

The **BALANCED** Project


Population, Health and Environment (PHE)
Community-Based Distribution and Peer
Education System:



A Guide for Training PHE Adult Peer Educators

December 2011





This document can be found at <http://www.crc.uri.edu/>.
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FOREWORD

Population, Health and Environment (PHE) Community-Based Peer Education System: A Guide for Training PHE Adult Peer Educators was developed by the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project with support from the United States Agency for International Development (USAID).

The BALANCED Project is a five-year, multi-million dollar PHE technical leadership initiative awarded by the USAID Office of Population and Reproductive Health. The Project, which is implemented by the University of Rhode Island's Coastal Resources Center (URI/CRC) and its partners—PATH Foundation Philippines Inc. (PFPI) and Conservation International (CI)—promotes wider adoption and use of effective PHE approaches worldwide by:

- Enabling local communities to become PHE champions by building their capacity to plan, implement and carry out demand-driven integrated programs in health and conservation. BALANCED builds capacity through peer-to-peer mentoring, south-to-south exchanges, and innovative learning techniques.
- Synthesizing and developing state-of-the art PHE knowledge and communicating that knowledge to key audiences. This includes demonstrating the value of integrated approaches for development that take into consideration the environment and the people who live in it.
- Scaling-up, building on, and fostering the implementation of field-based PHE initiatives in areas of high biodiversity, particularly in East Africa and Asia.

This Guide is based on the publication *Population, Health and Environment (PHE) Community-based Distribution and Peer Education System: Train-the-Trainer Guide for Training PHE Community-based Distributors and PHE Adult Peer Educators*, which was adapted from the *Community-Based Integrated Reproductive Health and Coastal Resource Management Training of Trainers Manual for Community Health Outreach Workers* developed by PFPI under its USAID and David and Lucile Packard Foundation-supported Integrated Population and Coastal Resources Management (IPOPCORM) initiative and from other resources. It was adapted after testing in Tanzania and Ethiopia.

This Guide incorporates the latest in international family planning norms and guidance on sexually transmitted infections (STIs), including HIV, as recommended by the World Health Organization (WHO), including the *Medical Eligibility Criteria for Contraceptive Use (WHO 2004)*, *Family Planning: A Global Handbook for Providers (WHO/RHR and JHU/CCP 2007)*, *Contraceptive Technology (Hatcher et al. 2007)*, and *Sexually Transmitted and Other Reproductive Tract Infections: A Guide to Essential Practice (WHO 2005)*. Some of the information on contraceptive methods was adopted from *The BALANCED Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High STI/HIV Prevalence Settings*, Mullick et al. Washington, DC: The Population Council.

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INTRODUCTION

This training guide was developed for use in courses to train population, health and environment (PHE) Adult Peer Educators (PEs) who work on integrated PHE activities. Facilitators who use this guide should have participated in the PHE Community-based Distribution and Peer Education System Training-of-Trainers (TOT).¹

What is PHE?

PHE is a development approach that recognizes the interconnectedness between people and environment. It focuses on the interactions among population, health and environment dynamics—particularly in biodiversity rich areas—and supports multi-sectoral collaboration and coordination. It works across these three domains in an integrated fashion—resulting in improved outcomes for each section as well as for the community/target population at large. PHE can also be defined as “the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services” (Engelman). Effective PHE interventions are conceptually linked and operationally coordinated and apply multi-disciplinary interventions delivered through private-public partnerships in a coordinated and cost-effective fashion.

What is a PHE Adult PE?

While these definitions may vary by country, the following definitions are based on the experience of PHE projects that have successfully used PHE Adult PEs to provide integrated PHE information and services to the community—including information on family planning (FP) and FP methods.

The term PHE Adult PEs refers to eligible adults—men and women—who are willing to be trained and volunteer to talk to their peers about health, family planning, environmental protection and PHE linkages as well as to refer eligible clients to PHE community-based

¹ The Training Guide for this TOT can be found at The Population, Health and Environment (PHE) Community-based Distribution and Peer Education System: Train-the-Trainer Guide for Training PHE Community-based Distributors and PHE Adult Peer Educators (http://www.crc.uri.edu/download/TOT_Manual_for_PHE_CBD_and_Adult)

distributors (CBDs) or health centers as a source for FP commodities. A PHE Adult PE is selected from among the sexually active members from the target communities where PHE activities are taking place. They are mainly responsible for providing integrated PHE information, education, communication (IEC) messages and materials and for motivating the community and FP clients to engage in pro-health, pro-environment behaviors.

In addition to providing information and monitoring FP clients, the PHE Adult PE can also serve as the direct supplier of free contraceptive products. Such is the case in Zambia, where local PHE Adult PEs (recruited from among farmer producer groups) were given permission from the local MOH to carry free contraceptives to families living up to 12 kilometers from the health center. The PHE Adult PE is trained to counsel others in his/her peer/social group about family planning and reproductive health (RH) through programmed activities. First-time users of FP products, however, are referred to the health center for a thorough screening for family planning.

Who should use this guide for training PHE Adult PEs?

This training guide should be used to train new PHE Adult PEs over the suggested three-day period. The training should be followed up with periodic refresher training and exercises and/or on-the-job mentoring during supervisory visits. The same may be true even when training experienced PHE Adult PEs when new topics or on-the-job tasks related to PHE activities are involved. Facilitators of the training are encouraged to adapt the sessions to the unique context and needs of the participants.

What is included in this guide for training PHE Adult PEs?

Content

This training guide contains 12 modules. These cover the basic topics that PHE Adult PEs need to know to discuss basic ecology, PHE linkages, and reproductive health/family planning with community members within a PHE context. The modules include the latest in international FP norms and guidance on sexually transmitted infections (STIs) including HIV as recommended by the World Health Organization (WHO). Some of the information on contraceptive methods and STIs was adopted from The Population Council's *"Balanced Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High HIV/STI Prevalence Settings."*

Exercises

Each module contains participatory learning exercises for teaching the topic covered in that module. There may be more than one exercise for each topic. The exercises are based on adult learning principles and designed to help participants retain the information learned. Each exercise includes the following:

Purpose	States the reason and objective for conducting the exercise and the importance of learning the facts
Time	Indicates the time allotted to conduct the exercise, to summarize and to provide feedback
Learning Objectives	Describes what participants will be able to do as a result of completing the exercise and is an indicator of participants' learning
Preparation	Describes the materials needed and the prerequisites to conducting the exercise
Instructions	Provides step-by-step guidance for conducting the exercises

Resource information for the facilitator

Each module has a 'Facts to Know' section that gives the training team key information to emphasize while conducting an exercise. The trainer can provide the information contained in the 'Facts to Know' through a short lecture either before or after the 'Exercise' to reinforce and strengthen the learning. The Training Guide provides guidance on when to use the lectures, but it is the prerogative of the training team to decide how to provide this information.

Figures and pictures

The facilitator may choose to use the figures and pictures that accompany the "Facts to Know" or select from other figures and tables included in the 'Appendices.' A 'Glossary of Terms' included in the appendices clarifies some of the medical terms found in this Guide.

When speaking to larger groups, use enlarged versions of the illustrations so they can be clearly seen by everyone in the training room. Facilitators may draw the charts on flipchart paper (newsprint), poster boards or chalkboards as part of the lecture or discussion.

How should this guide for training PHE Adult PEs be used?

This guide should be used to train PHE Adult PEs. Sample agendas/schedules for the training are found at the end of the guide (see appendices J and K).

The PHE Adult PE training should be followed up with periodic refresher training and exercises and/or on-the-job mentoring during supervisory visits. The same may be true even when training experienced PHE Adult PEs in those cases when new topics or on-the-job tasks related to PHE activities are involved. Facilitators of the training are encouraged to adapt the sessions to the unique context and needs of the training course participants.

Making this guide as user-friendly as possible

Trainers should always assess which of the materials—most often the Facts to Know and Checklists, but possibly other resources as well—should be translated into the local dialect in advance of the training. Translated materials will help ensure the information is clearly understood by all training participants and will be useful in their work in the field as PHE Adult PEs.

COURSE PREPARATION

Planning the Training

Training/course preparation takes careful planning. Planning should begin several days or weeks before the start of the training/course. As you prepare, follow this checklist:

Identify participants and potential learning needs:

- Determine intended audience and establish criteria for selecting participants.
- Know the learning needs of the participants. Determine the following:
 - Are you training PHE Adult PEs? If so, they will need to learn all the modules in this Training Guide.
 - Are you providing refresher training to existing PHE Adult PEs? If so, you may need to cover only those topics that strengthen the PHE Adult PEs' skills that have been shown to be weak.
 - Are you adding new tasks to jobs of existing PHE Adult PEs? If so, you may only need to cover the new topics. Do not cover topics that the PHE Adult PEs already know well.
- Invite participants either through a letter of invitation or by direct contact.
- Ensure there is follow-up with the participants. Keep a record of their responses and whether or not they have confirmed attendance to the training.

Make the logistical arrangements:

- Decide on the training date and venue. These should accommodate participants' and facilitators' needs in terms of travel time and potential time off from existing job responsibilities.
- Determine the cost per participant with regard to food, lodging, transportation and materials.
- Identify the training facilitator(s), assistant(s) and other resource person(s). Know their availability, their knowledge on the topics covered in the training, their communication skills and their ability to facilitate large groups.

- If there is a need for external resource person(s) to handle or facilitate more important and technical topics, make a list 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 the comfort level that the facilitators have with the proposed resource person(s).
- Inform the resource person(s) personally or via letter of invitation about the goals and objectives of the training.
- Confirm participation of resource person(s).
- Determine the cost per resource person, facilitator and assistant with regard to food, lodging and transportation.
- Determine the cost of supplies and materials needed by the resource person(s) and facilitator(s).
- Develop a budget for the training.

Review this training guide:

- Decide whether to use the activities and methodologies in the training modules herein or to adapt only those selected activities/methodologies that you find useful.
- Determine materials to be used based on resources available and training needs of the participants.

Prepare the materials and training kit:

- Develop and/or collect handouts or reference materials for use in training and/or distribution to participants.
- Prepare flipchart paper (newsprint), marker pens, chalkboard, board markers, nametags, notebooks, ballpoint pens, pencils and other supplies that may be needed.

COURSE OBJECTIVES

General Objectives

To increase understanding and general knowledge of the training participants on PHE linkages, reproductive health (RH)//family planning (FP), and on the mechanics and operation of the PHE Adult PE system that will support community-based, integrated PHE education and services.

Specific Objectives

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

- Explain the effects of rapid population growth on human health and natural resources,
- Describe the benefits of PHE linkages/integration and explain what PHE is in their context,
- Discuss the importance of PHE interventions,
- Provide and discuss options regarding the use of contraceptives with sexually-active men and women in communities using correct information,
- Demonstrate appropriate attitudes and skills needed to counsel effectively on various RH options,
- Demonstrate the capacity to recruit and motivate couples to practice family planning,
- Describe the roles, functions and responsibilities of an effective PHE Adult PE
- Discuss how to social market contraceptive information, products and services, and
- Report and monitor PHE Adult PE activities.

COURSE CONTENT

Day 1		
Module 1: Introductions		
	Registration	15 minutes
Exercise 1-A:	Pre-Test	15 minutes
Purpose:	To measure participants' baseline knowledge	
Exercise 1-B:	Presentation of Participants, Introduction to the Training Course, and House Rules	30 minutes
Purpose:	<ul style="list-style-type: none"> ▪ To learn each participant's expectations for the course and their initial understanding of PHE integration ▪ To develop rapport among the participants ▪ To familiarize participants with the training objectives, methodology and schedule ▪ To create an environment conducive to learning 	
Module 2: PHE Integration		
Exercise 2:	Our Community	2 hours
Purpose:	To illustrate the effect of rapid population growth on health and natural resources	
Module 3: Ecosystems – The Machinery of Nature		
Exercise 3A:	Ecosystems Overview	30 minutes
Purpose:	<ul style="list-style-type: none"> ▪ To identify ecosystem(s) present in the community and define the key resources that people depend upon for their living ▪ To map out how human activities and behaviors impact the ecosystem(s) and key resources 	
Module 3: Ecosystems – The Machinery of Nature		

Day 1		
<p>Exercise 3B: Link Between Ecosystems Health and Human Well-Being</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▪ To understand impacts of different human activities on ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being ▪ To prioritize environment issues and identify actions that can be taken to address the root causes of ecosystems degradation ▪ To explain the importance of an integrated approach to solve problems/issues related to population, health and environment (PHE) present in the community 		45 minutes
Module 4: Human Reproductive Anatomy		
<p>Exercise 4: RH Puzzles</p> <p>Purpose:</p> <p>To provide participants with information on the different parts and functions of the male and female reproductive systems</p>		1 hour
Module 5: Human Fertility		
<p>Exercise 5: Menstrual Cycle</p> <p>Purpose:</p> <p>To provide the participants with information on the vital processes involved in the fertility of an individual</p>		1 hour
Module 6: Contraceptive Methods and Prevention of Pregnancy		
<p>Exercise 6: How Contraception Works</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▪ To explain in basic terms how contraceptive methods prevent pregnancy ▪ To equip participants with information on the different contraceptive methods 		1 hour, 15 minutes

Day 2		
Module 7: Counseling Users of Oral Contraceptive Pills		
Exercise 7-A:	Use of Oral Contraceptives	45 minutes
Purpose:		
<ul style="list-style-type: none"> ▪ To provide participants with correct information on the use of Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs) ▪ To teach participants how to counsel users about the correct use of the pill, using the illustrated guide 		
Exercise 7-B:	Outlines	1 hour
Purpose: To teach participants which health conditions may prevent a woman from choosing Combined Oral Contraceptives		
Exercise 7-C:	Red Light, Green Light	45 minutes
Purpose:		
<ul style="list-style-type: none"> ▪ To demonstrate the difference between side effects and danger signs ▪ To teach participants how to respond in each case 		
Module 8: Gossip and Rumors		
Exercise 8:	Gossip and Rumors	1 hour
Purpose: To identify and clarify negative rumors about different contraceptive methods		
Module 9: Sexually Transmitted Infections, Including HIV		
Exercise 9:	The Dance	1 hour
Purpose: To demonstrate how sexually-transmitted infections (STIs) are spread and review ways to avoid infection		
Module 10: Interpersonal Communication on PHE		
Exercise 10-A:	Opinion Poll	45 minutes
Purpose: To discuss how values and attitudes influence one's work especially in providing quality health care		

Day 2		
Exercise 10-B:	The Right Information	1 hour
Purpose:	To provide participants with the necessary skills to introduce and describe the general characteristics of different FP methods available to FP clients	

Day 3		
Exercise 10-C:	Role-playing: Using PHE Adult PE Checklist (Appendix D)	1 hour, 30 minutes
Purpose:	<ul style="list-style-type: none"> ▪ To instruct how to use the PHE Adult PE Checklist ▪ To practice counseling on family planning using the PHE Adult PE Checklist 	
Exercise 10-D:	Motivating Adult Men and Women to Practice Family Planning	2 hours
Purpose:	<ul style="list-style-type: none"> ▪ To have participants apply the information and skills learned in motivating adults to practice family planning ▪ To help participants realize the importance of assisting other adults to practice FP 	
Module 11: The PHE Adult Peer Educator		
Exercise 11-A:	Roles and Responsibilities of the PHE Adult Peer Educator	45 minutes
Purpose:	To familiarize participants with the tasks and functions of PHE Adult Peer Educators	
Exercise 11-B:	Reporting and Monitoring Forms	45 minutes
Purpose:	To equip participants with the knowledge and skills in preparing the reports needed to monitor and evaluate the program	

Day 3	
<p>Exercise 11-C: Developing the PHE Adult Peer Educator's Work Plan</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▪ To enable participants to develop their own personal project work plans and schedules of activities that will fulfill their duties in doing outreach work ▪ To make participants aware of the sources available in fulfilling their outreach work duties 	60 minutes
Module 12: Evaluation	
<p>Exercise 12 : Post-Test/Course Evaluation</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▪ To measure participants' level of related knowledge post-training ▪ To assess overall conduct of the course <p>Closing Activities</p>	30 minutes
	15 minutes

PROGRAM OF ACTIVITIES

Schedule	Day 1
8:30 - 9:00	Registration 1-A: Pre-Test
9:00 - 9:30	1-B: Presentation of Participants, Introduction to the Training Course, and House Rules
9:30 – 11:30 (including self- break)	2: Our Community Discussion of PHE
11:30 – 12:00	3-A: Ecosystems Overview
12:00 – 1:00	Lunch
1:00 – 1:45	3-B: Link between Ecosystems Health and Human Well-Being
1:45 – 2:45	4: RH Puzzles
2:45 – 3:00	Break
3:00 – 4:00	5: Menstrual Cycle
4:00 – 5:15	6: How Contraception Works

Schedule	Day 2
8:30 - 8:45	Recap of Day 1 Review of Day 2 Schedule
8:45 – 9:30	7-A: Use of Oral Contraceptives
9:30 – 10:30	7-B: Outlines
10:30 – 10:45	Break
10:45 – 11:30	7-C: Red Light, Green Light
11:30 – 12:30	8: Gossip and Rumors
12:30 – 1:30	Lunch

Schedule	Day 2
1:30 – 2:30	9: The Dance
2:30 – 3:15	10-A: Opinion Poll
3:15 – 3:30	Break
3:30 – 4:30	10-B: The Right Information

Schedule	Day 3
8:30 – 8:45	Recap of Day 2 Review of Day 3 Schedule
8:45 – 10:15	10-C: Role Playing: Using the PHE Adult PE Checklist
10:15 – 10:30	Break
10:30 – 12:30	10-D: Motivating Adult Men and Women to Practice Family Planning
12:30 – 1:30	Lunch
1:30 – 2:15	11-A: Roles and Responsibilities of the PHE Adult Peer Educator
2:15 – 3:00	11-B: Reporting and Monitoring Forms
3:00 – 3:15	Break
3:15 – 4:15	11-C: Developing the PHE Adult Peer Educator's Work Plan
4:15 – 4:45	12: Post-Test/Course Evaluation
4:45 – 5:00	Closing Activities

The facilitator may adapt the training schedule based on the amount of time that the majority of the participants have available. It may be difficult for participants to attend the three straight days of training sessions. Also, the process of learning new skills and basic facts everyday may be difficult for some participants. If you must shorten the training, it is important to ensure that you do not compromise the quality of the learning process or the content of the training. Training schedules that allow modules to be conducted on a staggered basis, such as every week end only or every morning only, should be explored.

MODULE 1: INTRODUCTION



Exercise 1-A: Pre-Test

Purpose:

- To measure participants' related baseline knowledge

Time: 15 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Determine the level of knowledge on family planning, reproductive health, PHE, and related FP/RH services

Preparation:

- Make enough copies of the Pre-Test for all participants (see Appendix A)

Instructions:

1. Distribute the Pre-Test questionnaires to participants.
2. Make sure participants fully understand the instructions.
3. Collect answered test papers after an allocated time. Proceed to the next session.

Exercise 1-B: Presentation of Participants, Introduction to the Training and House Rules

Purpose:

- To learn each participant's expectations for the training and their initial understanding of PHE integration
- To develop rapport among the participants
- To familiarize participants with the objectives, methodology and schedule of the training
- To create an environment that is conducive to learning

Time: 30 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Know the other participants
- Know the objectives of and methodology used in the training
- Have an initial understanding of PHE

Preparation:

- Collect materials needed:
 - flipchart paper (newsprint)
 - masking tape
 - marking pens
 - scissors
 - nametags of participants
 - basket or paper box
- Label three flipchart (newsprint) papers with the words 'Expectations', 'Population, Health and Environment Integration,' and 'House Rules,' respectively.

Instructions:

1. Pass around a basket or box with nametags of all participants. Ask each person to pick a nametag of someone they don't know and to then try to find that person amongst the group
2. Once they locate that person, they should interview him/her.
3. Give the participants 10 minutes for the interview, in which they ask the following questions (list these on flipchart paper beforehand):
 - Who are you?
 - What characteristic or personality trait do you have that you are proud of?
 - What do you wish to learn from this training?

- What is your understanding of PHE integration?
4. Ask participants to introduce the person they interviewed to the rest of the group.
 5. Ask participants to state their expectations for the training. List these on the labeled flipchart paper (prepared beforehand).
 6. Review participants' expectations.
 7. Ask them to describe PHE integration.
 8. Review participants' understanding of PHE integration.
 9. Present the objectives of the training course.
 10. Compare participants' expectations to the stated objectives. Discuss which expectations can be met and those that cannot be met by this training course.
 11. Present the course agenda (prepared beforehand).
 12. Discuss house rules that the participants would like to adopt for the duration of the training. List the rules that were agreed upon by the group on the flipchart paper labeled beforehand.
 13. Set the flipchart aside, placing it in a visible location where everyone can see it and refer to it as a reminder.

MODULE 2: POPULATION, HEALTH and ENVIRONMENT INTEGRATION

Exercise 2: Our Community

Purpose:

- To illustrate the effect of rapid population growth on health and natural resources

Time: 2 hours

Learning Objectives:

After this exercise, the participants will be able to:

- Explain the effects of rapid population growth on health and natural resources
- Describe PHE and the benefits of PHE linkages/integration

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - colored paper
 - masking tape
 - marker pens
 - chalk
 - scissors
- Collect other materials, depending on the venue of the activity.

If activity is held:	Then:
In-doors	<ul style="list-style-type: none">• Prepare pieces of chalk and small cut-outs that depict natural resources (e.g., trees, fish, bananas, water) to represent the resources commonly utilized by residents.

If activity is held:	Then:
Out-doors	<ul style="list-style-type: none"> • Collect dry leaves and twigs to substitute for the cut-outs. • Make sure the participants understand what each material represents.

- Have an idea of the map of the community, specifying the locations of the settlement, mangroves/trees, grazing lands, water sources and other natural resources found in their community.

Instructions:

1. Have the participants stand in a clear area.
2. Draw a map of the community on the ground/floor using chalk or flipchart (newsprint) and marker pen. With the help of the participants, label the areas and mark the boundaries of the agricultural areas, settlements, water-sources/streams, and the sea.
3. Create a story of how the community looked 20–25 years ago. Invite two participants to stand inside the 'settlement' area. These two volunteers will represent the first family who settled in the area.
4. Distribute the cut-outs in the delineated agricultural and coastal areas (e.g., trees and shrubs inside the forest area; fish, seaweed and other coastal resources in the 'sea'; bananas, cows, animals inside the agricultural areas).
5. Ask the volunteers playing the 'first family' what resources they need for household-use (e.g., shelter, food, water). Have them gather what they need by picking-up the cut-outs representing the 'resources.'
6. Ask the volunteers how many children they 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 settlement area with their 'parents.'
7. Divide the settlement between the 'parents' and the number of 'children', and ask them to gather the resources they need (e.g., trees for houses; fish, bananas, cows, goats, shellfish, etc. for food; mangrove trees for firewood).
8. Have the 'children' state the number of children they would like to have, and continue the process until all the 'resources' are depleted (i.e., there are no more cut-outs to gather) and/or a participant says he/she no longer has space to build his/her house (i.e., the settlement has encroached upon the forest/agricultural area or has 'reclaimed' part of the sea).

9. Bring the whole group together and ask them the following questions (related questions could be added):
 - What did you observe during the session?
 - Were the circumstances similar to your experience in your community? In what ways?
 - What could be the possibilities if someone in the family becomes sick? What could be other consequences?
 - What did you learn from the exercise?
10. Write down all answers from the participants on flipchart paper. When all the questions have been answered, read aloud what has been written.
11. Ask participants if all their inputs were recorded. If someone answers “no,” ask what answer(s) were left out and add to the answers on the flipchart paper. If everyone answers “yes,” then proceed to the next activity. Leave the flipchart paper with the answers posted.

Evaluation Activity (Option 1) — Requires approximately 10 minutes

(This activity will process the Integration Exercise)

1. Divide participants into small groups (maximum of six individuals per group). Instruct each group to answer the following:
 - Describe the community’s population, its health, and the state of its resources as depicted in the exercise.
 - What kind of community would be ideal (e.g., healthy community, healthy resources)?
 - List ways the community could improve.
 - Describe some PHE linkages (e.g., negative: over-fishing, destructive farming practices or tree-cutting can lead to fewer resources and too little money or food to feed and sustain families; large families need more resources to live; positive: smaller families are healthier, have more resources, and tend to use fewer resources so there are still resources for the future).
 - What will be the benefits of the linkages between population, health and the environment?
 - Choose PHE linkages that can be addressed:
 - as an individual

- as a family member
 - as a community member
 - as a policy-maker at the national and sub-national levels
2. Ask participants to report on their group discussion. Write their outputs on flipchart paper.
 3. Summarize the presentations made by the groups by reading through the outputs listed. Emphasize points contained in the 'Facts to Know' section.

Evaluation Activity (Option 2)

1. Divide the group into two and discuss the following:
 - Identify the best scenario for the community (e.g., healthy community, healthy family, balanced resources).
 - Based on the last scenario of the exercise, what are the possible problems facing the community (e.g., malaria, lack of water, HIV/AIDS)?
 - What are the possible reasons for these problems (e.g., many children, depletion of trees, many sexual partners)?
 - What are the PHE linkages (e.g., negative: too many children, depletion of resources, poor health; positive: family planning, fewer children, decreased use of natural resources)?
 - What family planning, health, or natural resources management programs are available in the community?
 - What are the opportunities for intervention or remediation that can be addressed?
2. Ask participants to report on their group discussion. Write their outputs on flipchart paper.
3. Summarize the presentations made by the groups by reading through the outputs listed. Emphasize points contained in 'Facts to Know'.

FACTS TO KNOW

What is PHE?

- P** = Population involves the provision of voluntary FP information and services to address unmet need for contraception and promote birth-spacing and other RH practices
- H** = Health can be a variety of interventions but usually involves water, sanitation, malaria prevention, or child health
- E** = Environment can include but is not limited to protected area management and biodiversity conservation (preserving the abundance and variety of all species including endemic, endangered, microscopic and more complex organisms on land and water). It can include a variety of approaches—watershed management, sustainable agriculture, natural resources management

The terms PHE or integrated PHE refer to a development approach that focuses on the interactions amongst population, health and environment dynamics, particularly in biodiversity-rich areas. This approach facilitates cross-sectoral collaboration and private-public partnerships that enable delivery of multi-disciplinary interventions.

It is also defined as “the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services” (Engelman).

Most PHE projects are guided by the common belief that integration creates synergies and results not found in single-sector programs. They achieve this goal by being conceptually linked and operationally coordinated. PHE project components may vary depending on the target community's priorities, needs and opportunities for intervention. Some examples of PHE projects include the Integrated Population and Coastal Resource Management (IPOPCORM) Project in the Philippines (family planning, coastal resources management and environmentally friendly enterprise development); the *Pwani* Project in Tanzania (family planning, HIV/AIDS, livelihoods, biodiversity conservation); and the World Wildlife Fund-Nepal Project in the Terai (first-aid, HIV/AIDS, family planning, alternative energy, water and sanitation).

Why integrate these three sectors?

It makes sense

Individuals, families and communities live integrated lives. They don't concern themselves with only with their health, children, growing and/or buying food, clean water, having shelter, etc. These issues are interrelated and part of the larger fabric of their everyday life. Similarly,

people and their environment are closely linked. This is even more true as climate change, natural disasters and ecosystem changes increasingly threaten human health, food security, and sustainable development. For these reasons and more, it only makes sense that projects also take an integrated approach to addressing a community's issues and concerns. PHE projects also bring the community together—from village chiefs to adolescents—to help find solutions to a wide range of everyday issues and concerns. Not only does this engage the entire community, but it also can save time for already busy community members who can attend just one meeting about PHE, which simultaneously addresses health, family planning, and environment and/or livelihood issues—instead of multiple, separate meetings on each of these.

Further, integrated projects allow organizations to address the root causes of the threats or situations they face. For example, while there are immediate threats to the biodiversity in many areas, the underlying driver could be unbridled population growth. The PHE approach helps address such root causes in a holistic fashion rather than focusing on a single sector solution, such as a pro-environment activity alone.

There is better synergy

Qualitative evidence suggests another benefit of integrating sectors—i.e., the benefit of synergy. Sectors working together on combined and complementary activities can achieve more than if/when they act independently. For example, when natural resources management (NRM) groups also offer health services to the community, they are providing something tangible in exchange for the community's pro-environment actions. This not only builds good community relations, it also provides a good entry point for difficult discussions on health issues, particularly family planning. Alternatively, for health organizations, there are several benefits of linking with NRM groups. NRM groups often work in hard-to-reach, rural communities that many health organizations find impractical or too expensive to reach on their own. By combining resources, both NRM and health organizations can potentially implement their projects more efficiently—sharing transportation, field staff, training and data collection. Combining efforts and resources can lead to better outcomes than those that result from a sector-specific approach that does not consider the multi-faceted life of their target audience(s).

One operations research study attributed improved conditions in coastal resources to the protective management actions taken by collaborating peoples' organizations that were also managing RH activities. This gave communities access to contraceptives, which led to a significant decrease in the average number of children born to women in the study area.

Engages a wider variety of audiences

PHE projects also engage a broader range of stakeholders, local leaders and community members in the pursuit of a common goal. For example, integrated projects encourage the active participation of women and youth in natural resources management, livelihoods and health promotion. This is important because women are often the primary users of natural

resources, but they rarely have a say in their management. Also, youth are the future stewards of the environment and their health.

In integrated activities, men participate not only in conservation of natural resources-focused activities, but also in those that focus on health promotion and reproductive health. In fact, in PHE projects, men have played a central role in reproductive health as service providers/educators /advocates and decision-makers—helping increase contraceptive use, address men’s RH needs, and promote more equitable relations between the sexes.

At the policy level, PHE contributes to a number of development goals that address broad development needs. As such, PHE can fit within a wider variety of development frameworks more easily than can single-sector approaches. Integrated projects have a greater chance of success if they build upon existing policies or agendas at any level. Examples include integrating PHE interventions into local development plans, NRM plans, comprehensive land use plans, climate-change adaptation frameworks, etc.

What are the advantages in PHE partnerships?

The PHE approach encourages various sectors to work together toward a shared goal or vision. Partnerships between and among sectors such as health, environment, agriculture, rural development, etc.—whether public or private—can be beneficial in:

- Increasing the scale of effort—bringing together organizations that share the same services or outlook can create the critical mass necessary to tackle a problem.
- Combining complementary skills—bringing together organizations with different skills allows for working on projects that require in-house expertise that either one of the organizations individually might otherwise lack.
- Pooling financial resources—organizations can increase their power and impact by combining financial resources.
- Minimizing overlapping activities—working with multi-sectoral nongovernmental organizations and community groups can help leverage resources, minimize overlapping activities and create stronger programs.
- Building on existing programs and social capital—organizations can contribute to projects that are already established in the field.
- Gaining credibility—organizations may gain credibility by associating with other successful organizations.
- Filling in service gaps—many organizations (especially those working in conservation) reach remote communities that government health systems sometimes cannot. Such partnerships can help in reaching these remote and underserved communities with holistic interventions.

- Building capacity—organizations can gain new knowledge and technical skills by working with partners that have different backgrounds and expertise.
- Increasing sustainability—when organizations partner with local organizations, there is a greater chance that the project will be sustainable.
- Putting the project in the larger context—working with the government, in particular, can help link the project to a number of governmental policies at a variety of levels and enable greater leveraging of resources.

MODULE 3: ECOSYSTEMS—THE MACHINERY OF NATURE



Exercise 3-A: Ecosystems Overview

Purpose:

- To identify the ecosystem(s) present in the community and define the key resources on which people depend for their living
- To map out how human activities and behaviors impact ecosystems and key resources

Time: 40 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Identify the ecosystem(s) present in the community, the resources available and the human activities that threaten these resources

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint/manila paper)
 - marker pens
 - meta-cards
 - adhesive tape or masking tape
 - scissors
- Prepare an ecosystem matrix.

Ecosystem	Resources	Activities	Problems-Issues
Forest			
Agro-forestry			
Grassland			
Farm/pastoral land			
Stream/river			
Lake			
Mangrove			
Seagrass			
Coral reef			

- Print enough copies of the following reference materials as handouts for all participants:
 - Impact of human activities on different ecosystems in the Philippines (facilitators are encouraged to use local/country situations, if available)
 - Tropical forest ecosystems
 - Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)
 - Selected drawings to help illustrate the different environmental issues and problems affecting the ecosystems:
 - Human intrusion into the water cycle
 - Degradation of uplands
 - Lowland degradation
 - Overgrazing
 - Illegal fishing activities

Instructions:

Introduction – Collecting information on biodiversity present in the community (20 minutes)

1. Introduce the session.
2. Draw a map of the community on flipchart paper (newsprint/manila paper) using a marker with the help of the participants.
3. Divide the participants into four groups:
 - Forest trees and plants
 - Agricultural plants
 - Birds and animals
 - Fish/shellfish/sea plants
4. Ask each group to identify and list the plants/animals/fish present in their community.
5. After they have completed the lists, ask each group to mark on the community map where their plants/animals/fish are located in their community.
6. During this exercise, ask the participants to identify which resources are found in the same areas. For example, you might find that mangroves and fish are found in the same area.
7. Explain that resources together form ecosystems.
8. Define an ecosystem: "Ecosystem is the community of organisms (plants, animals, microorganisms) interacting in a particular location, plus the non-living part of the environment (air, water, soil, light, etc.) including the human-built structures" (Marten 2001).
9. Look at the map together with the participants and identify the ecosystems present in their community (e.g. forest, mangrove, coral reef, and agro-forestry ecosystem).
10. Ask the participants about the importance/significance of each ecosystem.
11. Ask them to describe—to the best of their knowledge—how the resource abundance has changed over the last five to 10 years *

***Note:** Youth might have a difficult time answering this question. If there is time, you can bring in one or two “elder” key informants to describe how resources have changed.)

12. Ask participants why the abundance of some resources is increasing and of others is decreasing. If not discussed by participants, mention the following:

- Many resources are in crisis because of the increasing human population.
- When there are too many persons, human activities become unsustainable, leading to overexploitation of resources, overfishing or overgrazing.
- Natural resources management that integrates population aspects can help us prevent overexploitation of the resources upon which people depend.

13. Fill in the first part of the ecosystem matrix by adding the types of ecosystems present in the community, the key plants/animals/fish resources in each system and note with + and – signs those resources that have increased (+) or decreased (-).

Example:

Ecosystem	Resources
Forest	Trees -, birds, antelopes -
Farm/ pastoral land	Agricultural crops +, etc.
Mangrove	Mangroves -, crabs -, fish -, bees -
Coral reef	Corals -, fish -, urchins +

14. End the exercise by asking the participants to determine which ecosystems are most threatened by human overexploitation, overfishing, or overgrazing in their community (e.g. village). Circle the two most threatened ecosystems and tell participants the next exercise will focus on those two priority ecosystems.

Example:

Ecosystem	Resources
Forest	Trees -, birds, antelopes -
Farm/ pastoral land	Agricultural crops +, etc.
Mangrove	Mangroves -, crabs -, fish -, bees -
Coral reef	Corals -, fish -, urchins +

Ecosystem Matrix Exercise – Problems and Issues (20 minutes)

- Now, roll out columns three and four of the ecosystem matrix from the previous exercise (Activities and Problems-Issues).

Example:

Ecosystem	Resources	Human Activities	Problems-Issues
Mangrove	Mangroves -, crabs -, fish -, bees -		
Coral reef	Corals -, fish -, urchins +		

- Divide the participants into two groups (one for each priority ecosystem) and, ask each group to list the following:

- Human activities that impact the resource abundance in the ecosystem
- The problems-issues besetting the ecosystem assigned to them

Example:

Ecosystem	Resources	Human Activities	Problems-Issues
Mangrove	Mangroves -, crabs -, fish -, bees -	Collection of mangrove wood to make charcoal, to use as fuel wood for cooking, and to use as construction material. Use of mangrove area as garbage dump.	Depletion of mangroves, loss of habitat for juvenile fish, crabs, and bees. Waste problem.

- Distribute meta-cards and pens to the groups.
- Ask the groups to write their answers on the meta-cards. Tell them to write one idea per meta-card.
- Ask the groups to post their answers to the ecosystem matrix.
- When the two groups are done, bring the whole group together.
- Read aloud the list. Ask participants if they would like to provide additional inputs.

8. You may use the drawings to help explain the different human activities and problems/issues affecting the ecosystems.
9. If not discussed by participants, mention some of the examples of human activities and problems/issues affecting each ecosystem.

Examples (more examples are illustrated in the hand-outs):

Activity	Problem
Cutting trees for fuel wood and building materials	Over-harvesting of trees, leading to decrease in forest cover, loss of habitat for certain animals and the protection that forests provide (e.g., storm protection, erosion protection, etc.)
Fishing Catching juvenile fish	Overfishing and depletion of fish stocks Depletion of fish stocks, exacerbated by fish not having time to reproduce
Clearing of land for agriculture	Loss of habitat, loss of protection that certain habitats provide (e.g., storm and erosion protection)

10. Distribute the handouts.
11. Leave the course output (Ecosystem Matrix) for the next exercise on the Link between Ecosystem Health and Human Well-being.

Exercise 3-B: Link between Ecosystem Health and Human Well-being

Purpose:

- To understand the impacts of human activities on the ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being
- To prioritize environmental issues and identify actions that can be taken to address the root causes of ecosystem degradation
- To explain the importance of an integrated approach to solve problems/issues related to population, health and environment present in the community

Time: 45 minutes

Learning Objectives:

After this exercise, the participants will be able to:

- Explain the link between increasing population and ecosystem degradation
- Explain the impacts of ecosystem degradation on human well-being
- Identify integrated PHE actions that can be implemented to address the threats to the environment and to people's health

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint/manila paper)
 - marker pens
 - meta-cards (Index cards)
 - adhesive tape or masking tape
 - scissors
- Prepare an outline of a tree for the problem tree analysis.
- Post the output from the previous exercise (Ecosystems Overview).

Instructions:

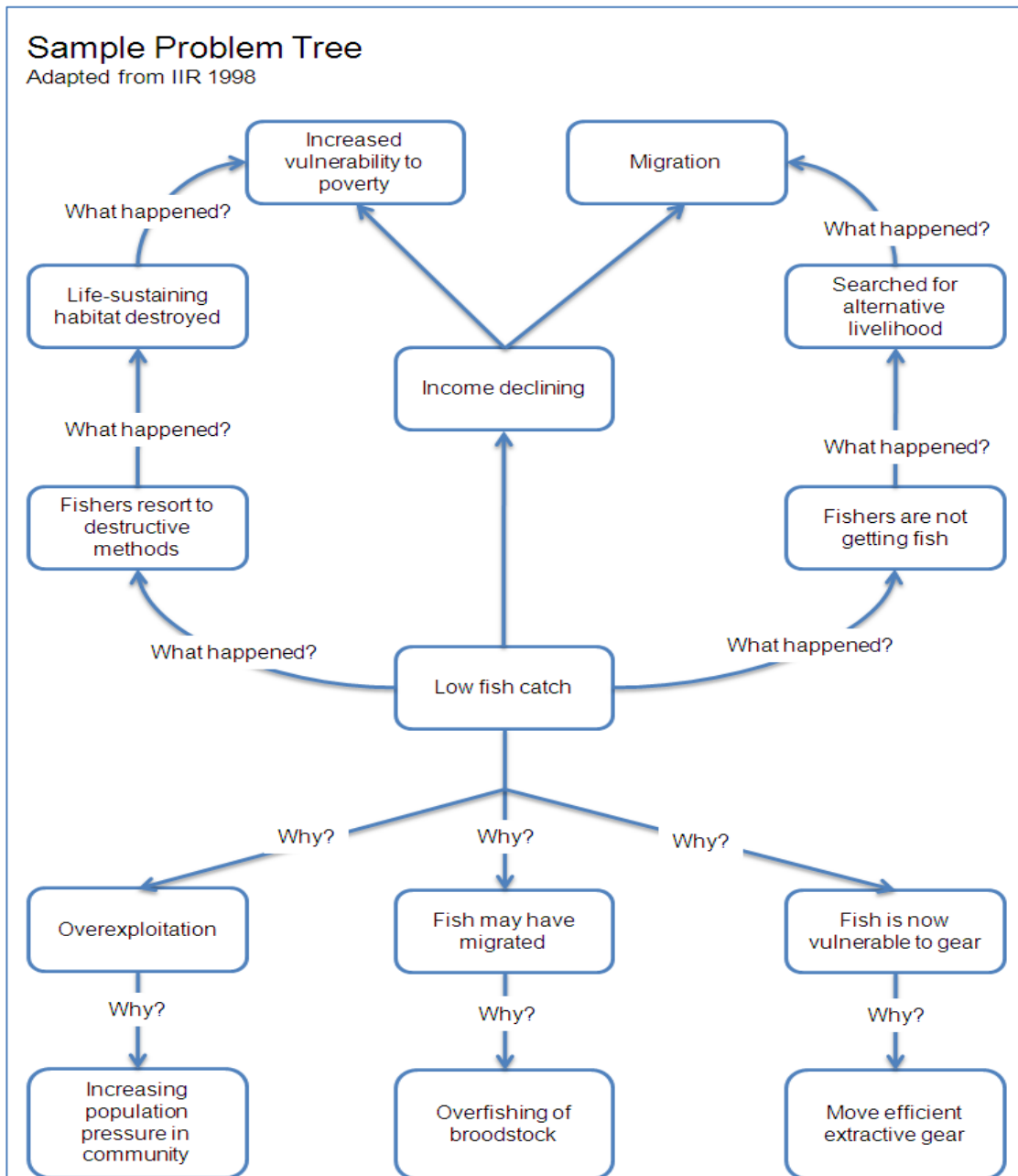
Problem, cause, impact (20 minutes)

1. Review the ecosystem matrix prepared by the group in the previous exercise.
2. Depending on the number of participants, ask them to identify one to three critical environmental/ecosystem problems/issues from the ecosystem overview exercise that are affecting their community. *

***Note:** You may wish to use a preference- or problem-ranking matrix to help the participants prioritize the problems they have identified from the previous session. The problem or issues should be clearly recognizable by the majority of the community.
3. If they have identified more than one environmental problem/issue, divide the participants into groups—one group per problem/issue.
4. If there is more than one group, tell the participants that while you mentioned previously that ecosystems do not have distinct boundaries, for the purposes of this exercise, each group will focus on one selected ecosystem.
5. As an example, using one of the prioritised problems, define clearly the "problem," the "cause" and the "effect." Using the sample chart, show a tree with leaves. Written within the trunk of the tree is a problem. Explain that your tree is sick. Point out the problem from which it is suffering. Point out that often a tree is sick because there are problems in the roots from which it feeds. Explain that to understand why the tree is sick, we must follow the problem back to the roots. Let the participants brainstorm over the causes of the problem by asking the question "why?" Draw a root for each cause and write a cause on the root.
6. Repeat the question "why?" for each cause identified in step 5. This will help identify secondary causes. Write these secondary causes lower down the roots, i.e., below the primary causes identified. Tell the participants that for the purposes of this exercise they have to continue asking the question "why?" until they can identify no more secondary causes.
7. Then ask participants to identify effects or impacts of the problem by asking "what would happen if the problem continues without any intervention?" Draw a branch for each effect/impact, and write the effect/impact on the branch.
8. For each effect/impact identified, repeat the question "what happened?" to reveal secondary effects. Place these higher up the branch above the primary effects. Tell the participants that for the exercise they have to continue asking the question "what happened?" until they can identify no more effects of the problem. You may also show the sample problem tree adapted from the International Institute for Rural Reconstruction (see Figure 1).

9. After this example demonstration, give each group one problem from the prioritised list and ask them to follow the same process—i.e., identifying the root cause of the problem and its effect/impact on their community.
10. Once the groups have completed their problem trees, have them present the results and discuss.

Figure 1 of Module 3: Sample Problem Tree



Lecture-Discussion: Impact on human well-being (15 minutes)

1. Look at the problem trees and ecosystem matrix. For the two priority problems selected, identify and discuss the connection between the priority problem and people's health and well-being.
2. Point out that increasing population pressure leads to overexploitation of ecosystem resources, which then leads to decline or loss of resources and ultimately affects the human population that is dependent on the resources.

Plenary Discussion: Priority actions (10 minutes)

1. Return to the problem tree and the connections between the priority problems and people's health. Ask participants to imagine themselves in the future role as a PHE peer educator (PE).
2. Ask what actions they can take to address the above problems/issues.
3. Write down all answers on the board or flipchart paper (newsprint/manila paper). *

***Note:** Be sure that the list you write on the board or flipchart paper or newsprint can be understood and read by the participants.)

4. During the report-out, look at the answers in relation to the problem trees.
5. Are the groups' suggestions addressing the causes or the effects of the problems/issues (or both)?
6. Did any of the groups suggest taking actions related to reducing population pressure? If not, why?
7. Explain to the participants that to address the root causes of the problems they identified in the exercises, they have to promote actions that integrate population, health and environment.
8. Point out that as PEs, they will need to understand the environmental problems and their root causes, so that they will be able to deliver integrated messages to their fellow community members.
9. Explain that the sessions that follow will provide information about their roles as PHE PEs.
10. Close the session.

Hand-outs for Module 3

Ecosystem: Biological environment consisting of all organisms living in a particular area, as well as all non-living (abiotic) physical components of the environment with which the organisms interact, such as air, soil, water, and sunlight; a biological community and its physical environment.

Ecology: Science of relationships and interactions between living organisms and their environment.

Impact of human activities on different ecosystems:

Ecosystem	Activities	Problems-Issues
Forest ecosystem	Clear-cut logging Mining Slash-and-burn activities Forest harvesting of wood/non-wood products Varied activities of forest dwellers	Continuous loss of forest cover Loss of soil nutrient Loss of soil fertility Loss of biodiversity (plant and animal resources)
Grassland ecosystem	Forest fires Slash and burn practices Harvesting of non-timber products Mining activities Herbivore production (grazing) Human activities aggravating conditions of watershed areas	Grassland areas further degrade Soil erosion/increased surface runoff Loss of biodiversity (plant and animal resources)
Freshwater ecosystem	Mining Operations of mini-hydropower plants Establishment of swimming resorts using natural springs	Loss of critical watersheds Erosion Increased silt-load and sedimentation of freshwater bodies and adjoining zones

Ecosystem	Activities	Problems-Issues
	<p>Ecotourism activities</p> <p>Domestic agro-residential-industrial sites of water</p> <p>Aquaculture</p> <p>Navigation</p> <p>Open fisheries</p> <p>Drainage and conversion to agriculture</p>	<p>Degraded water quality</p> <p>Affects yield regulation service for diminishing water agro-industrial-domestic uses; power generation capability</p> <p>Loss of ecotourism value</p> <p>Encroachment of exotic species</p> <p>Loss of native plants/animals</p> <p>Eutrophication of lakes</p> <p>Biologically dead rivers; drainage channels</p> <p>High levels of organic pollutants and other contaminants</p>
Mangrove ecosystem	<p>Mangrove harvesting</p> <p>Trading/commerce</p> <p>Conversion of mangrove areas into impoundments for fish/shrimp</p> <p>Conversion of 100,000 ha mangrove swamps into salt beds, industrial and agricultural areas for coconut and rice production</p>	<p>Affects mangrove productivity</p> <p>Decreasing yield of fishery resources</p> <p>Loss of habitat</p> <p>Loss of nutrients</p> <p>Loss of biodiversity</p> <p>Erosion/sedimentation</p>
Seagrass ecosystem	<p>Gleaning</p> <p>Reclamation/conversion</p>	<p>Affects seagrass productivity</p> <p>Decreasing yield of fishery resources</p> <p>Loss of habitat</p> <p>Loss of nutrients</p>

Ecosystem	Activities	Problems-Issues
		Loss of biodiversity Erosion/sedimentation
Coral reef ecosystems	Open fisheries Dynamite fishing Coral reef harvesting Scuba diving Sea-ranching	Affects coral reef productivity Depletion of economically important fishing ground Pollution Destruction of coral reefs Loss of habitat Loss of biodiversity
Coral reef ecosystems	Open fisheries Dynamite fishing Coral reef harvesting Muro-ami activities Scuba diving Sea-ranching	Affects coral reef productivity Depletion of economically important fishing ground Pollution Destruction of coral reefs Loss of habitat Loss of biodiversity

Source: IIRR. 1992. Basic Concepts in Environment, Agriculture and Natural Resources Management: An Information Kit. International Institute for Rural Reconstruction, Silang, Cavite, Philippines.

Tropical forest ecosystem

Distinct characteristics	<ul style="list-style-type: none"> Floral species have stilts and knee rooting system. 	<ul style="list-style-type: none"> Plants are salt tolerant. 	<ul style="list-style-type: none"> Often found on limestone 	<ul style="list-style-type: none"> Multilayered forest structures: high diversity 	<ul style="list-style-type: none"> Relatively pure homogeneous pine species: low diversity 	<ul style="list-style-type: none"> Stunted growth forest structure; trees covered with mosses.
Elevation meters above sea level (asl)	<ul style="list-style-type: none"> Mostly lowlands 			<ul style="list-style-type: none"> Range: 1200-1500 	<ul style="list-style-type: none"> Range: 1500-2000 	<ul style="list-style-type: none"> Above 3050
Water	<ul style="list-style-type: none"> Water table high (periodically) Coastal salt water Brackishwater 		<ul style="list-style-type: none"> Spring water; ground water; surface water 			
Representative wildlife	<ul style="list-style-type: none"> Heron Sea eagle Philippine crocodile Kingfisher Flyeater Tabon bird 	<ul style="list-style-type: none"> Fan tail Rail Wild pig Deer Hawk Falcon 	<ul style="list-style-type: none"> Fowl Bats 	<ul style="list-style-type: none"> Swallow Woodpecker Cross bill 	<ul style="list-style-type: none"> Horn bill Eagle Dove Cloud rat 	
	Mangrove forest	Beach forest	Molave forest	Dipterocarp forest	Pine forest	Mossy forest

(IIRR 1992)

Tropical forest ecosystems are situated in the equatorial belt of the earth. This portion of the earth is called the tropical zone. It accounts for about 40 percent of earth's surface; within this zone are two major types of tropical forest ecosystems: (1) the rainforest; and, (2) the monsoon or seasonal forest. Both types of forest ecosystems exist in the Philippines. The latter occupies 6.7 million hectares of the available land area.

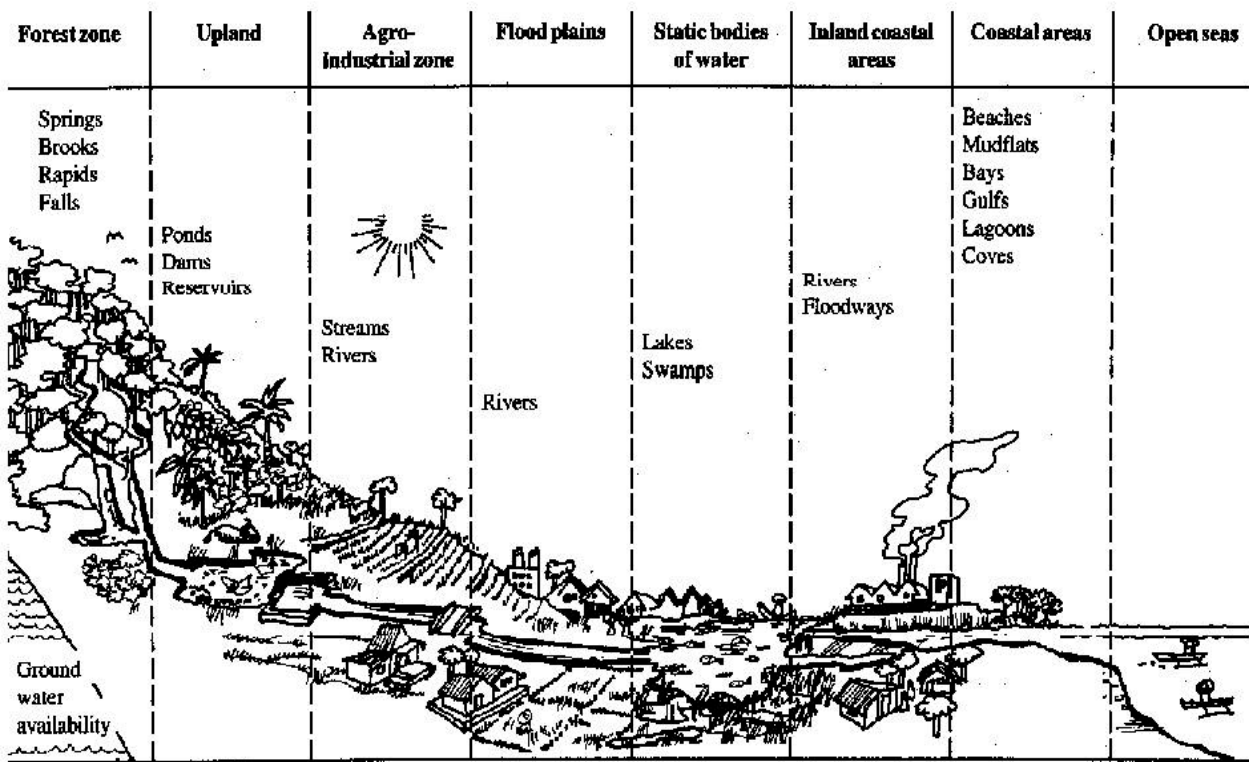
The rainforest is one of the oldest and most complex ecosystems on earth. Tropical forests are ecologically important for their role in:

- Maintaining well-balanced local, regional and or global climates—vegetation can affect climate in several different ways, via heat balance, surface roughness, the hydrological cycle (precipitation and evapo-transpiration) and carbon storage.
- Serving as a living storehouse of biodiversity—reduction in structural diversity inevitably follows from human interaction with tropical rainforests, as they are progressively simplified by increasing degrees of interference, e.g., timber utilization. The most

deleterious effects would be to see the trees and not the animals or vice versa. Biodiversity has a life-sustaining effect on human beings.

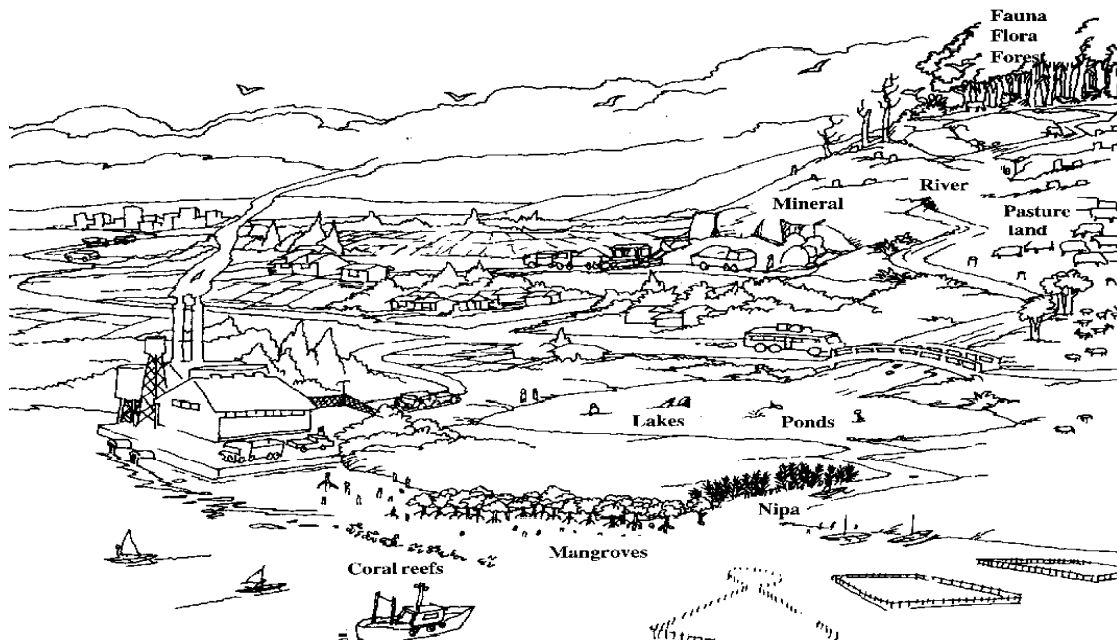
- Acting as natural protection against human impoverishment. Human populations located in the tropics depend on the forest resources base for basic sustenance. Thus, the disappearance of the forest due to massive disturbances in the forest ecosystem would mean loss of human lives.

Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)



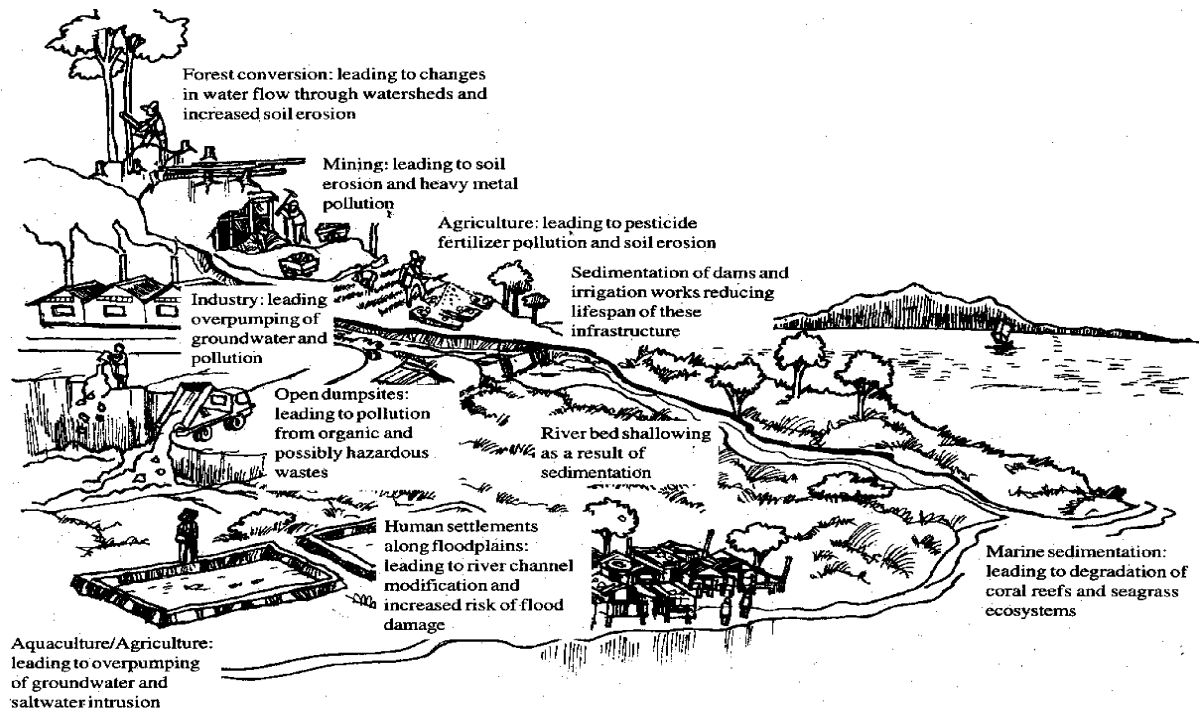
(IIRR 1992)

Common property resources in crisis



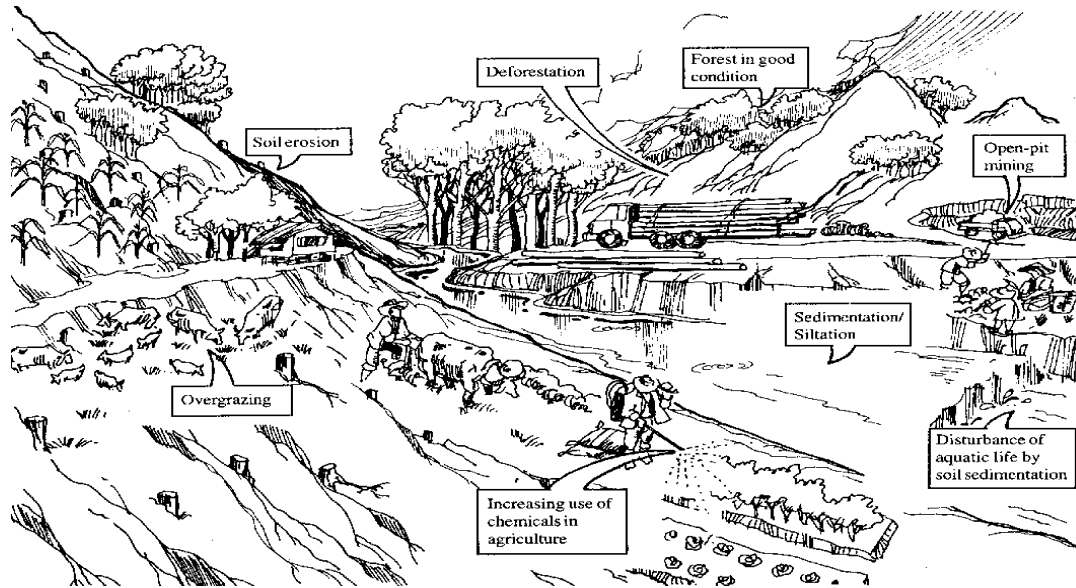
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Human intrusion into the water cycle



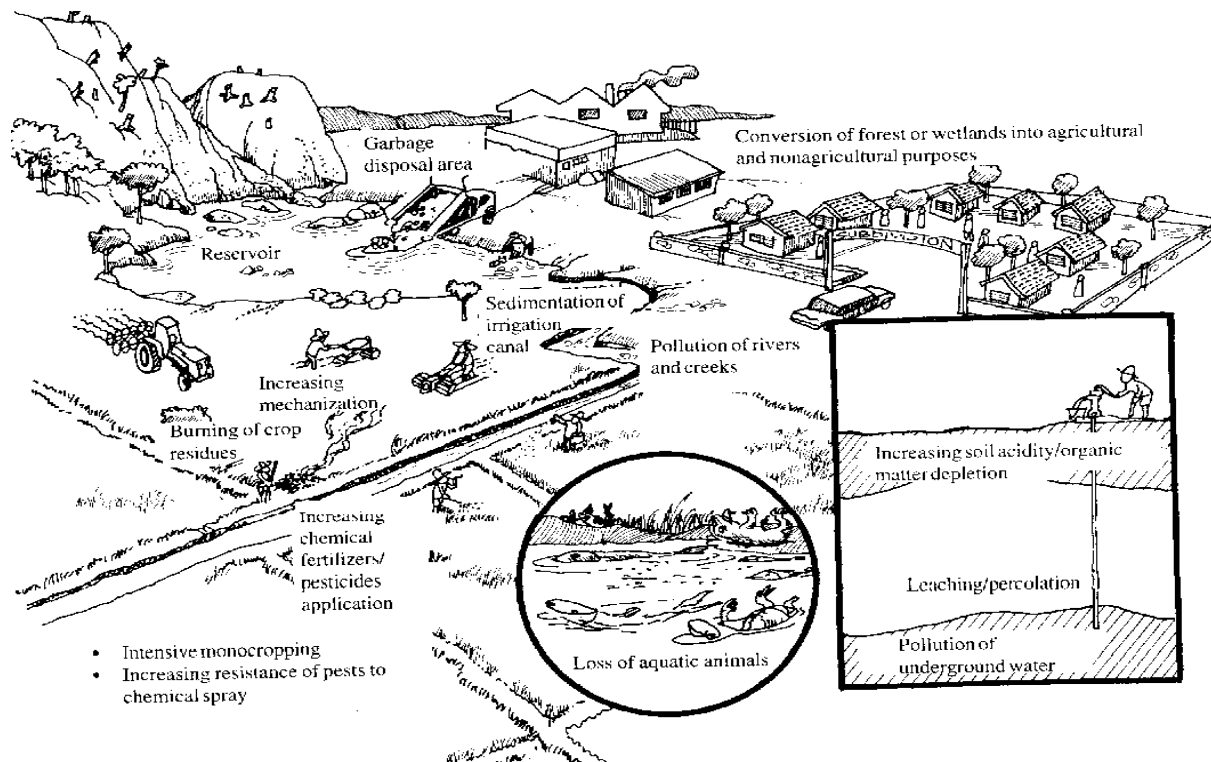
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Degradation of uplands



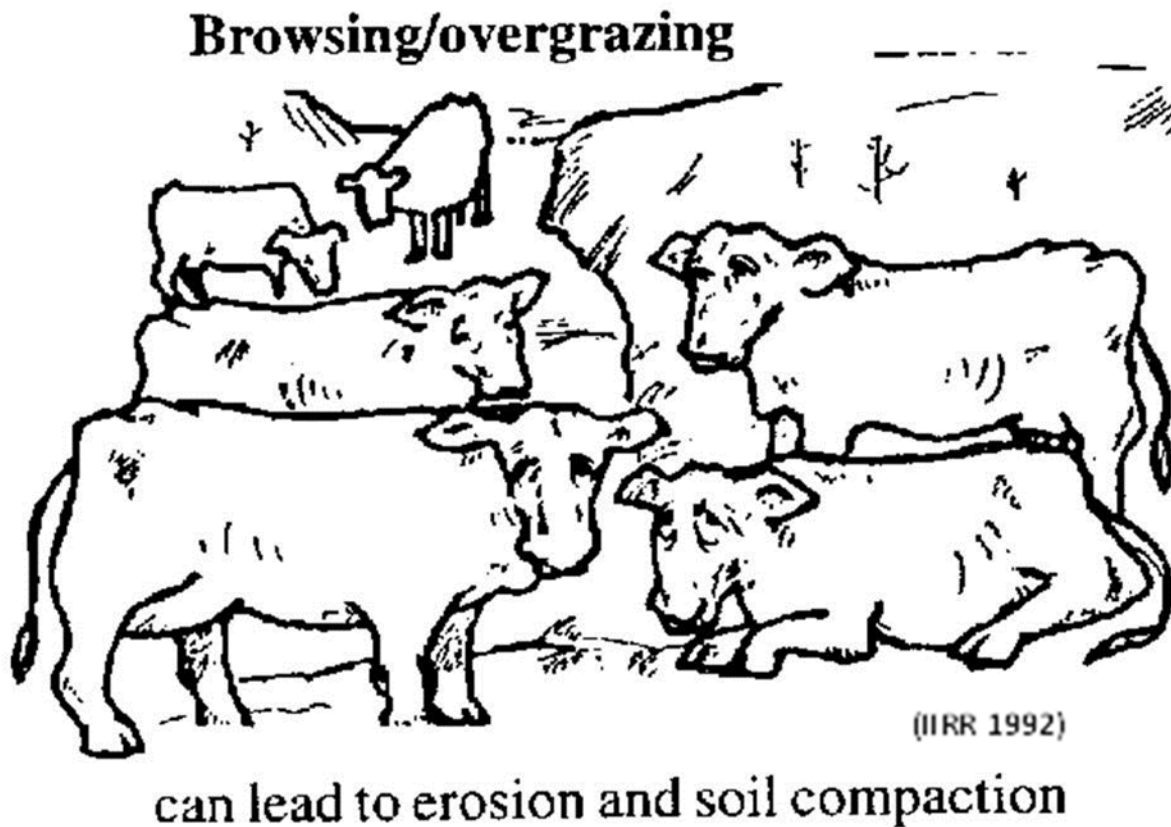
(IIRR 1992)

Lowland degradation



(IIRR 1992)

Overgrazing

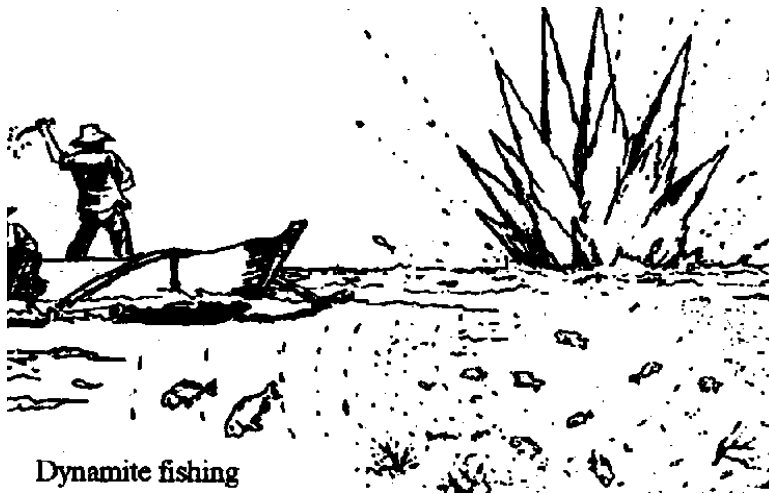


Insufficient fodder—especially during dry periods and droughts—forces animals to forage on available fodder growing in the distant grazing areas. Overgrazing on the earth's natural cover contributes to land degradation and soil erosion.

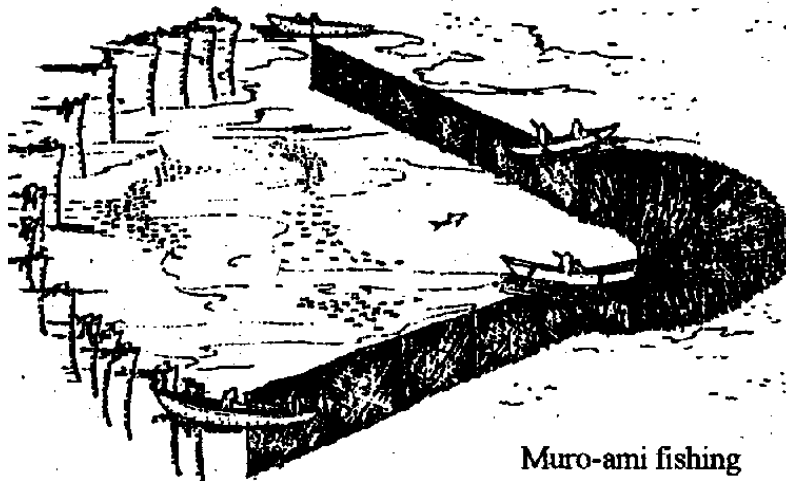
Massive herding of animals creates gullies that contribute to soil erosion, soil compaction, marching of wetlands and dust storms in dry, windy areas.

Free-grazing of animals destroys both less-valued and high-valued grass, crops, plants and trees that can lead to loss of various plant resources.

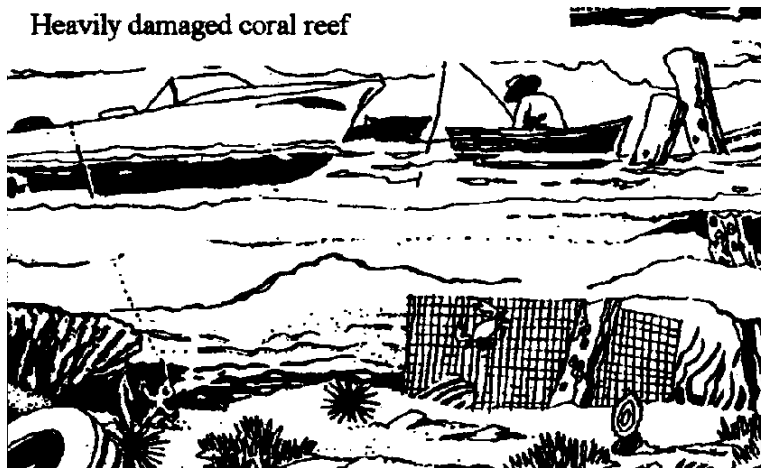
Illegal fishing activities



Dynamite fishing



Muro-ami fishing



Heavily damaged coral reef

(IIRR 1992)

MODULE 4: HUMAN REPRODUCTIVE ANATOMY



Exercise 4: Reproductive Health (RH) Puzzles

Purpose:

- To provide participants with information on the different parts and functions of the male and female reproductive systems

Time: 60 minutes

Learning Objectives:

After this exercise, the participants will be able to:

- Identify the principal male and female reproductive organs
- Name a function for each part of the reproductive system

Preparation:

- Collect materials needed:
 - masking tape
 - scissors
 - box or basket
 - puzzles of the female and male reproductive systems
- Draw or make a photocopy of an existing drawing of the male and female reproductive systems. Cut each drawing into four to five pieces (like for a puzzle)—make sure each piece includes one part of the reproductive system. See drawings of the male and female genitalia in the ‘Facts to Know’ section for guidance.

Instructions:

1. Put the pieces of the puzzles in a box or basket. Pass the basket/box around and ask 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 piece of the puzzle and decide if it belongs to the male or female reproductive system.
4. Tell participants 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.
5. Ask the first group that completes the drawing to identify the parts of the system.
6. Tell the group that finished first that they get to quiz the other participants about the functions of the reproductive system in their drawing. They should ask about each part of their drawing's system and be sure that different participants respond so that all will have a chance to participate.
7. Add any functions that were missed and quickly review, as needed, any part and/or function. Make use of the information in the 'Facts to Know.'

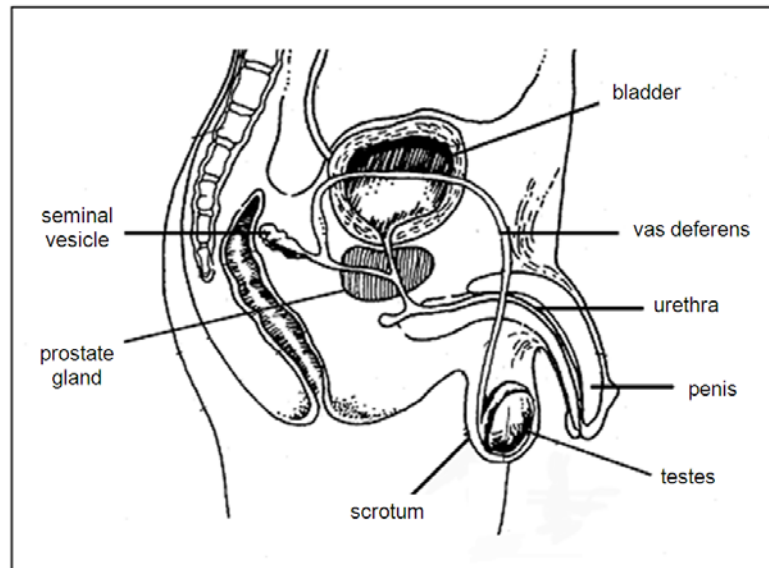
Evaluation:

1. Divide the participants into two groups and form lines that face each other.
2. Ask the first person in line to name a function of a reproductive organ (but not to reveal the name of the organ).
3. Have the first person of the opposite team name the organ that corresponds to the function that was just mentioned. If the answer is incorrect, ask the other members of the opposite team if there is anyone who knows the correct answer. If nobody knows, the facilitator should give the correct answer.
4. Ask 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.
5. Clarify any doubts and/or answer any remaining questions.

FACTS TO KNOW

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

Male Reproductive Anatomy



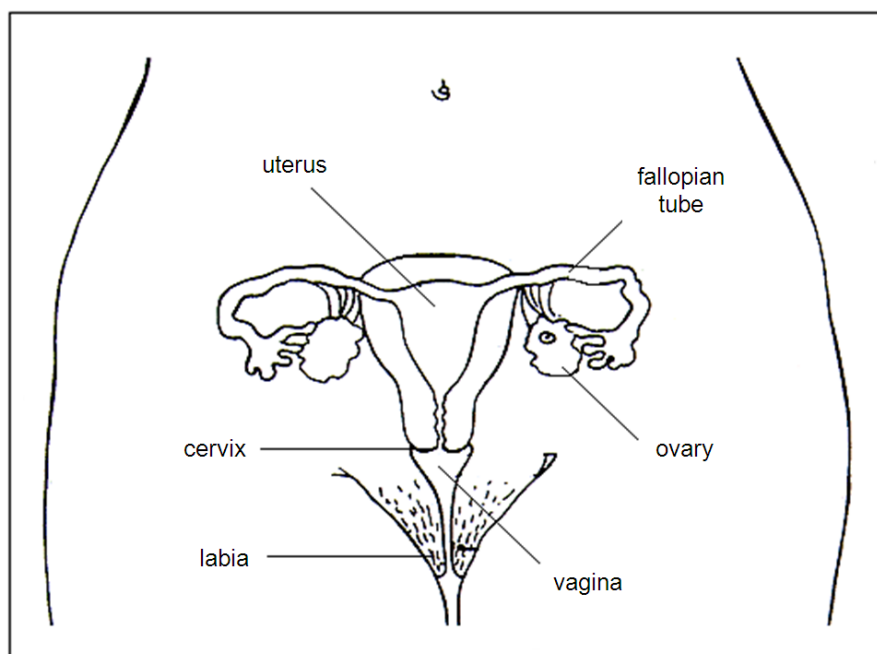
Parts and Functions of the Male Reproductive System

Parts	Functions
Penis	Male organ for sexual intercourse, for urinary excretion and ejaculation of sperm
Scrotum	Sac below the penis that holds the testes. The scrotal muscle contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm
Urethra	Tube that provides passage for urine and semen
Testes	Site of the production of sperm and the male hormone, i.e., testosterone

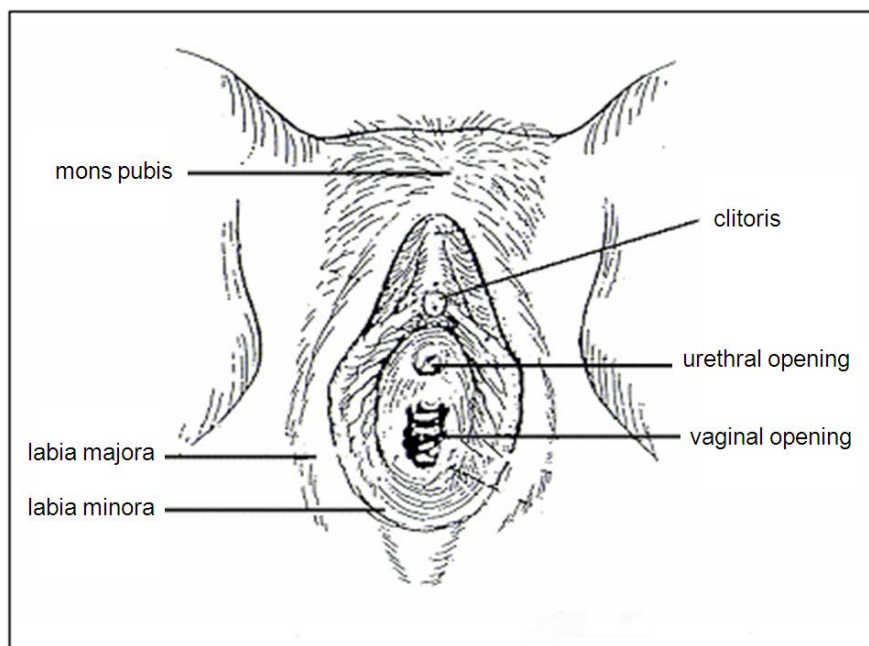
Parts	Functions
Epididymis	Serves as storage for sperm
Vas deferens	Tubes that provide passage for sperm from epididymis to the urethra during ejaculation
Seminal vesicles	Glands that produce the sugar- and protein-containing fluid that provides nourishment for the sperm
Prostate gland	Round-shaped body located below the urinary bladder that secretes fluids that aid in the motility of the sperm

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

Internal Female Reproductive Anatomy



External Female Reproductive Anatomy



Parts and Functions of the Female Reproductive System

Parts	Functions
Mons pubis	A soft fatty tissue which lies over the prominent pubic bone
Labia	The outer and inner folds covering the vagina: <ul style="list-style-type: none"> • Labia majora: outer, rounded folds of fatty tissue with overlying skin and covered with hair • Labia minora: inner folds of tissue covered with mucous membrane
Clitoris	A small projection which contains tissue that becomes erect during sexual stimulation; counterpart of the penis
Vagina	An elastic, muscular canal that provides passage for menstrual flow, for birth of babies, and receives the penis during sexual intercourse
Cervix	The neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus

Parts	Functions
Uterus	A thick-walled hollow organ that houses and protects the fetus during pregnancy; commonly called the womb; inner lining of the uterus (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
Fallopian tubes	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
Ovaries	Two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e., estrogen and progesterone

MODULE 5: HUMAN FERTILITY



Exercise 5: Menstrual Cycle

Purpose:

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

Time: 60 minutes

Learning Objectives:

After the exercise, the participants will be able to:

- Identify the normal range of the menstrual cycle
- Identify the processes involved in the menstrual cycle
- Name at least two signs and symptoms of fertility

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - masking tape
 - marking pens
 - scissors
- Prepare lecture materials and/or visual aids with itemized points of the topic.

Instructions:

1. Present and discuss the topic of human fertility.
2. 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' (see below).

FACTS TO KNOW

What is human fertility?

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- Closely linked to age
 - a. begins in puberty:
 - female—when she begins to menstruate (menarche)
 - male—when he begins to produce sperm (spermarche)
 - b. ends in:
 - female—menopause
 - male—later age

What is the menstrual cycle?

- A monthly (approximate) cycle of ovulation and shedding of the lining of the uterus (endometrium)
- Cycle responds to changing levels of two main hormones of the body, estrogen and progesterone
- Menstrual period (menstruation) marks the start of the menstrual cycle
- The cycle's normal range 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
- First day of the cycle = first day of menstrual bleeding
- Last day of the cycle = the day before the first day of the next menstrual cycle

What is menstruation or menstrual bleeding?

- Result of the shedding of the endometrium or the lining of the uterus
- Average menstrual blood loss: 25 - 75 ml during a cycle

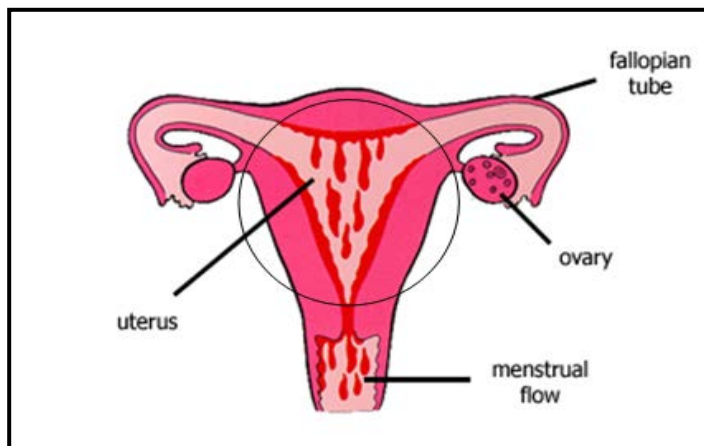
- Average duration of menstruation: three to seven days
- First day of menstruation marks the start of the menstrual cycle
- Several factors influence the length and regularity of menstruation such as:
 - Poor nutrition
 - Obesity or low body weight
 - Emotional trauma
 - Stress
 - Hormonal problems
 - Problems in the uterus or ovary (e.g., endometriosis or ovum)
- The above factors can lead to hormonal changes (low thyroid levels, elevated cortisol levels, hormonal imbalance) in the body that can affect menstrual bleeding

What are the three stages of the menstrual cycle?

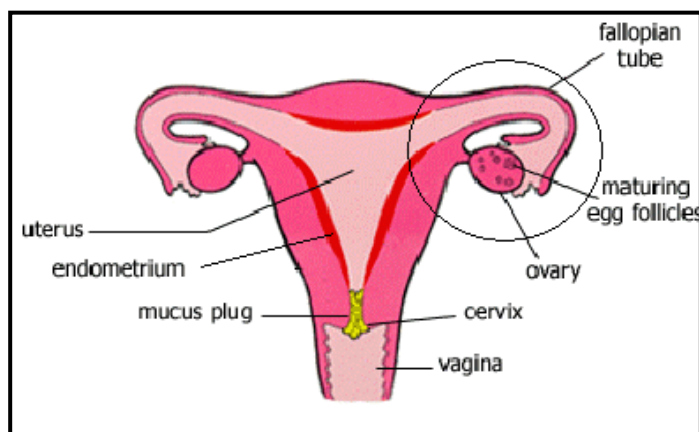
Stages	Description
Pre-ovulatory	<ul style="list-style-type: none"> • Length of this phase is the most variable • Phase when menstruation occurs; usually occurs in the first three to seven days of this phase • After menstruation begins, estrogen steadily increases during this phase in preparation for the release of the mature egg/ovum • Follicles in both ovaries start to mature; only one egg/ovum will be released from an ovary during the next phase
Ovulatory	<ul style="list-style-type: none"> • 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 • Period when a woman is most fertile and most likely to conceive if she has unprotected sex

Stages	Description
	<ul style="list-style-type: none"> • Ovaries are the source of eggs and the hormones that regulate female reproduction: <ul style="list-style-type: none"> – At birth, there are one million egg follicles in the ovaries – During puberty there are +/- 100,000 egg follicles – In adulthood, one mature egg is released from the ovaries 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
Post-ovulatory	<ul style="list-style-type: none"> • Last phase of the menstrual cycle • 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

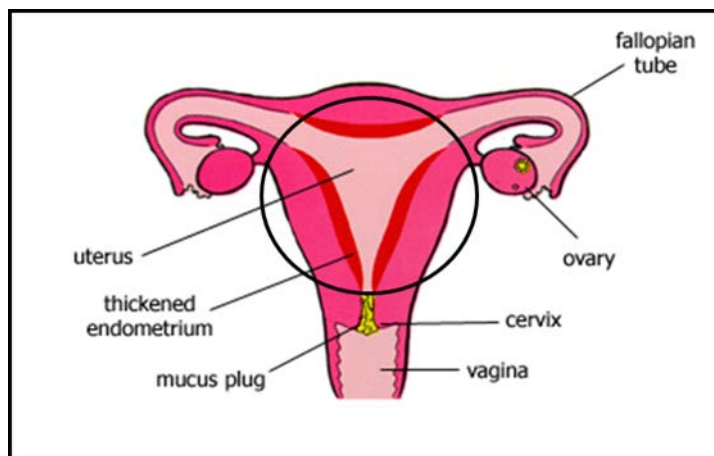
Menstruation



Maturation of the Follicles



Ovulation



What are the changes in a woman's body associated with the ovulatory stage?

- Cervical Mucus
 - egg-white in appearance and texture
 - can be stretched between thumb and finger
- Body Temperature
 - rises about 12-24 hours before ovulation and extends throughout post-ovulation; temperature should be taken first thing in the morning with a basal body thermometer
 - other factors can also cause a rise in temperature
- Body Awareness
 - increase in sex drive
 - occurrence of mild degree of lower pelvic pain or discomfort

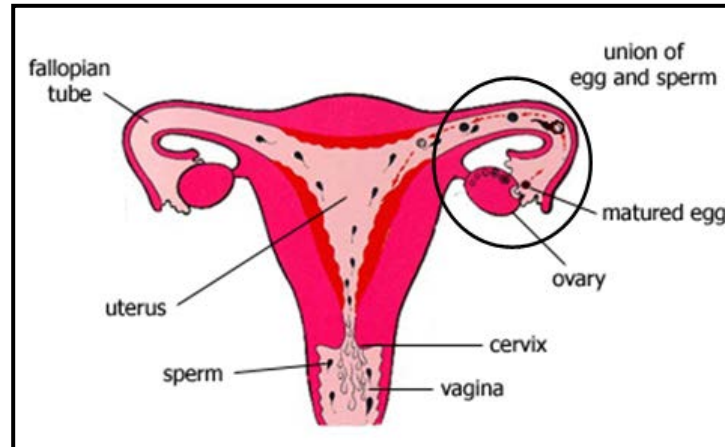
What are the possible events that could happen after ovulation?

- Two events can happen to the egg/ovum after being released from the ovary and picked up by the fallopian tube (see Figure 1: Schematic Diagram of the Fate of the Egg/Ovum on the following page):
 - egg could be fertilized and then implanted in the uterus, resulting in pregnancy
 - egg is not fertilized, resulting in menstruation

What is fertilization?

- Union of the egg and the sperm—usually occurs in the middle third of the fallopian tube
- Sperm will take minutes to hours to travel through the six to seven inch length of the fallopian tube to reach the egg
- More than 100 million sperm cells are ejaculated and start the journey; approximately 500 will reach the correct fallopian tube; only one will fertilize the mature egg
- Sperm may remain viable inside the reproductive tract for three days

Fertilization



What is implantation?

- 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
- Event that establishes pregnancy
- Takes six to seven days for the fertilized egg to travel from the fallopian tube to the uterus and implant itself into the uterine lining

Implantation

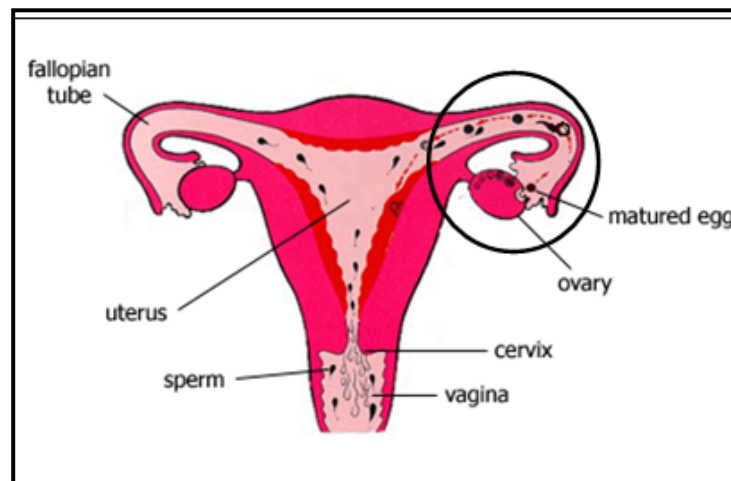
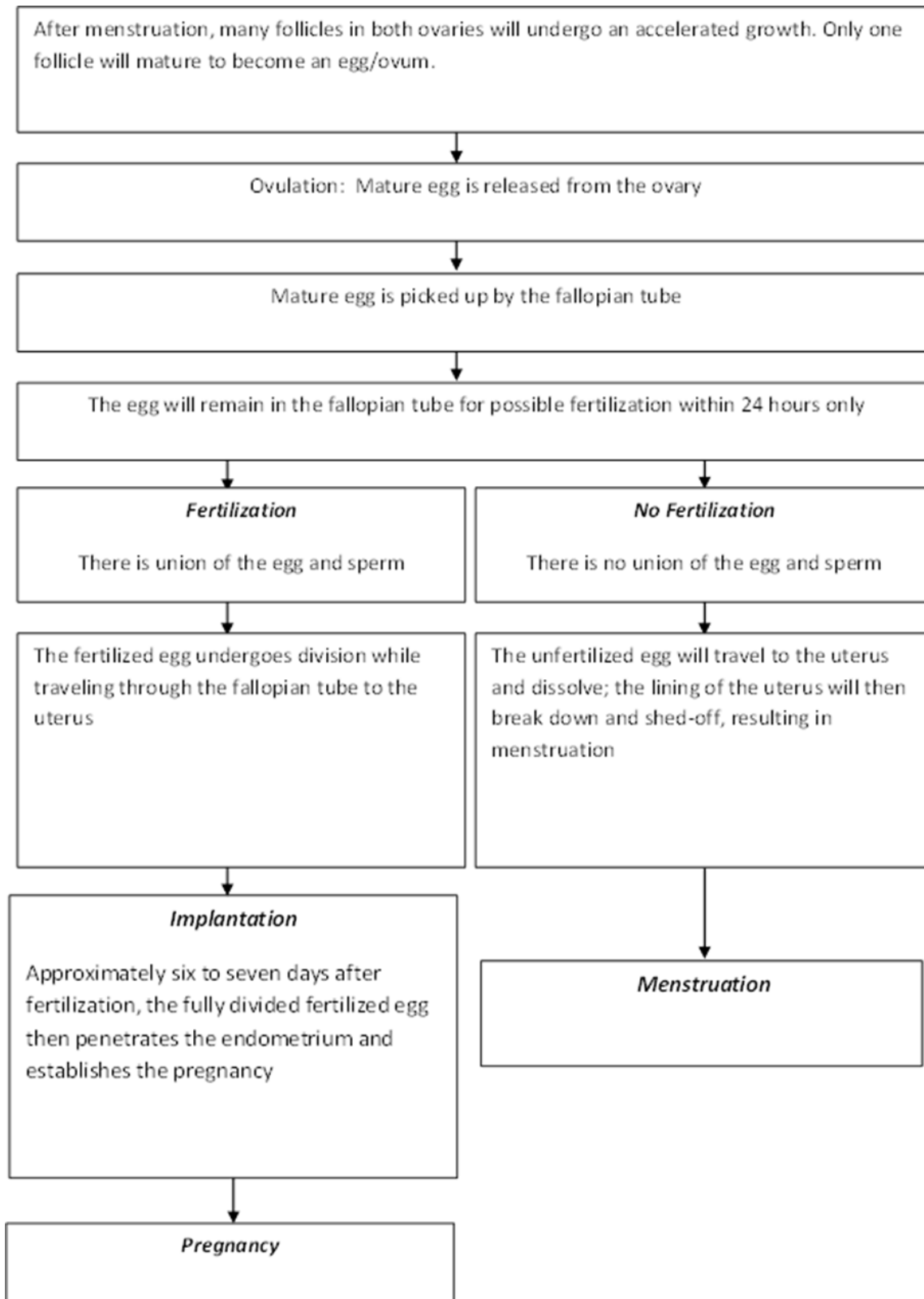


Figure 1 of Module 5: Schematic Diagram of the Fate of the Egg/Ovum (see diagram below)



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, but especially estrogen and progesterone

What is estrogen?

- Hormone responsible for female sexual development
- Primarily the cause of the signs and symptoms observed during the pre-ovulatory phase
- Surge or sudden increase in the level of estrogen is the reason ovulation occurs
- Other effects: reduces bone resorption, helps maintain healthy blood vessels and skin, helps regulate salt and water retention, increases cholesterol in bile, reduces muscle mass, increases vaginal lubrication, stimulates growth of uterine lining, increases platelet adhesiveness, increases high density lipoprotein (HDL)

What is progesterone?

- Hormone that prepares the uterine lining (endometrium) for possible implantation of a fertilized egg
- Protects the embryo and enhances the development of the organ (placenta) that nourishes the growing baby
- Also aids in preparing the breasts for nursing the infant
- Other effects: thickens cervical mucus, decreases contractility of the uterine smooth muscle, increases core temperature during ovulation, relaxes smooth muscle, reduces gallbladder activity

MODULE 6: CONTRACEPTIVE METHODS AND PREVENTION OF PREGNANCY



Exercise 6: How Contraception Works

Purpose:

- To explain in basic terms how contraceptive methods prevent pregnancy
- To equip participants with information on the different contraceptive methods

Time: 1 hour and 30 minutes

Learning Objectives:

After this exercise, participants will be able to:

- Name four contraceptive methods that stop the ovary from releasing the egg
- Name four contraceptive methods that prevent sperm from reaching the egg

Preparation:

- Collect materials needed:
 - flipchart paper (newsprint)
 - masking tape
 - marking pens
 - scissors
 - samples of contraceptive methods
 - penis model

- Prepare two drawings: 1) one that shows an ovary with a slanted bar or “X” across it (use an “X” or whichever symbol would be easier for participants to recognize), and 2) another that shows a barrier or bar with a sperm on one side and an egg/ovum on the other (see Appendix B: Figures for Exercise 6)
- Decide the methods you wish to cover and have samples or drawings of each.

Instructions:

Discuss the contraceptive methods that are locally available and mentioned in ‘Facts to Know.’ Cover the following points for each contraceptive method:

- What the method is
- How the method works
- Effectiveness of the method
- Advantages and disadvantages of the method
- When the method is not advised

Point out that participants do not need to memorize the information presented. They should be aware of all the different methods. Refer to the ‘Facts to Know’ for guidance in conducting this exercise.

Explain that because most community-based distributors (CBDs) will spend the majority of their time providing condoms and oral contraceptives to the community, you will focus on reviewing these two methods. If other methods are chosen, PEs and CBDs should refer clients to the local health clinic or hospital.

When you cover condoms, demonstrate their proper use. Have participants practice explaining to each other how to put on a condom and how to store it.

Exercise

1. Post the two drawings prepared beforehand (see preparation instructions) on the wall and explain the meaning of each drawing.
2. Organize as many small groups as you have methods. Give each group a different sample or drawing of a method—i.e., one sample/method per group.

3. Give the groups two or three minutes to decide how their assigned method prevents pregnancy.
4. 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.
5. As each volunteer places his/her method in front of one of the drawings, 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:

Methods that prevent the ovary from releasing the egg	Methods that prevent the sperm from meeting the egg
<ul style="list-style-type: none"> • Oral Contraceptive Pills • DMPA Injection • Lactational Amenorrhea Method • Hormonal Implants 	<ul style="list-style-type: none"> • Condom • Natural Family Planning • Intrauterine Device (IUD) • Voluntary Surgical Contraception

Evaluation:

1. After the short lecture, have the participants form a circle.
2. Take any small object. Explain that it is very hot and will burn them if they hold onto it.
3. Give the object to the first participant. That participant should quickly pass it to the second participant and so on around the circle.
4. Tell participants that when you clap your hands, the participant who is holding the object must name a method listed under one of the drawings. Once they have answered, begin to circulate the object again. Repeat until all the methods that were covered have been named.

FACTS TO KNOW

Family planning is planning when and how many children to have, and what contraceptive methods to use. Methods and plans include sexuality education, prevention and management of sexually transmitted infections (STIs), pre-conception counseling and management, infertility management, etc.

While the family planning products most available at PHE outlets are male condoms and oral contraceptives pills, PHE Adult PEs should be able to talk to clients and potential clients on all types of contraceptive methods.

FP methods that prevent the union of the egg and sperm are:

- Condoms: male and female
- Intrauterine Device (IUD)
- Voluntary Surgical Contraception (VSC): Vasectomy and Bilateral Tubal Ligation
- Natural Family Planning Methods (NFP): Standard Days Method

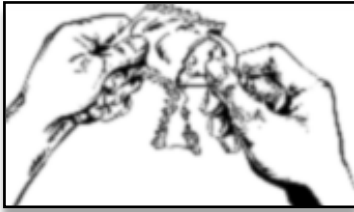
Male Condoms



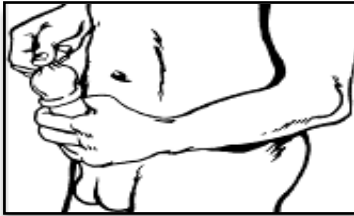
Male Condom	
What is it?	<ul style="list-style-type: none"> • A latex (rubber) sheath worn over the erect penis during sex
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from entering the vagina
How effective is it?	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> • When used correctly with each act of sex—2 pregnancies per 100 women • When not used consistently/frequently used—15 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Can be used without seeing a health provider • Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method • Protects against pregnancy and STIs, including HIV • Increases male participation in family planning

Male Condom	
Disadvantages	<ul style="list-style-type: none"> • Interrupts sex and may decrease sensation • Can break easily if not stored properly a dry, dark place away from light, moisture, and heat • One-time use only • Requires partner cooperation
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Allergic to latex rubber

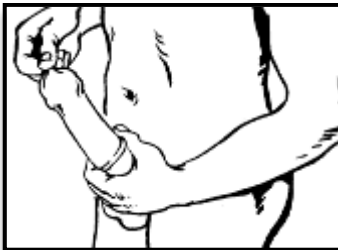
Proper Use



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



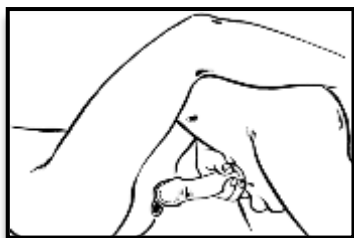
- Squeeze tip of condom and put it on end of hard penis.



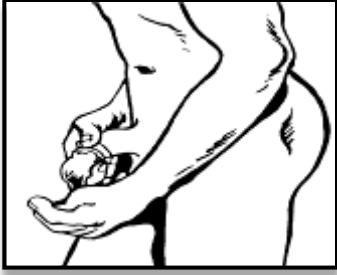
- Continue squeezing tip while unrolling condom until it covers all of penis.



- Always put on condom before entering partner.

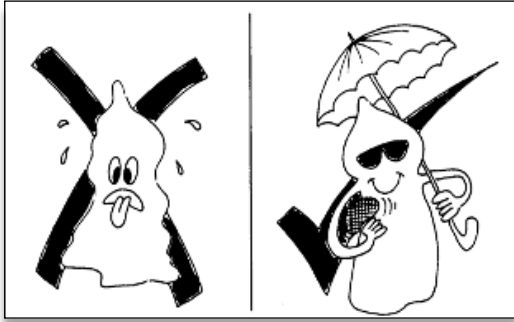


- After ejaculation (coming), hold rim of condom and pull penis out before it gets soft.

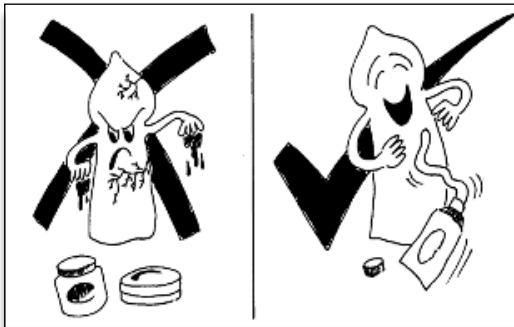


- Slide condom off without spilling liquid (semen) inside vagina.

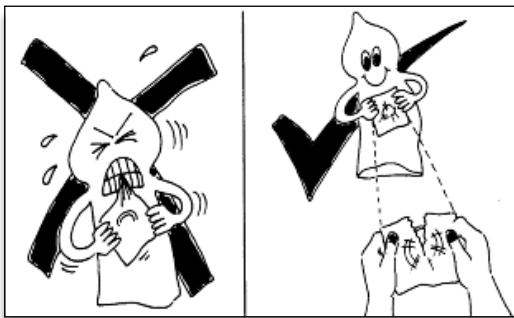
Proper Care



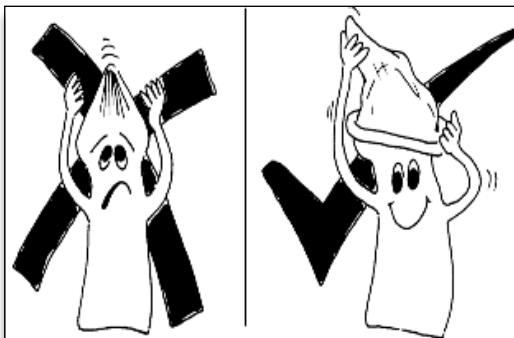
- Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted or damaged.
- Store in dark, dry place, away from sunlight, moisture and heat.
- Do not keep your condom in a tight pocket or in your wallet for a long period—it is too warm.



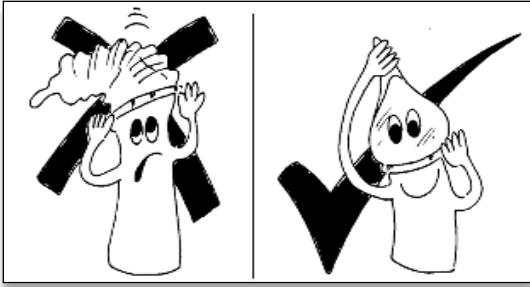
- Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms—these oils cause the condom to break.
- Use only water-based lubricants.



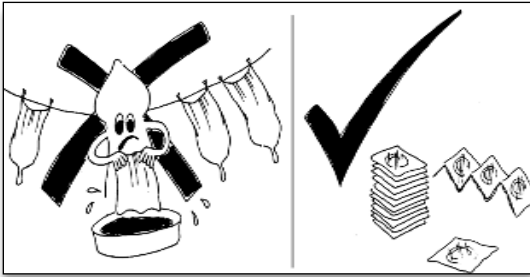
- Do not use your teeth or other sharp objects to open the package—it may tear the condom.
- Tear the condom package, and then open carefully using the guides in the package.



- 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 properly dispose of it after use. Keep new supplies available.

Female Condom

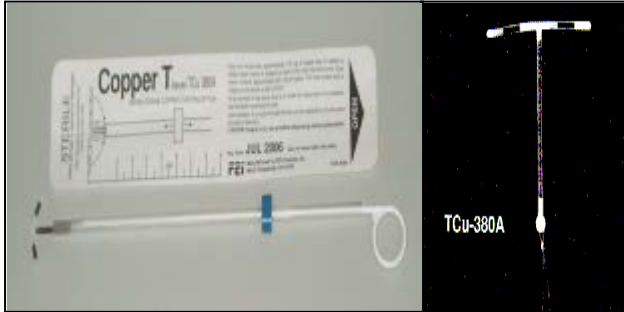


Female Condom	
What is it?	<ul style="list-style-type: none"> • A sheath made of a thin, transparent, soft, plastic film or latex rubber with flexible rings at both ends placed into the vagina before having sex
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from entering the vagina

Female Condom	
How effective is it?	Pregnancy rate after first year of use is: <ul style="list-style-type: none"> • When used correctly with each act of sex—5 pregnancies per 100 women • When not used consistently or as frequently—21 pregnancies per 100 women

Female Condom	
Advantages	<ul style="list-style-type: none"> • Women can initiate their use • Woman is in control of their use • Can be used without seeing a health provider • Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method • Protects against pregnancy and sexually transmitted infections, including HIV • Preserves feeling of sex for men and women
Disadvantages	<ul style="list-style-type: none"> • Interrupts sex and may decrease sensation • Can break easily if not stored properly • Re-use is not recommended • Requires partner cooperation • May be relatively expensive • May make noises during intercourse
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Allergic to latex rubber

Intrauterine Devices (IUD)

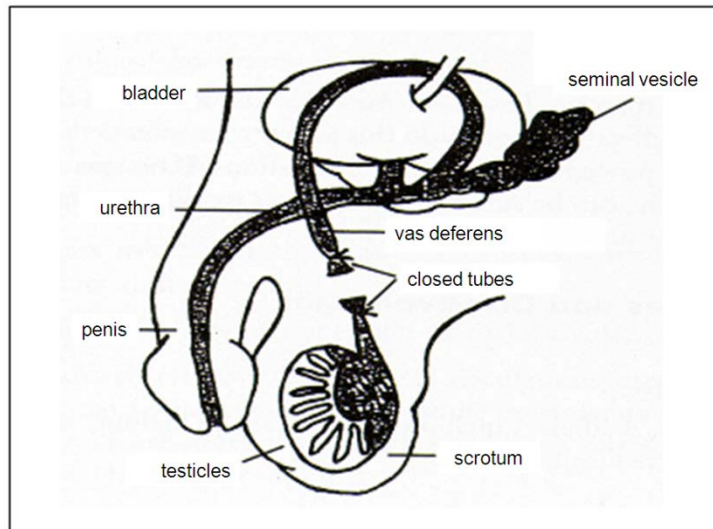


	Copper-bearing IUD	Levonorgestrel IUD (Mirena)
What is it?	<ul style="list-style-type: none"> • Small plastic and copper device inserted into the uterus by a trained provider • Most IUDs have one or two thin strings that hang from the cervix into the vagina 	<ul style="list-style-type: none"> • Small T-shaped plastic device that contains the hormone levonorgestrel • Has two thin strings that hang from the cervix into the vagina
How does it work?	<ul style="list-style-type: none"> • Prevents sperm from meeting the egg 	<ul style="list-style-type: none"> • Suppresses growth of lining of uterus and prevents egg from implanting
How effective is it?	<ul style="list-style-type: none"> • In first year of use—less than 1 pregnancy per 100 women • More than 10 years of use—2 pregnancies per 100 women 	<ul style="list-style-type: none"> • In first year of use—less than 1 pregnancy per 100 women • More than five years of use—less than 1 pregnancy per 100 women
Advantages	<ul style="list-style-type: none"> • One of the most effective and long-lasting methods • Does not require woman to do anything once inserted • Does not interfere with sex • Immediate return to fertility after removal • Safe for a woman with HIV or on anti-retroviral (ARV) 	<ul style="list-style-type: none"> • One of the most effective and long-lasting methods • Does not require woman to do anything once inserted • Does not interfere with sex • Immediate return to fertility after removal • Safe for a woman with HIV or on anti-retroviral (ARV) medicines

	Copper-bearing IUD	Levonorgestrel IUD (Mirena)
	medicines and is clinically well	and is clinically well
Disadvantages	<ul style="list-style-type: none"> • Slight pain and bleeding during the first few days after insertion • Typically causes longer and heavier bleeding and pain during menstruation especially in the first 3 to 6 months • Does not protect from sexually transmitted infections (STIs), including HIV (use condoms if at risk) • Needs to be inserted by a trained health care provider 	<ul style="list-style-type: none"> • Slight pain and bleeding during the first few days after insertion • Changes in bleeding patterns—usually lighter or less frequent menstruation • Does not protect from STIs, including HIV (use condoms if at risk) • Needs to be inserted by a trained health care provider
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Is pregnant or thinks she might be pregnant • Has unusual vaginal bleeding • Has pelvic infections • Has AIDS and is NOT taking ARV medicine • Is at high risk of having an STI, i.e., has or has had multiple sex partners 	<ul style="list-style-type: none"> • Is pregnant or thinks she might be pregnant • Has given birth in the last four weeks • Has current blood clot in veins of legs or in the lungs • Has or has had breast cancer • Has severe liver disease, liver infection, or liver tumor • Is at high risk of having an STI, i.e., has or has had multiple sex partners

Voluntary Surgical Contraception (VSC) Methods

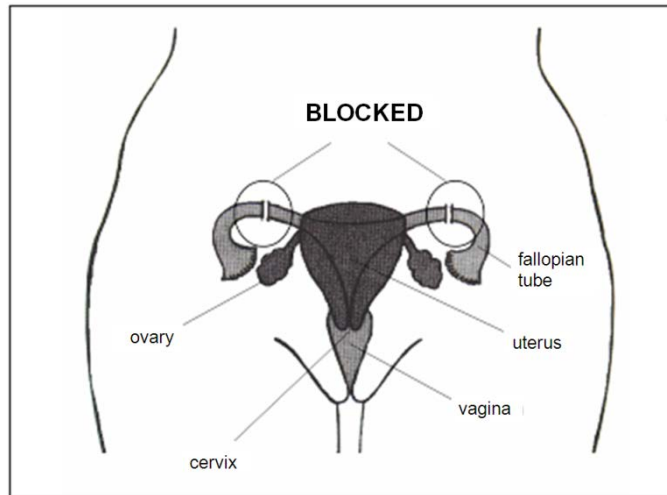
Vasectomy



Vasectomy	
What is it?	<ul style="list-style-type: none"> • A simple, safe surgical procedure for men who do not want more children • Requires informed consent
How does it work?	<ul style="list-style-type: none"> • A trained provider makes a simple cut and closes off the tubes from the testicles to the penis • Closing off the tubes keeps sperm out of the semen • A man can still have erections and ejaculate semen—but with no sperm
How effective is it?	<p>Pregnancy rate after procedure is:</p> <ul style="list-style-type: none"> • In first year—1 to 3 pregnancies per 100 women whose partner has had a vasectomy • After first three years—4 pregnancies per 100 women whose partner has had a vasectomy

Vasectomy	
Advantages	<ul style="list-style-type: none"> • Highly effective, but still has a small risk of failure • Safe and convenient • Increased enjoyment of sex because no worries about getting partner pregnant • Safe for a man with HIV/AIDS, whether or not he takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • Not fully effective until three months after the procedure—as such, the couple must use condoms or another method for first three months after the surgical procedure • Permanent—can no longer have children • Requires trained provider • Does not protect against STIs, including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Partner is not sure if s/he wants more children • Has a medical condition where it may be necessary to delay the procedure

Bilateral Tubal Ligation



Bilateral Tubal Ligation	
What is it?	<ul style="list-style-type: none"> • Permanent method for women who do not want more children • Requires informed consent
How does it work?	<ul style="list-style-type: none"> • A trained provider makes a small incision in the woman's abdomen • S/he ties off (or cuts) the two fallopian tubes that carry eggs from the ovary to the uterus • The eggs can never join with the sperm
How effective is it?	<p>Pregnancy rate after the procedure is:</p> <ul style="list-style-type: none"> • In first year—less than 1 pregnancy per 100 women • More than 10 years—2 pregnancies per 100 women

Bilateral Tubal Ligation	
Advantages	<ul style="list-style-type: none"> • Highly effective • No need to worry about contraception anymore • Does not affect sexual desire • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • Requires trained provider • Permanent—can no longer have children • Complications from surgery and anesthesia are possible • Special arrangements are needed for a woman with AIDS • Does not protect against sexually transmitted infections (STIs), including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Woman is pregnant • Woman is depressed • Woman has certain medical conditions that make it necessary to delay the procedure

Natural Family Planning Methods

Standard Days Method®



Standard Days Method	
What is it?	<ul style="list-style-type: none"> • The woman keeps track of her menstrual cycle to know the days that she can get pregnant (fertile days) • Ideal for women whose menstrual cycle is usually between 26 to 32 days long
How does it work?	<ul style="list-style-type: none"> • Mark a calendar or use Cyclebeads® to track the days a woman can get pregnant and the days she is not likely to get pregnant • The days a woman can get pregnant are days 8 through 19 of her menstrual cycle • On those days, the woman must abstain from having vaginal sex to avoid getting pregnant, or she can use a condom or other barrier method
How effective is it?	<p>Pregnancy rate in the first year of use:</p> <ul style="list-style-type: none"> • With consistent and correct use and no unprotected sex on fertile days—5 pregnancies per 100 women • When not used consistently and correctly or as commonly used—12 pregnancies per 100 women

Standard Days Method	
Advantages	<ul style="list-style-type: none"> • Allows couple to adhere to religious or cultural norms about contraception • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • Woman needs counseling on how to correctly use the method • Requires partner cooperation • During the 12 days when the woman can get pregnant, the couple must abstain from unprotected sex or use a barrier method (condoms) • Does not protect against sexually transmitted infections (STIs), including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Does not have menstrual cycles that are between 26 to 32 days long • Is not willing or able to abstain from unprotected sex or use a barrier method (condom) during the days she can get pregnant • Cannot keep track of the days of her menstrual cycle • Has not had at least three consecutive menstrual cycles since giving birth • Has not resumed menstruation after discontinuing a hormonal method

FP methods that basically prevent ovulation:

- Lactational Amenorrhea Method (LAM)
- Progestin-only Injectables (DMPA and NET-EN)
- Combined Injectable Contraceptives (CICs)
- Hormonal Implants (i.e. Norplant®, Implanon™, Jadelle® and Sinoplant (II) ®)
- Oral Contraceptive Pills

Lactational Amenorrhea Method (LAM)



Lactational Amenorrhea Method	
What is it?	<ul style="list-style-type: none"> • LAM is the use of full or nearly full breastfeeding to delay the return to fertility after having a baby • LAM requires that the following three conditions be met: <ul style="list-style-type: none"> – The woman’s monthly menstruation has not returned since giving birth, and – The baby is fully or nearly fully breast-fed and is fed often—day and night, and – The baby is less than six months old • It is a temporary family planning method
How does it work?	<ul style="list-style-type: none"> • Fully or nearly fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate)
How effective is it?	<p>Pregnancy rate in first six months after childbirth is:</p> <ul style="list-style-type: none"> • When all three conditions are met—less than 1 pregnancy per 100 women • When less than three conditions are met—2 pregnancies per

Lactational Amenorrhea Method	
	100 women
Advantages	<ul style="list-style-type: none"> • Allows couple to adhere to religious or cultural norms about contraception • Does not interfere with sex • No costs and no supplies needed • Safe for mothers with HIV, whether or not she takes anti-retroviral (ARV) medicines. Breastfeeding will not make their condition worse. There is a chance, however, of transmitting HIV to the infant through breastfeeding.
Disadvantages	<ul style="list-style-type: none"> • Effectiveness after six months postpartum is not certain • Fully or nearly fully breastfeeding may be inconvenient or difficult for some women • Mothers with HIV could pass HIV to their infants through breastfeeding • Does not protect against sexually transmitted infections, including HIV
Method <u>not</u> advised if:	<ul style="list-style-type: none"> • Woman last gave birth more than six months ago • Woman's monthly menstruation has returned • Woman has begun to breastfeed less often, and the majority of feedings are no longer breast milk • Your health care provider advises against breastfeeding (e.g., if you are HIV positive with advanced disease or newly infected and if replacement feeding is acceptable, feasible, affordable, sustainable and safe)

Hormonal Injectables

Progestin-Only Injectables (DMPA & NET-EN)



Progestin-Only Injectables (DMPA & NET-EN)	
<p>What is it?</p>	<ul style="list-style-type: none"> • Injectable contraceptive that contains progestin that is given every two to three months, depending on which of the two types of injectable are used: <ul style="list-style-type: none"> - DMPA (known as Depo-provera, Depo, Megestron, and Petogen) - NET-EN (known as Noristerat and Syngestal)
<p>How does it work?</p>	<ul style="list-style-type: none"> • Contains the hormone progestin • Progestin makes the mucus around the cervix thick, which prevents the sperm from meeting the egg • Stops the release of eggs from the ovaries (ovulation) • DMPA injections (every three months) and NET-EN injections (every two months) are types of progestin-only injectable

Progestin-Only Injectables (DMPA & NET-EN)	
How effective is it?	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> • With no missed or late injections—1 pregnancy per 100 women • With some missed or late injections—3 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Safe for women who are breastfeeding • Private, i.e., no one can tell you are using an injectable • Does not interfere with sex • Helps prevent against certain cancers of the uterus and pelvic inflammatory disease (PID) • Safe for women with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • May cause irregular or no menstrual bleeding • There is a delay in fertility after woman stops the injection—it takes about four months longer than with most other methods to return to fertility • Does not protect from STIs, including HIV
Method <u>not</u> advised if woman:	<ul style="list-style-type: none"> • Is breastfeeding a baby less than six weeks old • Has high blood pressure • Has blood clot in the legs or lungs • Has unexplained vaginal bleeding • Has or has had breast cancer • Has severe liver disease, liver infection or liver tumor • Takes medication for seizures or takes Rifampicin

Combined Injectable Contraceptives (CICs)



CICs (Monthly Injectables)	
What is it?	<ul style="list-style-type: none"> • Injectable contraceptive that contains two hormones—progestin and estrogen—and is given every 30 days • Commonly known as Cyclofem, Cyclo-provera, Lunelle and Novafem
How does it work?	<ul style="list-style-type: none"> • Progestin and estrogen make the mucus around the cervix thick, which stops the sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation) • Woman needs an injection every four weeks (30 days) to prevent pregnancy
How effective is it?	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> • With no missed or late injections—1 pregnancy per 100 women • With some missed or late injections—3 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • More regular monthly bleeding than with DMPA or NET-EN injectables • Private, no one can tell you are using an injectable • Does not interfere with sex

CICs (Monthly Injectables)	
	<ul style="list-style-type: none"> • Does not require any daily action, such as taking pills • Safe for women with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • There is a delay in fertility after a woman stops the injection—it takes about one month longer than with most other methods • Does not protect from STIs, including HIV
Method <u>not</u> advised if woman:	<ul style="list-style-type: none"> • Is breastfeeding an infant less than six months old • Smokes 15 or more cigarettes a day • Has high blood pressure • Has blood clot in the legs or lungs • Has or has had breast cancer • Has severe liver disease, liver infection or liver tumor • Has migraine headaches (a type of severe headache) • Has migraine aura (sometimes seeing a growing bright spot in one eye)

Hormonal Implants (Jadelle®, Implanon™, Norplant®, Sinoplant II®)



Hormonal Implants	
What is it?	<ul style="list-style-type: none"> • Small plastic rods or capsules—each about the size of a match stick—are inserted under the skin of a woman’s upper arm and slowly release progesterone into the woman’s blood • There are many types of implants: <ul style="list-style-type: none"> - Jadelle®: two rods, effective five years - Implanon™: one rod, effective three years - Norplant®: six capsules, effective five to seven years - Sinoplant (II) ®: two rods, effective five years
How does it work?	<ul style="list-style-type: none"> • A trained provider inserts the implants under the skin, usually on the inside of a woman’s upper arm • The implants slowly release a hormone (progesterone) • Progesterone thickens the mucus around the cervix, which stops sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation)

Hormonal Implants	
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • Less than 1 pregnancy per 100 women • Long-term effectiveness by type, depending on weight of user: <ul style="list-style-type: none"> – Jadelle—over five years of use, less than 1 pregnancy per 100 women – Implanon—after three years use, less than 1 pregnancy per 100 women – Norplant—after seven years use, approximately 2 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Provide long-term protection from pregnancy for three to seven years—length of protection depends on implant • Safe for women who are breastfeeding—may get implants six weeks after giving birth • Safe for a woman with HIV/AIDS, whether or not she takes anti-retro viral (ARV) medicines • Do not interfere with sex
Disadvantages	<ul style="list-style-type: none"> • Often cause changes in monthly bleeding (menstrual irregularities/spotting) • A trained provider must insert and remove implants • Do not protect against sexually transmitted infections including HIV • May be difficult to obtain locally

Hormonal Implants	
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none">• Is breastfeeding a baby less than six weeks old• Has a blood clot in the legs or lungs• Has unexplained vaginal bleeding• Has or has had breast cancer• Has severe liver disease, liver infection or liver tumor• Takes medicine for seizures or takes Rifampicin

Oral Contraceptive Pills



Combined Oral Contraceptive Pills (The Pill)	
What is it?	<ul style="list-style-type: none"> • A pill that a woman takes every day to prevent pregnancy
How does it work?	<ul style="list-style-type: none"> • A woman takes one pill every day—with the pill being most effective when taken at the same time every day • The pill contains small amounts of the hormones estrogen and progestin • Estrogen and progestin make the mucus around the cervix thick, which stops sperm from meeting the egg • The hormones also stop the release of eggs from the ovaries (ovulation)
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • With no missed pills—less than 1 pregnancy per 100 women • With some missed pills—8 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Woman can control the method • Can be stopped at any time without a provider's help • Do not interfere with sex • Help prevent cancer of the uterus and ovaries

Combined Oral Contraceptive Pills (The Pill)	
	<ul style="list-style-type: none"> • Help prevent pelvic inflammatory disease (PID) • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • Woman must remember to take a pill once a day, every day • May cause irregular bleeding during first few months of use • May also cause absence of periods or other side effects • Do not protect against sexually transmitted infections (STIs), including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Is breastfeeding a baby less than six months old • Smokes cigarettes • Has high blood pressure • Has cirrhosis of the liver, a liver infection, or liver tumor • Has diabetes • Has had a stroke, blood clot in legs or lungs, heart attack, or other serious heart problems • Has gallbladder disease or takes medication for gall bladder disease • Has or has had breast cancer • Has migraine aura (sometimes seeing a growing bright spot in one eye) • Has migraine headaches without aura (a type of severe headache) • Is taking medication for seizures or is taking Rifampicin

Progestin-Only Contraceptive Pills



Progestin-Only Pills (Mini-pill)	
What is it?	<ul style="list-style-type: none"> • A pill that a woman takes every day to prevent pregnancy
How does it work?	<ul style="list-style-type: none"> • Woman takes one pill every day and is most effective when taken at the same time every day • Contains small amounts of hormone (progestin) • Progestin makes the mucus around the cervix thick, which stops sperm from meeting the egg • Also stops the release of eggs from the ovaries (ovulation)
How effective is it?	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> • With no missed pills—less than 1 pregnancy per 100 women • With some missed pills—3 to 10 pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Safe for women who are breastfeeding—may begin the mini-pill six weeks after giving birth • Woman controls the method • Can be stopped at any time without a provider's help

Progestin-Only Pills (Mini-pill)	
	<ul style="list-style-type: none"> • Do not interfere with sex • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines
Disadvantages	<ul style="list-style-type: none"> • May cause irregular monthly bleeding and for breastfeeding women may cause delayed return of monthly bleeding • Woman must remember to take a pill once a day, every day • Do not protect against STIs, including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Is breastfeeding a baby less than six weeks old • Has a blood clot in the legs or lungs • Has or has had breast cancer • Has severe cirrhosis of the liver, liver infection, or liver tumors • Is taking medication for seizures or is taking Rifampicin

Emergency Contraception

Emergency Contraception Pills (ECP)	
What is it?	<ul style="list-style-type: none"> • The only method that can help prevent pregnancy after a woman has had unprotected sex • Must be used within five days of having unprotected sex
How does it work?	<ul style="list-style-type: none"> • ECPs contain the same hormones as combined and progestin-only oral contraceptive pills, but in higher doses • These hormones prevent the release of eggs from the woman's ovaries
How effective is it?	<p>When taken within five days of having unprotected sex:</p> <ul style="list-style-type: none"> • With ECPs—1 to 2 pregnancies per 100 women • With no ECPs after unprotected sex during fertile days—8

Emergency Contraception Pills (ECP)	
	pregnancies per 100 women
Advantages	<ul style="list-style-type: none"> • Safe for women who cannot use hormonal contraceptive methods • Women can use ECPs if there has been forced sex (rape) • Can be used if there has been contraceptive mistakes or failures, such as: <ul style="list-style-type: none"> – Condom broke, slipped or was not used correctly – Woman missed three or more combined oral contraceptive pills – Woman started a new packet of pills three or more days late – Woman is more than seven to 14 days late for a repeat injection of injectable contraception – Woman used the Standard Days Method incorrectly • Reduces the need for abortion • Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines • Woman controls the method
Disadvantages	<ul style="list-style-type: none"> • Not recommended for regular use as it is not effective as a continuous method of contraception • Do not protect against STIs, including HIV
Method <u>not</u> advised if a woman:	<ul style="list-style-type: none"> • Most women can use ECPs

MODULE 7: COUNSELING USERS OF ORAL CONTRACEPTIVE PILLS

Exercise 7-A: Use of Oral Contraceptives

Purpose:

- To provide participants with correct information on the use of oral contraceptive pills (combined oral contraceptives/COCs and progestin-only pills/POPs)
- To teach participants how to counsel users about the correct use of the pills, using an illustrated guide

Time: 45 minutes

Learning Objectives:

After this exercise, the participants will be able to:

- Counsel a user on the correct use of the pills
- Test how well the user understood the instructions

Preparation:

- Collect materials needed:
 - flipchart paper (newsprint)
 - marking pens
 - masking tape
 - scissors
 - samples of contraceptives
- Make copies of pill and mini-pill instructions (see)
- Have samples of contraceptive pills on hand—at least one packet for every two participants

Instructions:

1. Inform participants that this module will specifically cover oral contraceptives. Oral contraceptives are the method most commonly used and commonly available to PHE community-based distributors and PHE adult peer educators, and oral contraceptives are the most complicated method and their proper use requires detailed instruction.
2. Explain to the participants that they are going to learn how to counsel a user on the pill.
3. Give each participant a copy of 'Appendix C: Pill Instructions for Exercise 7-A.'
4. Conduct a demonstration in front of the group, with a volunteer, on how to counsel a client on the pill using the brochure. If there are any questions, repeat the demonstration.
5. Ask participants to form pairs. Ask each participant to counsel his/her partner on the correct use of the pill (combined oral contraceptive pill), using the guide. Walk around to supervise as necessary.
6. Have participants ask their partners to repeat what they heard to make sure they understood how to use the pill correctly.
7. Have the partners switch roles—i.e., the partner that was just counseled now plays the role of the counselor, only this time counseling on the use of the mini-pill (Progestin-Only Pill).

Exercise 7-B: Outlines**Purpose:**

- To teach participants which health conditions may prevent a woman from choosing oral contraceptive pills (COCs and POPs)

Time: 60 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Recognize when it is not advised to give a woman the pill and when it is necessary to refer her to a clinic or health center

Preparation:

- Collect materials needed:
 - marker pens
 - masking tape
 - scissors
 - colored paper (blue)
 - cardboard or poster board
- From poster-board or cardboard, cut a rectangle that is 80 cm x 35 cm.
- Draw the outline of a woman's body using the figure in 'Appendix-C: Figure for Exercise 7-B.'
- Make a number of blue cardboard circles that are 2 cm in diameter.

Instructions:

1. Start by explaining that not all women can use the pill. Some women have medical conditions that should be considered before giving them oral contraceptives. If a woman has certain pre-existing medical conditions, these could be aggravated by taking the pill. When these pre-existing medical conditions are made known, it is best to refrain from giving the woman the pill and to instead refer her to a health care provider for another method (see "Method not Advised if Woman..." in "Fact to Know".) Explain each precaution to using the pill. As you explain each, place a blue circle on the part of the drawing to which you are referring. Start with those that have to do with the head, then the chest, and so on. For guidance, refer to the 'Screening Checklist'/table found in the 'Facts to Know.'
2. As you explain each, place a blue circle on the part of the drawing (Figure for Exercise 7-B) to which you are referring. Start with those that have to do with the head, then the chest, and so on. For guidance, refer to the "Screening Checklist in the table found in "Facts to Know.")
3. Make sure participants understand each precaution.

Evaluation:

1. Leaving the circles on the drawing, ask the participants to think of some side effects or conditions/problems that they (or a friend) currently has or has had in the past. Tell them to keep these to themselves. Next, ask for a volunteer who will decide if that condition or

problem requires counseling on the side effect, or suggesting another method, or referring the woman to a health care provider. If it is a side effect, the volunteer indicates which blue circle on the drawing the side effect represents. If it is a medical condition or other problem that may require that the woman not take the pill or that may require her to visit a health care provider, indicate which red circle on the drawing represents the medical condition or problem.

2. Continue the exercise by asking this same volunteer to share his/her side effect or condition/problem with the group.
3. Continue the above process until everyone has had a chance to share his/her problem and evaluate the problem presented by someone else.
4. If you are working with a large group, this exercise can be done in small groups of eight to 10 people.

Exercise 7-C: Red Light, Green Light/Summary and Feedback

Purpose:

- To demonstrate the difference between side effects and conditions/problems that may require a pill user to be referred to a health care provider for a different method
- To teach participants how to respond in each case

Time: 45 minutes

Learning Objectives:

After this exercise, the participants will be able to:

- Give technically correct guidance to a woman complaining of side effects
- Identify the important medical conditions or problems that may require a pill user to be referred to a health care provider for a different method
- Distinguish between side effects and medical conditions/problems that require a pill user to be referred to a health care provider for another method
- Explain to a woman when it is important to see a health care provider

Preparation:

- Collect the materials needed:
 - colored paper (red and blue)

- marker pens
 - masking tape
 - scissors
 - flipchart papers or cardboard
- Draw two outlines of a woman on two different sheets of heavy paper/cardboard. Use one figure for side effects and use another figure for medical conditions/problems that require a pill user to choose another method – See ‘Appendix-C: Figure for Exercise 7-C.’
 - Make small paper circles, painting half of them green (for side effects) and half of them red (conditions/problems). Prepare masking tape to secure the circles to the drawings.

Instructions:

1. Explain the meaning of a ‘side effect.’
2. Discuss the side effects related to the use of contraceptive pills. As you mention each side effect, tape a green circle on the body part associated with the side effect. For example, to represent the slight headache that sometimes accompanies the use of the pill, tape a green circle on the forehead of the figure in the drawing.
3. In this manner, explain each of the side effects and mark these on the drawing.
4. Then, explain the conditions/problems that require a pill user to choose another method. Be clear about what to do if a woman currently on the pill mentions any of these conditions. Mark the conditions/problems with red circles on the other drawing, taping the circles to the parts of the body where symptoms of danger signs are located.
5. With the two drawings side by side, ask the group why the side effects are marked with green circles and the “conditions” with red circles. Make it clear that the color green represents only bothersome or slight side effects while the red symbolizes a condition that requires that a woman see a health care provider.
6. Reinforce the understanding of the above message, practicing with actual cases. For example, if a woman who has been taking the pill for three weeks has nausea, what color would we use to mark that problem and where? What would you tell the woman? Give examples of side effects in the same way.
7. Describe how to counsel a woman about these side effects.

8. Make it clear that side effects are slight and that some women may feel these in the first several months of taking the pill. Remind 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.
9. Make it clear that a woman who has any conditions/problems that require her to switch methods should be referred to a doctor, family planning clinic or health center right away. Until she does, she should stop using the pill and use a barrier method to avoid an unwanted pregnancy.
10. Refer to the information and figures contained in 'Facts to Know' for guidance.

FACTS TO KNOW

Below is general information about COCs and POPs. Remember that a first-time user should be referred to a qualified health care provider, health center or hospital.

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
Sample Product Names	Trust, Nordiol, Logynon, Lady, Femenal, Diane 35, Nordette, Minulet, Micropil, Logentrol	Exluton
Method <u>not</u> advised if woman:	<ul style="list-style-type: none"> • Is breastfeeding a baby less than six months old • Smokes cigarettes and is 35 years or older • Has high blood pressure • Has cirrhosis of the liver, a liver infection, or liver tumor • Has diabetes • Has had a stroke, blood clot in legs or lungs, heart attack, or other serious heart problems • Has gallbladder disease or takes medication for gall bladder disease • Has or had breast cancer • Has migraine aura (sometimes seeing a bright spot in one eye) at any age • Has migraine headaches without aura (a type of severe headache) and is 35 years or older • Is taking medication for seizures or is taking Rifampicin 	<ul style="list-style-type: none"> • Is breastfeeding a baby less than six weeks old • Has serious problem now with a blood clot in legs or lungs • Has or had breast cancer • Has severe cirrhosis of the liver, liver infection, or liver tumor • Is taking medication for seizures or is taking Rifampicin

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
<p>Side Effects</p> <p>These are common, minor, non-life-threatening discomforts. They are temporary symptoms that a first-time pill-user may or may not experience during the first three months of use (on average). If the side effects persist, user should talk to a health care provider.</p>	<p>May cause the following during the first couple of months of use:</p> <ul style="list-style-type: none"> • Lighter periods, irregular bleeding or spotting between menstrual periods • Infrequent bleeding or absence of regular monthly bleeding (amenorrhea) • Nausea and/or vomiting • Headache • Dizziness • Weight changes • Breast tenderness 	<p>May cause the following during the first few months of use:</p> <ul style="list-style-type: none"> • Frequent or irregular monthly bleeding • Nausea and/or vomiting • Headache • Dizziness • Mood changes • Weight changes • Breast tenderness
<p>Medical conditions that require a pill user to be referred to a health care provider</p> <p>If a pill user has any of these sudden onset or unusual conditions, advise her to stop taking the pill and see a health care provider as soon as possible. Encourage her to use a condom to avoid unwanted pregnancy.</p>	<ul style="list-style-type: none"> • Abdominal pain (severe) • Unexplained vaginal bleeding or heavy bleeding • Chest pain (severe) • Headache (severe), dizziness, weakness, or numbness • Eye problems (doubling/loss of vision) • Swollen legs or severe calf/leg pain 	<ul style="list-style-type: none"> • Abdominal pain (severe) • Unexplained vaginal bleeding or heavy bleeding • Chest pain (severe) • Swollen legs or severe calf/leg pain

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
Screening Check List	<p>1. Do <u>not</u> give the pill if the woman:</p> <ul style="list-style-type: none"> • Is breastfeeding a baby less than six months old • Is 35 years or older and smokes cigarettes • Has been told she has high blood pressure • Has been told she has diseases of the liver • Has diabetes • Has had a stroke, blood clot in her legs or lungs, or heart problems • Has gall bladder disease • Has had breast cancer • Has migraine headaches (a type of severe headache) and is 35 years and older • Has migraine aura (sometimes seeing a growing bright spot in one eye) at any age • Takes medicine for seizures or takes Rifampicin <p>2. If the client has any of the above symptoms, offer a different method (such as mini-pill or condom) and/or refer to health care provider.</p>	<p>1. Do <u>not</u> give the mini-pill if the woman:</p> <ul style="list-style-type: none"> • Is breastfeeding a baby less than six weeks of age • Has been told she has any disease of the liver • Has been told she has a blood clot in her legs or lungs • Has had breast cancer • Takes medicine for seizures or takes Rifampicin <p>2. If client has any of the above symptoms, offer a different method (such as condom) and/or refer to a health care provider.</p>

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
Client-specific instructions	<ol style="list-style-type: none"> 1. Ask what she knows about COCs. 2. Explain how COCs work to prevent pregnancy. 3. Show the type of pills she will take (21- or 28-day). 4. Explain potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Start the first pill on or before the 5th day of your menstruation or menstrual cycle. • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take a pill at the same time every day. Do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet as soon as possible. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on hand <ul style="list-style-type: none"> - if using a 28-day packet, start a new pack after finishing the previous packet without stopping. - if using a 21-day packet, stop for seven days before starting a new 	<ol style="list-style-type: none"> 1. Ask what she knows about POPs. 2. Explain how POPs work to prevent pregnancy. 3. Show her the 28-pill packet. 4. Explain the potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Start the first pill on or before the 5th day of your menstruation or menstrual cycle or use specific instructions in the packet • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take the pill at the same time every day and do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
	<p>pack.</p> <ul style="list-style-type: none"> • If the pills come with instructions, follow them. • If you miss taking any pills follow the guidelines for missed pills. <p>6. Give the client a back-up method in case she misses pills.</p> <p>7. Inform her of danger signs and when to see a health care provider.</p> <p>8. Ask the client to repeat instructions, including what to do if she misses taking a pill(s).</p> <p>9. Reinforce that pills do not protect against STI/HIV.</p> <p>10. Give the client the core STI prevention messages.</p>	<p>hand before you finish your packet.</p> <ul style="list-style-type: none"> • If the pills come with instructions, follow them. • If you miss taking any pills, follow the guidelines for missed pills. <p>6. Give the client a back-up method in case she misses pills.</p> <p>7. Inform of warning signs and when to see a health care provider.</p> <p>8. Ask client to repeat instructions, including what to do if she misses pills.</p> <p>9. Reinforce that pills do not protect against STI/HIV.</p> <p>10. Give the client the core STI prevention messages.</p>
In cases of missed pills	<p>If you missed 1 or 2 pills or started a new packet one or two days late:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual (you may end up taking 2 pills at the same time or on the same day). <p>If you missed 3 or more pills in a row in the 1st or 2nd week of the pill cycle or started a new packet 3 or more days late:</p> <ul style="list-style-type: none"> • Take a pill at once and then take the 	<p>If you missed one or more pills or are 3 or more hours late taking the pill:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual (you may end up taking 2 pills at the same time or on the same day). • Use a backup method (condoms) or avoid sex for

	Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
	<p>rest as usual.</p> <ul style="list-style-type: none"> • Use a back-up method or avoid sex for the next 7 days. <p>If missed 3 or more pills in a row in the 3rd week of the pill cycle:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Finish all hormonal pills in the packet and throw away the 7 non-hormonal pills in the 28-pill packet. • Start a new packet the next day. • Use a back-up method or avoid sex for the next 7 days. <p>If you missed any non-hormonal pills (last 7 pills in a 28-day pill packet):</p> <ul style="list-style-type: none"> • Discard the missed non-hormonal pill(s). • Keep taking the pill—one each day. • Start the new packet as usual. <p>If menstrual period does not begin within 4 to 6 weeks, see a physician for a pregnancy exam.</p>	<p>the next 2 days.</p> <ul style="list-style-type: none"> • If you had unprotected sex in the past 5 days, consider taking ECPs. <p>If menstrual period does not begin within 4 to 6 weeks, see a physician for a pregnancy exam.</p>

Appendices for Exercise 7

Client Specific Pill Instructions for Exercise 7– A

Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
<ol style="list-style-type: none"> 1. Ask what she knows about COCs. 2. Explain how COCs work to prevent pregnancy. 3. Show the type of pills she will take (21- or 28-day). 4. Explain potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Take the first pill on or before the 5th day of menstruation or menstrual cycle. • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take a pill at the same time every day. Do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet as soon as possible. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on hand. <ul style="list-style-type: none"> – if using a 28-day packet, start a new pack after finishing the previous packet without stopping – if she uses 21-day packet, stop for 7 	<ol style="list-style-type: none"> 1. Ask what she knows about POPs. 2. Explain how POPs work to prevent pregnancy. 3. Show her the 28-pill packet. 4. Explain potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Start the pill on or before the 5th day of menstruation or menstrual cycle or use specific instructions in the packet. • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take the pill at the same time every day. Do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on hand before you finish your packet. • If the pills come with instructions, follow them. • If you miss taking your pills follow the

<p>days before starting a new pack</p> <ul style="list-style-type: none"> • If the pills come with instructions, follow them. • If you miss taking your pills, following the guidelines for missed pills (see last box in this table). <ol style="list-style-type: none"> 6. Give client a back-up method in case she misses pills. 7. Inform of danger signs and when to see a health care provider. 8. Ask client to repeat instructions, including what to do if she misses pills. 9. Reinforce that pills do not protect against STI/HIV. 10. Give core STI prevention messages. 	<p>guidelines for missed pills (see last box in this table).</p> <ol style="list-style-type: none"> 6. Give client a back-up method in case she misses pills. 7. Inform of danger signs and when to see a health care provider. 8. Ask client to repeat instructions, including what to do if she misses pills. 9. Reinforce that pills do not protect against STI/HIV. 10. Give core STI prevention messages.
<p>Instructions for missed pills</p> <p>If missed 1 or 2 pills or started a new packet 1 or 2 days late:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual (You may end up taking 2 pills at the same time or on the same day.) <p>If missed 3 or more pills in a row in the 1st or 2nd week of pill cycle or started a new packet 3 or more days late:</p> <ul style="list-style-type: none"> • Take a pill at once and then take the rest as usual. • Use a back-up method or avoid sex for the next 7 days. <p>If you missed 3 or more pills in a row in the 3rd</p>	<p>Instructions for missed pills</p> <p>If missed 1 or more pills or 3 or more hours late taking the pill:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual. (You may end up taking 2 pills at the same time or on the same day.) • Use back up method (condoms) or avoid sex for the next 2 days. • If you had unprotected sex in the past 5 days, consider taking emergency contraceptive pills (ECPs). <p>If menstrual period does not begin within 4 to 6 weeks, see a physician for pregnancy</p>

week of the pill cycle:

- Take a pill as soon as possible.
- Finish all hormonal pills in the packet. Throw away the 7 non-hormonal pills in the 28-pill packet.
- Start a new packet the next day.
- Use back-up method or avoid sex for the next 7 days.

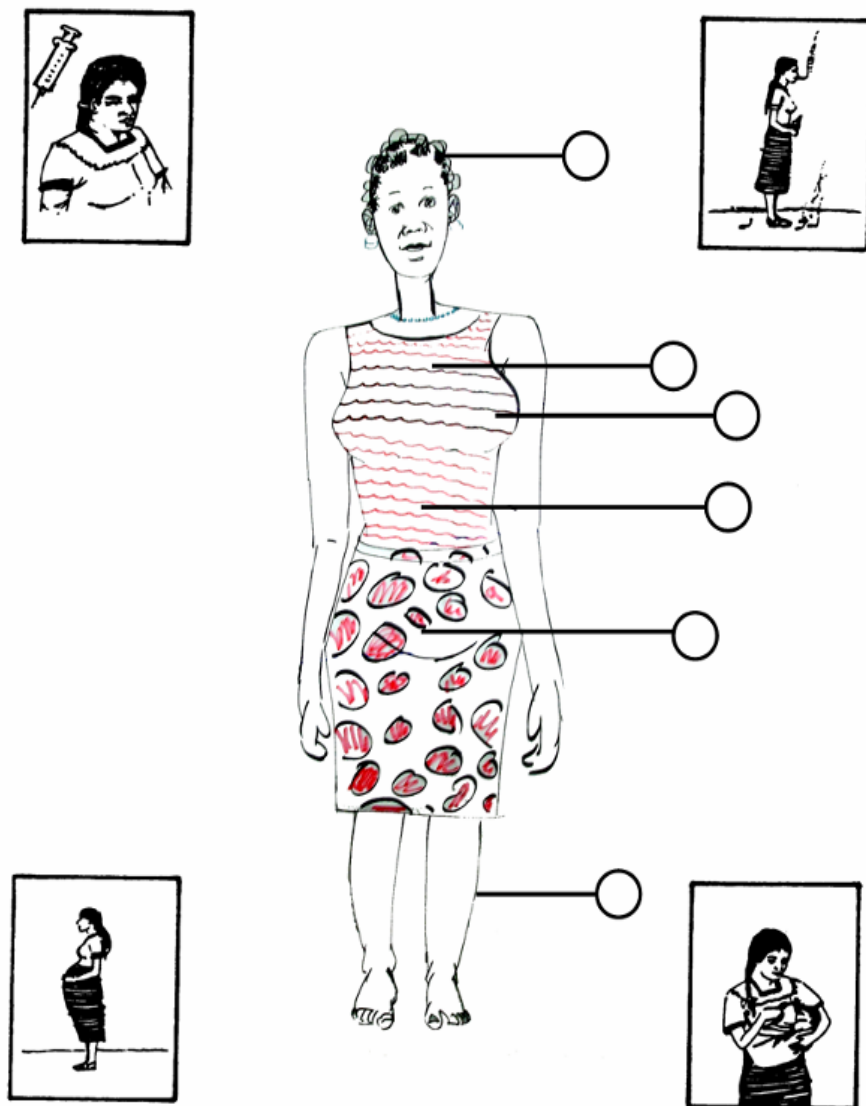
If you missed any non-hormonal pills (last 7 pills in a 28-day pill packet):

- Discard the missed non-hormonal pill(s).
- Keep taking the pill one each day.
- Start the new packet as usual.

If menstrual period does not begin within 4 to 6 weeks, see a physician for pregnancy exam.

exam.

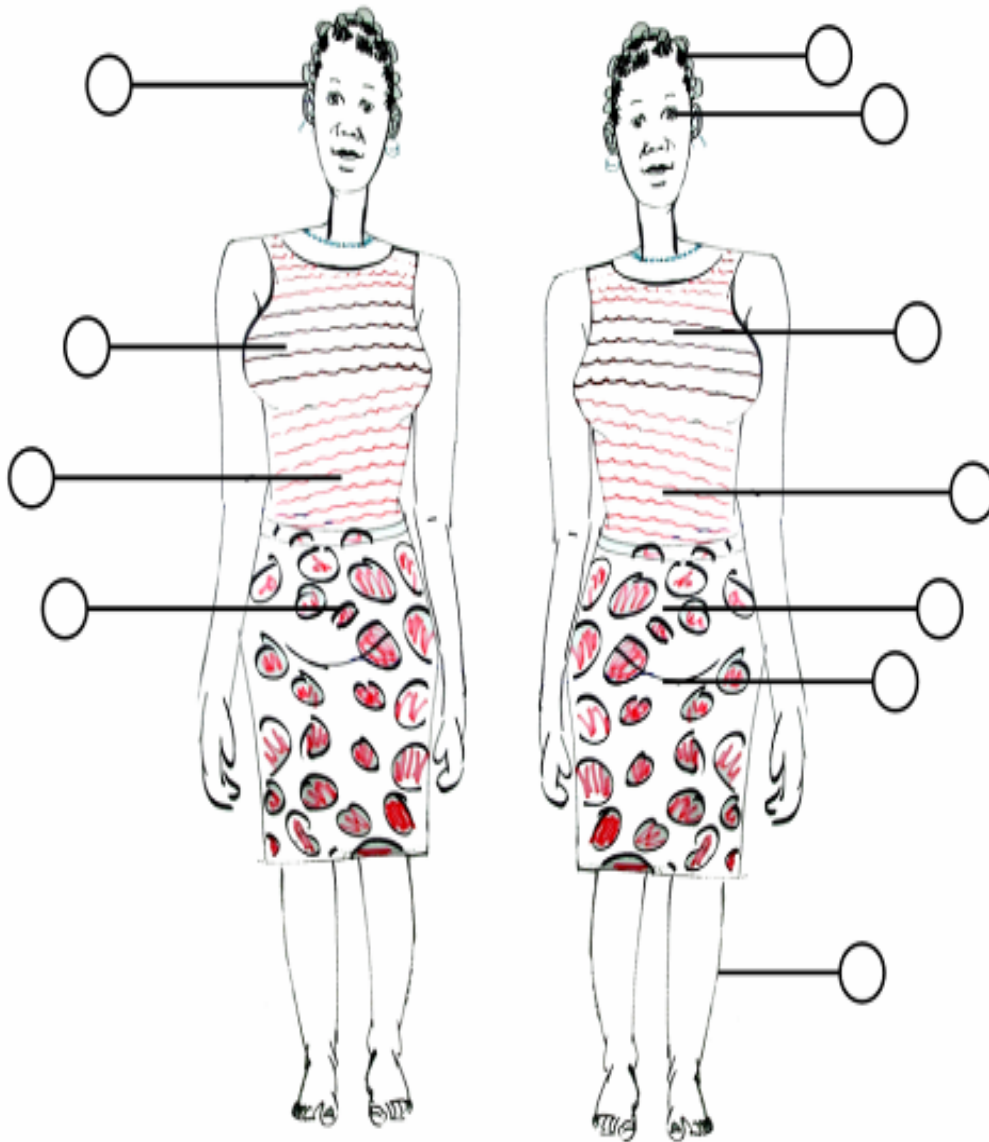
Figure for Exercise 7- B – Screening



This drawing helps participants to identify when it is not advised to give a woman the pill and when she should be referred to a health clinic. Central figure: head (repeated strong headaches or stroke), body (heart problems, breast cancer, liver problems, vaginal bleeding without apparent cause, or swollen legs). Small drawings left to right: a diabetic, a smoker (over 35 years old), a pregnant woman, and a woman who is breastfeeding a baby less than six months old.

* Illustration by Nsaa-Iya Kihunrwa

Figure for Exercise 7-C- Side effects and conditions/problems that require referral



Woman on left – side effects: headaches/dizziness; breast tenderness; nausea/ vomiting; irregular periods.

Woman on right – conditions/problems that require referral to a health clinic: headache; eye problems (double vision); chest pain (severe); abdominal pain (severe); unexplained vaginal bleeding or heavy bleeding; swollen legs or calf/leg pain.

* Illustration by Nsaa-Iya Kihunrwa

MODULE 8: GOSSIP AND RUMORS



Exercise 8: Gossip and Rumors

Purpose:

- To identify and clarify negative rumors about different contraceptive methods

Time:

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

Learning Objectives:

After this exercise, the participants will be able to:

- Experience how rumors or gossips start
- Refute three common rumors about contraceptive methods

Activity 1:

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - bond paper
 - marking pens
 - masking tape
 - scissors
 - strips of paper with written statement

- Have prepared two strips of paper with the following statement written on each:
 - “Did you know, according to George, he heard that Jim is fooling around, has ‘falling hair,’ and has already been ligated?”

Instructions:

1. Divide participants into two groups with an equal number of members in each. If there is an extra participant, let her/him act as an observer.
2. Instruct the groups 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. Next, give the first person at the front of the two different lines a message to read silently. Tell them they have one minute to read the message and remember it.
4. After one minute, collect the written messages.
5. Explain that the first member of each group will whisper the message to the second member of their respective group. The second member then whispers the message to the next person, and so on. It is very important that as the messages are relayed, they cannot be overheard by the rest of the group. Remind participants that this activity is not a contest of speed in relaying the message.
6. The last member of the group to receive the message should proceed to the front of the line. Wait until both groups have finished before moving to the next step.
7. Ask the last member of each group (they have now proceeded to the front of the line) to recite the message s/he received and remembered. Next, ask their respective groups if the message that was just recited was complete or understandable. If not, ask the groups what was missing or incorrect in the final message(s).
8. After the groups have answered, read aloud the original written message. Compare it to what the last member presents—pointing out any information that was wrong and/or excluded.
9. Mention to the whole group that what they have just experienced is an example of how gossip and rumors are started and how real information can get distorted.
10. Point out that gossip and rumors are unverified information or opinions that are widely disseminated with no discernible source. As this activity illustrated, the original written message received by the first members was already unverified information coming from a person who also heard it from an unverified source. The first members then relayed what s/he remembered to another person, creating even more gossip since the original message was already distorted.

Activity 2:

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - bond paper
 - marker pens
 - masking tape
 - scissors
 - rubber/plastic/paper ball
- In advance, identify the most common rumors that are circulating in areas where the participants work.
- Be aware that in clarifying rumors, it is important not to create new ones. If the participants do not mention some of the rumors that you have heard, do not mention them. Sometimes we are the ones that start the rumors!
- Remember that you are trying to make the point that rumors are one reason for the lack of acceptance and use of contraceptive methods. Rumors about the use of contraception causing 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 family planning 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 five to six people. Ask one group to think of general rumors that apply to all or most methods. An example would be that the use of contraceptive methods leads to infidelity.
3. 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 the methods they were assigned. Have them identify three rumors about that/those methods.
4. Ask each small group to choose a member to share its three rumors with the whole group.

5. Before participants break into their small groups, make sure they understand the instructions. If they do not, explain them again.
6. After 10 minutes, ask everyone to return to the large group and share their list of rumors.
7. As the facilitator, be sure to take note of any negative rumors that you do not know how to refute. Find the answer to each rumor and share it with the group before the training completed.
8. 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?
9. Work through each of the 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.
10. 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.

FACTS TO KNOW

What are rumors/gossips?

- Unreliable information passed around the community, mostly by word of mouth
- Often inaccurate or false statements without a known and reliable source

What should be done about counteracting rumors/gossip and misconception or misinformation?

- Correcting rumors and misinformation is one of the critical roles of peer educators
- 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

What are effective ways to counteract rumors about contraceptive methods?

- Check if there is a basis for the rumor and identify the origin of the rumor
- Use credible and accurate data in counteracting the misinformation
- Explain politely why the rumor is not true and explain what is true in simple ways that the client can easily understand
- Give examples of satisfied users of contraceptives
- 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 the client to other health service providers (e.g., a physician or midwife) for assistance

What are the responses to common myths/misconceptions on contraceptive methods?

Pills

Myths/Misconceptions	Responses/Answers
Pills cause cancer.	Oral contraceptive pills (OCPs) have not been proven to cause cancer in a woman’s body. In fact, some OCPs such as combined oral contraceptives/COCs help prevent cancer of the ovary and lining of the uterus.
Pills cause abnormalities in babies if the mother has taken the pill during pregnancy.	Studies have shown that OCPs taken during pregnancy do not produce any abnormalities. The OCPs sold in pharmacy outlets have very low dosages of hormonal content. Abnormalities of babies could be due to other factors. These factors include intake of drugs that cause abortion, hereditary/genetics, illness such as measles, and antibiotics.
The pill builds up in the body and forms stones or causes the growth of uterine tumors.	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.
Women who take the pill will not be able to have a baby in the future.	Pills do not cause total infertility. Most women become pregnant soon after they stop taking the pill. Some women—just as with women who do not take the pill—may take three to four months, however, to get pregnant after stopping the pills.
The pill makes the woman weak so that she cannot do her work.	The pill prevents both pregnancy and the loss of too much blood during a woman’s monthly period. These facts may even help a woman to be healthier and stronger.
If a woman uses the pill, she loses interest in sex and becomes cold.	When a woman uses the pill, she has no fear of becoming pregnant and therefore may enjoy sex more freely.

Bilateral Tubal Ligation/Vasectomy

Myths/Misconceptions	Responses/Answers
Tubal ligation changes the woman's menstrual period.	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, hormone changes, travel, endometriosis, and ovarian cysts.
Ligated women lose their sexual desire.	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 this FP method does not interrupt sex.
Ligated women become "sex maniacs" or have higher sexual libido.	BTL 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.
The procedure in tubal ligation is more painful than childbirth.	The operation is simple and 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.
After tubal ligation, women become weak and cannot do their work.	The minor operation has no effect on the physical strength of a woman. Women continue to do their ordinary work after the operation. General body weakness of a woman could be due to factors such as illness, lack of sleep, or lack of nutrition.
Ligated women should not lift heavy objects or engage in strenuous activities.	This is not true. As soon as the skin incision is healed, the woman may resume her usual activities.
Vasectomy is castration.	The man who has a vasectomy does not lose his testicles, penis or any of his masculine characteristics and feelings. But, he definitely will not make a woman pregnant.
Vasectomy makes a man lose his sexual desire and ability.	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.
Vasectomy causes impotency.	A vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.

Intrauterine Device (IUD)

Myths/Misconceptions	Responses/Answers
IUDs can travel from the uterus to other parts of the body.	The IUD cannot travel to any part of the body. The uterus has a thick muscular wall. It only opens into the vagina through the cervix (show a picture of the uterus). An IUD is 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 is usually withdrawn through the vagina.
IUDs cause infection.	This is not true. The procedure of inserting an IUD is very sterile. The process can only be done by trained medical personnel who use a proper aseptic (absence of any infectious organism) technique. The IUD does not cause 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 sex.	This is not possible, the string is too short. (Show the client an actual sample of an 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.

DMPA Injections

Myths/Misconceptions	Responses/Answers
Absence of menstruation as a result of using DMPA is bad for the health of women.	Absence of menstruation is an expected result of using DMPA. This is because women using DMPA do not ovulate and there is no shedding of the lining of the uterus. Use of DMPA prevents anemia and frees women from the discomfort of monthly bleeding.
DMPA can cause abortion.	It does not cause abortion. DMPA inhibits ovulation. Thus, the union of egg and sperm does not take place. Hence, there is no abortion.
DMPA users will not get pregnant anymore even when they stop the injections.	The return to fertility is slow with DMPA-users. Women who have stopped using the DMPA usually get pregnant about three months after the last injection. Some women may, however, take six to nine months before they get pregnant.
DMPA can cause cancer.	DMPA has not been shown to cause cancer in humans. In fact, it has been demonstrated to protect against ovarian and endometrial cancer.

Condoms

Myths/Misconceptions	Responses/Answers
Condoms will decrease sexual pleasure.	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 a sexually transmitted infection makes sex more enjoyable.
Some condoms cannot fit.	Most condoms can fit any size of penis as long as it is correctly used.
Condoms have holes where the sperm and microorganisms can pass through.	Every condom manufactured is tested electronically for holes and weak spots before it is released for sale.

MODULE 9: SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV



Exercise 9: The Dance

Purpose:

- To demonstrate how sexually transmitted infections (STIs) are spread and review ways to avoid infection

Time: 60 minutes

Learning Objectives:

After the exercise, the participants will be able to:

- Explain the meaning of the term "chain of infection"
- Name two ways of avoiding STIs, including HIV

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - masking tape
 - scissors
 - colored paper
 - nametag-holders/ID plastic cases
- Obtain twice as many nametag-holders (ID plastic cases) as there are number of participants. Fill one-third of the tag-holders with white paper, one-third with red paper, and one-third with blue paper. White tags represent uninfected individuals. Red tags represent HIV-positive individuals, and blue tags represent participants infected with gonorrhea. **DO NOT LABEL ANY OF THE TAGS**, as participants should not know until the end of the exercise the meaning of the different colors.

- Put ALL the white tag-holders in a box or basket. Then add a sufficient number of HIV tag-holders and gonorrhea tag-holders so there is one tag-holder for every individual. For example, for a group of 20 participants you should have 40 tags in total. Thirteen of these should be white nametag holders that represent uninfected individuals. All 13 of these should be put in the box. There would be 27 additional tags (13 red tags representing HIV-positive and 14 blue tags representing gonorrhea). Into the box with the 13 white tags, add seven tags (five blue and two red) for a total of 20 tags, one for each participant. Put the remaining 11 red tags and nine blue tags in a separate box.
- Arrange the training room so there is space for the participants to dance.

Instructions:

1. On a table at the front of the room, place the box that has all the white tags (13) and the blue (5) and red (2) tags.
2. Place the box with the remaining tags (red and blue only) on another table/place that will be easily accessible to participants during the dance.
3. Ask each participant to select a tag from the box on the table at the front of the room and to then put it on.
4. Explain to participants that they are going to a dance where they hope to meet new people. Every dancer will be wearing a tag. During the dance, you will be asking couples to change partners once in a while so they can meet new people.
5. Tell participants that when they first choose a partner, and every time they change partners thereafter, they should check the color of their partner's tag. If the partner has a white tag, they do not need to do anything. If their partner has a red or blue tag, they should get a tag of the same color from the box and add it to the one they already are wearing. In other words, by the end of the dance some people might be wearing several tags.
6. Ask the participants to sing and/or play some popular dance music that requires participants to dance as couples.
7. Ask all participants to choose a partner and begin dancing. After a minute or two, call for a change of partners. Continue calling for a change of partners until participants have changed partners two or three times.
8. When the dance ends, ask those participants to step forward who picked up red or blue tags during the dance—i.e., those who did NOT have a red or blue card on them when they first started the dance, but who had to add a blue or red tag to themselves as they changed partners.

9. Then ask participants who initially (i.e., at the start of the dance, before they took their first partner) had a red or blue tag to come forward and stand in a separate group.
10. Tell the group what each tag represents—i.e., white represents uninfected, red represents HIV-positive, and blue represents individuals infected with gonorrhea. First, note the number of people who were infected during the dance. For example, state: “We started with “X” number of infected people, and we now have “Y” number of infected people.”
11. Next, explore with the participants how the infection was passed amongst the group.

Discuss the following:

- Participants that picked up tags during the dance were partners of individuals who were already infected when they began the dance.
 - How many became infected because they danced with a partner who was one of the original infected group?
12. Summarize by explaining that there is a ‘chain of infection’ with STIs. Infection is passed from person to person whenever there is a change of sexual partners.
 13. Finally, ask the dancers who picked up colored tags during the dance how they could have avoided infection. Summarize that we can avoid STIs by:
 - “not dancing”—i.e., not having unprotected sex
 - “dancing with only one uninfected partner who did not dance with anyone else”—i.e., having sex only with a partner who has no other partner
 - 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.
2. Tell the group that the husband, John, also has a mistress. Ask a female volunteer to come forward and stand behind John. John also had casual sex with a woman he met at a party six months ago. Have a second woman come forward and stand behind John.
3. Continue by explaining that John’s wife, Nancy, had sex with a boyfriend before she met John and fell in love with him. Ask a volunteer to stand behind Nancy and represent her former boyfriend.

4. 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.
5. 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.
6. Ask participants to summarize how they can protect themselves from infection.
7. Emphasize the following ways to prevent STI, including HIV:
 - A:** Abstain—i.e., do not engage in sex
 - B:** Be faithful—i.e., do not have sex outside a mutually monogamous relationship
 - C:** Condoms—use them correctly and consistently with each act of sex
 - D:** Do not share needles or syringes or abuse prohibited drugs or alcohol
 - E:** Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services

FACTS TO KNOW

What are STIs, including HIV?

- Can be caused by a virus, bacterium, protozoan or parasite
- Can occur as a solitary or multiple infection(s) in an individual
- Can affect certain body parts such as the reproductive organs, mouth, anus, throat, eyes or may affect the whole body
- Some STIs can be treated and cured
- If not treated, some STIs can cause serious health problems or complications such as infertility, blindness, and complications during pregnancy, paralysis and even death
- HIV cannot be cured and is one of the leading causes of death among men and women in the reproductive age group

How are STIs, including HIV, transmitted?

- Unprotected sexual intercourse either through vaginal, anal, or oral sex
- Exchange of infected blood and blood products such as contaminated needles
- Mother to child transmission (during pregnancy, delivery and through breastfeeding)
- Close contact, such as with herpes, scabies and pubic lice

What are the factors that influence the transmission of STIs, including HIV?

- Having unprotected sex
- Having (or having had) sex with multiple sexual partners
- Having sex with partners whose sexual history or STI/HIV status you do not know
- Failing to follow safe sex measures—e.g., not using a condom
- Delay in treatment of STI
- Having sex with infected partners who are not treated
- Poor compliance with STI treatment
- Being a woman (the vaginal wall is more receptive to infections)

What are the usual signs and symptoms of STIs?

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

* **Note:** HIV does not have signs and symptoms

Who can be infected with STIs, including HIV?

- Anyone who has unprotected sex, regardless of age
- People with certain jobs: e.g., sex workers and their clients, truck drivers, overseas contract workers
- Sexually-active persons
- Anyone can be infected with STIs, including HIV. The risk of getting an STI increases if an individual engages in unprotected sexual intercourse or if s/he does not use a condom during sexual intercourse.

For HIV, what are the risk factors?

- Current symptoms/treatment of STIs and a history of previous STI infections, symptoms, and treatment for self and partners
- HIV status and HIV status of partners
- Home life situation, e.g., partner violence (rape)

What are the complications of STIs?

- If left untreated or undetected despite the presence of sexual risk, STIs can lead to serious complications and health problems such as:
- Untreated gonorrhea and chlamydial infection can lead to pelvic inflammatory disease. This can lead to infertility, an 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 1 spontaneous abortion or death of the infant.
- Venereal warts can lead to cervical cancer five to 30 years after initial infection.
- HIV leads to death.

What are ways to prevent STIs, including HIV?

- A:** Abstain—i.e., do not engage in sex
- B:** Be faithful—i.e., do not have sex outside a mutually monogamous relationship
- C:** Condoms—use them correctly and consistently with each act of sex
- D:** Do not share needles or syringes or abuse prohibited drugs or alcohol
- E:** Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services

MODULE 10: INTERPERSONAL COMMUNICATION ON PHE



Exercise 10-A: Opinion Poll

Purpose:

- To discuss how values and attitudes influence one's work especially in providing quality health care

Time: 45 minutes

Learning Objective:

After this exercise, the participants will be able to:

- State how one's values and attitude influence the provision of health care services

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - marker pens
 - masking tape
 - scissors
 - statements for exercise
 - 'Agree,' 'Don't Know,' and 'Disagree' cards
- Write 'Agree' on one card, 'Don't know' on another card, and 'Disagree' on a third card.
- Prepare the following statements for this exercise or develop statements that are relevant for your region/community:
 - Sex is used only for reproduction and not for enjoyment.
 - Having more children would mean having more members of the family assisting the parents in meeting the needs of the family.

- Making decisions regarding family planning should be the responsibility of the female partner.
- Having many children means having more people to take care of the resources in the future.

Instructions:

1. Introduce the 'Opinion Poll' activity.
2. On different sides of the room, post the 'Agree' card, 'Don't Know' card and 'Disagree' card.
3. Explain that you are going to read statements to the whole group. For each statement, ask participants to think about whether they agree with the statement, disagree with the statement, or don't know anything about the statement. Once they decide, ask participants to move to the card that represents how they feel about the statement—i.e., '**Agree**', '**Disagree**' or '**Don't Know.**'
4. Let the participants stand in a clear area of the room.
5. Read the statements one at a time. Give participants one minute to think about each statement and their sentiment or point of view regarding that statement.
6. Instruct participants to move to the side of the room with the card that reflects their point of view.
7. After all the participants have taken their places, ask for three to four volunteers to express their points of view on why they 'Agree', 'Disagree' or 'Don't know'. Ask if someone would like to change her/his mind.
8. After the views have been expressed and there are no additional comments, repeat the same process for the rest of the statements that will be read.
9. At the end of this activity, instruct participants to return to their seats. Ask them to share feelings and insights regarding the activity. Ask how opinions are formed.
10. Summarize the activity by pointing out that community members have their own personal opinions, values and points of view about things, especially sex. This may be based on community members' own beliefs, experiences and/or previous information they had obtained from unauthorized sources.
11. Explain that during outreach work, one may encounter dissimilar opinions and values. PHE Adult PEs should not impose their own values on others. Their role is simply to provide community members with correct and accurate information and assist them with making informed choices based on that information.

Exercise 10-B: The Right Information

Purpose:

- To provide participants with the necessary skills to introduce and describe the general characteristics of the different FP methods available to FP clients

Time: 60 minutes

Learning Objective:

After this exercise, participants will be able to:

- List all the FP methods available in the agency/community and describe their general characteristics

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - marker pens
 - masking tape
 - scissors
 - samples or drawings of contraceptives
- Have on hand samples or drawings of all the contraceptive methods offered by your agency and/or available in the community.

Instructions:

1. Ask participants what FP methods are available in the community. Hold up each method as it is named. If any of the methods are missed, name that method and hold it up.
2. Next, review each method, holding it up and asking the following:
 - What method is this?
 - Is it meant for a woman or a man?
 - Is it temporary or permanent?
 - Who can use it?

3. Clarify any misinformation.
4. Select a volunteer to play the role of a young person coming to ask about family planning for the first time. Demonstrate how to introduce all the available methods. Conduct the demonstration twice—once with a woman and once with a man.
5. Ask if there are any questions. If there are questions, answer them.
6. Next, divide the participants into small groups of two or three. Have them practice giving information on all methods to each other.
7. When everyone has had a chance to practice, get the group back together and talk about the experience and the attitude of the participants.
8. Summarize briefly the importance of giving complete information on all family planning methods that are available. This helps couples and individuals to make informed decisions about the family planning method they choose.
9. Remind participants that it is important first to provide couples and individuals with general information about family planning and its link to health and natural resources and conservation. Then, discuss the available contraceptive methods—the questions in #2 of this exercise can help in doing this. Only after having received general information, are couples and individuals ready to receive more detailed information about each method.

Evaluation:

1. Ask participants to respond to the following questions. Remind them to find entry points to be able to link PHE while addressing the concern identified by the client:
 - If a man came to you asking for condoms, what would you do?
 - What should we do when an individual comes for the first time to ask about family planning? How will you discuss or explain about the PHE linkages?
 - What would you do if a woman came asking for contraceptive pills for the first time?
2. Again, make it clear that users should be informed of the full range of methods that are available. This is important as some clients may ask for a particular method simply because it is the only method they know about. However, clients may change their mind and request a different contraceptive method when they learn about the others that are available and they have the chance to assess which is the best available option for them.

Exercise 10-C: Role Playing—Using PHE Adult Peer Educator Checklist

Purpose:

- To instruct how to use PHE Adult Peer Educator (PE) Checklist
- To practice counseling using the PHE Adult PE Checklist

Time: 1 hour and 30 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Counsel their peers on family planning using the PHE Adult PE Checklist

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - marker pens
 - masking tape
 - scissors
 - PHE Adult PE Checklist (Refer to Appendix D)
 - Observers Guide (Refer to Appendix E: Observers Guide for PHE Adult PE Role Playing Activity)
- Prepare all the lecture and training materials, including the Observer’s Guide.
- Make enough copies of the PHE Adult PE checklist for all participants.

Instructions:

1. Introduce the session by saying that one of the responsibilities of a PHE Adult PE is to counsel couples in the community on PHE and family planning. The PHE Adult PE Checklist can help PHE Adult PEs in the counseling process, and can help them effectively communicate with their peers.
2. Mention that you are going to guide participants on how to use the PHE Adult PE Checklist. Ask permission if you will take down notes.
3. Conduct a lecture-discussion on interpersonal communication and the job aid. Post visual aids and discuss the following:
 - What is interpersonal communication? What is education? What is counseling?
 - How can interpersonal communication be effective in family planning?
 - What do you need to do when educating couples and other community members about family planning and modern-contraceptive use?
 - What is non-verbal communication?
 - What is good verbal communication?
 - What is the role of counseling in family planning?
 - Why practice family planning?
 - What is a job aid?
 - What is the purpose of the PHE Adult Peer Educator Checklist?
 - When should the PHE Adult PE Checklist be used?
4. Distribute copies of the PHE Adult PE Checklist to all participants. Introduce the checklist and provide instruction in how to use it. Explain each of the steps and the information in the checklist. Ask participants if they have questions or need clarification.
5. Divide participants into pairs and ask them to practice counseling each other using the PHE Adult PE Checklist. Use the Observer's Guide (Appendix E) to capture your observations as the pairs counsel each other. After the exercise, provide the pairs with feedback and recommendations for improvement. Make sure that all participants are able to practice counseling using their PHE Adult PE Checklist.

6. Process the activity. Provide positive feedback and discuss the difficulties encountered by the participants in using the checklist. Provide strategies and recommendations to address those difficulties.
7. If there are no additional questions or clarifications needed, proceed to the next activity.

Exercise 10-D: Motivating Adult Men and Women to Practice Family Planning

Purpose:

- To have participants apply the information and skills they have learned to motivate adults to practice family planning in the context of PHE
- To help participants realize the importance of assisting other adults to practice family planning

Time: 1 hour 45 minutes

Learning Objective:

After this exercise, participants will be able to:

- Use knowledge and skills to inform and motivate adult men and women to practice family planning

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - bond paper
 - marker pens
 - masking tape
 - scissors
- Prepare lecture and training materials

Instructions:

1. Mention that in this exercise participants will apply the information and skills they have learned to motivate clients to practice family planning.
2. Ask each participant to share with the group their reasons for wanting to become a family planning acceptor.
3. Record the responses on newsprint/flipchart. This list will be used for the next exercise. Allow a maximum of 10 minutes to listen to and record participant responses.
4. Ask participants to list the reasons why other people may not be able to practice family planning.
5. Record the list on another sheet of newsprint/flipchart. This list will also be used in the next exercise. Allow a maximum of 10 minutes to complete this step.
6. Mention the important points that are recorded on the list. Ask participants for feedback on these points. If all points are clear and acceptable, proceed to the next step. If not, resolve any confusion or misunderstanding.
7. Divide participants into small groups of three. Each participant should be assigned a specific role (see roles list in #8 below). Ask each group to select one reason—from the list developed earlier—for not wanting to use family planning. Have the individual in each group who is assigned to play the role of the ‘reluctant but eligible client’ use this as his/her reason for not accepting family planning.
8. After a “reason” has been chosen and roles assigned, instruct the groups to develop a role-play showing how they counsel other adults on family planning, knowing that the “reluctant but eligible client” is unsure about family planning. The members of each group should assume the roles of:
 - A PHE Adult PE
 - A reluctant but eligible client
 - An observer to evaluate the role play and give feedback
9. Complete this role-play in 10 minutes.
10. Bring the groups back together. Ask each group to spend up to 10 minutes to perform their role-play for the whole group. Thank each group after they complete their role-play.
11. After all the role-plays have been performed, let the observers initially make their evaluation and provide feedback to each role-play group. Afterwards ask the rest of the

participants what they observed in the role-plays. Discuss the family planning information that was provided to the couple using the following questions to start a discussion:

- Were the FP information and communication skills learned in this course applied in the situation? In what ways?
 - Did the PHE Adult PE explain the PHE link? How did s/he explain the PHE link?
 - Do you think the skills used and the information provided by the PHE Adult PE was helpful in motivating the client to consider family planning? Why or why not? How can the PHE Adult PE improve her/his skills in motivating the client?
12. What other steps can be taken to inform more community members about family planning? What can other people (example: project staff, government partners, other PHE Adult PEs, PHE CBDs) do to help inform the community about PHE and family planning?
 13. Record the suggestions on newsprint. Emphasize that the observations made are not for the purpose of criticizing the group. The observations will help in the improvement of PHE Adult PE work in the field.
 14. Review the important points and ask participants if they have understood the discussion. If there are no further questions, proceed to the next session.

FACTS TO KNOW

To be effective in their outreach on family planning, PHE Adult PEs must be sensitive to how people communicate their feelings and inquiries—through words and body language. Client feedback is very important. It signals whether the client understands and accepts your messages.

Interpersonal communication is important for promoting and educating clients about FP concerns and choices. It is also important in helping the clients decide, through counseling, which course of action they wish to take in planning their family.

What is interpersonal communication?

- **Interpersonal Communication**

- Face to face, verbal and non-verbal exchange of information or feelings between two or more people
- Used to promote, educate and counsel clients in every area of outreach work especially in promoting family planning in the context of PHE
- PHE Adult PEs rely on face-to-face communication as the main way of educating and motivating clients to practice family planning
- For PHE Adult PEs who are conducting outreach work, interpersonal communication is used to educate community members on family planning, discuss contraceptive-use and counsel them on making the best decisions

- **Education**

- Process of providing factual information and clarification about a topic to an individual or group, e.g., clarifying myths and misconceptions on the use of oral contraceptive pills (OCPs) to a couple or an adult individual

- **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
- PHE Adult PEs should refer their clients for counseling on difficult FP concerns or for decisions on contraceptive-choice

How can interpersonal communication be effective in family planning?

One-on-one discussions about family planning with a couple or an individual are most effective when the PHE Adult PE:

- Makes the person/couple 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
- Ensures privacy and allows the discussion to be conducted 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

What do you need to do when educating couples and other community members about PHE, family planning and modern contraceptive-use?

When counseling couples or individuals on family planning, you should try to:

- Help the couple or individual articulate problems they see in the community or that they personally experience. Examples include:
 - overpopulation and the poor economic situation of the country
 - the economic burden of supporting more children
 - health risks for women with birth-spacing of less than two years or multiple pregnancies
 - food insecurity
 - destruction and/or over extraction of natural resources
 - pollution
 - soil erosion
 - effects of destructive farming practices, such as flood and drought

- Suggest ways to address the problem(s)
 - Participate in environmental conservation activities in the community, e.g. protecting marine sanctuaries, helping to restore mangroves, planting vertiver grass
 - Promote policies and laws related to protection of natural resources
 - Promote birth spacing
 - Raise awareness on the links between population, health and environment
- Discuss PHE links
 - Cutting trees for charcoal leads to fewer trees and fewer resources for the community, which leads to poverty
 - Too few natural resources make it difficult to feed and sustain growing families and children become sick
 - Too many people putting pressure on dwindling natural resources, like trees, water, good farmland, etc., and can lead to food insecurity
 - Not enough resources and too many people leads to poverty and illness
 - Alternative livelihoods help take pressure off of natural resources and provide income for families
 - Spacing and timing of children leads to healthier children and families
 - Planned families results in fewer resources needed—this, in turn, helps protect natural resources
- Give reasons why the couple or individual should consider adopting behaviors that address the problems discussed
 - smaller, planned families take pressure off the natural resources
 - conserving fish, trees, land and other natural resources helps provide food and livelihoods for families and their children—now and in the future
 - abiding by laws and policies helps ensure food and resources for the family—now and in the future
- Refute rumors or misinformation about family planning and FP methods, if necessary

- Give a demonstration and instructions of how to use FP methods, if needed, using visual aids or other educational tools/materials
- Provide information for follow-up
- Provide clients with handouts or flyers to take home

What is non-verbal communication?

- Used in interpersonal communication
- Communicating without words
- This type of communication could be done through:
 - facial expressions (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.

- Angry: 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

Your body language can affect whether your clients enjoy talking with you or they become bored or uncomfortable. Examples of poor body language include but are not limited to:

- no eye contact
- poor posture, leaning away
- angry or bored expression
- constantly interrupting the client while they are talking

Examples of good body language include:

- shaking hands
- smiling
- leaning towards the client
- listening attentively
- making eye contact
- nodding to show you are listening
- not interrupting the client

What is “good” verbal communication?

- Speaking clearly and appropriately when dealing with clients
- The words spoken are specific and easy to understand
- The words or statements that are used are ones that the client understands and/or are adapted to his/her educational level

In talking with clients about family planning:

- Be accurate and factual with your statements
- Be brief and concise—i.e., only give information that the client needs
- Speak in a simple and clear manner—use words familiar to the listeners and translate technical terms to layman's vocabulary
- Be a good listener—this is very important for good interpersonal communications

What is the role of counseling in family planning?

- Counseling is face-to-face communication that helps the health service provider to:
 - Assist the client in making decisions about his/her family planning needs and program
 - Assist clients in selecting the method best suited for their needs
 - Correct rumors and misconceptions
 - Increase continuation rates and minimize drop-outs from the family planning program
 - Increase acceptance of family planning

Eight topics to cover when discussing each contraceptive method:

- What is the method?
- How does it work?
- How effective is it?
- What are the advantages?
- What are the disadvantages?
- When is the method not advised?
- Preventing sexually transmitted infections, including HIV
- When to return/refer

Six principles of counseling

- Treat each client well

- Interact with the client
- Adapt the information to the client's needs
- Avoid too much information
- Provide the method that the client wants
- Help the client understand and remember

Why practice family planning?

Practicing family planning can:

- Improve the health and well-being of all family members
- Reduce the number of risky pregnancies by:
 - Proper birth-spacing
 - Having children at the most ideal time
 - Allowing sick women to recover before conceiving
 - Ensuring planned and wanted pregnancies
 - Reducing the prevalence of induced abortion
- Enable couples to take advantage and benefit from other life opportunities, such as:
 - Self-improvement, career development, social advancement
- Improve the quality of life for the individual, couple, family, community by:
 - Promoting rational population growth
 - Balancing resources
 - Ensuring ecological integrity and environmental protection
- Promote free and informed choice by:
 - Promoting smaller families
 - Encouraging longer spacing of children
 - Delaying the age of marriage

What is a job aid?

A job aid is a storage place other than memory for information relevant to on-the-job performance. It is usually a document that provides detailed instructions on how to perform on-the-job tasks.

What is the purpose of the PHE Adult PE Checklist?

The PHE Adult PEs Checklist is a job aid designed to help PHE Adult PEs remember how to perform key tasks in counseling the community on family planning and integrated PHE messages. The job aid can also be used as a visual aid when discussing reproductive health and family planning with community members.

When should the PHE Adult PE Checklist be used?

The PHE Adult PE Checklist can be used in different ways. PHE Adult PEs may choose to review the Checklist just prior to counseling community members. Or, s/he may use it while talking to their peers and potential clients about reproductive health and environmental preservation or personal reproductive health concerns.

MODULE 11: THE PHE ADULT PEER EDUCATOR

Exercise 11-A: Roles and Responsibilities of the PHE Adult PE

Purpose:

- To familiarize participants with the tasks and functions of PHE Adult PE

Time: 45 minutes

Learning Objective:

After this exercise, the participants will be able to:

- State the qualifications of a PHE Adult PE
- State the tasks and functions of a PHE Adult PE

Preparation:

- Print on flipchart paper the salient points of the lecture regarding the qualifications and responsibilities of a PHE Adult PE in counseling people on FP and contraceptive-use.
- Collect materials needed:
 - flipchart paper (newsprint)
 - bond paper
 - marker pens
 - masking tape
 - scissors
- Refer to the 'Facts to Know' on 'Qualifications and Responsibilities of a PHE Adult Peer Educator.'
- Make enough copies of 'Qualifications and Responsibilities of a PHE Adult Peer Educator' for all participants.

Instructions:

Qualifications of a PHE Adult PE

1. Introduce the session by discussing the role of a PHE Adult PE.
2. Brainstorm with participants about the qualifications needed to be a PHE Adult PE.
3. List these inputs on newsprint. Compare the group's responses with the list found under 'Qualifications and Responsibilities of a PHE Adult Peer Educator.'
4. Present your prepared lecture regarding the topic.
5. Clarify participants' questions about their own qualifications to serve as a PHE Adult PE. If there are no questions, proceed to the next topic.

Responsibilities of a PHE Adult PE

1. Introduce the session.
2. Present the roles and responsibilities of a PHE Adult PE.
3. Discuss these and conclude by emphasizing that the responsibilities and tasks that are carried out by the PHE Adult PE go hand-in-hand with those carried out by other agencies, health workers and the government that are also responsible for serving the community.
4. Answer participants' questions about the responsibilities of the PHE Adult PE. If there are none, proceed to the next session.

Exercise 11-B: Reporting and Monitoring Forms

Purpose:

- To equip participants with the knowledge and skills to prepare the reports needed to monitor and evaluate the program

Time: 60 minutes

Learning Objective:

After this exercise, the participants will be able to:

- Prepare field monitoring reports

Preparation:

- Collect materials needed
 - flipchart paper (newsprint)
 - bond paper
 - marker pens
 - masking tape
 - scissors
 - reporting forms (Appendix F)
- Make photocopies of sample reporting forms for distribution to participants.
- Print on newsprint the sample reporting forms.

Instructions:

1. Provide participants with the sample forms they need to complete.
2. Explain each item on the form.
3. Address concerns and set dates for submission.
4. Proceed to the next topic when finished.

Exercise 11-C: Developing and Evaluating the PHE Adult PE's Work Plan**Purpose:**

- To enable participants to develop their own personal project work plans and schedules of activities that will fulfill their duties in doing outreach work
- To make participants aware of resources available to help them fulfill their outreach duties

Time: 60 minutes

Learning Objectives:

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

- Describe how and where PHE Adult PEs can find additional support and resources to help them complete their duties
- Discuss how they will develop their personal work plans
- Explain how they will complete their personal development and work plans

Preparation:

- Collect the materials needed:
 - flipchart paper (newsprint)
 - bond paper/pad
 - marker pens
 - masking tape
 - scissors
 - sample work plan
- Prepare lecture materials and sample work plan.

Instructions:

Activity 1: (20 minutes)

1. 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' contains some sources of information. Record the ideas on flipchart paper.
 - Who or what resources are available to help you?
 - What types of information are available in the community?
 - Where can you find the information?
2. Review the important points and ask participants if they have feedback to add.

Activity 2: (40 minutes)

1. After the first activity, divide into small groups of at least three participants per group.
2. Read the following scenario and pose the following questions to initiate a five-minute small group discussion.

Scenario

- Imagine that you are a PHE Adult PE and responsibilities in the coming week are to:
- Talk to a certain number of new couples about PHE and family planning
- Produce reporting forms after each outreach activity
- Provide follow-up with a contraceptive-user
- Submit reporting forms
- Go to the marketplace to buy food supplies
- Participate in a tree planting activity

Discussion Questions

- How would you go about accomplishing all these tasks during the week?
 - Are some tasks more important than others? If 'yes', which ones? Why?
 - What strategies and materials can you use to help organize your schedule?
3. Ask the groups to make and arrange a schedule that makes good use of their time and reduces wasted effort.
 4. Ask participants to return to the large group. Discuss the strategies and materials that they used to develop a schedule. Record discussion points on newsprint. Refer to 'Facts to Know' item 3D, which contains suggestions for materials that improve time-management capability. It also contains a sample work plan table.
 5. At the end of the discussion, review the most important points that were made and ask participants for feedback.
 6. After completing these exercises, it is advisable to give a short lecture on the outreach work program and how to develop an effective outreach work program.

FACTS TO KNOW

- **What is a PHE Adult Peer Education program?**

- A very effective strategy for connecting with people who are difficult to reach through conventional intervention-delivery methods
- Designed to meet people where they are and help them avail themselves of selected programs that may assist them with education, counseling, and provision of health services and PHE information
- Should be supervised and evaluated on a continuing basis to assess its effectiveness
- Could be done through three 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 and/or family planning supplies in a location utilized by community members availing themselves of FP/RH services—these sites enable people to obtain materials/supplies confidentially

- Outreach-work for PHE services should be done by a trained, qualified PHE Adult PE
- A PHE PE:
 - is trained to assist others in his/her peer/social group in making decisions about family planning and reproductive health through programmed activities, and to provide information on family planning, reproductive health, PHE links and natural resources management
 - can be selected from among low-income, sexually-active adults/couples
 - participates in community or project interventions related to PHE, such as conservation activities (coastal cleanup; mangrove planting; tree planting;

watershed management; livelihood activities such as bee keeping, and seaweed cultivation, etc.; and promotes the health benefits of family planning

- **What are the qualifications and responsibilities of a PHE Adult PE?**

A PHE Adult PE should:

- Be an adult (from 25 to 55 years of age), interested in and willing to talk to their community about family planning in the context of PHE, and must be or have been a family planning acceptor.
- Have no reservations about family planning or modern contraceptives.
- Be willing to talk to community members about PHE, including local environmental conservation activities and family planning and FP methods.
- Have good interpersonal relations with the other members of the community.
- Be willing to work without monetary payment (salary).
- Be willing to be trained.
- Be a respected, accepted and trusted member of the community.
- Elected and/or endorsed by the community.
- Motivated to support local environmental activities and family planning as part of conservation.

The primary responsibilities of a PHE Adult PE are to:

- Educate members of the community about the project's (or local) environmental activities; the benefits of family planning; the linkages between population, health and environment; and the family planning methods available in the community.
- Refer certain FP acceptors to the local health care system.
- Distribute PHE information, education, and communication (IEC) materials to community members.
- Educate couples/individuals about the range of family planning options, and clarify myths and misconceptions on the side effects of modern FP methods.
- Refer couples/individuals to the PHE CBD or to the health center for a supply of contraceptives, and for in-depth counseling and other health concerns.

- Complete and submit the family planning reporting forms to the person responsible.
- Attend trainings conducted by nongovernmental organizations or the health center, as appropriate.

- **How does one develop an effective outreach program?**

- **Know the rationale for utilizing PHE Adult PEs**

The need for adults to assist in community health outreach work as PEs depends on the PHE goals of the project. For integrated PHE projects, PHE Adult PEs play a necessary role in educating the target community about family planning, the use of modern contraceptive methods, and PHE links and natural resources management. Reasons for this include:

- Peer education provides the avenue for delivering culturally sensitive messages from within the social group. It is particularly advantageous when couples within the community are the ones promoting family planning to other partners/married individuals in their community. The same applies to youth.
- This is a community-level intervention that supports and complements the health and environment programs of the local government at the same time that it links with other community-based strategies of the project.
- Community-members are more comfortable relating their intimate personal concerns to an individual or a couple that they know. It is particularly effective to be informed of solutions to their problems by a credible person or couple.
- Through the use of PHE Adult PEs, more FP services can be delivered to the community at a lower cost and service provision is also more effective. Also, PHE Adult PEs can encourage the community to participate in local environmental activities such as coastal cleanup, tree planting, protected area management, alternative livelihood activities, abiding by laws that protect natural resources, etc.

- **Review the objectives of the project and the activities that will help meet these objectives**

Before selecting and training PHE Adult 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.

Also, there is a need to review the duties and responsibilities of PHE Adult PEs, as these will largely determine the activities that the PHE Adult PE will carry out.

Remember: The training and supervision of the PHE Adult PEs depend on their assigned activities. Involve the PHE Adult PEs in the planning of their assigned tasks.

- **In recruiting and selecting PHE Adult PEs, note the qualifications of a good PHE Adult PE—individuals or couples selected as Adult PEs should meet most, if not all, of these qualifications** (refer to items in # 2 above)

Remember: Adults who currently practice family planning and/or are strong advocates of FP principles can be good PEs. Trained health workers could also be effective PHE Adult PEs

Some reasons community members become PHE Adult PEs:

- Desire/passion to help others in their community
- Desire to help themselves learn how to prevent pregnancy, observe birth-spacing, and protect or conserve the natural resources
- An influential person (nurse, health educator, community leader) asked them to serve as a PHE Adult PE
- Personal satisfaction or benefits that may be received
- Concern for or engaged in environmental issues in their community

Some reasons couples decide not to become PHE Adult PEs:

- 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 motivate reluctant qualified PHE Adult PEs include:

If you notice:	Then explain that:
Fear of failure	<p>PHE Adult PEs will be trained to equip themselves with the necessary information and skills to help them accomplish their tasks.</p> <p>The staff and their peers will provide ongoing support.</p>
Lack of knowledge	<p>PHE Adult PEs will receive continuous supervision, training, and appropriate informational materials.</p>
Lack of time	<p>Although the time commitment is great, PHE Adult PEs will receive help in planning the most appropriate schedule for fulfilling the tasks required.</p>
Physical Obstacles	<p>Arrangements can be made to overcome physical problems, and the project will provide available resources as needed.</p>
Lack of money	<p>There are no personal costs involved in performing the PHE Adult PE duties.</p>

- **Provide the necessary support and supervision to PHE Adult PEs and monitor and evaluate them as well.**

PHE Adult PEs will need varying levels of supervision and support, depending on the type of activity they will undertake and the amount of training they will have had on PHE, reproductive health and family planning. PHE Adult PEs should receive as much support as is required when in search of information and in the performance of their duties. Resources to tap include:

- Local health care providers
 - ✓ Can provide additional information, materials, and insights with regard to reproductive health, family planning and resources
 - ✓ Can also assist in receiving the referrals made by PHE Adult PEs
- Informational materials on FP/reproductive health and integrated PHE
- Local environment/coastal resources or natural resources management staff
 - ✓ Can provide information, materials, insights on environmental protection/conservation, issues and solutions to environmental problems

- Mass media
- Project staff as they can:
 - ✓ Provide project direction and receive referrals made by PHE Adult PEs (if trained as health care providers)
 - ✓ Provide informational materials for PHE Adult PEs to use in performing their duties
 - ✓ Provide PHE Adult PEs with tasks that will help the project achieve its objectives
 - ✓ Assist in developing the PHE Adult PEs' work plans for outreach and guiding them in making a weekly plan (see example of a PHE Adult PE work plan below)

Sample Work Plan of a PHE Adult PE

Month of May (days 1-7)

	Mon	Tues	Wed	Thurs	Fri	Sat/Sun
Morning Schedule	Attend weekly meeting with supervisor (10 am)					Family Time
Afternoon Schedule		Work* (meet new contact/ couple for FP promotion & education)		Work* (Counsel peers on family planning and follow- up)	Work* (Submit report to supervisor)	

1) Other sources of support are:

- Community acceptance—this may come in the form of endorsement of the activity by local leaders and government officials, and people's organizations
- Attending regularly scheduled meetings
- Additional educational materials for the PHE Adult PE's own use

- Assistance from the supervisor in addressing difficult and discouraging experiences
 - Paraphernalia/materials for outreach work such as:
 - calendar (pocket-size)
 - map of target area
 - weekly work-plan (to-do list)
 - bag for holding and transporting outreach materials
 - monitoring forms for recording accomplishment of their duties
- 2) It is very important to supervise PHE Adult PEs to ensure they are fulfilling their duties and activities. Supervision can be carried out in various ways:
- Hold one-on-one meetings/visits with PHE Adult PEs to answer their questions and difficulties
 - Observe PHE Adult PEs during their work and provide constructive feedback regarding their outreach
 - Schedule meetings with PHE Adult PEs to sort out problems and difficulties encountered—also an appropriate time to provide information-updates to further support their learning
 - Ensure that the PHE Adult PEs regularly submit recorded data and reporting forms, and provide the PHE Adult PEs with constructive feedback on those reports

Remember:

A one-time training is not sufficient to prepare a PHE Adult PE to do excellent outreach. It is essential to supervise and monitor their performance as they are carrying out their work. If necessary, provide the PHE Adult PE with sufficient support to ensure effectiveness in his/her work. If not properly supervised, supported and given the proper motivation to carry out their tasks, PHE Adult PEs may discontinue their work.

3) Reporting forms are essential in tracking project accomplishments, successes and failures.

- PHE Adult PEs must submit reports on daily, weekly and/or monthly project activities—as outlined in their work plan. These reports provide the staff with updates on the project’s progress and direction.
- Reporting forms also assist in evaluating the PHE Adult PEs’ strengths and weaknesses.
- Generally, the following reports are required:
 - PHE Adult PE Diary, 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 Appendices)

Provide comprehensive training to PHE Adult PEs

After you have decided on the PHE Adult PEs’ duties and responsibilities and their planned activities within a specific time frame; and have selected, recruited and motivated these PHE Adult PEs, you can now plan for their training.

Remember:

- The activities assigned to the PHE Adult PEs will help decide which topics should be part of the training. Make use of the training manual for PHE Adult Peer Educators.
- Training can be delivered in a number of ways depending on the availability of the PHE Adult PEs. Training can be in half-day sessions spread out over an extended period or in full-day sessions for three or more consecutive days.
- One-time training is not enough. Training should always be followed up with weekly updates and one-on-one mentoring, additional on-the-job training and supervision.
- Allow enough time to prepare the training. Ensure topics are easy to learn and include visual aids that are appropriate to their level of education and understanding.

- Plan for and give the PHE Adult 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.
- Provide an appropriate examination for the PHE Adult PEs before and at the end of the training. Only those who demonstrate a clear understanding of basic reproductive health and FP information as well as the PHE link should be allowed to continue as PHE Adult PEs.

What to do after training: A guide for PHE Adult PEs

The PHE Adult PE needs to complete several preparations and activities before beginning his/her outreach work and promoting contraceptive-use. The following list of reminders can help the PHE Adult PEs carry out their roles and responsibilities properly.

Reminder #1: Understand your roles and responsibilities as a PHE Adult PE in your community

- After your training, your supervisor will help you understand what you should do as a PHE Adult PE in your assigned area.
- With your supervisor, discuss and clarify your duties, their expectations, and your duties and target activities. If you do not fully understand what you should do, clarify this with your supervisor or fellow PHE Adult PEs.

Reminder #2: Be familiar with your assigned area

- Be familiar with the area of the village assigned to you in terms of population size, location, means of transport, influential community members and environmental issues of interest to the project.
- It is best if you are comfortable working in that particular area. If you are comfortable, community members are more likely to accept and respect you.
- Have your supervisor tell you the types of medical health services and contraceptives that are available in your area. This will help you with your referrals.

Reminder #3: Use the support systems that can help you in your peer education work

- Ask for support in your search for information and in the performance of your duties. Support could come from project staff or government partners; from regular staff meetings; and from other material resources such as educational reading materials, or

items for outreach work (example: calendar, map, weekly work plan).

Reminder #4: Have a concrete and achievable work plan

- Ask your supervisor for assistance in developing a practical and achievable work plan or activity plan for your assigned area.
- Discuss your plan with your supervisor. This work plan will guide you throughout your adult peer education work.
- Also discuss with your supervisor how you are going to carry out your functions and responsibilities. Ask your supervisor for initial assistance in fulfilling your strategies in your community.

Reminder #5: Practice what you have learned from your training and refresher course/updates

- Make sure you have a clear understanding of the basic RH and FP information as well as the PHE links. The information you have learned from your educational and skills-building training should be reviewed on a continuing basis. This will increase your confidence and your credibility in dealing with RH questions and issues in your community.
- The communication skills you have learned will help you to be sensitive to the RH and FP issues and needs of the couples/individuals with whom you will interact.

MODULE 12: EVALUATION



Exercise 12: Post-Test/Course Evaluation

Purpose:

- To measure participants' level of related knowledge post-training
- To assess the overall performance of the course

Time: 30 minutes

Learning Objective:

After this exercise, the participants will have:

- Gained a sense of their level of new learning as a result of this workshop

Preparation:

- Make enough copies of the post-test for all participants (refer to Appendix A).
- Make enough copies of the course evaluation for all participants (refer to Appendix I).

Instructions:

1. Distribute the post-training test/questionnaires and course-evaluation forms to the participants.
2. Make sure participants fully understand the instructions.
3. Have participants complete the course evaluation forms; and then collect them.
4. Next, have participants complete the post-test questionnaire. Once everyone has completed the questionnaire, have each participant exchange his/her questionnaire with the participant sitting beside them.
5. Have participants review and check the test/questionnaire they were given.
6. Have each participant read one question from the test/questionnaire they were given and give the corresponding answer.
7. Ask the group if the item needs to be discussed or clarified further, especially if some participants answered incorrectly

8. Refer to Appendix A for 'Sample Post Test' form and Appendix I for 'Sample Course Evaluation Form.'

APPENDICES

Appendix A: Sample Pre-/Post-Tests

Sample Pre-/Post-Test Questionnaire for the Training for Population, Health and Environment (PHE) Adult Peer Educator (PE)

Name: _____

Date: _____

Instructions: Encircle the letter of the answer you consider correct.

1. The side effects of combined oral contraceptives (COCs) are the following, EXCEPT:
 - a. nausea
 - b. vomiting
 - c. jaundice
 - d. breast tenderness
 - e. spotting

2. The following are ecosystems EXCEPT:
 - a. forest
 - b. lakes, river , stream
 - c. farms, pastoral land
 - d. all of the above
 - e. none of the above

3. Oral contraceptive pills can:
 - a. be used by women with heart disease and high blood pressure
 - b. be used by a woman who is breastfeeding a two-month old baby
 - c. be started on or before the fifth day of menstrual cycle
 - d. provide protection from sexually transmitted infections, including HIV
 - e. cause cancer

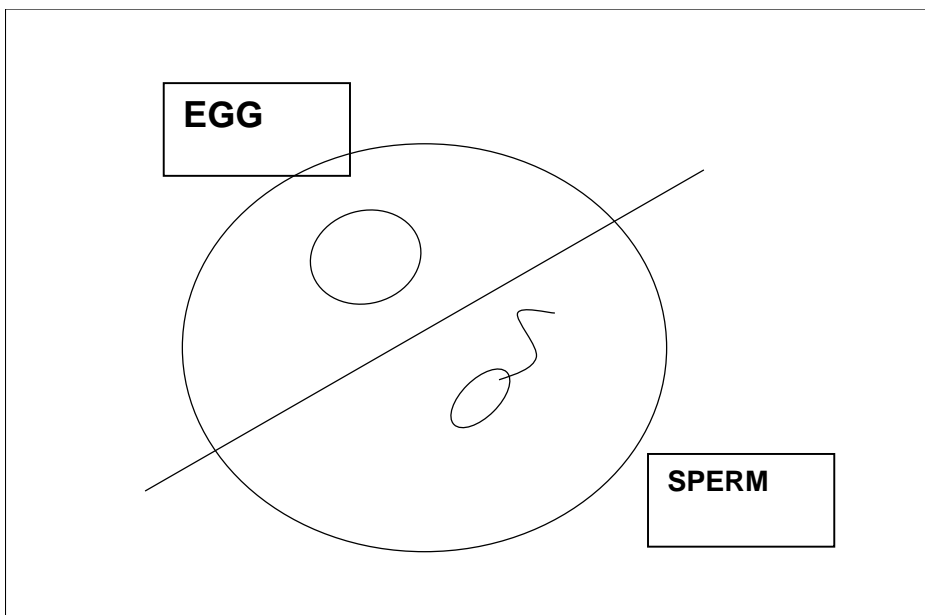
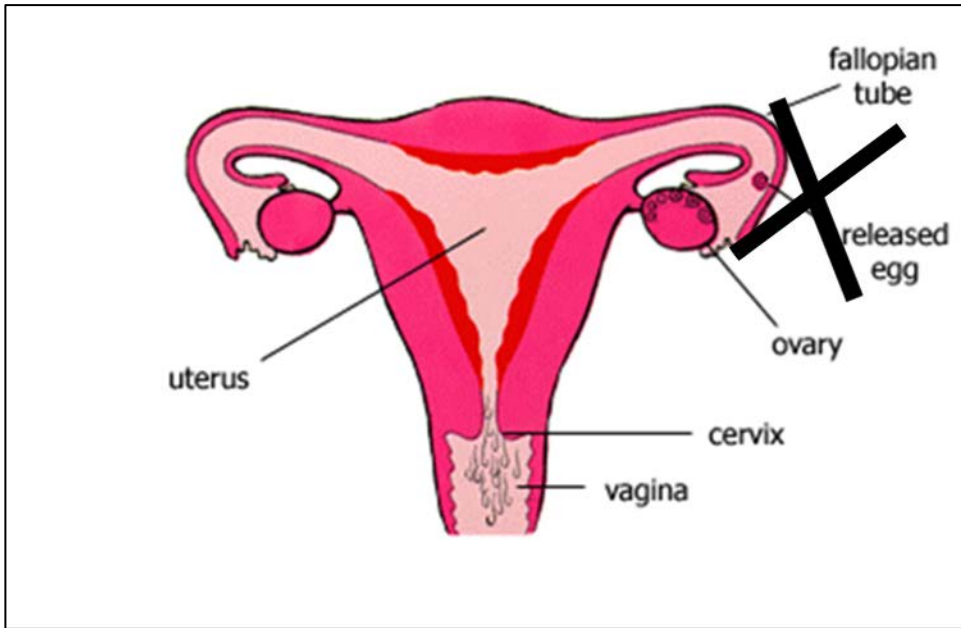
4. What is/are the preferred method/s for preventing unwanted pregnancy and sexually transmitted diseases for men and women with risky sexual practices?
 - a. rhythm method
 - b. condom
 - c. DMPA
 - d. IUD
 - e. implant

5. Benefits of PHE integration include the following, EXCEPT:
 - a. improve health outcomes by directly addressing environmental conditions that have health impacts
 - b. increase social acceptability and communication within communities on the sensitive topic of family size and family planning
 - c. gain greater access, involvement and interaction with men, women and adolescents
 - d. promote gender inequities
 - e. none of the above

Instructions: Mark each statement 'True' or 'False' in the blank provided.

1. _____ Vasectomy affects a man's sex drive and the capability of males to achieve erection.
2. _____ An IUD causes infertility and infection of the uterus.
3. _____ PHE integration can enhance conservation efforts by supporting families in achieving their desired family size, thereby contributing to their abilities to manage and conserve natural resources more effectively.
4. _____ Human activities impact on the different ecosystems.
5. _____ Hormonal methods of contraception (e.g. pills & DMPA) can induce abortion if taken during the time of pregnancy.

Appendix B: Figures for Exercise 6



Appendix C: Instructions and Figures for Exercise 7

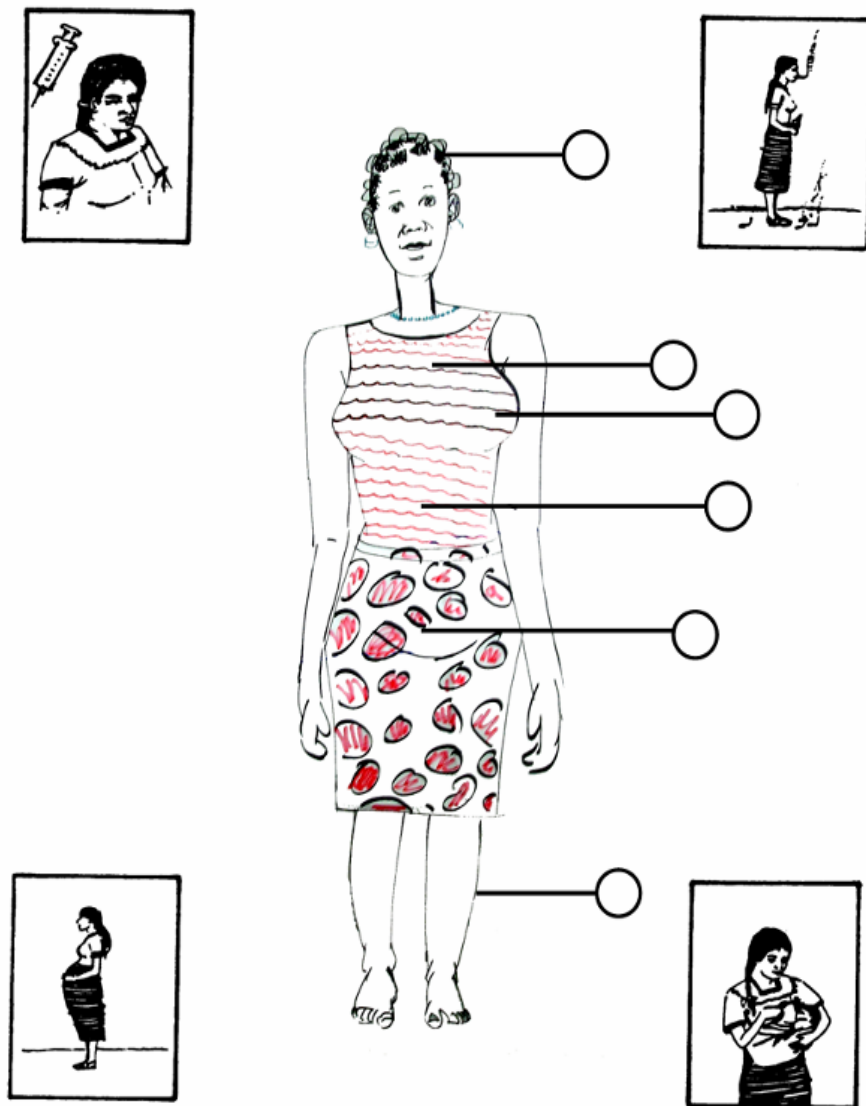
Client Specific Pill Instructions for Exercise 7–A

Combined Oral Contraceptives (COCs)	Progestin-Only Pills (POPs)
<ol style="list-style-type: none"> 1. Ask what she knows about COCs. 2. Explain how COCs work to prevent pregnancy. 3. Show the type of pills she will take (21- or 28-day). 4. Explain potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Take the first pill on or before the 5th day of menstruation or menstrual cycle. • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take a pill at the same time every day. Do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet as soon as possible. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on hand. <ul style="list-style-type: none"> – if using a 28-day packet, start a new pack after finishing the previous packet without stopping – if she uses 21-day packet, stop for 7 days before starting a new 	<ol style="list-style-type: none"> 1. Ask what she knows about POPs. 2. Explain how POPs work to prevent pregnancy. 3. Show her the 28-pill packet. 4. Explain potential side effects common during the first 3 months. 5. Provide the pills and give instructions: <ul style="list-style-type: none"> • Start the pill on or before the 5th day of menstruation or menstrual cycle or use specific instructions in the packet. • Begin with the first pill in the packet. • Take 1 pill EVERY DAY until you finish the packet. • Take the pill at the same time every day. Do not miss any pills. • If you vomit within 2 hours of taking a pill, take another pill from your packet. Continue taking pills as usual. • If vomiting or diarrhea continues for more than 2 days, follow instructions for 1 to 2 missed pills. • Have a new packet of pills on hand before you finish your packet. • If the pills come with instructions, follow them. • If you miss taking your pills follow the

<p>pack</p> <ul style="list-style-type: none"> • If the pills come with instructions, follow them. • If you miss taking your pills, following the guidelines for missed pills. <ol style="list-style-type: none"> 6. Give client a back-up method in case she misses pills. 7. Inform of danger signs and when to see a health care provider. 8. Ask client to repeat instructions, including what to do if she misses pills. 9. Reinforce that pills do not protect against sexually transmitted infections (STIs), including HIV. 10. Give core STI prevention messages. 	<p>guidelines for missed pills.</p> <ol style="list-style-type: none"> 6. Give client a back-up method in case she misses pills. 7. Inform of danger signs and when to see a health care provider. 8. Ask client to repeat instructions, including what to do if she misses pills. 9. Reinforce that pills do not protect against STI/HIV. 10. Give core STI prevention messages.
<p>Instructions for missed pills</p> <p>If missed 1 or 2 pills or started a new packet 1 or 2 days late:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual (you may end up taking 2 pills at the same time or on the same day) <p>If missed 3 or more pills in a row in the 1st or 2nd week of pill cycle or started a new packet 3 or more days late:</p> <ul style="list-style-type: none"> • Take a pill at once and then take the rest as usual. • Use a back-up method or avoid sex for the next 7 days. <p>If you missed 3 or more pills in a row in the 3rd week of the pill cycle:</p>	<p>Instructions for missed pills</p> <p>If missed 1 or more pills or 3 or more hours late taking the pill:</p> <ul style="list-style-type: none"> • Take a pill as soon as possible. • Keep taking a pill every day as usual. (you may end up taking 2 pills at the same time or on the same day) • Use back up method (condoms) or avoid sex for the next 2 days. • If you had unprotected sex in the past 5 days, consider taking emergency contraceptive pills (ECPs). <p>If menstrual period does not begin within 4 to 6 weeks, see a physician for pregnancy exam.</p>

<ul style="list-style-type: none">• Take a pill as soon as possible.• Finish all hormonal pills in the packet. Throw away the 7 non-hormonal pills in the 28-pill packet.• Start a new packet the next day.• Use back-up method or avoid sex for the next 7 days. <p>If you missed any non-hormonal pills (last 7 pills in a 28-day pill packet):</p> <ul style="list-style-type: none">• Discard the missed non-hormonal pill(s).• Keep taking the pill one each day.• Start the new packet as usual. <p>If menstrual period does not begin within 4 to 6 weeks, see a physician for pregnancy exam.</p>	
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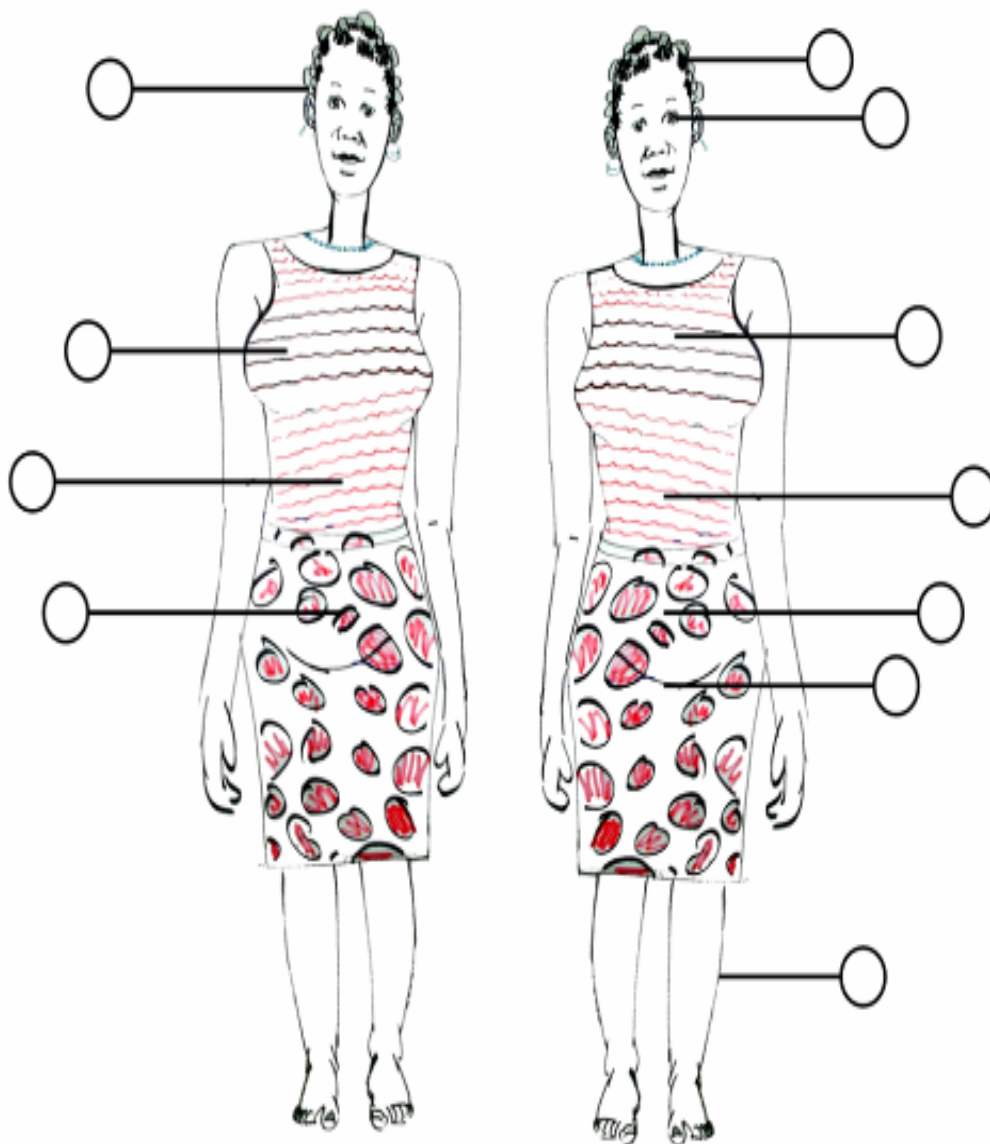
Figure for Exercise 7- B



This drawing helps participants to identify when it is not advised to give a woman the pill and when she should be referred to a health clinic. Central figure: head (repeated strong headaches or stroke), body (heart problems, breast cancer, liver problems, vaginal bleeding without apparent cause, or swollen legs). Small drawings left to right: a diabetic, a smoker (over 35 years old), a pregnant woman, and a woman who is breastfeeding a baby less than six months old.

* Illustration by Nsaa-Iya Kihunrwa

Figure for Exercise 7-C



Woman on left – side effects: headaches/dizziness; breast tenderness; nausea/ vomiting; irregular periods.

Woman on right – conditions/problems that require referral to a health clinic: headache; eye problems (double vision); chest pain (severe); abdominal pain (severe); unexplained vaginal bleeding or heavy bleeding; swollen legs or calf/leg pain.

* Illustration by Nsaa-Iya Kihunrwa

Appendix D: PHE Adult PE Checklist

1. Bring these with you when you talk to clients:

- Identity card/PE T-shirt
- Ball pen or pencil with eraser
- Diary
- Work plan
- Referral forms
- Information, education, communications (IEC) materials
- Samples of pills, condom, other methods
- Penis model

2. Begin conversation:

- Greet client
- Introduce yourself/your organization/group
- Explain your role as a PE
- Say that the project helps a community to attain a healthy family and environment for a healthy community

3. Ask clients how life is. Use some of these questions:

- How is life?
- How is your place?
- Do you see any difference in your life/community today as compared to in the past?
- Are things more expensive now than in the past? Are you able to make ends meet?
- Is the community healthy?
- What are your common family concerns—health, children, and natural resources?

What are the links between family planning, HIV/AIDS, water and the environment?

4. Explain the population, health and environment (PHE) links.
 - Cutting trees for charcoal leads to fewer trees and fewer resources for the community.
 - Fewer natural resources makes it harder to provide food and income for the growing number of families
 - Too many people put pressure on dwindling natural resources, like trees, water, good farmland, etc.
 - Not enough resources and too many people lead to poverty
 - Alternative livelihoods help take pressure off of natural resources and provide income for families
 - Spacing and timing of children leads to healthier children and families and it results in fewer resources needed—this helps protect natural resources
5. Tell the client about the benefits of family planning to health, environment, and economics:
 - Adequate spacing (two to three years) between children allows mothers to regain their health and children to grow strong and healthy
 - Planning one's family helps the family save money for food, medicine and education
 - Smaller families use fewer resources and help conserve resources for the future
6. Discuss the environment messages promoted by the project, or environmental activities that are going on in the community.
7. Show IEC materials as you speak to the client.
8. Help the client choose a modern family planning method. Discuss methods available.
9. Encourage questions and provide clarification.
10. End the talk by:
 - Referring the client to a health center or a community-based distributor and providing a referral slip
 - Providing IEC materials to the client
 - Setting a date to come back for follow-up
 - Thanking the client for her/his time and attention

Appendix E: Observer’s Guide for Role-Playing Exercise

1. Observers Guide for PHE Adult PE Role Playing Activity

As the facilitator, your role is to observe how the role play with participants takes place, taking note of the interactions between those participants playing the role of the PHE Adult PE and those acting as the client. You may want to take note of techniques/skills used by the ‘PHE Adult PE’ as s/he discusses the ‘client’s’ concerns, and words or actions that may have hampered communication. After the role-play, share with each group your observations and your recommendations for how the “Adult PEs” could improve. Use the following table to aid in making your observations and discussing these with the groups.

Characteristics of Effective Counseling	Not Evident	Needs Improvement	Evident
Uses and follows the job aid			
Speaks clearly and uses words that are simple and easy to understand			
Is knowledgeable about the subject			
Talks at a moderate pace and appropriate volume			
Asks questions to make sure the client understands			
Encourages questions and comments			
Listens attentively to client			
Makes client feel comfortable and interested			
Provides information for follow-up			
Talks about the population, health and environment (PHE) links			
Demonstrates verbal and non-verbal behaviors that promote discussion and dialogue			
Provides integrated PHE and related family planning information, education and communication and also provides referrals			

Appendix F: Sample Reporting and Monitoring Forms

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

PHE Adult Peer Educators (PEs) Reporting and Monitoring Record

PHE Adult PE Diary

The PE Diary will be prepared and kept by the PHE Adult PE in his/her notebooks or notepads. The content of the diary may follow the prescribed format below. Whatever is written in the diary during fieldwork or outreach activities should be recorded by the supervisor in the Client Record.

	Client/Couple No:	
	Date:	
	Time:	
	Client Contact:	New <input type="checkbox"/>
		Repeat <input type="checkbox"/>
Name of Client/Couple:		
Age of Client/Couple:		
Educational Attainment:		
Occupation:		
Address:		
Case Description:		
The PHE Adult PE will narrate here in the local dialect/language the following:		
a) Description of the counseling		
b) Main problem/issues of the client on family planning (FP), environment (E) or population, health and environment (PHE)—indicate separately the problems/issues of the husband and the wife		
c) What was discussed during the session		
d) The kind of information, education or communication that was provided to the client by the PHE Adult PE		
e) Problems encountered by PHE Adult PE during the session		
Plan for Client:		
<i>(Place here any referrals made or other future plans for client.)</i>		
_____ Signature of PHE Adult Peer Educator		

2. Daily Activity Record

This can be used by the PHE Adult PE to summarize data compiled from the individual Client Records regarding information on PHE education and family planning referrals.

DAILY ACTIVITY RECORD								
Client Data								
Date	Client	Age	Sex	Marital Status	IEC Materials Shared	IEC/ Counseling		Referred to:
						New	Repeat	
Total Number of New/Repeat Counseled								

PHE Adult PE Signature

3. Monthly Summary Report

Each month, the PHE Adult PE can summarize on this report form the data from the Daily Activity Records.

MONTHLY SUMMARY REPORT

Month: _____

Location: _____

Age	Sex		FP User		Quantity of Contraceptives Given							Other Services Given					
	M	F	New	Con- tinuing	Condom	COC	IUD	DMPA	VSC		POP	Other	Counseling/IEC		Referrals made	Referrals served	IEC materials given
									Male	Female			New	Repeat			
15-19																	
20-24																	
25-30																	
31-35																	
36-40																	
41-45																	
46-50																	
51-55																	
TOTAL																	

PHE Adult PE Signature

6. Referral Slip

This form can be used by PHE Adult PEs to refer clients for family planning counseling, contraceptives-screening or further medical management.

Client No. _____	
Name of Agency : _____	
Location: _____	
Referral Slip	
Date: _____	
Name of Client: _____	
Age: _____	
Marital Status: _____	
Location or Name of Village Leader: _____	
Referred to:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Reason for Referral:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Action Taken:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Referred by:	Received by:
_____	_____
PHE Adult Peer Educator	Designation: _____
	Date: _____

Appendix G: Course Objectives for the Training of Population, Health and Environment (PHE) Adult Peer Educators (PEs)

General Objectives

To increase understanding and general knowledge of the training participants on PHE linkages, reproductive health (RH)//family planning(FP), and on the mechanics and operation of the PHE Adult PE system that will support community-based, integrated PHE education and services.

Specific Objectives

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

- Explain the effects of rapid population growth on human health and natural resources,
- Describe the benefits of PHE linkages/integration and explain what PHE is in their context,
- Discuss the importance of PHE interventions,
- Provide and discuss options regarding the use of contraceptives with sexually-active men and women in communities using correct information,
- Demonstrate appropriate attitudes and skills needed to counsel effectively on various RH options,
- Demonstrate the capacity to recruit and motivate couples to practice family planning,
- Describe the roles, functions and responsibilities of an effective PHE Adult Peer Educator (PE),
- Discuss how to social market contraceptive information, products and services, and
- Report and monitor PHE Adult PE activities.

Appendix H: Sample Schedule for Training PHE Adult PEs

Schedule	Day 1
8:30 - 9:00	Registration
	1-A: Pre-Test
9:00 - 9:30	1-B: Presentation of Participants, Introduction to the Training Course, and House Rules
9:30 – 11:30 (including self- break)	2: Our Community Discussion of PHE
11:30 – 12:00	3-A: Ecosystems Overview
12:00 – 1:00	Lunch
1:00 – 1:45	3-B: Link between Ecosystems Health and Human Well-Being
1:45 – 2:45	4: RH Puzzles
2:45 – 3:00	Break
3:00 – 4:00	5: Menstrual Cycle
4:00 – 5:15	6: How Contraception Works

Schedule	Day 2
8:30 - 8:45	Recap of Day 1 Review of Day 2 Schedule
8:45 – 9:30	7-A: Use of Oral Contraceptives
9:30 – 10:30	7-B: Outlines
10:30 – 10:45	Break
10:45 – 11:30	7-C: Red Light, Green Light
11:30 – 12:30	8: Gossip and Rumors
12:30 – 1:30	Lunch
1:30 – 2:30	9: The Dance

Schedule	Day 2
2:30 – 3:15	10-A: Opinion Poll
3:15 – 3:30	Break
3:30 – 4:30	10-B: The Right Information

Schedule	Day 3
8:30 – 8:45	Recap of Day 2 Review of Day 3 Schedule
8:45 – 10:15	10-C: Role Playing: Using the PHE Adult PE Checklist
10:15 – 10:30	Break
10:30 – 12:30	10-D: Motivating Adult Men and Women to Practice Family Planning
12:30 – 1:30	Lunch
1:30 – 2:15	11-A: Roles and Responsibilities of the PHE Adult Peer Educator
2:15 – 3:00	11-B: Reporting and Monitoring Forms
3:00 – 3:15	Break
3:15 – 4:15	11-C: Developing the PHE Adult Peer Educator's Work Plan
4:15 – 4:45	12: Post-Test/Course Evaluation
4:45 – 5:00	Closing Activities

Appendix I: Sample Course Evaluation Form

Course Evaluation

Date: _____

Item	Poor	Fair	Good
1. Value of this training/course to you			
2. Usefulness of the topics/contents			
3. Ability of the speaker to transfer knowledge			
4. Effectiveness of the training method used			
5. Rating of the training/course in terms of attaining the objective/s			
	Too long	Too short	Too long
6. Length of participants' participation in the discussion			
7. Duration of the training/course			

8. What did you learn in this training/course?

9. What did you like most about the contents of this training/course?

10. What did you dislike most about the contents of this training/course?

11. Would you recommend this training/course to others?

Why or why not?

If yes, to whom?

12. What are your suggestions to improve similar trainings/courses in the future?

Content:

Food:

Venue:

Other:

13. What aspects of the training do you intend to use or try?

GLOSSARY OF TERMS

Aquaculture (also known as aquafarming): farming, under controlled conditions, of aquatic (fresh water and salt water) organisms such as fish, crustaceans, mollusks and aquatic plants

Acquired Immune Deficiency Syndrome (AIDS): progressive and fatal condition that reduces the body's ability to fight certain types of infections; caused by an infection with HIV (human immunodeficiency virus)

Amenorrhea: the absence of menstrual periods

Anemia: low levels of the oxygen-carrying material in the blood, which results in decreased oxygen to 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, and anemia may result from excessive blood loss, blood cell destruction, or decreased blood cell formation

Back-up method: family planning method such as condoms 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

Biodiversity conservation: practice of protecting and preserving the abundance and variety of all species, regardless of classification, ecosystems, or genetic diversity on the planet

Blood pressure: 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)

Breast cancer: malignant or cancerous growth that develops in breast tissue

Cervical mucus: 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, however, at mid-cycle, under the influence of estrogen, mucus becomes thin and watery, and sperm can easily pass into the cervix

Diabetes (Diabetes Mellitus): chronic disorder caused by ineffective production or use of the hormone insulin secreted by the pancreas; individuals 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

Ecology: the science of relationships and interactions between living organisms and their environment

Ecosystem: biological environment consisting of all the organisms living in a particular area, as well as all the nonliving, physical components of the environment with which the organisms interact, such as air, soil, water, and sunlight; a biological community and its physical environment

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: condition in which uterine endometrial tissue is located outside the uterus and may attach itself to the reproductive organs or to other organs of the abdominal cavity

Endometrium: membrane lining the inner surface of the uterus and which thickens and is then shed once a month causing monthly bleeding

Ejaculation: release of semen from the penis

Embryo: product of conception (fertilization of an egg by a sperm) during the first eight 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; is responsible for female sexual development (the term 'estrogenic' is now used to describe synthetic drugs that have effects like those of a natural estrogen and are used in combined oral contraceptives and monthly injectable contraceptives)

Eutrophication: enrichment of bodies of fresh water by inorganic plant nutrients (e.g. nitrate, phosphate); may occur naturally, but can also be the result of human activity and is particularly evident in slow-moving rivers and shallow lakes; increased sediment deposition can eventually raise the level of the lake or riverbed, allowing land plants to colonize the edges, and eventually convert the area to dry land

Family planning: planning when to have children, how many and what contraceptive methods to use; methods and plans include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, infertility management, etc.

Fertilization: see 'Conception'

Follicle: small round structure in the ovary that contains an egg; during ovulation, follicle on the ovary surface opens and releases a mature egg

Food security: enough nutritious and safe food available and accessible for a healthy and active life for all people at all times (FAO); 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; food security requires a stable, sustainable, and predictable supply of nutritionally balanced food that can be accessed equitably and essentially forever

Fully breastfeeding: giving a baby no food or liquid other than breast milk (the term 'nearly fully breastfeeding' means at least 85% of the baby's feeding is breast milk, supplemented by other liquid or food)

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

Heart attack: heart attack occurs when the flow of blood in a coronary artery is blocked long enough to cause some heart muscle to deteriorate

HIV: human immunodeficiency virus, the cause of AIDS; can be transmitted by sexual contact, by contaminated blood products, and from mother to fetus or infant before and during childbirth, or after birth, through breast milk

Hormone: 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; also manufactured chemical substances that function as hormones

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: sexual act of inserting an erect penis into a vagina

Implantation: embedding of the embryo into the thickened uterine lining where it establishes contact with the woman's blood supply for nourishment

Infertility: inability to produce living children

Informed choice: freely made decision based on clear, accurate and relevant information; a goal of family planning counseling

Jaundice: symptom of liver disease; usually causes abnormal yellowing of the skin and whites of the eyes

Lesion: diseased area of skin or other body tissue

Menarche: beginning of cycles of monthly bleeding; occurs during puberty after girls start producing estrogen and progesterone

Menopause: time in a woman's life when menses (menstrual periods) 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: repeating series of changes in the ovaries and endometrium that includes ovulation and about two weeks later the beginning of menstrual bleeding; for most women, cycles average 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

Muro-ami (drive-in net): Japanese fishing gear used in reef fishing; consists of a movable bag net and two detachable wings effecting the capture of fish by spreading the net in arc form around reefs or shoals and with the aid of scaring devices, a cordon of fishermen drive the fish from the reefs toward the bag portion of the net

Natural resources management: conserving or preserving natural resources such as land, water, soil, plants and animals for present and future generations; focuses on scientific and technical understanding of resources and ecology and the life-supporting capacity of these

Nausea: sensation that one is about to vomit

Ovarian cyst: an abnormal sac or cavity containing a liquid or semisolid material enclosed by a membrane in the ovary, often arising from a follicle; may cause abdominal discomfort or pain but rarely requires treatment; usually disappear by themselves

Ovulation: release of an egg or ovum from an ovary

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: organ that nourishes a growing fetus; is expelled from the uterus within a few minutes after the birth of a baby

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

Progestin: term used to cover a large group of synthetic drugs that have an effect similar to that of progesterone; used in oral contraceptives, injectables, and implants

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

Semen: thick, white fluid produced by a man's reproductive organs and released through the penis during ejaculation; contains sperm and other fluids from the prostate gland and seminal vesicle

Sperm: male sex cell 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 and if ovulation has recently occurred, sperm may 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

Sustainable development: doing things in a way that reduces opportunities for future generations to meet their needs

Vaginal mucus: fluid secreted by glands in the vagina

Varicose veins: enlarged, twisted veins, most commonly located beneath skin of the legs

Watershed management: managing the water that runs beneath or flows off of an area of land by knowing how much water is in the system, where it comes from, who is using it, how it is being contaminated and where it is ends up; considers all the outside activities that can influence the quality and quantity of the surface and groundwater and its ability to provide desired goods and services

REFERENCES

1. A Guide for Trainers of Community Based Reproductive and Child Health Service Providers (1st ed.), MOH-Reproductive and Child Health Section, Dar es Salaam, 2005.
2. Basic Concepts in Environment, Agriculture and Natural Resources Management: An Information Kit, International Institute for Rural Reconstruction, Silan, Cavite, Philippines, 1992.
3. Contraceptive Technology, Hatcher, R., et al, New York: 2004.
4. Counseling, A Comprehensive Training Course, Pathfinder International, Medical Services, MA, USA, 1997.
5. Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide (revised ed.), Program for Appropriate Technology in Health, Washington: 1996.
6. Family Planning: A Global Handbook for Providers, World Health Organization RHR and John Hopkins Bloomberg CCCP, Baltimore and Geneva: CCP and WHO, 2007.
7. Family Planning Clinical Standards Manual, Philippine Family Planning Program, The Family Planning Service, Department of Health, Manila, 1998.
8. Family Planning Manager's Handbook, Management for Science and Health, 1998.
9. Integrating Population, Health and Environment (PHE): A Programming Manual, Leona D'Agnes and Cheryl Margoluis, USAID, 2007.
10. Medical Eligibility Criteria for Contraceptive Use (3rd ed.), World Health Organization, Geneva: 2004.
11. Population, Health and Environment Basics at <http://www.globalhealthlearning.org>.
12. Reproductive Health Primer, Department of Health, Manila, 1998.
13. Selected Practice Recommendations for Contraceptive Use (2nd ed.), World Health Organization, Geneva: 2004.
14. Sexually Transmitted and Other Reproductive Health Infections: A Guide to Essential Practice World Health Organization, Geneva: 2005.

15. The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High STI/HIV Prevalence Settings, Mullick et al. Washington, DC: The Population Council, 2009.
16. Training of Trainers: A Comprehensive Training Course, Pathfinder International, Medical Services, MA, USA, 1997.
17. Training Manual for Community-Based Distributors, IPOPCORM Initiative, PATH Foundation Philippines, Inc., Manila: 2004.
18. Training of Trainers Manual For Community Health Outreach Workers, IPOPCORM Initiative, PATH Foundation Philippines, Inc., Manila: 2004.
19. Training with Video in Community Family Planning Programs, APROFAM-DAI, 1994.
20. When Your Trainees Don't Read, A Manual for Reproductive Health Trainers (English ed.), APROFAM-DAI, 1996.



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