Remember:  
- A one-time training for PEs is not enough to make them do well in their outreach. It is very vital for CHOWs to supervise and monitor them during their work. If necessary, the needed support should be provided to ensure effectiveness in their work.

- Peer educators may stop their work if they are not properly supervised, supported and motivated to accomplish their assigned tasks.

• Reporting forms are very important to keep track of Project accomplishments, successes and failures. PEs are required to submit reports regarding daily, weekly and/or monthly program activities according to their accomplished work plan. The information in their reports updates the CHOW and the rest of the staff with regard the project’s progress and direction. Reporting forms also assist the CHOW in evaluating the strengths and weaknesses of the PEs.

Generally, the following reports are accomplished:

- Daily Diary or Daily Log of Activities
- Client Profile
- Monthly Activity Report
- Referral Slip

(A sample of each of these forms is found in the 'Appendix'.)

e) Provide a comprehensive training to PEs.

After you have decided on the duties and responsibilities of the PEs and their planned activities and targets for a specific time frame, and after you have selected, recruited and motivated PEs, you can now plan for their training.

Remember:  
- The activities assigned to the PEs will help decide which topics need to be taught during training. Make use of the training manual for peer educators.
- Training can be given in a number of ways depending on the availability of the peer educators. This could be given in half-day sessions spread out over an extended period or in daily full-day sessions for 3 days or so.

- One-time training is not enough. This should be followed up with weekly updates and one-on-one, on-the-job training and supervision.

- Have enough time for preparing the training of PEs. Be sure to make topics easy to learn and visual aids comprehensible according to their level of education.

- Give the PEs enough time to practice what they have learned. Give them constructive feedback to help them improve. Be sure to schedule a time to work with them after the training to provide more supervision and support.

- Also provide an appropriate examination for the PEs before and at the end of the training. Only those who demonstrate a clear understanding of basic RH and FP information should be allowed to continue as peer educators.
TOPIC XIV: EVALUATION

Exercise XIV: Post-test/Course Evaluation

Purpose:
1. To measure participants’ level of related knowledge post-training
2. To assess overall conduct of the course

Time: 30 minutes

Instructions:

1. Distribute the post-test questionnaires and course-evaluation forms to the participants.
2. Make sure that they fully understand the instructions.
3. After the participants have finished answering the forms, instruct them to submit the evaluation forms after which, instruct them to exchange test papers for review and correction.
4. Have every participant read each question asked in the test and give the corresponding answer. Ask the group if the item needs to be discussed or clarified further, especially if some participants answered incorrectly. Please refer to ‘Appendix’ for ‘Sample Evaluation Forms’ and ‘Post-Test’.
APPENDIX

A. Sample Pre-/Post-Test for CHOWs

PRE-/POST-TEST QUESTIONNAIRE

Name: _______________________________
Date: ______________________________

Instructions: Encircle the letter of the answer you consider correct. There may be more than one correct answer to a question.

1. Permanent contraception include/s:
   a. Vasectomy
   b. Rhythm Method
   c. Bilateral Tubal Ligation
   d. IUD

2. Paraan Dos should be used:
   a. Within 6 days after unprotected sex
   b. Within 84 hours after unprotected sex
   c. Within 72 hours after unprotected sex
   d. up to one week after unprotected sex

3. The side effects of Combined Oral Contraceptives (COCs) are the following, EXCEPT:
   a. nausea
   b. vomiting
   c. jaundice
   d. weight gain
   e. darkening of skin

4. DMPA is an injectable contraceptive that has the following characteristics:
   a. this contraceptive contains both estrogen and progesterone
   b. a hormonal contraceptive method which contains progestin
   c. can be injected every 2 months
   d. injected every 3 months

5. The following method/s may be started immediately following Paraan Dos-use:
   a. Voluntary Surgical Contraception
   b. Injectables
   c. Combined Oral Contraceptives
   d. Condoms

6. Paraan Dos is appropriate for use in the following situations:
   a. in cases of contraceptive failure
   b. in cases of sexual assault
   c. in cases of non-usage of any contraceptive method
   d. in cases of regular contraceptive-use
7. Modern, effective and artificial contraceptive methods include the following:
   a. Condoms
   b. low dose Combined Oral Contraceptives
   c. DMPA
   d. Rhythm method
   e. IUD

8. What is/are the preferred method/s for preventing unwanted pregnancy and sexually transmitted
diseases for men and women with risky sexual practices?
   a. Rhythm method
   b. Condoms
   c. Paraan Dos
   d. IUD

Instruction: Mark "True" or "False" in the blank provided for each statement.

1. ______ Oral Contraceptive Pills cause cancer.
2. ______ Vasectomy affects the capability of males to achieve erection of the penis.
3. ______ IUD causes infertility and Pelvic Inflammatory Disease.
4. ______ Rhythm/Calendar Method is more effective than Pills or Condoms in preventing pregnancy.
5. ______ Hormonal methods of contraception (e.g. Pills & DMPA) can induce abortion if taken during the time of pregnancy.
6. ______ "Informed Consent" means that the client has received clear and correct necessary information to make her/his own decision.
7. ______ The ability to achieve pregnancy is affected by age.
8. ______ Combined Oral Contraceptive (COC) Pills can be given to all breastfeeding women and those above 35 years of age.
9. ______ Condoms can protect against STDs, HIV, and unwanted pregnancies.
10. ______ Oral Contraceptive Pills and injectable contraceptives (DMPA) can be started on or before the 5th day of menstruation.
### B. Sample Course Evaluation Forms for the Training of CHOWs and CPEs/PEs

#### COURSE EVALUATION for CHOWs Training of Trainers

<table>
<thead>
<tr>
<th>Date: ____________________________</th>
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</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Value of this seminar/workshop to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Usefulness of the topics/contents</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Ability of the speaker to transfer knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Effectiveness of the training method used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Rating of the seminar/workshop in terms of attaining the objective/s</td>
<td>Too short</td>
<td>Just right</td>
<td>Too long</td>
</tr>
<tr>
<td>6. Length of participants’ participation in the discussion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Duration of the seminar/workshop</td>
<td></td>
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<tr>
<td>8. What did you learn in this workshop?</td>
<td></td>
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<tr>
<td>9. What did you like most about the contents of this workshop?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. What did you dislike most about the contents of this workshop?</td>
<td></td>
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<tr>
<td>11. Would you recommend this workshop to others? Why? Or why not? If yes, who?</td>
<td></td>
<td></td>
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<tr>
<td>12. What are your suggestions to improve similar workshops in the future?</td>
<td>a. Content:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>b. Food, venue, etc:</td>
<td></td>
<td></td>
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<tr>
<td>13. What aspects of the training do you intend to use or try?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Reporting Forms

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

1. PE Diary

<table>
<thead>
<tr>
<th>Client/Couple No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Client Contact:</td>
</tr>
<tr>
<td>New</td>
</tr>
<tr>
<td>Repeat</td>
</tr>
</tbody>
</table>

Name of Client/Couple: 
Age of Client/Couple: 
Educational Attainment: 
Occupation: 
Address: 

Case Description:

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

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

Plan for Client:

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

________________________ 
Signature of Peer Educator

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

The CHOW can use the form below in recording the outreach work output and contraceptive promotion logged in the PE Diary. The CHOWs will accomplish this form according to the PE Diary of the PEs. This form will serve as the client’s initial medical record.

<table>
<thead>
<tr>
<th>CLIENT RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay:_____________________________  Date:___________  □New client</td>
</tr>
<tr>
<td>CHOW:_______________________________  Time:___________  □Continuing client</td>
</tr>
</tbody>
</table>

**Client Profile:**
- **Date of Visit:** ________________
- **Name of Client:** ________________  **Age:** ____  **Sex:** ____  **Occupation:** ________________  **Status:** ____
- **Highest Educational Attainment:** ________________
- **Address:** ________________________

**Name of Partner:** ________________  **Age:** ____  **Sex:** ____  **Occupation:** ________________

**Address:** ________________________

**Past Personal History:**
- □No sexual experience
- □Age of first sex
- □Age of first menstruation
- □History of contraceptive-use
  - **Type**
  - **Date**

**Past Medical History:**
- □Smoking history
- □Alcohol consumption
- □Allergies
- □Other medical concerns:

**Problems Encountered:**

**Action Taken:**

<table>
<thead>
<tr>
<th>Method</th>
<th>New User</th>
<th>Continuing User</th>
<th>Method Re-started</th>
<th>Method Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Condom</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Paraan Dos</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>DMPA</td>
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<td>IUD</td>
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<td>VSC</td>
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<td>LAM</td>
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<td>NFP</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Other Assistance</th>
<th>□IEC materials □IEC/Counseling □Referral</th>
</tr>
</thead>
</table>

**Referred to:**
- □ Rural Health Unit (RHU)
- □ BHW/Midwife
- □ Non-government organization (NGO)
- □ Others: ________________________
- □ District Hospital

**Results of Action Taken:**

_________________________

CHOW Signature
3. Daily Activity Record

This can be used by CHOWs to summarize data compiled from the Client Record regarding information on contraceptive-use and other assistance.

<table>
<thead>
<tr>
<th>Date</th>
<th>Client</th>
<th>Age</th>
<th>Sex</th>
<th>Status</th>
<th>New User</th>
<th>Cont User</th>
<th>Meth od Rest arted</th>
<th>Meth od Chan ged</th>
<th>Co rd on</th>
<th>PIs</th>
<th>EUD</th>
<th>VSC</th>
<th>PD</th>
<th>Ot he rs</th>
<th>IEC Mate rials</th>
<th>IEC/Counseli ng</th>
<th>Referred to:</th>
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</tbody>
</table>

Total Number of New/Cont. Users

Total Contraceptives Given

Total Number of IEC Materials Given/Counseling Given/Referrals Made

CHOW Signature
4. Monthly Summary Report

This shall be accomplished by the Field Supervisor to summarize the necessary data from the Daily Activity Record. This form provides the information on the sex and age group of contraceptive-users and the type of contraceptives used, the number of new users and continuing users as well as the type of contraceptives used, and other services availed by the clients.

MONTHLY SUMMARY REPORT

Month: ________________
Barangay: ________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>FP User</th>
<th>Quantity of Contraceptives Given</th>
<th>Other Services Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>IUD</td>
<td>DMPA</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
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<tr>
<td>15-19</td>
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<td>20-24</td>
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<td>25-30</td>
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<td>31-35</td>
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<td>41-45</td>
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<td>46-50</td>
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<td>51-55</td>
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<td>TOTAL</td>
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</tbody>
</table>

__________________________________________
Signature of Field Supervisor
5. CBD Inventory Forms

These forms could be used to monitor commodities at CBD outlets. This is the responsibility of the CHOW.

**CBD OUTLET REPORTING FORM**

Name of CBD Outlet: ________________

<table>
<thead>
<tr>
<th>Date</th>
<th>COMMODITIES DELIVERED</th>
<th>COMMODITIES DISTRIBUTED</th>
<th>END BALANCE</th>
<th>AMOUNT COLLECTED</th>
<th>Signature of CHOW/CBD</th>
</tr>
</thead>
</table>
MONTHLY SUMMARY REPORT ON CBD
For the Month of ____________________________

Name of Barangay: __________________________

<table>
<thead>
<tr>
<th>CBD Outlet</th>
<th>COMMODITIES DELIVERED</th>
<th>COMMODITIES DISTRIBUTED</th>
<th>END BALANCE</th>
<th>AMOUNT COLLECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pills</td>
<td>Condom</td>
<td>Paraan</td>
<td>DMFA</td>
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</tbody>
</table>

Signature of Field Supervisor __________________________

Signature of CHOW __________________________

142 TRAINING OF TRAINERS MANUAL
FOR COMMUNITY HEALTH OUTREACH WORKERS
CBD RECORD OF FP COMMODITIES SOLD/DISTRIBUTED

Name of CBD Outlet: _______________________________________
Location of CBD (Sitio/Barangay/Municipality):__________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CLIENT</th>
<th>AGE/SEX</th>
<th>FP COMMODITY SOLD/DISTRIBUTED</th>
<th>QUANTITY OF FP COMMODITY SOLD/DISTRIBUTED</th>
<th>AMOUNT/COST</th>
<th>IEC MATERIALS GIVEN</th>
<th>CLIENT’S SIGNATURE (optional)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

_________________________
CHOW Signature
6. Referral Slip

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

Client No. ___

Name of NGO: ____________________
Project Site: ____________________

---

**Referral Slip**

Name of Client: ____________________  Date: __________
Bgy. Address: ________________  Age: ______  Civil Status: ______

Referred to: 

Reason for Referral: 

Action Taken: 

Referred by:  __________________________
Received by:  __________________________

Peer Educator/CHOW:  __________________________
Designation:  __________________________
Date:  __________
D. Figures for Exercises

1. Figure for Exercise VII – A

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

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

<table>
<thead>
<tr>
<th>Exercise/Activity</th>
<th>Training Team</th>
<th>Participants</th>
<th>Summary and Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>III: Puzzles</td>
<td>Red</td>
<td>Blue / White</td>
<td>White</td>
</tr>
<tr>
<td>IV: Video Showing</td>
<td>Blue</td>
<td>White / Red</td>
<td>Red</td>
</tr>
</tbody>
</table>

**Evaluation of Day 1**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Team</th>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-A: The Fisherman</td>
<td>White</td>
<td>Red / Blue</td>
<td>Blue</td>
</tr>
<tr>
<td>V-A: Family Circles</td>
<td>Red</td>
<td>Blue / White</td>
<td>Blue</td>
</tr>
<tr>
<td>V-B: Lecture: Philippine Family Planning Situation</td>
<td>Blue</td>
<td>White / Red</td>
<td>White</td>
</tr>
<tr>
<td>VI: How Does It Work</td>
<td>White</td>
<td>Red / Blue</td>
<td>Red</td>
</tr>
<tr>
<td>VII-A: Doing It Right</td>
<td>Red</td>
<td>Blue/White</td>
<td>White</td>
</tr>
<tr>
<td>VII-B: Outlines</td>
<td>Blue</td>
<td>White/Red</td>
<td>Red</td>
</tr>
<tr>
<td>VII-C: Red Light/Green Light</td>
<td>White</td>
<td>Red/Blue</td>
<td>Blue</td>
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</tbody>
</table>

**Evaluation of Day 2**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Team</th>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-B: Ang Barangay Namin (Our Community)</td>
<td>White</td>
<td>Red/Blue</td>
<td>Red</td>
</tr>
<tr>
<td>VIII: Lecture: Paraan Dos</td>
<td>Red</td>
<td>Blue/White</td>
<td>Blue</td>
</tr>
<tr>
<td>IX: Gossip and Rumors</td>
<td>Blue</td>
<td>White/Red</td>
<td>White</td>
</tr>
<tr>
<td>X-A: The Right Information</td>
<td>White</td>
<td>Red/Blue</td>
<td>Blue</td>
</tr>
<tr>
<td>X-B: Role-Playing</td>
<td>Red</td>
<td>Blue/White</td>
<td>White</td>
</tr>
</tbody>
</table>

**Evaluation of Day 3**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Team</th>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-C: A Plateful of Fish</td>
<td>Red</td>
<td>Blue/White</td>
<td>Blue</td>
</tr>
<tr>
<td>XI: The Dance</td>
<td>Blue</td>
<td>White/Red</td>
<td>Red</td>
</tr>
<tr>
<td>XII: Pop Quiz</td>
<td>White</td>
<td>Red/Blue</td>
<td>Red</td>
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</tbody>
</table>

**Evaluation of Day 4**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Team</th>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-D: The Fishermen’s Descendants</td>
<td>Blue</td>
<td>White/Red</td>
<td>White</td>
</tr>
<tr>
<td>XIII-C: Activity 1 and Activity 2: Developing and Evaluating a Peer Educator Work Plan</td>
<td>White</td>
<td>Red/Blue</td>
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</table>

**Evaluation of Day 5**

<table>
<thead>
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<th>Activity</th>
<th>Team</th>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GLOSSARY OF TERMS

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

**amenorrhea:** Absence of menstrual periods

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

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

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

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

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

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

**conception:** Union of a mature ovum or egg cell with a sperm; also known as fertilization
**diabetes (diabetes mellitus):** A chronic disorder caused by ineffective production or use of the hormone insulin secreted by the pancreas. People with Diabetes are unable to use carbohydrates in food properly, causing glucose to build up in the blood and urine. Symptoms include excessive urination and excessive thirst.

**dysmenorrhea:** Painful menstrual periods

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

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

**ejaculation:** The release of semen from the penis

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

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

**fertilization:** See conception.

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

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

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

**heart attack:** A heart attack occurs when the flow of blood in a coronary artery is blocked long enough to cause some heart muscle to deteriorate.
**heavy smoker:** A smoker who smokes 20 or more cigarettes per day

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

**HIV:** Human Immunodeficiency Virus, the cause of AIDS. HIV can be transmitted by sexual contact, by contaminated blood products, and from mother to fetus or infant before and during childbirth, or after, through breast milk.

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

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

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

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

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

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

**menses:** Monthly flow of blood from the uterus through the vagina in adult women occurring between puberty and menopause

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

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

**nausea:** The feeling that one is about to vomit
**ovarian cyst:** A cyst is an abnormal sac or cavity containing a liquid or semisolid material enclosed by a membrane in the ovary, often arising from a **follicle**. When a cyst occurs in the ovary, it may cause some abdominal discomfort or pain but rarely requires treatment. Ovarian cysts usually disappear by themselves.

**ovum:** Egg cell, produced by the ovaries

**pelvic inflammatory disease (PID):** Infection in the uterine lining, uterine wall, fallopian tubes, ovary, uterine membrane, broad ligaments of the uterus, or membranes lining the pelvic wall; may be caused by a variety of infectious organisms such as Gonorrhea and Chlamydia

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

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

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

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

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

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

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

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