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Name of institution

Promote and Provide Family Planning Service

NTQF Level III

Learning Guide # 1

Unit of Competence	Promote and Provide Family Planning Service
Module Title:	promoting and Providing Family Planning
LG Code:	HLT MDW3 M07 LO01-01
TTLM Code:	HLT MDW3 TTLM 0919v1



LO 1: Identify and describe family planning concept

Instruction Sheet	Learning Guide # 1
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Concept of Family Planning
- Indicators of family planning coverage

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, **upon completion of this Learning Guide, you will be able to:**

- Identify history of family planning
- Identify contraceptive options
- Interoperate indicators of family planning coverage

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information “Sheet 1 and Sheet 2
4. Accomplish the “Self-check 1 and Self-check 2, **in page 7 and 10 respectively.**



Information sheet -1	Concept of family planning
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1.1. Introduction to Family Planning

Family planning helps people have the desired number of children, which as a result improves the health of mothers and contributes to the nation's social and economic development. In most developing countries, including Ethiopia, it is common practice for women to have too many children, too close to one another. As a consequence, the population size of the country has grown dramatically but economic growth has not kept in parallel with it. Such an unbalanced population size will inevitably have a negative impact on the wellbeing of the nation. Family planning is one of the strategies which proving to be effective in tackling these problems.

1.2. Definition of Family Planning

Family planning is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

Family planning is a means of promoting the health of women and families and part of a strategy to reduce high maternal, infant and child mortality. People should be offered the opportunity to determine the number and spacing of their own children. Information about FP should be made available, and should actively promote access to FP services for all individuals desiring them.

1.3. History of Family Planning

Humans have been practicing Family Planning (FP) for a long time. Evidence suggests that people were using natural family planning methods in ancient times – abstinence



and breast feeding being prime examples. The condom was introduced mainly to prevent STIs among the British royalty in the 18th century. But, FP as we know it today began in the middle of 20th century, particularly after the discovery of the pill – the wonder drug which is said to have changed the world forever.

Not much was known about family planning in Ethiopia before the mid-1960s. The modern family planning service in Ethiopia started as The Family Guidance Association of Ethiopia (FGAE), established in 1966. FGAE's only family planning services were provided from a single-room clinic run by one nurse, at the former St Paul Hospital in Addis Ababa. FGAE's programme activities and services are now broadly spread all over the country, creating a vast network.

In the last 20 years, with the adoption of the population policy in 1993, numerous local and international partners in family planning have come together to assist the government in expanding family planning programmes and services. The National Population Office was established to implement and oversee the strategies and actions related to the population policy. In 1996, the Ministry of Health released Guidelines for Family Planning Services in Ethiopia to guide health providers and managers, as well as to expand and ensure quality family planning services in the country.

The Ministry of Health designed new outlets for family planning services in the form of community-based distribution, social marketing and work-based services, in addition to the pre-existing facility-based and outreach family planning services. Social marketing is about making available family planning methods at an affordable price using private retailers. Work-based services are services made available to users' at their place of work, such as factories, prisons and schools. Moreover, in the last decade, integration and linkage between family planning services and HIV/AIDS care, along with maternal and other reproductive health services, has been emphasized in guidelines and strategic documents with the aim of enhancing family planning utilisation.

Currently, the service has been provided to rural communities at household level through the Health Extension Programme (Figure 1.3). Access to these services has



been almost universal for all urban and rural communities, so that every woman in the population can get any contraceptive method of her choice free of charge. This is covered in more detail in the next study session.

1.4. Rationale of Family Planning

To prevent harm arising from pregnancy and childbirth and in order to safeguard their health, women have the right to FP education, information and capacity' The Constitution of The Federal Democratic Republic of Ethiopia, Article 35.9.

1.4.1. Health Benefits

'Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities.' WHO 1995.

Family planning reduces mortality and morbidity from pregnancy and childbirth. Spacing childbirth with intervals of three to five years significantly reduces maternal, perinatal and infant mortality rates. Use of FP prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and birth.

Pregnancy and childbirth poses special risk for some groups of women – adolescents, women older than 35 years of age, women with more than four previous births and women with underlying medical diseases. It is estimated that if all these high risk pregnancies are avoided through the use of family planning 25% of maternal deaths can be prevented (Royston 1989). Moreover, unwanted pregnancy leads to unsafe abortion with its resultant short term and long term complications that include death. These suffering and deaths from complications of unsafe abortion can be prevented with use of family planning.

Apart from limiting and spacing birth family planning methods have other non-contraceptive benefits. If properly and consistently used condom provides protection from sexually transmitted infections including HIV. The Lactational amenorrhea (LAM)



Meeting individual fertility needs promotes women's right to whether to be pregnant, when to be pregnant. Furthermore, meeting individual fertility needs is essential to attain sexual and reproductive health and rights of women.

1.5. Contraceptive Options

The following methods are available for use in Ethiopia. For ease of description, the methods are broadly categorized into two: Natural Family Planning Methods and Modern Family Planning Methods.

- **Natural Family Planning Methods**

- ✓ Abstinence
- ✓ Fertility awareness based methods: Standard Days Method (SDM), Rhythm(Calendar) Method, Two Days Method, Cervical Mucus (Billings ovulation) Method, Sympto-thermal Method
- ✓ Lactational Amenorrhea Method (LAM)
- ✓ Withdrawal Method

- **Modern Family Planning Methods**

- ✓ Male and Female Condoms/Diaphragms and other barrier methods
- ✓ Vaginal Contraceptive Foam Tablet and Jellies
- ✓ Emergency Contraceptives
- ✓ Progestin-Only Pills
- ✓ Combined Oral Contraceptives
- ✓ Injectable contraceptives
- ✓ Implants
- ✓ Intra-Uterine Contraceptive Devices
- ✓ Bilateral tubal ligation
- ✓ Vasectomy



Self-check-1

Written test

Directions: Answer all the questions listed below.

Part I say “True” if the statement is correct or “False” if the statement is incorrect (each 1 point 4x 1= 4%)

1. Family planning is a means of promoting the health of women and families and part of a strategy to reduce high maternal, infant and child mortality.
2. Family planning is not a strategy to decrease the occurrence of unwanted pregnancy and abortions.
3. Family planning prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and birth.
4. Using a family planning can aggravate poverty.

Part I. choose the correct answer for the following alternatives (each 2 point 2x2=4%)

1. _____ is about making available family planning methods at an affordable price using private retailers.
 - A. Community-based distribution
 - B. Social marketing
 - C. Work-based services
 - D. Outreach family planning services.
2. Which contraceptive option is categorized under natural family planning method?
 - A. Male and Female Condoms
 - B. Injectable contraceptives
 - C. Lactational Amenorrhea Method (LAM)
 - D. Intra-Uterine Contraceptive Devices

Note: Satisfactory rating - 4 points

Unsatisfactory - below 4 points



Answer sheet

True /False	Multiple choose questions
1. _____	1. _____
2. _____	2. _____
3. _____	
4. _____	

Score= _____

Rating = _____

Name: _____

Date: _____



Information sheet-2	Indicators of family planning coverage
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Indicators of family planning are usually a numerical measure which provides information about a status of family planning. The most commonly used indicators used in family planning are listed below.

Modern contraceptive use: Is Percentage of women who use modern contraceptive method. Modern contraceptive use by currently married Ethiopian women has steadily increased over the last 15 years, jumping from 6% of women using modern contraceptive method in 2000 to 35% in 2016.

Methods used: Indicates most commonly used contraceptive method for currently married women. in Ethiopia the largest growth has been in injectables use, which expanded from use by 3% of women in 2000 to 23% in 2016, followed by growth in implant use, from less than 1% of women using in 2000 to 8% in 2016.

Sources of modern methods: Is the place where the modern method currently being used was obtained. According to Ethiopian Demographic Health Survey (EDHS) for 2016 the most popular sources of modern contraception are public sector sources (84%); only 14% get their modern methods from private sector sources.

Contraceptive discontinuation rate: Is Percentage of contraceptive use episodes discontinued within 12 months. According to EDHS for 2016 in the 5 years preceding the survey more than one-third of all contraceptive users (35%) discontinued use within 12 months. The most common reason for stopping a method was the desire to become pregnant (42%), followed by method-related health concerns or side effects (18%).

Unmet need for family planning: Proportion of women who are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method or have a mistimed or unwanted current pregnancy, or are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or



unwanted. According to EDHS for 2016 twenty-two percent of currently married women have an unmet need for family planning. Unmet need for family planning for currently married women age 15-49 is higher in rural areas (25%) than in urban areas (11%). Unmet need for currently married women age 15-49 is lowest in Addis Ababa (11%) and highest in Oromiya region (29%)



Answer sheet

1. _____
2. _____
3. _____
4. _____

Score= _____

Rating = _____

Name: _____

Date: _____

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