



NURSING LEVEL III

NTQF Level III

LEARNING GUIDE #52

Unit of Competence: Promote and manage comprehensive Family Planning Service

Module Title: Promoting and managing comprehensive Family Planning Service

LG Code: HLT NUR3 M05 LO1- LG-50

TTLM Code: HLT NUR3 TTLM 0919v1



LO1: Plan family planning services

Instruction sheet # 1 learning guide # 1

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- ▶ Introduction to family planning
- ▶ Resource mapping
- ▶ Identification of WHO medical eligibility criteria
- ▶ Developing plan of action

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:

- Conduct resource mapping using the standard format of FMOH
- Identify family planning eligible and number of expected target group for family planning
- Develop plan of action to reach eligible

Learning Instructions:

Read the specific objectives of this Learning Guide.

1. Follow the instructions described in number 2 to 9.
2. Read the information written in the “Information Sheets 1”. Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
3. Accomplish the “Self-check” in page 8.
4. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).



5. If you earned a satisfactory evaluation proceed to “Information Sheet 2”. However, if your rating is unsatisfactory, see your teacher for further instructions.
6. Submit your accomplished Self-check. This will form part of your training portfolio.
7. Your teacher will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your teacher shall advise you on additional work. But if satisfactory you can proceed to Learning Guide # 51.

Information Sheet-1

Introduction to family planning

1. Introduction to family planning

1.1.1. Concept of FP

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.

It promotes 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. Also its use various methods of fertility control that will help individuals (men and women) or couples to have the number of children they want and when they want them in order to assure the well being of children and the parents. Family planning simply means preventing unwanted pregnancies by safe methods of prevention. This is considered to be part of the basic human rights of all individuals or couples as it was endorsed by the International Conference on Population and Development in Cairo in 1994. Family planning saves the 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.

The rationale for family planning includes:



- Allowing women and men the freedom to control the number, spacing and the time at which they have children, family planning helps women and their families preserve their health and fertility and also contributes to improving the overall quality of their lives.
- Family planning also contributes to improving children's health and ensuring that they have access to adequate food, clothing, housing, and educational opportunities.
- It allows families, especially women, the time to adequately participate in development activities.

Health benefits:

Family planning reduces mortality and morbidity from pregnancy and childbirth. Spacing childbirth with intervals of three to five years significantly reduces maternal, prenatal and infant mortality rates. Pregnancy and childbirth poses special risk for some groups of women –adolescents, women more than 35 years of age, women with more than four previous births and women with underlying diseases. It is estimated that if all these high risk pregnancies were avoided through the use of family planning 25% of maternal deaths could be prevented (Royston and Armstrong, 1989). Moreover, unwanted pregnancy that leads to unsafe abortion with its resultant complications can be prevented by the use of family planning.

1.1.2. History of family planning

High fertility and rapid population growth have an impact on the overall socio-economic development of the country in general and maternal and child health in particular. The rationale was based on concerns over the potentially negative effects of rapid population growth and high fertility on living standards and human welfare, economic productivity, natural resources, and the environment in the developing world, but still surveys showed substantial unmet need for family planning. During the 1980s, the public health consequences of high fertility for mothers and children are set of concerns for international community especially for developing countries. High rates of infant, child, and maternal mortality as well as abortion and its health consequences, were



pressing health problems in many developing nations and had also become of greater concern for international development agencies.

Family planning allows 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. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy and hence contributes to the nation's social and economic development. Ethiopia, like most countries in sub-Saharan Africa, is experiencing rapid population growth. Ethiopia's current population is estimated at 100 million, second most populous country in Africa and will reach 174 million by 2050 to become the 9th largest country in the world preventing any gain in the national development effort. Widespread access to family planning services is essential to population stabilization. The health of mothers, children and general quality of life is also improved through the implementation of family planning programs.

Information Sheet-2

Resource mapping

1.2. Resource mapping

Community resource mapping is a method of showing information regarding the occurrence, distribution, access to and use of resources; topography; human settlements; and activities of a community from the perspective of community members.

Step 1: Select Local Analysts. Identify the groups of people to talk to about their perceptions of their local resources.

Step 2: Provide Introductions and Explanations. When working with each group, the facilitator and observer/note-taker should begin by introducing themselves.

Step 3: Produce a Community Resource Map. First decide what type of area the map will show or any limitations, such as a village, an indigenous ancestral domain, a watershed, and so on.



Possible Approach:

Step 4: **Analyze a Community Resource Map.** Once the map has been completed, use it as a basis for conducting semi-structured interviews on topics of interest for collecting more statistical data and for enabling local analysts to conduct their own discussions and analysis.

Step 5: **Conclude the Activity.** Check again that the analysts know how the information will be used.

Information Sheet-3

Identification of WHO medical eligibility criteria

1.3. Identification of WHO medical eligibility criteria

The medical eligibility criteria improve both the quality of and the access to family planning services for clients. This medical eligibility criterion was developed within the context of clients' informed choices and medical safety. Medical eligibility criteria is one of the four tools that WHO produced to provide quality and accessible FP services based on objective evidence.

The curriculum address medical criteria for the initiation and continuation of use of all methods included. The issue of continuation criteria is clinically relevant if a woman develops the condition while she is using the method. When categories for initiation and continuation are different, these differences are noted in the columns 'I=Initiation' and 'C=Continuation'. Where I and C are not shown, the category is the same for initiation and continuation of use.

On the basis of this classification system, the eligibility criteria for initiating and continuing use of a specific contraceptive method are presented in a set of tables. The first column indicates the condition. Several conditions were subdivided to differentiate between varying degrees of the condition. Each condition is defined as representing either an individual's characteristics (e.g., age, history of pregnancy) or a known medical/pathological condition (e.g., diabetes, hypertension). Conditions that are of



public health significance for Ethiopia are included in the MEC table. Client history is often the most appropriate approach to decide if condition is present.

Category	Description
1	A condition for which there is no restriction for the use of the contraceptive method.
2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
4	A condition which represents an unacceptable health risk if the contraceptive method is used.

Categories 1 and 4 are self-explanatory. Classification of a method/condition as category 2 indicates the method can generally be used, but careful follow-up may be required. However, provision of a method to a woman with a condition classified as category 3 requires careful clinical judgment and access to clinical services; for such a woman, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be taken into account.

For a method/condition classified as category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable.

Information Sheet-4

Developing plan of action

1.4. Developing plan of action

Action plan is a document developed by the manager and staff, which lists all planned activities, the date on which they will occur or by which they will be accomplished, the resources they will require, and the person who is responsible for carrying them out. Such a document is a valuable tool for efficient and effective programmed implementation, and should be used regularly and consistently as a monitoring tool at all levels. It increase prevalence of modern contraceptive methods and needs, offers



family planning service in Primary Health Care and encourage trained Primary Health Care personnel on counseling and provision of contraceptive methods.

- ▶ Its aim: to Increase the knowledge of individuals and couples on their reproductive right to obtain information on the number and time to have children and encourage ensuring that every child is desired by them.
- ▶ Improve access to contraception services to every individual in need of them and reduce the use of abortion as a tool to prevent unwanted pregnancies.
- ▶ Expand the network of contraceptive methods offered for each individual in need in order to raise awareness on and demand for Family Planning services
- ▶ Promotion, education, counseling, informing about family planning and reduction of the incidence of unwanted and dangerous pregnancies, aiming at increasing men and boys' active participation and their responsibilities in making reproductive health decisions

Self-Check -1

Written Test

I- Multiple Choices: Choose the best answer.

1. Family planning:
 - A. Can prevent pregnancies in women past the desirable child-bearing age
 - B. Facilitates love and affection by parents to the children
 - C. Reduces maternal and child mortality
 - D. Contributes to the quality of family life and economic development

ANSWER SHEET

Name: _____ Date: _____

I - Multiple choices

1. _____



Reference:

1. WHO, family planning A global hand book for providers,2018 updates
2. Federal Democratic Republic of Ethiopia, Ministry of Health: National Guideline for Family Planning Services in Ethiopia, November 2011, Ethiopia

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