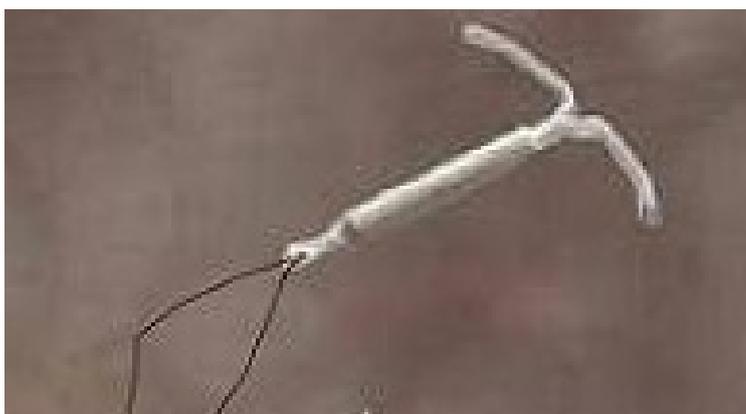
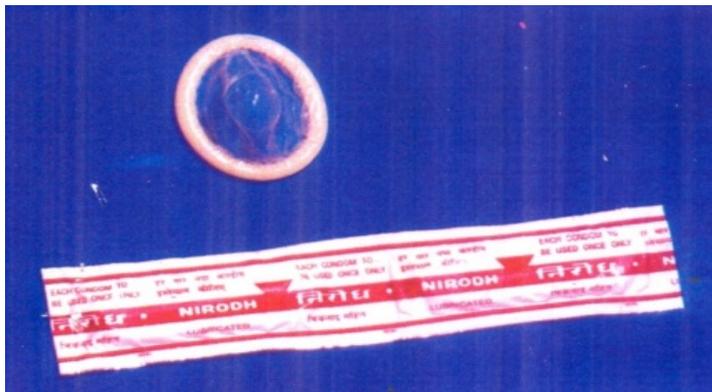


GENDER-EQUITY FOCUSED, MALE-CENTERED FAMILY PLANNING IN RURAL INDIA

Intervention Manual



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About this intervention manual

This intervention manual is designed to enhance the knowledge of health care practitioners in both rural and urban areas on the ways to address the gender-issues among young married couples in choosing and exercising their family planning options, through promotion of equality and shared decision-making in the household. This manual created with the basic premise that men tend to have a stronger voice in the marriage, particularly around topics of family planning, and that it is important to emphasize respectful, non-violent communication between the husband and wife. Promoting healthy decision making about family planning that concerns both the husband and the wife, can only be effective through communication from front line workers, doctors in public health sector and their partnership with doctors in private health care practitioners. The approaches proposed in this manual are intended to increase the likelihood of effective pregnancy spacing and contraceptive use, and thus improve the family's overall physical, spiritual, and emotional health.

Introduction about this initiative

Development of the proposed intervention to promote family planning practices and address gender inequities are based on a behavioral change therapeutic approach, known as a Social Cognitive Theory (SCT), which is a model that has been used in diverse health programs. According to SCT, people are more likely to engage in a behavior, if they perceive positive outcomes for engaging in the behavior (e.g., spacing will produce healthier children), feel capable of engaging in and controlling the behavior (e.g., contraceptive skills building), and have an environment supportive of the behavior (e.g., access to services). This approach targets behavioral goals via knowledge, skills building, and role modelling; however, it is individual focus inhibits consideration of gendered aspects of marital and sexual behavior. Hence, we also include use of Theory of Gender and Power (TGP) in our framework. This social structural theory posits that gender-based power imbalances in heterosexual relationships and traditional gender role ideologies compromise women's health.

As we all know, the root of high unmet contraceptive need and ongoing reliance on female sterilization for contraception in rural India is adequate family planning access at the village level. However, there are typically several private village health providers (VHPs) in India, and private health care is now the dominant source of health care in rural India, with reliance on public services being only marginally greater for the poorest segments of society. Use of public services has diminished in India due to lack of adequate infrastructure and personnel at public health care facilities, as well as greater availability and accessibility of private services. Further, health service utilization among the rural and poor appears to be increasing, despite reliance on services at cost. While this current trend is improving rural access to and use of general health care, it does not likely impact contraceptive use, particularly use of spacing contraception. VHPs so far have been rarely served as family planning providers. Such an approach is needed, as indicated by an ICMR report 2003: "To

enhance the use of spacing methods (specified for rural India), there is a need to explore the possibility of utilizing private practitioners and those from the (traditional) Indian system of medicine.” Yet there remains inadequate research or practice using this approach in rural India.

VHPs in rural India are often male MBBS (allopathic physicians) or AYUSH (traditional Indian medicine- Ayurveda, Yoga, Unani, Siddha, & Homeopathy) providers without training or expertise in family planning. However, both MBBS and AYUSH providers can be trained and accredited to provide these services. This proposed initiative is in line with the goal of National Rural Health Mission to train AYUSH providers for primary care delivery including counselling for family planning and use of contraceptives for spacing (e.g., pill, condom) within the public health clinics. These backgrounds support the utility of involving private VHPs to partner with and extend the reach of public family planning efforts to better reach the needs of rural young couples. Such a public-private partnership approach has been used previously, with success in the area of tuberculosis (TB) control within India. This is an effort to test out whether the initiative of gender-equity focused male-centered communication by the private and public health practitioners in rural India can help achieve the project objectives.

Principles in administration of the guideline

The intervention manual is divided into two sections: the first section (usually on the left hand side) mentions the guideline for health care practitioners to keep in mind about the ways in which he or she could communicate with the respondent; the second section (usually on the right hand side) mentions the guideline of questions that health care practitioner can ask the respondent to initiate discussions that are focused on gender-equity and male-centric family planning promotion.

Following are some of the basic principles in using this guideline:

- Questions mentioned in this manual are broad in nature. Provider can however use his/her own approach to discuss the topics mentioned in this guideline.
- Provider has flexibility to take up the issues in any order depending on the responses of the participant
- Provider must respect the responses of the respondent and not criticize the responses.
- Respondent should be allowed to ask the questions/doubts he has and provider can clear all the doubts raised by the respondent in pleasant manner after completing the intervention session.
- The responses given by the respondent must be kept confidential and cannot be shared with any other third person.

Session 1: Individual Husband

Family planning and Decision making

Objectives of this session

The foundation of a healthy nation is healthy families, which rests on the quality of marital relationships. A central aspect of this relationship is family planning: unplanned pregnancies can disrupt the financial security and stability of a household as well as the mother's health and well-being, and this widespread trend can in turn impact an entire village. For a couple to consciously choose the spacing and timing of their family's expansion requires a relationship built on mutual respect and responsibility. Husbands, wives, families, and communities will benefit from informing men of contraceptive methods, as well as encouraging husbands to value and understand both their own partner's health. The specific objectives of this session are to explore the knowledge of the husband about family planning methods to assess the attitude and behaviour of marital communication and to promote the modern spacing methods.

How to make the respondent (Husband) comfortable?

Since the questions to be asked are of personal as also sensitive in nature, it is important that the privacy is ensured before starting the conversation. There should be a separate room with chairs and no one other than the beneficiary and the health care provider should be in the room, so that provider-beneficiary conversation is smooth and comfortable without any fear of anyone listening.

Tips to establish rapport with the respondent (Husband)

- Greet the respondent (Husband) Start conversation in local language.
- Ask about his health.
- Mention that he is there as part of the program participation.
- Encourage the respondent (Husband) to talk about the program that he is participating.
- Do not judge or do not correct of what the respondent (Husband) beneficiary says.
- Carefully listen and encourage the respondent (Husband) to talk

Once the respondent (Husband) is comfortable about talking and feel rapport has been established between the two, the beneficiary shall be taken through the following three parts of session 1:

Part 1 is about the respondent (Husband) assessment of family planning knowledge and current use,

Part 2 is about the assessment of gender in-equity attitudes of the respondent (Husband)

Part 3 is about promoting spacing methods of contraception over other permanent methods.

Part 1: Is about the respondent (Husband) assessment of family planning knowledge and current use:

Beneficiary Case Sheet

(Please fill up this information in separate case sheet.)

Please make sure of the following in conversation with the respondent (husband):

- Knowledge about the availability of samples of contraceptives and/ or drawings of methods.
- Knowledge about the advantages and disadvantages of each of the methods.
- Awareness of cultural aspects related to each of the method.
- Contraceptive drawings and selected information should be displayed in the room.

Guidance to the Provider: Educate the respondent about

1. Each of the methods that the beneficiary is unaware.
2. Inform both advantages and disadvantages of each method.
3. Emphasize the need for communication between husband and wife about each of the methods and
4. Decide upon making right choice that gives an equal responsibility to the woman within marital relationship

Part 2: Following this initial assessment, discuss with the respondent (Husband) on gender-equity focused family planning promotion as described below:

Guideline to the provider	Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:
<p>These sets of questions help you to assess the individual's masculinity and the gender-inequity attitudes.</p> <p>These questions should help you steer your discussions on the need for emphasizing these issues in the context of family planning</p>	<ol style="list-style-type: none"> a. What will be your reactions if I say, wife and husband have equal choice in family planning and family size decision making? b. What are your expectations regarding your wife's roles and responsibilities in the matters related to family planning and reproductive health issues? c. What should be the ideal family size? And Why? What can you do to achieve the ideal family size and to retain the size. Some Probing questions: For example, <ol style="list-style-type: none"> 1)who should make decisions about issues such as family planning use, 2)type of method to be used, delaying the pregnancy, 3) stopping the pregnancy 4) Number of children to have? 5) What kinds of roles husband and wife should have? d. Tell me something about the conversations that you and your wife are having about the family planning and reproductive health issues (family size, her health, etc.). (ref fc pg no 29-32,

promotion for the young couples.	<p>IEC pg no 8)</p> <p>Some Probing questions: For example, It is common between husband and wife to have disagreements for a variety of reasons on these issues.</p> <p>1) Do you have some disagreements with your wife on these issues?</p> <p>2) If so, what are they?</p> <p>3) How did it affect your marital relationship/communication on these issues?</p>
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Tips for better conversation:

- Encourage the respondent (husband) to talk more.
- Get full assessment of the gender in-equity attitudes of the respondent (husband).
- Ask the respondent (husband) for some examples on typical statements that he makes.
- Do not correct or demoralize of whatever respondent (husband) speaks. Take it as he describes.

Highlight the following towards the end of the discussion:

With culturally more acceptable way, take/quote examples (please do not mention names of any other individuals in the community in such examples) of how a man could be more gender equitable, particularly in the context of family planning and reproductive health issues.

Part 3: The next set of questions focuses on promoting modern temporary contraceptive methods than the permanent methods. In order to do that the provider helps leading the conversation with the individual on highlighting the benefits of modern temporary contraceptive methods than the permanent methods. **(Ref fc pg no 2-28, IEC pg no 1-7)**

Guideline to the provider	Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:
The questions and discussions with the respondent (husband) at this time shall promote the use of contraceptive methods such as Oral Pills, Condoms, IUD than the Sterilization for delaying of pregnancy, avoidance of unwanted pregnancy, and for better health of women.	<p>Now that we had conversation on several aspects, my final questions to you in today's session is:</p> <p>a. Do you know where these contraceptive methods can be obtained?</p> <p>b. Do you intend to use any of the contraceptive methods that I explained today? If yes, which method? If no, what are the reasons?</p> <p>c. Do you intend to inform your wife regarding</p>

<p>Please remember, if the person is already using some contraceptive method -- encourage him to do so; and avoid discussion to this part of the session.</p> <p>If he is not using any contraception, please continue with the conversation as described on the right hand side.</p> <p>Offer the beneficiary some condoms and Oral pills based on his preference. For IUD, request the beneficiary to visit the Primary Health Center (PHC) and issue a referral card.</p>	<p>the methods that we discussed today? Condoms, Oral Pills, IUD for delaying pregnancy or Unwanted pregnancy.</p> <p>d. Are you confident about describing methods and their advantages to your wife?</p>
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Points to emphasize:

- Discuss the difficulties that the respondent (husband) identifies in the use of some of these contraceptive methods and explore how he might negotiate contraceptive use with his wife (partner).
- Family planning is an intelligent way of using contraceptive method/methods by a couple in order to have children by choice and not by chance. Family planning is not only having small families or avoiding having children; it is a way of life for promoting the welfare of the family by safeguarding the health of the mother and child.
- When the decision is made to have a child, the husband must remember that a daughter too has value , and that a couple need not have a son to see family success in the next generation.
- Finally, re-emphasize that contraception is a responsibility that should be shared between husband and wife therefore it is necessary to use contraception.

Summary of first session:

- A good husband treats his wife equally and also shares decisions concerning sexual and reproductive health issues with his wife , and a husband should take responsibility by using or supporting his wife's use of some method of contraception.
- It is important to discuss family planning because contraception is a responsibility that should be shared between them. If neither of the

partners want sexual intercourse to result in pregnancy, it is essential that both take precautions so that this does not happen.

- Communities can benefit from reduced strain on environmental resources; reduced strain on community health, educational and social services, and improved quality of life for women and children. Spacing is essential to the mother's and child's health, and family planning improves a household's standard of living. Demeaning or discounting one's partner or not listening to their opinions hurts the relationship quality and the family as a whole, and can impact the emotional and physical health of both husband and wife.

OFFER CONDOMS

Session 2: Individual Husband

Marital Communication and Violence

Introduction:

Introduce Session 2 by letting the husband know you will be discussing marital communication in more depth, as well as some additional topics pertaining to family planning and sexual health. Like the Session1, this session too is divided into three parts. First part is the review of previous session, second part on strengthening of marital communication about sexuality and family planning, and third part is about re-emphasising the need for gender-equity attitudes, behaviours and practices (such as avoidance of violence within marriage).

Part 1

Review of 1st session:

(Ref fc pg no 40-45, IEC pg no 10)

Thank the husband for his on-going participation and first ask generally how he felt following the last Session, and what he thought about the issues discussed at Session 1.

Once you have opened up communication about the sessions, ask the respondent (husband) more directed questions about whether the information he has gained so far has impacted his behaviours and/or attitudes towards family planning. Ask the following questions:

- Did you think about anything you learned in Session 1 when you were talking to your wife? Yes/No
- Have you felt more or less comfortable talking about family planning with your wife? Yes/No
- Has your communication with your wife changed in any way (do you talk more or less?). More /Less /No change.
- Did you feel that you discussed about something that you never discussed before? Yes/No

Ask the husband if he has any questions related to Session 1, particularly with regards to available methods of family planning and the importance of the role of men in safe motherhood and family planning. Explain that you will now be building on some of the topics introduced in Session 1, but that he should feel free to ask questions about any of the topics at any point, even if they were already addressed in Session 1.

Part 2: Marital communication

Purpose: To acknowledge common difficulties in marriage and encourage respectful, caring, and effective communication between spouses.

Procedure:

Provide husband with the condensed version of steps and tips for marital communication. Discuss the steps one by one and provide the full explanation (which is given in curriculum sheet), and review the additional tips. Remind the husband why healthy communication is valuable. (Ref fc pg no 46-49, IEC pg no 11-12)

Overview:

Good communication habits are the foundation of a successful marriage. When couples can effectively communicate, overcoming the inevitable marital arguments can be much easier. However, many couples are unsure of what can be done to improve communication within a marriage.

Instructions for VHP:

Remind the husband why healthy communication is valuable.

Emphasize on importance of healthy communication between husband and wife.

Guideline to the provider	Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:
<p>For many young men, sexuality is defined as sexual performance. Many young men feel pressure to prove themselves sexually; and perceive that men are the commanders in sexual life and women have to burden the violence and coercion. Providing information about sexual desires, sexuality discussion within marriage can reduce the insecurity and discomfort of young men about these issues. (Assess men's attitudes first and then communicate to them about the right attitudes.)</p>	<p>a. How can communication between husband and wife enhance the sexual relationship? <u>Some probing questions:</u> Is it only men who can talk about sex? Is it that men should always perform well in sex; Is it that woman who talks about sex are bad? When to have sex? Is it that only it matters of men's satisfaction? etc..... How can family planning issues and an enjoyable sexual relationship occur simultaneously (Ref fc pg no 50-51, IEC pg no 12) <u>Some probing questions:</u> Does the woman have a right to discuss about: number of children to have, suggest on type of contraceptive method to use, when to have and when not to have sex, whether to work for better healthy living as men? (Ref fc pg no 29-32, IEC pg no 8)</p>

Tips to the provider:

- Should emphasize that there are many other forms of sexual contact, intimacy and pleasure which young men need to be aware; and that they become responsible husband and father for better family living.
- Carry out the discussion in the most open and informal way possible, even when the young men laugh or joke about these issues. In fact, joking is one of the ways that young men use to “defend” themselves or express anxiety, particularly when faced with new information. Throughout the activity, it is important to emphasize the need to practice safer sex and the issue of mutual consent that is that young people have the right to decide when, where and how they want, and if they want to have sexual contact.
- Should emphasize that having an active sex life does not mean only sexual intercourse.
- Discuss the importance of affection in a sexual relationship. Stress the need to practice safe sex, always using a condom (remind the husband that male condoms can reduce the risk of STIs but other methods of birth control such as the pill or sterilization do not impact STI risk but are effective for family planning).
- Emphasize to the young men that women have sexual desires and needs similar to those of men, and the importance of understanding the needs and desires of their spouses
- Ask husband if he has any doubt and clear all his doubts.

Part 3:

This part of the discussion covers mostly on the violence issues within marital relationship.

Guideline to the provider	Guidance to doctor on broad questions that he/she can ask the beneficiary for encouraging conversation:
<p>Strong Gender in-equity attitudes among young men (mostly of masculine in nature) not only undermines the use of family planning method, but also creates tension/stress within marital relationship.</p> <p>These attitudes and subsequent behaviors are harmful to both the pregnant mother, young children within family and prospective mother. So, detail communication on this aspect with help of young men to change their practices and attitudes about violence; which aim</p>	<p>a. What makes a relationship healthy, positive, and fulfilling?</p> <p>b. Have you ever witnessed or heard of domestic or sexual violence towards somebody you know? How did it affect the individual in question? How did it affect you?</p> <p>c. Do you agree that physical, verbal, and sexual violences are wrong? Why or why not? Is it ever justified to hit your wife and force her to have sex? What about to yell or call them names? What about your children- is it ever okay to hit them or call them names?</p>

<p>to help better communication between husband and wife on family planning, reproductive health and sexuality.</p> <p>Provider should open the discussion with a soft introduction and some examples to highlight what can make it better.</p> <p>Then assess the attitudes of the men on these issues and educate them about the right pathways.</p>	<p>a. Is it ever justified for a mother-in-law, father-in-law or other close family member to hit, yell at, or otherwise behave aggressively or violently towards your wife? Why or why not? (Ref fc 52-59, IEC 13-14)</p> <p>b. What level of involvement does your extended family and in-laws have in marital discussions? How does this affect your relationship and how does it make you and your wife feel?</p> <p>c. Do you have disagreements or fights about family planning or reproductive health (such as about children, mother's health, child's health)? Do these arguments lead to some fighting? Are they right to do?</p>
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Tips to the provider:

- Emphasize that sexual violence does not have to involve physical coercion such as beating, hitting, or intimidation. Pressure, nagging, unwanted teasing and touching, and emotional manipulation are all forms of sexual violence and harassment.
- Emphasize to the husband that violence between a husband and wife, whether physical, emotional, or sexual is also an important form of gender violence.
- Emphasize that a good husband must take responsibility for building a healthy relationship with his wife based on mutual respect and open communication.
- Remind the husband that witnessing domestic violence is also very negative for children.
- Also remind the husband that abuse committed towards one's children is extremely harmful, illegal, and destructive to the community. All children are valuable, and girl children must be loved, valued, and respected as much as boys

Summary of second session

- Healthy and assertive communication is the cornerstone of a successful marriage. It is important for the husband and wife to get to know each other and to express respect, affection, and attention for each other
- You should make an effort to develop good habits that will serve your relationship well. It is never acceptable to hurt or abuse, physically or emotionally, one's wife.
- There are healthier ways to resolve arguments and negotiate or

compromise to reach a solution.

- It is important during a disagreement to express oneself clearly and calmly, and allow one's spouse to speak and express her views.
- Male support encourages healthy & closer inter-spousal & sexual relationship. Gender equality leads to good health of women and consequently the family health, so empower the woman. Marital communication about positive, enjoyable sexuality and about family planning methods will enhance the quality of the marriage and can improve the couple and family's health in the long-term.
- A good husband supports family planning and respects his wife.
- Couples can benefit from family planning because fewer children often means less physical and financial stress—family planning should be associated with better health and wealth.
- A good husband does not engage in abusive, aggressive behaviour, and instead resolves disputes and discusses problems with his wife and family in a thoughtful and respectful way.
- Domestic abuse and sexual violence are incredibly destructive to victims and to others in the community, particularly children.
- While it is natural for family members, particularly if they live with the couple, to want to be involved in the marriage and may have certain expectations of the wife, it is inappropriate and harmful for anyone to pressure, nag, demean, or abuse her. A good husband helps his wife set limits and stands up for his wife in a non-violent and supportive way if others are attempting to control her behaviour.

Offer condoms

Session 3: Couple Session

Introduction

Thank the couple for their joint participation and express your happiness to meet with the husband and wife together.

Introduce the couple session by explaining that the husband and wife have spent some time talking about different matters relevant to the marital relationship, contraception and healthy communication between husband and wife.

Part 1

Review of 1st and 2nd session:

This session is mainly intended to explore up to what extent the information has been shared/discussed by husband with the wife. The information he received in the earlier two individual sessions would have helped both husband wife to have healthy discussion and communication related to family planning, marital communication and gender in-equity attitudes (violence related issues). **(Ref fc pg no 66, IEC 60)**

Ask the couple

Have you talked about family planning at all in the past weeks (or months, depending on the timing of the sessions)?	YES	1
	NO	2
What other topics pertaining to sexual health, marital relationship, or communication have you been talking about recently?	YES	1
	NO	2

Purpose: Explain that the current session is intended to bring the conversation full-circle and review some of the major themes that have been discussed in previous individual sessions.

Instructions for VHP

Remind the couple, particularly the wife, that they should feel free to ask any questions or share any experiences they feel relevant, as long as they are comfortable doing so. State that there is no need to feel embarrassed or hesitant in talking about these subjects and that you are a confidential source/a health professional.

Provider can brief again the issues covered in two earlier sessions, if,

- Couple did not share any information each other
- Husband could not recall the information he received in the earlier sessions

Part 2: Review family planning options and marital communication with couple

Guideline to the provider	Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:
<p>These set of questions help you to assess couple's communication about family planning methods among themselves. These questions should help you steer your discussions on the need for emphasizing these issues in the context of family planning promotion for the young couples.</p>	<p>What family methods have you discussed, considered, or started using?</p> <p>How has it been going so far? Whose idea was it to use this particular method?</p> <p>Are you thinking of adopting another method or switching from one to another? Why or why not?</p> <p>Have you talked about how you would like to space your children? How does each of you feel about this conversation? Are you in agreement on this matter?</p>

Tips for Providers

- Encourage the couple to talk more.
- Get full assessment on knowledge of wife about family planning methods.
- Ask the couple for some examples on typical statements.

This set of questions focuses on promoting modern temporary contraceptive methods than the permanent methods. In order to do that the provider helps leading the conversation with the couple on highlighting the benefits of modern temporary contraceptive methods than the permanent methods.

Guideline to the provider	Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation
<p>The questions and discussions with the couple at this time shall promote the use of contraceptive methods such as Oral Pills, Condoms, IUD than the Sterilization for delaying of pregnancy, avoidance of unwanted pregnancy, and for better health of women.</p> <p>Please remember, if the couple is already using some contraceptive methods, encourage them to do so; and avoid discussion on this part of the session. If they are not using any contraception, please continue with the conversation as described on the</p>	<p>As we have discussed in previous sessions I will once again ask you a few questions: Do you know where these contraceptive methods can be obtained?</p> <p>Do you intend to use any of the contraceptive methods that I explained today? If yes, which method? If no, what are the reasons?</p> <p>Have you discussed with your wife about the methods that we discussed in first session: Condoms, Oral Pills, and IUD for delaying pregnancy or unwanted pregnancy?</p>

<p>right hand side.</p> <p>Discuss family planning methods, safe motherhood and good treatment of the wife in the family</p> <p>Offer the couple some condoms and Oral pills based on his preference. For IUD, request the beneficiary to visit the Primary Health Centre (PHC) and issue a <u>referral card</u>.</p>	<p>Are there any barriers/difficulties to you in obtaining this method (such as condoms, or pills, or an IUD)?</p> <p>What would help you to have consistent access to your preferred family planning method?</p>
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Tips for Providers

- Refer to the advantages and disadvantages (likelihood of pregnancy occurring, reliability, convenience, interference with sexual activity, other risks or complications, etc.) of each contraceptive method.
- Remind the couple that contraceptive methods prevent pregnancy while abortion is to terminate a pregnancy, and that **abortion should not be used as a regular method** to prevent having a child. Emphasize that selective abortion and female infanticide is a crime and is harmful to the mother's health, and that daughters and sons should be equally valued.
- Ask the couple to describe to you how they plan to use their preferred contraceptive method and clarify any doubts or concerns they have about the contraceptive method. Provide information and correct any incorrect beliefs or assumptions about the method. Remind the couple it is imperative they use the method correctly and consistently on the long term basis if they intend to space pregnancy and protect maternal health.
- Validate their concerns and indicate your appreciation that they intend to engage in contraceptive methods and emphasize that this **decision is positive for both their family and the community at large**.
- Mediate discussion on family planning options and reasons for choices. Guide joint decision making between the couple.
- Healthy and assertive communication is the cornerstone of a successful marriage.
- It is important for the husband and wife to get to know each other and to express respect, affection, and attention for each other.
- Marital communication about positive, enjoyable sexuality and about family planning methods will enhance the quality of the marriage and can improve the couple and family's health in the long-term.
- Couples can benefit from family planning because fewer children often means less physical and financial stress—family planning should be associated with better health and wealth.

Summary

- There are many methods of family planning, and it is important for the husband and wife to decide mutually which one is the best.
- While each method of family planning has its advantages and disadvantages, the ultimate benefit is to give the couple more control over spacing children, which is important for the health of the family, and to preserve financial stability and resources.
- Contraceptive (family planning) methods include the following: *Barrier Methods* (male condom, female condom, oral pills, injectable, Intra-utérine Devicés (IUD). ; *Natural Methods* (withdrawal, rhythm method, abstinence); *Permanent Methods* (Male sterilization [Vasectomy], NSV [No-Scalpel Vasectomy], Female sterilization [Tubectomy]).
- Enjoy parenthood by making a choice not by chance. One can decide when to have a child by using any of the existing family planning methods. There are many ways of birth control. Newly married couples may use family planning methods to avoid immediate pregnancy for at least two years. Meantime they can understand each other in a better way and prepare themselves for parenthood.
- Spacing is essential to the mother's as well as child's health, and family planning improves a household's standard of living.

Provide family planning resources and create a follow-up plan for continued family planning use. Validate decision-making and provide health information to support it. Offer condoms, EC, or pill, provide referral to PHC if needed.

BOOSTER SESSION: The booster sessions will be carried out at six months interval after completion of 3rd session. In total two booster sessions will be done with the couple during at 6th and 12th months after first couple session (3rd session).

Purpose: The booster sessions are mainly intended to know the extent of the information being shared by the couple on family planning and safe motherhood and use of modern temporary contraceptive methods.