NPHCDA

MODULE 6

FAMILY PLANNING /CHILD-BIRTH SPACING IN PRIMARY HEALTH CARE

February 2024

Abbreviations

- **BCS** - Balanced Counselling Strategy
- **CBS** - Child Birth Spacing
- **FP** - Family Planning
- **WHO** - World Health Organization

Overview of Family Planning

Sessions	Components
6.1	INTRODUCTION TO FAMILY PLANNING /CHILD-BIRTH SPACING
6.2	BALANCED COUNSELLING STRATEGY
6.3	CLIENT EVALUATION IN FAMILY PLANNING/CHILDBIRTH SPACING
6.4	FAMILY PLANNING/CHILDBIRTH SPACING METHODS
6.5	MALE INVOLVEMENT IN FAMILY PLANNING
6.6	ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH)

Session overview



Concept of Family Planning/Childbirth Spacing



Benefits of Family Planning/Childbirth Spacing

Learning Objectives

At the end of this session, Participants will be able to;

1. Explain the concept of family planning/childbirth spacing
2. List and explain the benefits of family planning/childbirth spacing

Introduction

- Family Planning is one of the key PHC strategies with important benefits for both maternal and child health.
- It is a component of the strategies adopted by WHO to reduce maternal mortality and morbidity.
- The goal of this session is to strengthen the capacity of PHC workers.



Concept of Family Planning/Child-Birth Spacing

Family Planning is “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decision by individuals and couples in order to promote health and welfare of the family group and thus contribute effectively to the social development of the country” (WHO)



Benefits of family planning/child spacing



Offers a couple the opportunity to have a family they can carter for



Helps women protect themselves against unintended/high-risk pregnancies



Improves family well being and quality of life



Investment in family planning can reduce poverty and ultimately increase the GDP of the country

Key Messages



Family planning is considered a **“best buy”** among health investments, being one of the most cost-effective, high-yield interventions that exist today



Family planning offers **immediate** and **long-term** health, social and economic benefits for individuals, families and communities

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Session overview



Define Balanced Counselling Strategy (BCS)



Objectives of BCS



Tools and job aids necessary for offering BCS



The steps in the BCS

Learning Objectives

At the end of this session, Participants will be able to;

1. Understand Balanced Counselling Strategy (BCS)
2. Explain the objectives of the Balanced Counselling Strategy
3. Understand the tools and job aids necessary for offering BCS
4. Effectively counsel clients on FP using the steps, tools and job-aids in the BCS

Balanced Counselling Strategy(BCS)

Balance Counselling Strategy(BCS) is a **practical, interactive,** and **client-friendly** strategy for improving counselling within family planning consultations.

It assumes that the motive of a client's visit is for family planning and the strategy ensures that the client has ownership of any decision made to use family planning



Tools/Job Aids For Offering BCS

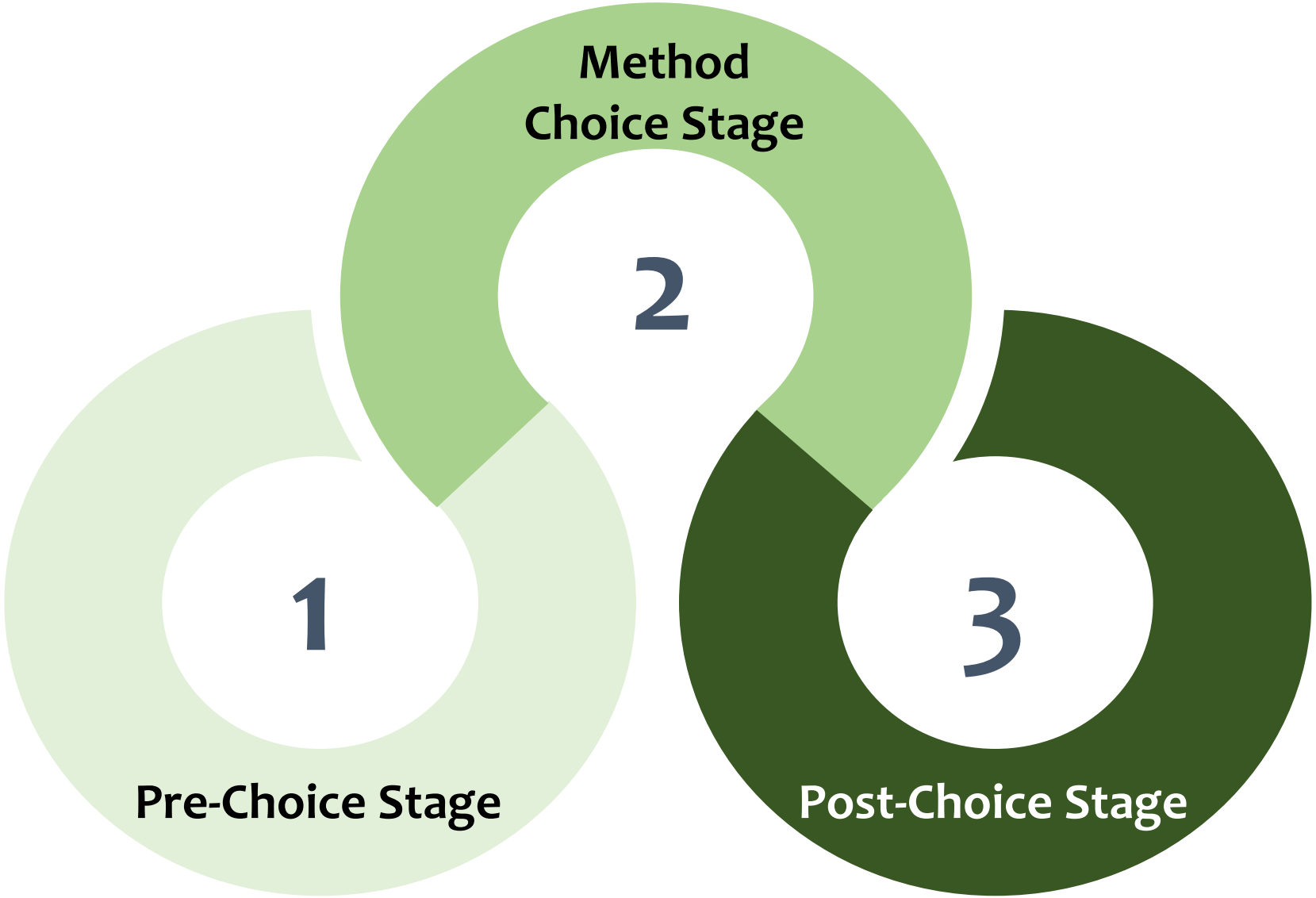
The BCS Algorithm

The Counselling Cards

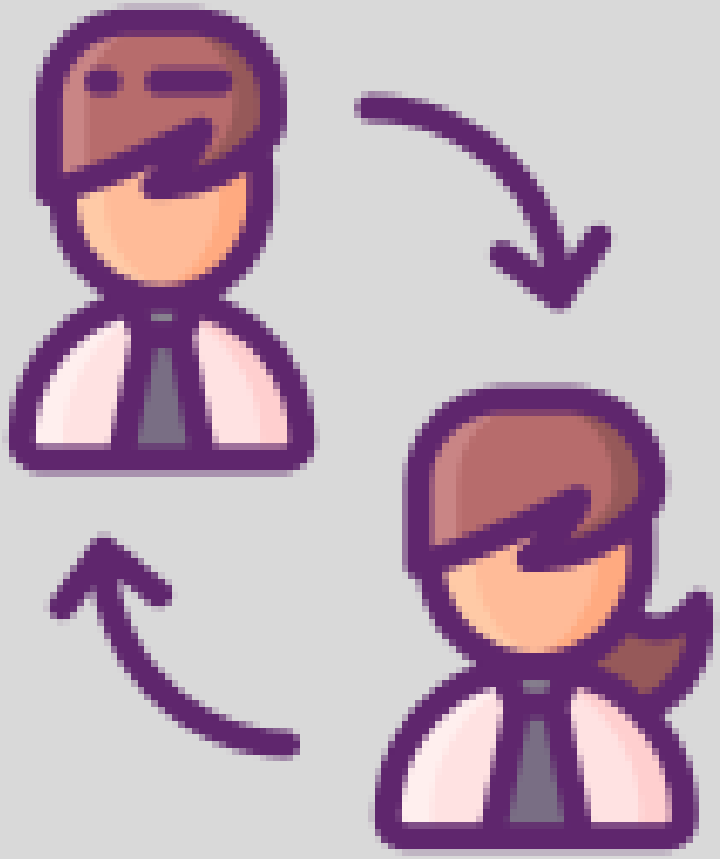
Method brochures



Steps in the Balanced Counselling Strategy

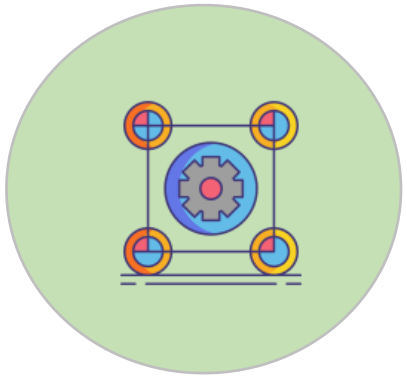


Role play



On effective counselling of family planning clients using the steps, tools and job-aids in the Balanced Counselling Strategy

Key Messages



The BCS is a systematic tool used to facilitate quality counselling during family planning consultation



It comprises three key tools/job aids which guides the service provider to ensure the client makes an informed choice

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Session overview



Equipment and materials required for client evaluation



Preparation of the client for evaluation



Steps in performing specific examinations



Laboratory tests that may be required in family planning

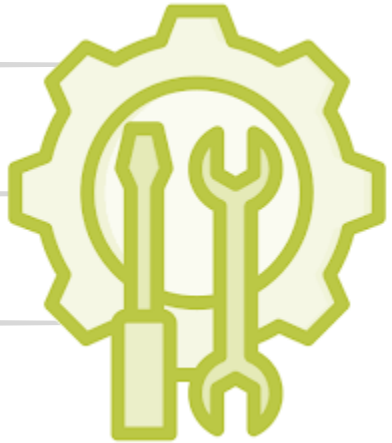
Learning Objectives

At the end of this session, Participants will be able to;

1. Identify the equipment and materials required for Family Planning(FP)/Child Birth Spacing(CBS)
2. Be familiar with the preparation of the client for FP/CBS
3. Know the steps in performing specific examinations
4. Know the laboratory tests that may be required in family planning

Equipment

Blood pressure apparatus	Sims/Cusco's Speculum (bi - valve)
Stethoscope	Gallipot for lubricant
Weighing scale	Sponge holding forceps
Torch/angle-poised lamp	Torch/angle-poised lamp
Pedal Bin for soiled dressings	Kidney dish
Trolley	Examination couch
Bowl for lotion/water	Gloves
Bowl for cotton wool/gauze	Bucket for HLD



Materials and consumables

- Laboratory request forms
- Glass slide
- Wooden spatula for cervical smear
- 95% alcohol
- Acetic acid
- PT strip
- HIV strip
- Hydrochloride
- Brush and soap



Preparation of clients



1

Ensure the client's comfort and privacy



2

Explain every procedure to the client



3

Ask client to empty bladder



4

Wash hands with soap and water before and after examining the woman (or having any direct contact)

History Taking

1.1	Source of referral
1.2	Client profile
1.3	Social habit history
1.4	Medical history
1.5	Gynecological/Obstetrical history
1.6	Sexual history
1.7	Contraceptive history

Discussions

1) How to perform self breast examination

2) How to examine the breast in the clinic

Steps In Performing Physical Examination

General examination

- Observe the gait, facial expression, pronounced disability or obvious ill-health
- Check temperature, pulse, respiration rate, BP, weight and record



Breast examination

- There are two positions for breast examination – standing and lying.

Laboratory Investigations

- Pregnancy test to confirm pregnancy
- During speculum examination, obtain laboratory specimen for:
  - Pap smear
  - HVS for M/C/S



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Session overview



Types of family planning method



Advantages and disadvantages of the various method



The various methods of family planning



How to offer family planning

Learning Objectives

At the end of this session, Participants will be able to;

1. To understand the various methods of family planning
2. To understand the advantages and disadvantages of the various methods
3. To know the various methods of family planning
4. To offer family planning services seamlessly

WHO recommends that mothers should wait for an interval of at least 24 months before attempting next pregnancy

World Health Organization

Family Planning/Child Birth Spacing Methods

1

Natural Family Planning/Child Spacing Methods



2

Short Term Methods





4

Permanent Methods



Long Acting Methods

3

Natural Family Planning/Child Spacing methods

1. Calendar Method
2. Basal Body Temperature (BBT) Method
3. Cervical Mucus Method
4. Sympto-thermal Method
5. Standard Days Method (Cycle Beads)
6. Lactational Amenorrhea Method (LAM)



Short Acting Methods

Barrier methods



- Male and female condoms
- Spermicidal

Hormonal methods



- Pills (ECs, COCs and POPs
- Injectables (DMP, Noristerat, Cyclofem and Megiterat

Long Acting Methods

Long acting methods



- Jadelle (double rod)
- Implanon (single rod)
- Intra-Uterine contraceptive device (IUCD)

Permanent Methods

Permanent methods (Voluntary surgical contraception)



- Bilateral Tubal Ligation (BTL)
- Vasectomy

Management of Side Effects

1 Each service provider should be equipped to manage side effects of family planning

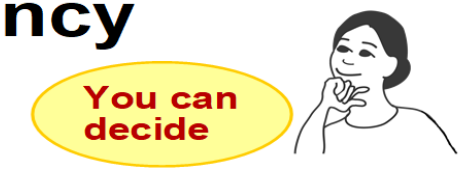
2 Refer to relevant page of the manual to discuss management of side effects, possible complications and how to address them



Dual Protection

The World Health Organization has recommended some options to prevent pregnancy and protect individuals from STIs and HIV

Ways to Avoid Both Pregnancy and STIs/HIV



Options using family planning:

1 Condoms



Male condoms OR *Female condoms*

2 Condoms AND Another family planning method

For example:

AND



3 Any family planning method WITH Uninfected partner



Some other options:

4 Other safe forms of intimacy



5 Delay or avoid having sex



Source: WHO, 2005.

Medical Eligibility For Contraceptive Use In Women



Evidence-based intervention



Process of improving quality of care in FP



Contraceptive methods available



Safety of each contraceptive method is determined in the context of the medical condition of client



Safety of method should be weighed along the benefits of preventing unwanted pregnancy

WHO Eligibility Criteria For Contraceptive Use

Category	Description	When clinical judgment is available
1	No restriction for use	Use the method under any circumstances
2	Benefits generally outweigh risks	Generally use the method
3	Risks generally outweigh benefits	Use of method not usually recommended, unless other methods are not available/acceptable
4	Unacceptable health risk	Method not to be used unless other methods are not available

WHO Eligibility Criteria Examples

Category	Contraceptive method	Medical condition/Characteristic
1	COCs	Uterine fibroids
2	IUDs	Anaemia
3	DMPA	Breastfeeding a baby less than 6 weeks postpartum
4	Hormonal implants	Current breast cancer

Key Messages

There are **four** categories of child birth spacing methods which include **Natural** methods, **short acting** methods, **long acting** methods and **permanent** method



Every woman **must** be evaluated for the method that **suits** her taking into the cognizance her **desires** and the **side effect** profile



Remember there are at least **19** Contraceptives in use so offer as many as are available at your clinic



Always use the **WHO eligibility criteria** to help determine what contraceptives are appropriate

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Session overview



The importance of male involvement in Family Planning



The roles of men in Family Planning



The barriers to male involvement in Family planning



Methods that could be used to motivate men to be involved in Family Planning

Learning Objectives

At the end of this session, Participants will be able to;

1. The importance of male involvement in Family Planning
2. The roles of men in Family Planning
3. The barriers to male involvement in Family planning
4. The methods that could be used to motivate men to be involved in Family Planning

Importance of Male Involvement in Family Planning

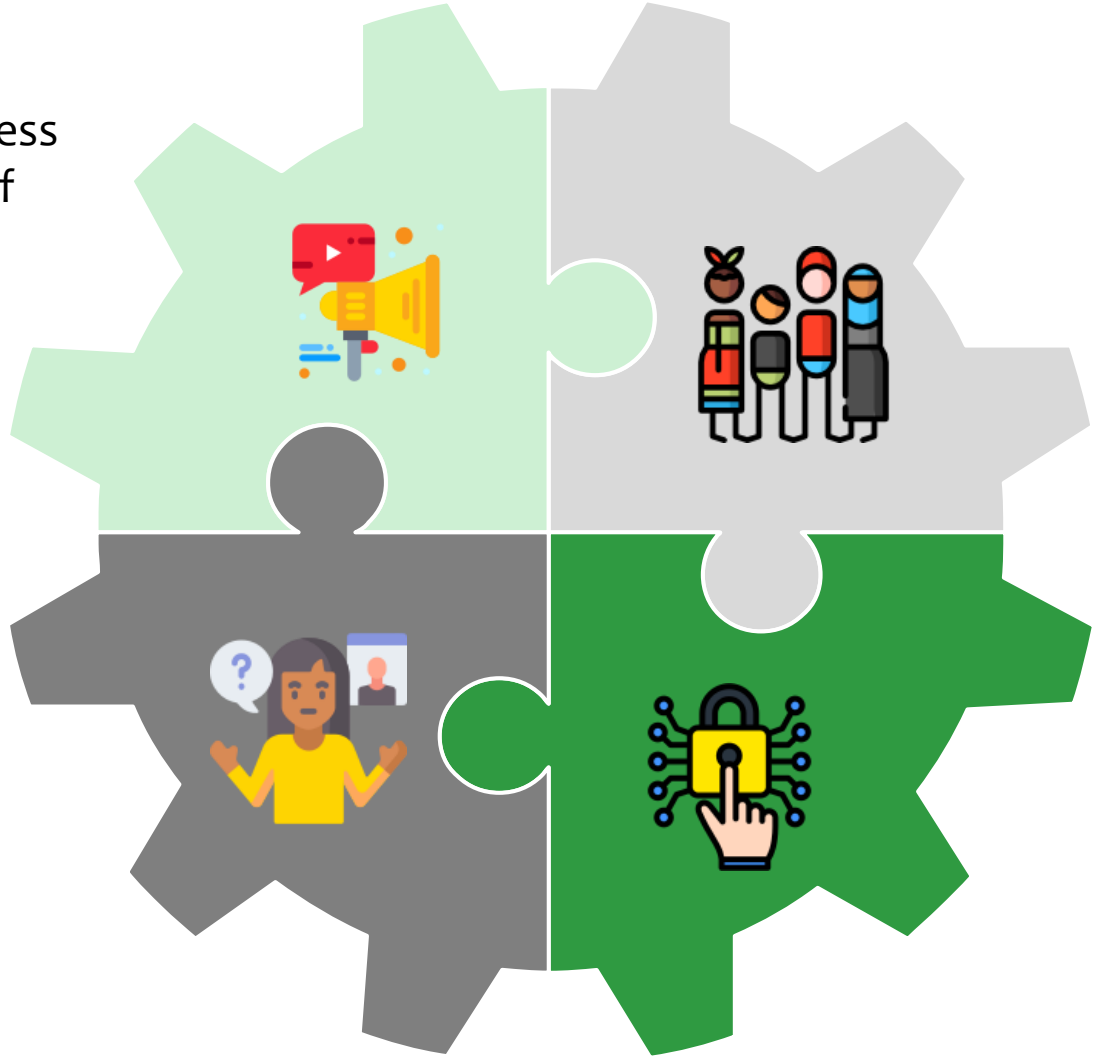


1. Men are an underserved audience in FP services
2. In some cultures men decide whether women can or can not access contraceptive services
3. Secure male recognition and acceptance of FP and RH issues within the community
4. Enables men share responsibilities with their partners and the need for child spacing

Barriers To Male Involvement

1 Low level of awareness about the benefits of family planning

2 Cultural and religious factors



4 Lack of couple communication and trust in counselling

3 Lack of availability/accessibility of family planning services and supplies either due to distance or men dedicating more time to economic activities

Roles of Men in Family Planning

Roles

Increasing the uptake of contraceptive methods

Support their partner's/spouse's contraceptive use:

- By reminding their partner's/spouse's about appointments and when to take pills or injections
- By visiting the FP clinic with their partners/spouses

The Use the forum of FP and RH to promote gender equity as well as women and men's social roles

Methods of Motivating men

Activities that might motivate men

1.1	Targeting male-only groups for dialogue on FP
1.2	Using male peer educators to educate men
1.3	Using traditional and religious leaders to provide information
1.4	Special health facility times for men
1.5	Couple counselling
1.6	Condom promotion programmes
1.7	Support their partners/spouses FP decision
1.8	Advocate to their fellow men on FP
1.9	Accompany their partners/spouses to the HF
2.0	Provide financial support for their partners/spouses to go for FP services
2.1	Cooperate with their partners/spouses if natural FP methods are being used

Key Messages



Men are primary decision makers on family size and family planning



Interspousal communication and contraceptive decision-making positively affects contraceptive uptake and continued use



Addressing myths and misconceptions is necessary to increase family planning uptake



Low awareness on family planning among men is a major factor for poor male involvement in family planning

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Session overview



Unique needs and vulnerabilities of adolescents



The roles of men in Family Planning



Appropriate approaches and techniques in relating with adolescents

Learning Objectives

At the end of this session, Participants will be able to;

1. How to create awareness about the unique needs and vulnerabilities of adolescents
2. How to provide effective, evidence based ASRH service provision
3. How to provide guidance on appropriate approaches and techniques in relating with adolescents

Definitions

Adolescents are young people transitioning from childhood to adulthood

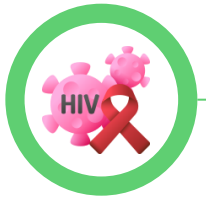
Adolescence is commonly defined by age (10 to 19 years old), and as a life stage characterized by rapid physical, social, emotional and cognitive changes

They have a high burden of maternal mortality and morbidity with one of the highest rates of unmet need for family planning.



Introduction

Adolescents are;



Vulnerable to contracting HIV and other STIs

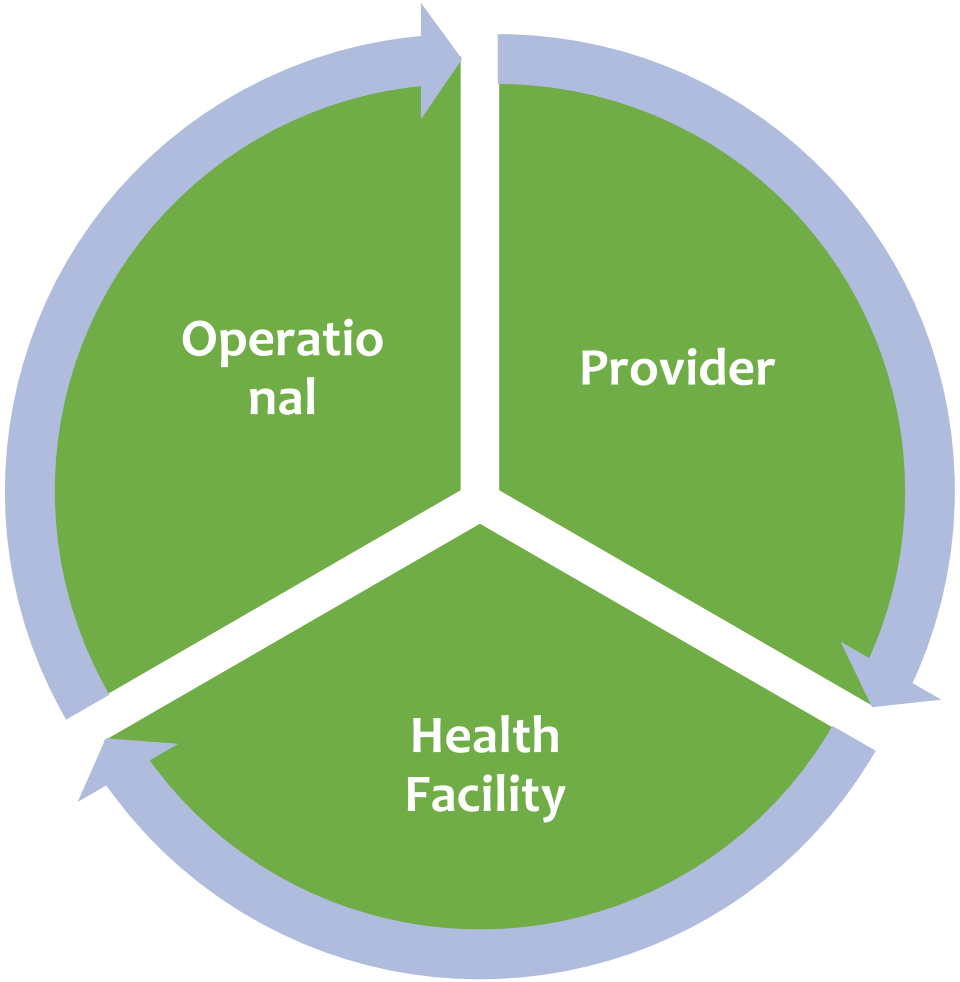


Exposed to sexual violence especially in humanitarian emergencies



Typically do not have access to high quality sexual and reproductive health information and services.

CHARACTERISTICS OF ADOLESCENT FRIENDLY RH SERVICES



Operational Characteristics



Have a **written guideline** on provision of adolescence FP/RH services



Ensure provision of **wide range** of **RH services** (FP, STI treatment and prevention, HIV counselling and testing, ante- and post-natal care, delivery care)



Availability of wide range of **FP methods** including **LARC** and **condoms** for young men and women



Make available FP/RH **educational materials, posters** or **job aids** on site, which are designed to reach adolescents



Ensure **referral mechanisms** are in place (for medical emergencies, for mental health and psychosocial support, etc.)



Ensure adolescent-specific **indicators** are **monitored** on a **regular** basis (e.g. number of adolescent clients, disaggregated by age and sex



Encourage the **involvement** of adolescence (female and male) in the **design**, **operation** and **monitoring** of services of the health facility

Provider Characteristics

- Ensure **providers** are **trained** to provide adolescent-friendly services
- Ensure **all** staff is oriented to provide **confidential** adolescent-friendly services
- Ensure **privacy** and **confidentiality** of adolescence client
- Dedicate **sufficient time** for **client-provider** interaction for adolescence client
- Listen **carefully** and ask **open ended** questions
- Use **simple** terms and **avoid** medical terms
- Use terms that **suit** young people
- Avoid being **judgmental** and **prescriptive**
- Ensure their **choices**, **rights** and **power** to make decisions about sex are respected



Health Facility Characteristics

- Give **priority** to **flexible** facility op**ening hours** that are convenient for adolescents
- Dedicate **specific** clinic times or spaces for **adolescents**
- Ensure **FP/ RH services** offered for **free**, or at rates **affordable** to adolescents
- Ensure a **separate**, **discreet**, entrance for are treated within the same facility /structure
- Ensure there is a **transparent**, and **confidential** mechanism for adolescents to submit **complaints** or **feedback** about SRH services at the facility
- Ensure **counseling** and **treatment** rooms allow for **privacy** (both visual and auditory
- Develop and ensure health provider adhere to a **Code of Conduct** with regards to dealing with adolescents.





Key Messages



The adolescent age group is one with a lot of biological and psychological challenges



The adolescent age group is one with a lot of biological and psychological challenges


Thank
you