



## **MALE PEER EDUCATORS' REFRESHER COURSE**

## **TRAINING MANUAL**

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## **Integrated Population and Coastal Resource Management Initiative (IPOPCORM)**

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

The three objectives of the project are: 1.) to improve RH outcomes among people living in coastal communities, 2.) to enhance management of coastal resources at the community level, and 3.) to increase public and policy makers awareness of population-consumption-environment linkages and solutions to inter-related problems.

The beneficiaries are the fisherfolks and members of their sexual network, the youth, and the entrepreneurs specifically to address the unmet needs on Human Sexuality information, education and communication, and Reproductive Health services including STD and AIDS prevention education, contraceptives management, and FP. Similarly, the youth are assisted to become future stewards of the environment, and entrepreneurs who profit from the natural resources, encouraged to create economic livelihood that are environmentally friendly.

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

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



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# TRAINING CURRICULUM

## Purpose:

This one-day refresher course has been designed for Community Health Outreach Workers (CHOWs) as a guide in conducting refresher training for IPOPCORM Male Peer Educators (MPEs) previously trained on Male Sexuality and Reproductive Health. This curriculum will aid the CHOWs in providing a review on previous topics discussed, strengthening integration of Family Planning, Coastal Resource Management and Economic Enterprise, and discussing issues encountered with clients and other community members in implementing Peer Education.

## Content:

This training curriculum contains different sessions as follows: Integration of Family Planning, Coastal Resource Management and Economic Enterprise, Basic Concepts in Family Planning, Contraceptive Methods, Issues in Implementing Peer Education, and Case Studies where learning from the course is applied.

Topics/Exercises	Duration
<p><b>Module 1: Integration of Family Planning, Coastal Resource Management and Economic Enterprise</b></p> <p>Purpose: To illustrate the combined roles of FP, CRM and Economic Enterprise in the community's food security and general welfare</p>	1 hour, 45 minutes
<p><b>Module 2: Basic Concepts in Family Planning</b></p> <p>Purpose: To discuss the basic concepts in Family Planning</p>	1 hour
<p><b>Module 3: Contraceptive Methods</b></p> <p>Purpose: To review the features of the different contraceptives available, and dispel myths and misconceptions</p>	2 hours
<p><b>Module 4: Issues in Implementing Peer Education</b></p> <p>Purpose: To clarify issues that MPEs encounter with clients and other community members in implementing Peer Education</p>	1 hour

<b>Module 5: Case Studies</b> Purpose: To enable the participants to apply the learning from the course	1 hour

**Conduct of the Training:**

***Participants***

The participants are active MPEs who have been trained previously on the curriculum for IPOPCORM Male Peer Educators. The ideal number of participants ranges from 6 to 20. The schedule of the training should be adapted to the situations and circumstances of the participants.

***Facilitators***

The CHOWs from the different organizations involved in the I-POPCORM Initiative can use this training curriculum for MPEs. They should initially have undergone a Training of Trainers on the MPE Refresher Curriculum and are currently doing community health outreach work in their respective project sites. Moreover, they have to employ what they have learned from past trainings.

***Methodology***

The sessions are both didactic and experiential. This way the participants are able to learn both the information and the skills that would be helpful in implementing Peer Education.

The conduct of the training sessions could be done in resource-poor settings and can be adapted according to the conditions prevalent in the participants' community.

***Language***

The training should be conducted in the local dialect. The trainers can consider other information, education and communication (IEC) materials that are appropriate to the participants for reference.

***Training Schedule***

The training schedule should be adaptable to the particular situations and circumstances of the participants. The training curriculum is designed to be completed in one day.

An example of a training schedule is shown below:

<b>Time</b>	<b>Activity</b>
8:00 - 8:30	Registration Introductions and Expectations Course Objectives Schedule House Rules
8:30 -10:15	Integration of FP, CRM and Economic Enterprise
10:15 - 10:30	Break
10:30 - 11:30	Basic Concepts in Family Planning
11:30 - 12:30	Contraceptive Methods
12:30 - 1:30	Lunch
1:30 - 2:30	Contraceptive Methods (Continuation)
2:30 – 3:30	Issues in Implementing Peer Education
3:30 - 3:45	Break
3:45 - 4:45	Case Studies
4:45 - 5:00	Evaluation and Closing Activity

# INTEGRATION OF FAMILY PLANNING, COASTAL RESOURCE MANAGEMENT AND ECONOMIC ENTERPRISE



**Purpose:** To illustrate the combined roles of Family Planning, Coastal Resource Management and Economic Enterprise in the community's food security and general welfare

## ***Exercise 1: A Plateful of Fish***

**Time:** 1 hour

**Materials:** manila paper, marking pens, adhesive tape, scissors, visual aids

**Instructions:** Choose volunteers for the role-playing. Enact the story that follows:

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

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

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

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

*Danny and Lisa are worried and scared. There are too many mouths to feed. There may not be enough resources from the sea to sustain them.*

**Processing:** Divide the participants into 3 groups. Give them 10 minutes to answer the following:

- What recommendations are you capable of accomplishing to avoid the problems associated with the depletion of coastal resources and rapid population growth seen in the role-playing?
- What would be the advantages *to the population*, of managing the health of the family through Family Planning? *to the coastal resources*?
- Do you think there is a need to link management of the health of the family through Family Planning to the management of coastal resources (CRM)? If no, why not? If yes, why? What is the link? What will be the benefits?

Ask a member of each group to report on their group's discussion. Post Manila paper and list down their outputs. Go through the list and summarize.

## ***Exercise 2: Balancing Act***

**Time:** 45 minutes

**Materials:** 2 budget worksheets (attached), 2 folded pieces of paper each containing a different scenario and set of written instructions (attached), pencils and paper, Manila paper, marking pens, adhesive tape, scissors, visual aids

**Instructions:** Ask the participants to form two groups. Ask for one volunteer from each group. Each volunteer will pick one of the two folded pieces of paper containing the scenarios/instructions. Ask each volunteer to read the scenarios/instructions aloud, and follow the instructions written.

**Processing:** Ask the participants to discuss budgeting difficulties (if any) that were encountered. Ask them to determine the factors contributing to the difficulties and how problems like these could be avoided in the future. Also ask the participants to describe their feelings (if any), when budgeting money for the household in real life.

### INSTRUCTIONS/SCENARIO #1

The father is a small-scale fisher and the mother is a fulltime homemaker. The only source of family income is fishing. They have 5 children with ages 10, 9, 7, 5, and 3 years old. The first three children are enrolled at the public school.

Discuss first what the household's major needs are, what each family member needs, and how much these would cost. Then determine how much the father earns from fishing monthly. Budget the family's monthly expenses based on the father's income.

Fill up the budget worksheet provided.

### INSTRUCTIONS/SCENARIO #2

The father is a small-scale fisher and the mother is a fulltime homemaker. The only source of family income is fishing. They have 3 children with ages 10, 7, and 3 years old. The first two children are enrolled at the public school. Recently, they have been offered to avail of a loan in the amount of PhP 4,000.00 at 3% monthly interest as seed capital for an economic enterprise of their choice.

Discuss first what the household's major needs are, what each family member needs, and how much these would cost. Then determine how much the family will earn monthly from fishing, and from the chosen economic enterprise. Budget the family's monthly expenses based on their income.

Fill up the budget worksheet provided.



## Discussion Points:

- Family Planning (FP) has conventionally been a woman's domain while CRM programs are considered to be the realm of men. Men should be tapped not only in the conservation of coastal resources but should also be involved in FP and in the reduction of population pressure. Men should be brought in the forefront of FP as service providers/educators/advocates in order to increase contraceptive-use, address men's needs, and promote more equitable relations between sexes. It is high time to integrate and target men in all FP/RH activities because the process of reproduction and decision-making relies on both sexes.
- The on-going population pressure and the inadequate food supply affect the health and well-being of the people. There is a need to ensure food security. Food security provides the link between Family Planning and Coastal Resource Management.
- Rapid population growth and migration to coastal areas result in continuous increase in commercial and municipal fishing efforts. As population pressure increases, over-fishing and habitat destruction are resulting in decreasing fish stocks.
- As the population and demand for coastal resources continue to grow, environmental limits will become increasingly apparent. Environmental crisis can be avoided if steps are taken now to conserve and manage supply and demand better, and by slowing population growth through the provision of information and services needed to make informed choices about Reproductive Health. Family Planning plays a key role.
- The cycle of food insecurity and poverty will be broken only when all rural coastal people have the means to generate income or resources to produce for their needs.
- Men and women need to be alerted to the threats that environmental degradation and increasing population pressure pose to food security. They need to be informed on the need for integration of population and coastal resources management initiatives, and get their involvement in undertaking the initiatives for the preservation of the coastal resources and the environment, and improvement of their standard of living for their food security.

# BASIC CONCEPTS IN FAMILY PLANNING



**Purpose:** To discuss the basic concepts in Family Planning

**Time:** 1 hour

**Materials:** manila paper (or meta-cards), marking pens, adhesive tape, visual aids

**Method:** Ask the participants what they understand about Family Planning and list down their answers on manila paper. Ask them also about the benefits of Family Planning and also list these down on a separate sheet of Manila paper. Meta-cards can also be used instead, where participants can be the ones to write their answers. Refer to the lists generated, and ask the participants to explain how they understand the different concepts and to cite some examples of what they see in their community. Conduct a lecture-discussion using the following notes:

## ***Philippine Situation***

Fast population growth:

1995: growth rate of 2.32% (1.6 million Filipinos are born every year)

2000: growth rate of 2.36% (1.8 million Filipinos are born every year)

30 births every 1000 population

7 deaths every 1000 population

Rank 13: most populated country in the world

Rank 7: most populated country in Asia

## ***Basic Concepts***

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

Voluntary and positive action of couples to plan and decide the number of children they want and when to have them

Achieved by using legal and medically-accepted contraceptive methods

Spaces or limits childbearing when family size is attained

Helps childless couples to have children

## ***Benefits of Family Planning***

Family Planning (FP) benefits individuals, couples and communities in many ways. Among the most important are the following:

A. Ensures health and well being of family members:

1. Women's lives are saved:

Avoiding unsafe abortion - FP could avoid most of the maternal deaths that result from unsafe abortion because of unintended/unwanted pregnancies.

Limiting risks of pregnancy and childbirth - Every pregnancy presents health risks. Pregnancy may aggravate pre-existing medical conditions such as cardiovascular diseases (e.g. hypertension, valvular heart disease), diabetes, malaria, tuberculosis and hepatitis. A woman avoiding pregnancy by using contraceptives consistently and correctly, helps protect herself from exposure to pregnancy and childbirth risks especially if quality obstetrical care is not available.

Limiting birth to the safest age range - The use of contraceptives can delay pregnancy at such a young age. It can also help older women avoid health risks that are associated with aging. Pregnancy is safer between ages 20-40 years old.

Having fewer births - The increased risk for maternal complications with more than four births, are avoided with contraceptive-use.

2. Children's lives are saved:

Spacing births is beneficial to children - Spacing pregnancies more than two years apart helps women achieve healthier children and increases their chances of survival. A baby born too soon (less than 24 months from previous birth of mother) is vulnerable to diseases since the mother has not yet fully recovered from vitamin depletion, blood loss, and reproductive tract damage/trauma and healing.

Limiting pregnancy to the healthiest ages - Birth defects, low birth weight, malnutrition, and slower physical development and growth of the infant are more likely to occur in pregnancies below the age of 20 or beyond 40 years old.

Birth spacing assures that babies are adequately breastfed - Breastfeeding the infant for at least six months, helps guard the infant against infections/illnesses and death from diarrhea and respiratory complications.

3. Assists women to have more choices:

FP empowers women by enabling them to choose the number and timing of their births - Control over their own childbearing can open opportunities to more education, employment, and social development.

Enables women to go to school - The two most common reasons why young women do not complete secondary education, are marriage and pregnancy.

4. Families with fewer children are more likely able to provide education among their daughters and sons - The family's resources tend to be distributed more equally among sons and daughters.

5. FP programs play an important role in preventing Sexually-Transmitted Disease:

FP programs provide communication, education and counseling that encourage adoption of safer sexual behavior - This would include delaying sexual initiation, monogamy, and condom-use.

Promotes responsible sexuality among youth - Sex education programs and human fertility awareness through FP programs help young people receive accurate information about Sexuality and Reproductive Health (RH). These may assist them to remain healthy.

Involving men in FP programs benefits the whole family - It is a good strategy in encouraging men partners to share responsibility for RH decisions. Couples who talk to each other about family planning and RH reach healthier decisions. They are more likely to use contraceptives effectively.

B. FP contributes to protection of the environment by slowing population growth:

1. Providing quality FP information and services can help people (especially along coastal areas) have smaller families they prefer, can lead to fertility reduction and decrease in population growth. These would ease human pressures on the environment.

2. Slowing population growth would help ease demand for freshwater supplies and arable land, avoid air and water pollution, and reduce competition for scarce resources.

C. FP programs play an important role in economic and social development:

1. When couples have fewer children, population growth slows. When this occurs, developing countries are better able to invest more in education, health care,

and other improvements. Investment per capita increases with a slow population growth.

2. Practice of FP also protects the personal values, religious beliefs, and family resources.
3. FP programs provide information and various contraceptive choices that are suited to the distinct values and beliefs of every couple.

# CONTRACEPTIVE METHODS

**Purpose:** To review the features of the different contraceptive methods available, and dispel myths and misconceptions

**Time:** 2 hours

**Materials:** Samples of Condom, Paraan Dos, and Pills, manila paper, marking pens, adhesive tape, visual aids

**Instructions:** On separate pieces of manila paper, write each of the following: *Condom, Vasectomy, Withdrawal, Calendar, Paraan Dos, Pills, and BTL*, and post these around the training area. Divide the participants into 7 groups and assign one group to each method. Ask them to list down all they know about the method, what they have heard others say about the method, and questions they would like to ask about it. After 10 minutes, let the groups go around the other methods worked on by other groups and add more facts, rumors, and questions, until all groups have gone through all the different methods. Review their answers and ask them whether the rumors identified are true or not, and why. Discuss the different methods and correct myths and misconceptions, using the information provided below. For Condom, demonstrate proper use then make participants demonstrate in return.

CONDOM	
<b>What is it?</b>	Rubber device worn over the erect penis during sex A barrier method
<b>How does it work?</b>	Prevents sperm from entering the vagina
<b>How effective is it?</b>	Highly effective, if used correctly and consistently
<b>Advantages</b>	Easy to use Temporary Can serve as back-up method Can protect from STD/HIV

<b>CONDOM</b>	
<b>Disadvantages</b>	Interrupts sex Can break easily if not stored properly One-time use only Allergy
<b>Indications</b>	For couples at risk of STD/HIV For women needing back-up method

**Condom-use Instructions:**

Carefully open the package so the condom does not tear.  
 Squeeze tip of condom and place over head of hard penis.  
 Continue squeezing tip while unrolling condom downwards until it covers entire penis.  
 Always put on condom before entering partner.  
 After ejaculation, hold rim of condom and withdraw penis before it gets soft.  
 Slide condom off without spilling semen inside the vagina.

**Condom Care:**

Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted, or damaged.  
 Keep in a dark, dry place, away from sunlight, moisture, and heat.  
 Do not keep condom in a tight pocket or in a wallet for a long period - these are too hot.  
 Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms. Oil causes the condom to break. Use water-based lubricants.  
 Do not use teeth or other sharp objects to open the package - these may tear the condom. Tear the package open carefully, using the guide in the package.  
 Do not pull the condom tight over the head of the penis - it may cause the condom to burst. Squeeze air out of the tip of the condom before putting 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 the erect penis.  
 Do not wash and attempt to reuse a condom - it may break. Use condoms once and dispose properly. Keep new supplies.

<b>VASECTOMY</b>	
<b>What is it?</b>	Permanent sterilization for men who do not want any more children
<b>How does it work?</b>	Tubes (vas deferens) that carry sperm from the testes to the urethra of the penis are cut
<b>How effective is it?</b>	Highly effective
<b>Advantages</b>	Highly effective Safe Convenient Single procedure
<b>Disadvantages</b>	Surgical Permanent Requires training of provider Does not protect from STD/HIV
<b>Indications</b>	For those who no longer want to have any more children

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

<b>CALENDAR</b>	
<b>What is it?</b>	The duration of the woman's last 6 cycles is recorded and the duration of her fertile days is determined
<b>How does it work?</b>	Abstinence from sex during fertile days to avoid pregnancy: First day of probable fertile period – length of shortest cycle minus 18 Last day of probable fertile period – length of longest cycle minus 11
<b>How effective is it?</b>	High failure rate
<b>Other facts:</b>	Does not prevent transmission of STD/HIV Traditional and common in rural communities

<b>SAFER SEX</b>	
<b>What is it?</b>	Any sexual activity that does not allow exchange of body fluids
<b>How does it work?</b>	Prevents union of egg and sperm
<b>How effective is it?</b>	Effective in preventing pregnancy and transmission of STD/HIV
<b>Other facts:</b>	Health service providers should support the choice and teach negotiating and planning skills for using safer sex methods effectively

<b>ABSTINENCE</b>	
<b>What is it?</b>	Avoiding sex or sexual activities with another person
<b>How does it work?</b>	Prevents union of egg and sperm
<b>How effective is it?</b>	Effective in preventing pregnancy and transmission of STD/HIV
<b>Other facts:</b>	Health service providers should support the choice and teach negotiating and planning skills to avoid sex effectively

<b>PARAAN DOS</b>	
<b>What is it?</b>	It is a safe and effective way to prevent an unwanted pregnancy within 72 hours or 3 days after unprotected sex. It should not be used as a regular contraceptive method. Uses existing emergency contraceptive pills
<b>In what cases can a client use Paraan Dos?</b>	<p>Paraan Dos is suitable for a woman who has had any of the following:</p> <ul style="list-style-type: none"> <li>Rape/sexual assault or other non-consenting sexual intercourse</li> <li>Unprotected sexual intercourse</li> <li>Contraceptive-use errors</li> <li>Missed pills (if she forgets to take for more than 2 days in a row)</li> <li>Miscalculated safe days with Natural Family Planning Method</li> <li>Contraceptive accidents (ex. condom breakage or slippage, IUD expulsion)</li> </ul>

<b>PARAAN DOS</b>	
<b>What are the directions for using Paraan Dos?</b>	Initially, determine if the client had unprotected sex within 72 hours or 3 days before the consultation. Determine also if the pregnancy is unwanted. If there is risk for unwanted pregnancy and unprotected sex occurred within 72 hours or 3 days, provide Paraan Dos upon informed consent of the client. Provide the necessary take-home messages. Remind the client to follow-up with a physician.
<b>How does Paraan Dos work in preventing pregnancy?</b>	Prevents ovulation and fertilization Changes the lining of the uterus (endometrium) making it not suitable for implantation of a fertilized ovum
<b>How effective is Paraan Dos?</b>	Effective when used correctly. If 100 women have sex during mid-cycle, 8 would become pregnant. With an emergency contraceptive pill, only 2 would become pregnant.
<b>What are the side effects of Paraan Dos and how are these managed?</b>	Nausea - Take pills with food or milk, or take an anti-emetic one hour before taking Paraan Dos. Vomiting - Repeat dose if vomiting occurs within 2 hours of taking Paraan Dos. Irregular bleeding - Refer if menstruation is delayed. Breast tenderness, headache, dizziness and fatigue - Non-prescription pain relievers can be used to reduce discomfort.

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

1. Contraceptive methods that can be started immediately: Condom and Spermicides
2. Contraceptives that can be started during the next menstrual cycle:

Oral contraceptive - can be started on or before the 5<sup>th</sup> day of the next menstrual cycle; should use a condom or abstain from sex for the remainder of the current cycle

Injectable contraceptive - can be given on or before the 5<sup>th</sup> day of the next menstrual cycle

IUD - should be inserted during the week of the next menstruation

Natural Family Planning - should be started after the onset of menstruation if there are no bleeding irregularities

Sterilization - should only be performed when it is clear that this method has been freely chosen and the client is fully aware of the issues involved

### **Important to Remember:**

Paraan Dos is not effective once a fertilized egg is implanted.

Paraan Dos cannot be used to disrupt an established pregnancy.

Paraan Dos has no known adverse effects on the development of an established pregnancy.

Oral contraceptives do not cause fetal malformations or congenital defects.

Paraan Dos is considered very safe. In the more than 20 years that Paraan Dos has been used, no deaths or serious medical complications have been reported.

### **Issues Related to the Use of Paraan Dos:**

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

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

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

**STD and HIV.** Message that Paraan Dos does not protect against STD or HIV infection should be a part of the counseling session when providing Paraan Dos treatment.

**Stress.** Clients may feel particularly anxious after unprotected sexual intercourse due to:

- fear of becoming pregnant
- worrying about missing the 72-hour window of opportunity for Paraan Dos
- embarrassment at failing to effectively use contraception
- general embarrassment about sexual issues
- rape-related trauma
- concern about HIV
- a combination of the above factors

Note: For these reasons, maintaining a supportive atmosphere during counseling is especially important.

<b>COMBINED ORAL CONTRACEPTIVE PILL</b>	
<b>Examples of Product Names</b>	Trust, Lady, Nordiol, Logynon, Femenal, Diane 35, Nordette, Minulet, Micropil, Logentrol
<b>How does it work?</b>	Prevents ovulation No meeting of egg and sperm Alters uterine lining preventing implantation
<b>How effective is it?</b>	Very effective when used correctly
<b>Reasons for failure</b>	Improper use Proper instructions not provided Drug interaction Vomiting/diarrhea Expired pills
<b>Advantages</b>	Very effective with correct use Temporary, not permanent Does not interfere with sexual intercourse Protects against cancer of the ovary and lining of the uterus Reduces painful menstruation, anemia, mood changes before menstruation No harm to women who breastfeed 6-month old babies and above
<b>Disadvantages</b>	Needs regular and adequate supply Success depends on client No protection from STD/HIV Last choice for breastfeeding women
<b>Indications</b>	Those who want effective, temporary method Anemic women with too much menstrual bleeding Couples who want birth-spacing History of ectopic pregnancy History of ovarian cancer in the family Breastfeeding women who do not want to get pregnant

## COMBINED ORAL CONTRACEPTIVE PILL

### Side effects

Spotting  
 Nausea  
 Headache  
 Depression  
 Weight gain  
 Breast tenderness  
 Loss of sex drive  
 Acne  
 Darkening of skin  
 No menstruation  
 Menstrual irregularities/ spotting

**Remember:** *Side effects* of pills are the common, minor, non-alarming and non-life-threatening discomforts experienced by a pill user. These are temporary signs and symptoms that a first-time pill user may or may not experience. The user will not experience all of the side effects. The side effects may last 3 months on the average, from the time of use. If they persist, it is recommended that the user consult a physician.

### Danger signs

J - aundice or yellowish discoloration of skin and eyes  
 A - abdominal pain  
 C - chest pain, cough, shortness of breath  
 H - headache, dizziness, weakness, or numbness  
 E - eye problems (doubling/loss of vision)  
 S - speech problem, severe pain in the calf (clot)

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

## COMBINED ORAL CONTRACEPTIVE PILL

<b>Screening check list</b>	<p>Ask the potential client the following questions:</p> <p>Is your menstruation regular but is now delayed? Have you ever had a problem with continuous bleeding? Do you have chest pains or have you been diagnosed as having heart disease? Do you smoke and are over 35 years old? Do you often have very bad headaches with blurred vision? Do you have lumps that do not disappear especially in your breasts? Do you have high blood pressure? Do you have Diabetes? Do you have any unusual vaginal bleeding between menstrual periods? Have you had liver disease (yellowish discoloration of the skin and eyes)? Are you now taking medications for Tuberculosis or a fungal infection? Are you breastfeeding a baby under 6 months old?</p> <p>If client answers "yes" to #1, advise pregnancy test. If "yes" to #s 2-12, refer to a clinic.</p>
<b>Client specific instructions</b>	<p>Ask what she knows about COCs. Explain how COCs work to prevent pregnancy. Show the type of pills she will take (21- or 28-day). Explain potential side effects common during the first three months. Screen client for COC precautions. Provide the pills and give instructions:</p> <ul style="list-style-type: none"><li>- show how to take the pill out of the packet</li><li>- show how to follow the directions or arrows in the packet</li><li>- take the pill by mouth everyday at a fixed time</li><li>- start taking the pill on or before the 5<sup>th</sup> day of menstrual cycle or use specific instructions in the packet</li><li>- if she uses 28-day cycle, start a new pack after she finishes the previous packet without stopping</li><li>- if she uses 21-day packet, stop for 7 days before starting a new packet</li></ul>

## COMBINED ORAL CONTRACEPTIVE PILL

	<p>Provide her with back-up method (explain how and when to use) during the first month of regular COC pill-use.</p> <p>Explain in a non-alarming way possible danger signs.</p> <p>Ask client to repeat instructions, including that for missed pills.</p> <p>Remind to store away from children.</p> <p>Explain that COCs do not provide protection from STD/HIV.</p> <p>Follow-up</p>
<b>In cases of missed pills</b>	<p>If misses 1 pill: Take missed pill at once &amp; the next pill at the regular time, then take the rest as usual.</p> <p>If misses 2 pills: Take 2 pills as soon as she remembers &amp; 2 pills the next day, then take the rest as usual. Use a back-up method for 7 days.</p> <p>If misses more than 2 pills:</p> <ul style="list-style-type: none"><li>- Throw away packet.</li><li>- Start a new one on or before the 5<sup>th</sup> day of the next menstrual cycle.</li><li>- Use a back-up method for 1 month.</li></ul> <p>If menstrual period does not begin within 4 - 6 weeks, see a physician for pregnancy test.</p>

<b>BILATERAL TUBAL LIGATION</b>	
<b>What is it?</b>	Permanent sterilization for women
<b>How does it work?</b>	Tubes (fallopian) that carry eggs from the ovary to the uterus is cut
<b>How effective is it?</b>	Highly effective
<b>Advantages</b>	Highly effective Safe Convenient Single procedure
<b>Disadvantages</b>	Surgical Permanent Requires training of provider Does not protect from STD/HIV
<b>Indications</b>	For those who no longer want to have any more children For those whose lives are endangered by pregnancy

**Common myths/misconceptions and proper responses:**

Myths/ Misconceptions	Responses/Answers
<b>VASECTOMY</b>	
Vasectomy is castration.	The man who has a Vasectomy does not lose his testes/penis or any of his masculine characteristics and feelings, except that he definitely will not make a woman pregnant.
Vasectomy causes weakness and 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 impotence.	Vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.
<b>CONDOMS</b>	
Condoms will decrease sexual pleasure.	For some people this is true. However, this does not have to be the case. After all, the Condom does not have to be applied until after the couple is already aroused. Also sometimes, just knowing that you cannot get pregnant or become infected with STD makes sex more enjoyable. Moreover, Condoms can keep the penis stay hard longer.
Some Condoms cannot fit.	'One size fits all.' Condoms can fit any size of penis as long as it is correctly used.

Myths/ Misconceptions	Responses/Answers
<b>COMBINED ORAL CONTRACEPTIVE (COC) PILL</b>	
Pills cause cancer.	Oral contraceptive pills (OCPs) have not been proven to be the cause of cancer in a woman's body. In fact OCPs such as COCs help prevent cancer of the ovary and the endometrium (lining of the uterus).
Pills cause abnormalities in babies if the mother has taken the pill during pregnancy.	Studies have shown that OCPs taken during pregnancy did not produce any abnormalities. The OCPs sold in pharmacy outlets have very low dosages of hormonal content. Causes of abnormalities of babies could be due to other factors, such as: intake of drugs that cause abortion; hereditary/genetics; illness such as measles; and antibiotics.
The pill builds up in the body and forms stones or causes the growth of uterine tumor.	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, like other women who do not take the pill, may take 3 to 4 months to get pregnant.
The pill makes the woman weak so that they cannot do their work.	The pill prevents both pregnancy and loss of too much blood during her monthly period. The woman even becomes healthier and stronger.
Women who use the pill lose interest in sex and become cold.	The woman who uses the pill has no fear of becoming pregnant. She therefore may enjoy sex more freely.

Myths/ Misconceptions	Responses/Answers
<b>BILATERAL TUBAL LIGATION</b>	
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; hormonal; 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 the FP method does not interrupt sex.
Ligated women become 'sex maniacs' or have higher sexual libido.	Bilateral Tubal Ligation has no direct effect on the sexual behavior of the woman. Ligated women may enjoy sex more since they no longer fear pregnancy. The sense of security of not getting pregnant may increase the libido of the client. Sexual activities are not interrupted by the chosen method.
The procedure on tubal ligation is more painful than childbirth.	The operation is simple and very minor. It only takes 30 minutes to perform. There is no pain during the operation due to the anesthesia. Pain-relievers are given for any slight discomfort that may occur after the operation.
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 operation. General body weakness of a woman could be due to several factors such as illness, lack of sleep, of 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.

# ISSUES IN IMPLEMENTING PEER EDUCATION



**Purpose:** To clarify issues that Male Peer Educators (MPEs) encounter with clients and other community members in implementing Peer Education

**Time:** 1 hour

**Materials:** manila paper, marking pens, adhesive tape, visual aids

**Instructions:** Divide the participants into groups of three or four. Each one will share with their own group their experiences and difficulties in implementing Peer Education. One member of each group will be assigned to report to the big group the issues discussed, difficulties encountered, and lessons learned. The facilitator will note down each issue and ask how they would address it. S/he will also provide inputs on other ways to address these, and summarize all issues and actions.

## **Processing:**

1. Review the roles and functions of MPEs as seen annexed to the Program Description attached to partner NGO-PATH Sub-Agreement, and ask the participants if they have concerns about each item in the list. Also review the organizational structure of the NGO's IPOPCORM project.
2. Ask the participants what they think are the reasons, why they need to keep records. Discuss the existing reporting/referral forms and inquire about difficulties in using these. Review the forms, explain how to complete these, and get their comments. Discuss the role of the CHOWs and the Supervisor CHOW. Brainstorm their expectations regarding the CHOWs' and Supervisor CHOWs' roles. Encourage open discussion between the CHOWs, the Supervisor CHOW, and the MPEs regarding expectations. Discuss the process of submitting reports.

3. Review the referral system. The following procedures should be observed:

MPEs should refer all new clients to the CHOW for completion of Client Record, whether new acceptors or continuing users.

CHOW should refer clients to MPEs, for follow up.

CHOW should periodically check MPEs' diaries to identify clients still without Client Records, who have to be followed up.

# CASE STUDIES



**Purpose:** To enable the participants to apply the learning from the course

**Time:** 1 hour

**Materials:** Case studies

**Instructions:** Group participants into groups of three. One will act as the client, another as the Male Peer Educator (MPE), and the other as observer. Role-play the following cases:

Case 1: A 24 year-old man with 4 children wants to know what method he and his wife should use. They are not using any contraceptive and they had unprotected sex last night.

Case 2: A 32 year-old man with 3 children does not want to have any more children.

Case 3: A 21 year-old single, sexually-active male engages in unprotected sex.

Case 4: A 35 year-old man with 6 children fears having more children but does not want, nor his wife to adopt any contraceptive method.

The MPE will assess the client and help him make a decision, and report the case using the reporting form.

The observer will observe what good things the MPE did and said, and what the MPE should improve on.

Processing: Ask the participants what they have learned from the role-playing and what they think they could make use of with their clients.

**Sample of Pre-/Post-Survey Questionnaire  
MPE Refresher Course**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Barangay: \_\_\_\_\_ Purok: \_\_\_\_\_

I. **Choose the correct answer.** Write the letter of the correct choice on the space provided.

\_\_\_\_\_ 1. Family Planning is important because:

- a) It plays a key role in slowing the growth of the population and the demand for coastal resources.
- b) It helps ensure food security.
- c) Families with fewer children are more likely able to provide education among their daughters and sons.
- d) All of the above (a, b, and c), are correct.

\_\_\_\_\_ 2. Which of the following is true about the Condom?

- a) It is a permanent method of contraception.
- b) It provides protection against unwanted pregnancy and STD.
- c) It can be used more than once.
- d) It can be used with oil-based lubricants like lotion and baby oil.

\_\_\_\_\_ 3. Which of the following is false about the Calendar method?

- a) Fertile days are computed.
- b) Sex is avoided during fertile days to avoid pregnancy.
- c) It is highly effective.
- d) Pregnancy is prevented only by chance.

\_\_\_\_\_ 4. Which of the following is true about Vasectomy?

- a) It is a reversible method of contraception.
- b) It has a high failure rate.
- c) It is for men who no longer want to have any more children.
- d) It provides protection from STD/HIV.

\_\_\_\_\_ 5. Paraan Dos can be used within:

- a) 86 hours after unprotected sex
- b) 4 days after unprotected sex
- c) 72 hours or 3 days after unprotected sex
- d) 7 days after unprotected sex

II. **TRUE or FALSE.** Write on the space provided the word TRUE if the message is correct and FALSE if not correct.

\_\_\_\_\_ 1. It is economically advantageous to have a bigger family.

\_\_\_\_\_ 2. Family Planning is the responsibility of both women and men.

\_\_\_\_\_ 3. Paraan Dos can disrupt an already established pregnancy.

\_\_\_\_\_ 4. Vasectomy makes a man lose his sexual desire and ability.

\_\_\_\_\_ 5. Withdrawal is an effective method to prevent pregnancy.

## Course Evaluation

Course: \_\_\_\_\_

Date: \_\_\_\_\_

**Will you be able to use the learning from this training in your work/personal life? In what way/s?**

**What did you learn from this training?**

**Which part/s of the course did you like most? Why?**

**Is there any part of the course you did not like? Which one/s? Why?**

**What do you think can you do to help the project? What type of assistance will you need to carry this out?**

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