

SUPERVISORY SKILLS

Birth Spacing



WORLD HEALTH ORGANIZATION

Maternal and Child Health and Family Planning Programme
Expanded Programme on Immunization
Programme for Control of Diarrhoeal Diseases

BIRTH SPACING
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INTRODUCTION

Birth spacing is the practice of waiting a period of time before having another baby. Good birth spacing means waiting to give birth again until the previous child is at least 2 years old. The primary purpose of birth spacing is to increase the chances that mothers and their children will be healthy, rather than to limit family size.

Why do you need to know this?

Waiting at least 2 years between children improves the chances that children will survive, just as immunization and treatment of diarrhoeal diseases save children's lives. Not waiting at least 2 years between children greatly increases the chances that these children will die before the age of 5.

Of course, many factors are involved in improving child health and survival. Reducing the problems of malnutrition, infectious illnesses, and lack of health care are essential. But another way to prevent deaths now is to encourage parents to space their children.

You are the supervisors of health services which provide immunizations, oral rehydration, pre- and postnatal care, and other services to the community. Your health workers see many mothers of young children who come to your service site because they care about their children's health. Giving these women, and other family members, information, support, and guidance about birth spacing is an important way health workers can help families improve the health of their children.

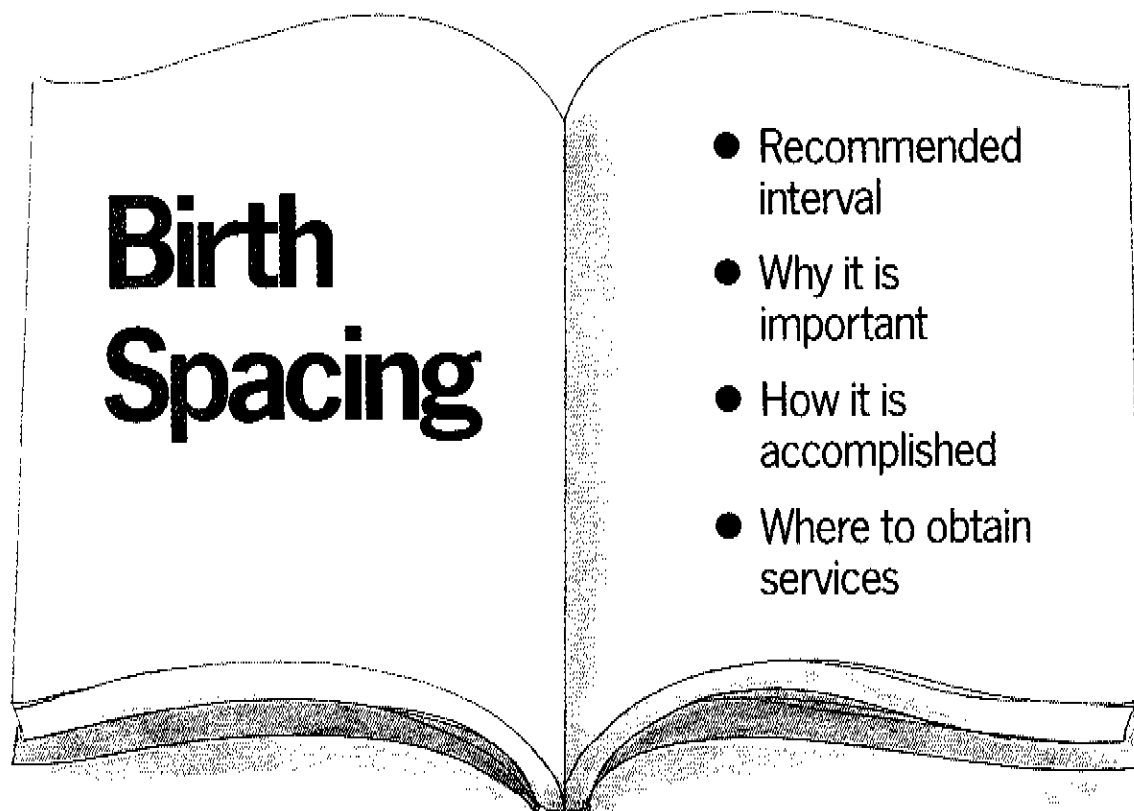
LEARNING OBJECTIVES

The information, examples, and exercises in this module will prepare you to counsel people about birth spacing and set up a birth spacing programme within your services. You will learn:

- Basic facts about birth spacing and its importance for child health.
- Steps for conducting counselling sessions with mothers and other family members.
- Steps for building birth spacing information, support, and guidance into your services.

UNIT 1: BIRTH SPACING:
THE BASIC FACTS

In this unit, you will learn about:



WHAT IS GOOD BIRTH SPACING?

Good birth spacing is waiting at least 2 years after giving birth to one child before having another baby. This period of time (between births) is called the "birth interval."

In practical terms, this means that a woman should wait at least 15 months after giving birth before trying to become pregnant again. This period of time (between giving birth and the beginning of the next pregnancy) is called the "pregnancy interval."

GOOD BIRTH SPACING MEANS
WAITING AT LEAST 15 MONTHS
BEFORE BECOMING PREGNANT AGAIN

WHY IS BIRTH SPACING IMPORTANT?

The largest study of childbearing and child survival ever done, the World Fertility Survey, has recently been completed. Information gathered from dozens of countries shows that when babies are born too close together, their health is seriously endangered. Health risk to mother and child is also increased when the number of children exceeds 4 or 5, and when a mother bears children when she is very young or during the end of her fertile years.

While the situation varies from country to country, on average, 1 out of every 3 children in developing countries is born too soon after a previous child.

► Who is in danger?

When the birth interval is less than 2 years, both the older child and the younger child have a much greater chance of dying before the age of 5 than do children with a longer space between them.

The older child is the child born before the birth interval. The younger child is the child born after the interval.

**Born before
interval:
Older Child**



**Born after
interval:
Younger Child**

In addition, when the interval is too short, there is a strain on the whole family. The mother, who needs to rest to recover from her pregnancy and delivery, must immediately care for 2 very young children. Other children and family members, who depend on her for many things, may suffer until she has recovered her strength and can care for the family's needs again.

► How great is the danger?

During the first year of life (ages 0 to 1), the effects of poor birth spacing on child survival are strongest. Children born after a short interval are twice as likely to die as are children who are born after a longer interval. In other words, a short interval increases the risk of infant death by 100%.

During the next 4 years (ages 1 to 5), the risk of death for children born either before or after a short interval is increased by 50%.

Even if the older child dies in infancy, too short a birth interval will still put the younger child at very high risk. In other words, if a mother and father have lost a baby, they should still wait before trying to have another child. This is very important since many parents, understandably, want to replace their lost child quickly. But the mother's body still needs time to recover from the last pregnancy. Waiting 15 months greatly increases the chances that the next child will be strong and healthy.

SHORT-ANSWER EXERCISE

1. A woman gave birth to a son 6 months ago. She wants to have another child soon, but knows that it is best to have a 2-year "birth interval" between children. How long should she wait before trying to become pregnant again?

2. A woman is now 3 months pregnant. Her daughter is 20 months old:

- What was the length of her "pregnancy interval"? _____

- How old will her daughter be when the new baby is born?

- Is she practicing good birth spacing? _____

Answers appear on page 54.

► Why do short birth intervals increase the risk of death?

There is no simple explanation. The following factors are believed to contribute:

- Mother's body has not fully recovered from the last pregnancy

When a woman becomes pregnant again soon after she has given birth, her body may not have fully recovered its health and strength. This may reduce her ability to nourish the baby she is carrying, and she may give birth to a baby with low birth weight. Low birth weight puts a baby at very high risk of death.

- Not enough care and attention

When another baby is born too soon, the older child may not receive enough care and attention. As a result, this child may become sick more often, recover more slowly than other children, and even die. Children need to be growing well, walking and talking before they have to share their mothers and fathers with a new baby.

- Early weaning

If a mother quickly becomes pregnant again, she may wean her young child too soon. Breastmilk is more than good food. It also helps protect young children against disease. When breastfeeding is stopped too soon, the child is more likely to get sick.

► How does good birth spacing benefit the whole family?

Good birth spacing prevents many infant and childhood deaths. But it also improves the quality of life. Children will be better nourished and cared for, which means they will grow and develop better. Spacing means healthier children.

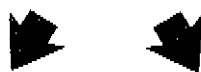
The mother, also, will benefit from spacing her children at least 2 years apart. Most importantly, her body will have a chance to recover fully before the strain of another pregnancy.

SHORT PREGNANCY INTERVALS

(LESS THAN 15 MONTHS)

ARE

DANGEROUS TO CHILD HEALTH



DURING
INFANCY
(Age 0 to 1)

Children born after
a short interval are
100% more likely to
die than other children

DURING
NEXT 4 YEARS
(Age 1 to 5)

Children born either
before or after a
short interval are
50% more likely to
die than other children

SHORT-ANSWER EXERCISE

A young couple had a daughter at the end of April. Soon afterwards, the infant became sick and died. Since these parents wanted very much to have another child, the woman became pregnant again at the end of October, giving birth to a son the following July.

- What was the length of her "pregnancy interval"? _____

- Is a short interval still harmful to the baby boy even though the first child has died? _____

Answers appear on page 54.

HOW IS BIRTH SPACING ACCOMPLISHED?

There are many different methods of varying effectiveness that parents can use to space their children. They can avoid sexual relations or use other traditional methods of family planning, such as prolonged, regular breastfeeding or withdrawal. Or they can use modern methods, such as oral contraceptives, IUDs, condoms, or foaming tablets.

WHERE ARE FAMILY PLANNING SERVICES AVAILABLE?

To space their children, people must know about methods of contraception and have access to contraceptive supplies and services. Your own health center may provide these family planning services. If not, it is important to find out where people can obtain family planning information, services, and supplies so that your health workers can refer people there.

Your supervisor may give you a list of local places to refer people. If one is not available for your area, you should make a list yourself. Be sure to check the following places:

- local hospital
- clinics
- pharmacies
- nearby health centers
- community-based distributors (e.g., village health workers)

When you have a list, display it in a public place for everyone to see. Update the information regularly.

TO SPACE THEIR CHILDREN
PEOPLE MUST KNOW ABOUT
METHODS OF FAMILY PLANNING

Therefore,

Your Health Services Should:

PROVIDE SERVICES
AND SUPPLIES FOR
BIRTH SPACING

or

GIVE GUIDANCE ON
WHERE TO GO FOR
SERVICES AND SUPPLIES

BIRTH SPACING:
THE BASIC FACTS

SUMMARY

RECOMMENDED
INTERVAL:

- Good birth spacing is waiting at least 15 months after giving birth to one child before becoming pregnant again.
- This means that when the new baby is born, the two children will be at least 2 years apart.

WHY IT IS
IMPORTANT:

- Short intervals are dangerous to child health:
 - During 1st year of life: Children born after a short interval are twice as likely to die as other children.
 - Between ages 1 and 5: Children born either before or after a short interval are 50% more likely to die than other children.
- Good birth spacing benefits the whole family:
 - Promotes general health of children
 - Reduces infant and child deaths
 - Promotes general health of mother
 - Gives parents a way to plan when they will have a family so that the children can receive enough care and attention.

HOW IT IS
ACCOMPLISHED:

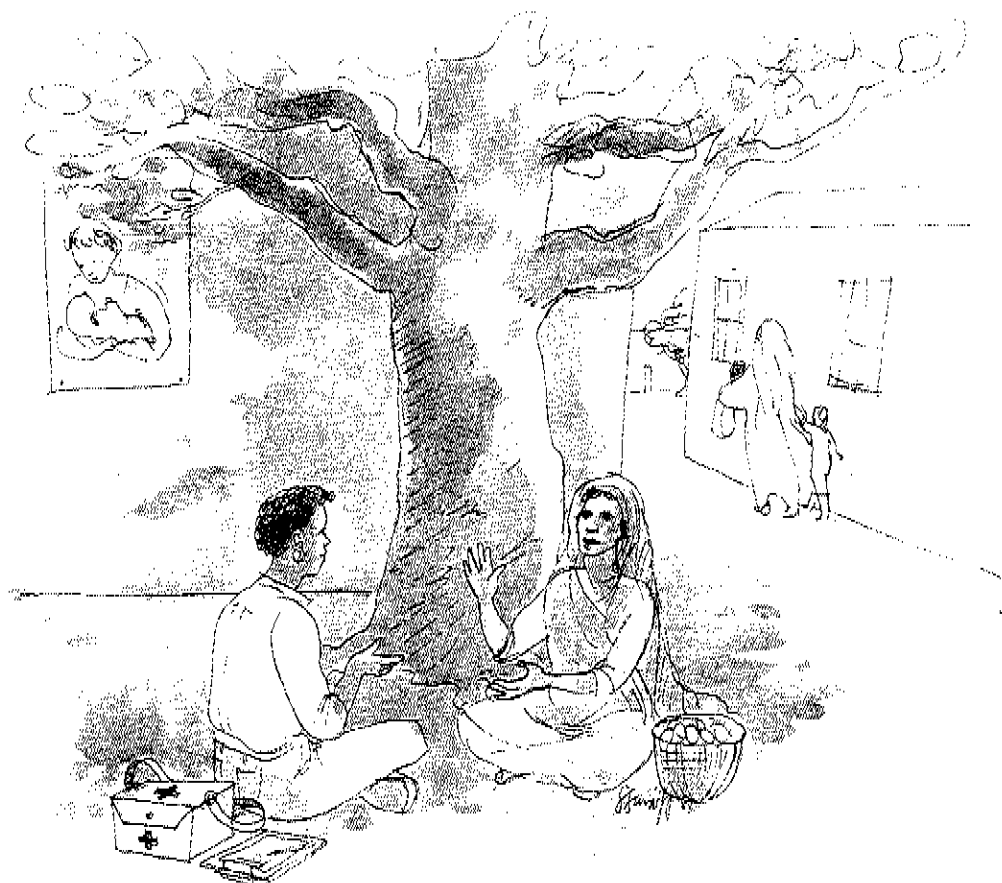
- Parents can space their children by using either traditional or modern methods of family planning.

WHERE TO
OBTAIN
SERVICES:

- Your health center may provide family planning services. If not, give community members guidance on where to go for family planning information, services, and supplies.

UNIT 2: THE COUNSELLING SESSION

In this unit, you will learn:



4 Steps for Counselling People About Birth Spacing

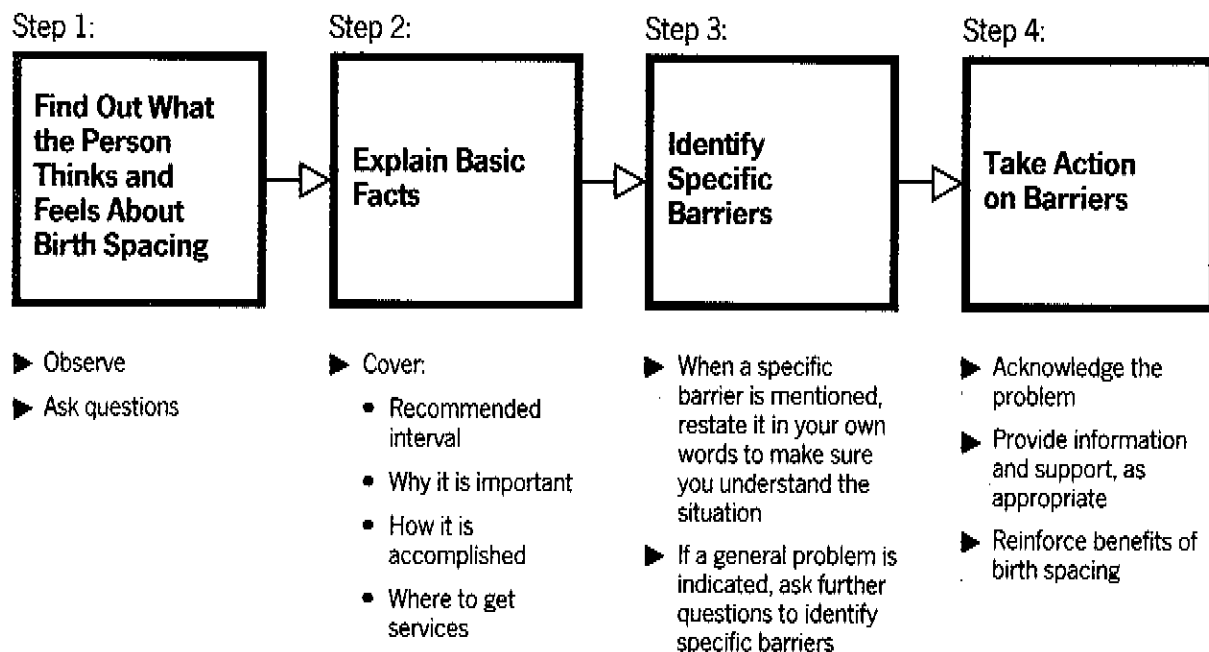
INTRODUCTION

The counselling session between health worker and mother is the major way that information about birth spacing will reach the people in your community. Counselling may occur anytime a person comes to the health center, for example when a mother brings a child for immunization, or when she comes for a prenatal or postnatal visit.

Of course, the health worker may also want to counsel a father, or a couple, or a group of women.

Some community members may already know about spacing children for health reasons, but many will not. Some people will be interested and receptive to the idea. Some will seem hesitant and worried. Others may reject the idea as too difficult, unimportant, or against their beliefs. Health workers need to be able to encourage all these people to space their children.

To counsel someone about birth spacing, a health worker should follow these steps:



If these steps are done well, the counselling session will be clear and informative. It will be sensitive to the person's circumstances, beliefs and feelings. It will be effective in overcoming barriers, and will help the woman practice birth spacing.

STEP 1: FIND OUT WHAT THE PERSON THINKS AND FEELS ABOUT BIRTH SPACING

A variety of scientific studies have confirmed that birth spacing is very important for child health. But this idea is not new. People in many parts of the world have long believed that for health reasons it is good to space the children in a family.

The World Health Organization interviewed more than 42,000 women in Colombia, Egypt, India, Iran, Lebanon, Pakistan, Syria, and Turkey. More than nine out of every ten women said that having babies too close together is harmful.

Some members of your community may already believe that spacing children is good. If so, health workers can review the basic facts and support these beliefs. If the community does not recognize that short intervals between children are harmful, health workers will have to explain this new idea to people in a way they can understand and accept.

But even where traditional ideas about birth spacing exist, you can not be sure that all members of the community know about these beliefs or share them.

The first step, then, in conducting a counselling session is to find out what this particular person thinks and feels about birth spacing. To do this, the health worker should:

- | |
|---|
| <ul style="list-style-type: none">▶ Observe▶ Ask questions |
|---|

Observe:

If a mother comes in with 2 or 3 closely-spaced children, you know that she has not practiced birth spacing, although you do not know why.

Sometimes, what you observe is not as clear as it seems to be. For example, if a woman is wearing modern clothing, this may mean that she knows about family planning. If her dress is traditional, this may mean that she is isolated from, and unfamiliar with, modern ideas, including family planning. But, in both cases, what may appear to be true is not necessarily true. Your observations are useful clues to a person's knowledge and beliefs about birth spacing, but to find out more, you need to ask.

Ask questions

To determine the person's attitude toward birth spacing and to begin the discussion, ask a question such as:

- Are you familiar with the idea of birth spacing?
- How do you feel about waiting a while before you have another child?
- Do you think it is a good idea to space your children a few years apart?
- Have you ever thought about waiting a few years before having your next child?

The person's response (both verbal and nonverbal) will provide the health worker with important information about:

- the person's knowledge or beliefs about birth spacing.
- the person's general attitude toward practicing birth spacing.

The response may also reveal a specific barrier, which the health worker will need to discuss during the counselling session.

The person's general attitude may be positive. For example:

- The person has not heard about birth spacing but expresses interest and asks for more information.
- The person already knows something about birth spacing and welcomes more information.
- The person is planning to practice birth spacing.

Or, the person's general attitude may be negative, indifferent, or mixed. For example:

- The person says that birth spacing is not possible: it is against his or her beliefs; it is too difficult; and so forth.
- The person does not express any opinion at all. (An indifferent attitude often suggests a lack of understanding or the presence of hidden obstacles.)
- The person is interested but also seems hesitant or worried.

With this information, the health worker can respond to the person appropriately.

REVIEW
OF
STEP 1:

FIND OUT WHAT THE PERSON
THINKS AND FEELS ABOUT
BIRTH SPACING

▶ OBSERVE

▶ ASK QUESTIONS

STEP 2: EXPLAIN BASIC FACTS

Whether the person's general attitude is positive, negative, indifferent or mixed, health workers should explain the basic facts about birth spacing:

- Recommended interval
- Why it is important
- How it is accomplished
- Where to obtain services

If the person's attitude is already positive, this information will reinforce their desire to space their children and will help them practice birth spacing. If the person's attitude is negative, indifferent, or mixed, this information may help to clarify any misunderstanding they may have about birth spacing, for example, that birth spacing means they have to stop having children.

A "Reminder Poster" (like the example on the following page) can present some basic facts about birth spacing in an attractive way. If you hang this poster in a public place (for example, on a wall inside your health center or on a large tree at your service site), health workers can refer to it as they explain the basic facts about birth spacing.

If there is a generally accepted belief in your community that birth spacing is good, and the health worker has discovered that the person being counselled has heard about it, the health worker should:

- Refer to the existing belief
- Then build on it by explaining or reviewing the basic facts about birth spacing

For example: In one community women, for generations, practiced abstinence to space their children, although the practice has died out now. The health worker might say:

"When your grandparents were young, women did not have sexual relations for several years after having a child. This was good because women were able to space their children, so that each one would be strong and healthy.

Refer to the existing belief

"I know your life is different from your grandmother's and you would not do it the way she did. But she was right in feeling that spacing was important. Waiting at least 15 months before you get pregnant again greatly improves the chances that your children will survive.

Build on it by explaining the basic facts

"There are many new methods now that can help you delay your next pregnancy. Information about them as well as services are available at our local family planning clinic."

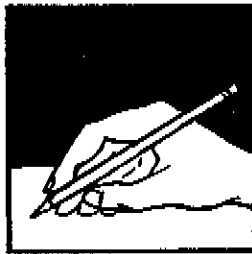
REVIEW
OF
STEP 2:

EXPLAIN

BASIC

FACTS:

- Recommended interval
- Why it is important
- How it is accomplished
- Where to obtain services



EXERCISE A

Case #1

A young couple has brought their 2 children-- ages 6 months and 1½ years-- to your health center for immunization. The man has started a conversation with you about his family. He is clearly very proud of his children and he says they plan to have several more babies. The woman has remained silent.

- a. What important thing(s) have you observed about this couple?

- b. What question would you ask this couple to determine their attitude towards birth spacing?

Case #2

You are counselling a young mother who has come to the health center with her 5-month-old child for growth monitoring. You began the discussion of birth spacing by asking her: "How would you feel about waiting a while before you have another baby?" The woman answered: "I would like to have another baby soon and so would my husband, but I am very tired right now."

a. What is the woman's attitude toward birth spacing?

b. What would you do next?

c. Write down the words you would say to respond to this mother.

Case #3

A mother has brought her baby to the health center with mild diarrhoea. After caring for the baby and teaching the mother about oral rehydration therapy, you have been explaining the basic facts about birth spacing. You have just said that short intervals are dangerous--that her children are much more likely to survive if she spaces them at least 2 years apart. The woman interrupted: "That sounds ridiculous. How can the time between my children affect their health?"

What would you say to this woman?

When you have finished this exercise,
talk with the facilitator.

STEP 3: IDENTIFY SPECIFIC BARRIERS

Some people, after hearing the basic facts, will be ready to practice birth spacing. Their attitude is very positive; any concerns they may have had about birth spacing were clarified when the basic facts were explained. For these people, steps #3 and #4 are not necessary. Health workers should reinforce the benefits of birth spacing and end the counselling session.

Most people who come for services, however, will not have a positive attitude towards spacing their children. They will be negative, or indifferent, or will express a mixture of interest and fear. For these people, the counselling should continue with steps #3 and #4.

Some women want to have many children, and like having them quickly, one after another. Many women, however, want to wait several years before having another baby. They know how tiring it is to have one child right after another, and how hard it is for them to give each child the care it needs. But short intervals are common. Why? What are some of the conditions, pressures, and beliefs that make birth spacing difficult for many people to practice?

6 Common Barriers to Birth Spacing

1. Pressure not to space (familial, social, economic):

Some customs and beliefs in a community can result in pressure on women to get pregnant quickly.

For example:

- The husband wants a son (or many sons) to achieve status.
- There is peer pressure (from sister, other women) to have many children quickly to achieve "wife status."
- The woman feels fulfilled when having babies. Her self image depends upon it.
- The husband believes his virility is demonstrated by having a child every year.
- The husband wants as many children as possible to help out economically (for instance, to work on the farm).
- The mother-in-law is against anything new that interferes with nature (like modern contraceptives).

2. Lack of information on methods:

Most women know that if they do not have sexual relations they cannot get pregnant. But for many couples, this is not an acceptable method of birth spacing. Unfortunately, many people-- especially those living in rural areas-- do not know about other methods, or do not know whom to ask for help.

For example:

- The woman is isolated (has little contact with other women) and does not know about modern contraceptives.
- The woman has tried the pill (or another method), does not like it, and does not know about alternatives.

3. Lack of access to family planning services and supplies:

For example:

- There are not any services available.
- The woman does not know where to get affordable services where she feels comfortable.
- The services available are inconvenient (too far away; hours are bad; long waiting periods) or the staff is rude and unfriendly.

4. Fears about contraceptives:

For example:

- The woman has heard frightening stories about modern contraceptives (for instance, that they make you sick, or they are not reversible.)

5. Changing conditions and customs:

Some traditional practices that helped to delay pregnancy (such as not have sexual relations for several years after giving birth, and regular breastfeeding for several years) have become less common, but new methods are not being widely used yet.

For example:

- The woman works part-time and cannot breastfeed regularly. She has introduced supplemental feedings, which greatly reduces the "contraceptive" effect of breastfeeding.

6. Lack of communication between husband and wife:

Sometimes women who want to wait before having another child are hesitant to raise the subject with their husband. They do not have a tradition of discussing important issues and making these decisions together. This can lead to feelings of helplessness and despair.

For example:

- The husband makes the important decisions in the household. He also has a bad temper. The wife is afraid to talk to him about birth spacing.

6 COMMON BARRIERS
TO BIRTH SPACING

1. PRESSURE NOT TO SPACE
(FAMILIAL, SOCIAL, ECONOMIC)
2. LACK OF INFORMATION ON METHODS
3. LACK OF ACCESS TO FAMILY PLANNING
SERVICES AND SUPPLIES
4. FEARS ABOUT CONTRACEPTIVES
5. CHANGING CONDITIONS AND CUSTOMS
6. LACK OF COMMUNICATION BETWEEN
HUSBAND AND WIFE



EXERCISE B

Write your answers to the questions below. When you have finished, there will be a group discussion.

1. To your knowledge, are there any ideas for or against birth spacing which are generally accepted by the people in your community?

- What are these ideas?

- Who holds them? (Everyone? Just older women? People from rural areas?)

2. Will health workers in your health center need to present birth spacing as a new idea to many people?

How can you identify specific barriers to birth spacing during the counselling session?

► If a specific barrier is mentioned, restate it in your own words to make sure you understand the situation.

Sometimes the person will mention a particular problem at the beginning of the conversation. For example:

Health

Worker: "How do you feel about waiting a while before having your next baby?"

Mother: "No... that is not possible. My husband wants a son. Now!"

In this case, the specific barrier has been identified. After the basic facts about birth spacing have been explained, the health worker should restate the problem in his or her own words to make sure he or she understands the situation. For example:

Health

Worker: "Are you saying that your husband is against waiting a while because he wants to have a son?"

Mother: "Yes... we have 2 daughters already. My husband feels he will be more respected in the community when he has a son."

► If a general problem is indicated, ask further questions to identify specific barrier(s).

Often when there is a condition or problem that would make birth spacing difficult, the person will, at first, be vague. The person will indicate there is a problem without stating exactly what it is. This person's attitude will seem indifferent or evasive or a mixture of interest and hesitation. For example:

Health

Worker: "Do you think it is a good idea to space the children in your family a few years apart?"

Mother: ● "I do not know."

or

● "I do not think we could do that."

or

● "It sounds like a good idea, but not for our family."

In each of these cases, the person's response indicates either a lack of understanding of what birth spacing means, or that a hidden problem or barrier exists. When the health worker explains the basic facts, any misunderstandings about what birth spacing is should be clarified. Then, the health worker should ask further questions to find out if a barrier remains. For example, the health worker might say:

● "Is there anything that would make it difficult for you to wait before getting pregnant again?"

● "If birth spacing sounds like a good idea to you, why not for your family? What stops you?"

- "Do you think your husband would object?"
- "Are you concerned about what method you could use?"

The health worker should ask questions carefully and sensitively until the person being counselled is able to reveal the condition or belief that is acting as a barrier to birth spacing.

REVIEW
OF
STEP 3:

IDENTIFY SPECIFIC BARRIERS

- ▶ IF A SPECIFIC BARRIER IS MENTIONED, RESTATE IT IN YOUR OWN WORDS TO MAKE SURE YOU UNDERSTAND THE SITUATION.
- ▶ IF A GENERAL PROBLEM IS INDICATED, ASK FURTHER QUESTIONS TO IDENTIFY SPECIFIC BARRIER(S).

STEP 4: TAKE ACTION ON BARRIERS

Health workers can help people overcome or reduce barriers to birth spacing by providing information to answer their particular concerns and by giving support.

Information:

- Facts that explain or clarify what birth spacing means.

For example: "No, you would not have to wait 2 years before you could get pregnant again. Only 15 months."

- Facts that emphasize the importance of birth spacing for children's survival, children's health, and the mother's health and wellbeing.

For example: "If there is enough space between the births of your children, they will have a much better chance of survival. A short space between births makes illness and death much more likely."

- Where to obtain additional information, services, and supplies.

For example: "You can get good family planning services at the clinic located 1/2 mile from here."

- Suggestions for handling particular problems, such as how to discuss the subject of birth spacing with a husband who does not like to talk about these matters.

For example: "Do you think your husband would be willing to talk about birth spacing if you began by saying that the nurse is concerned about your whole family's health and wellbeing and says it is very important to wait?"

Support:

- Understanding of the person's circumstances, feelings and concerns.

For example: "Waiting 3 hours at the clinic without having a chance to talk to anyone must have made you angry and discouraged. It would make me feel that way."

- Encouragement to handle difficult social and family pressures not to practice birth spacing.

For example: "I know it is difficult to go against your mother-in-law's way of doing things. But her way is not practical for you and for many young women today."

To take action on a specific barrier that has been identified during the counselling session, health workers should:

- ▶ Acknowledge the problem
- ▶ Provide appropriate information and support
- ▶ Reinforce benefits of birth spacing

Acknowledge the problem

For example, the health worker might say:

"Yes... I can see how that makes it hard for you...."

By acknowledging the problem, you are letting the other person know that you have listened and take his or her concerns seriously.

Provide appropriate information and support.

Which kind of help is best for a given situation? Think about the woman's concerns and barriers, and give her the information she needs.

Information is needed when:

- There is a misunderstanding about what birth spacing means.
- You want to emphasize the importance of birth spacing.

There will be times when a person's concern cannot be directly "overcome". The best you can do is to show that the benefits of birth spacing (and the consequences of not spacing) are even more important than this other concern.

- You feel that a certain piece of information, such as the fact that infant survival doubles when children are properly spaced, may help the person convince other family members of the importance of birth spacing.
- You have some specific suggestion to make about where to go, what to do or say.

Support is always helpful.

Support is
needed when:

- The person is shy, fearful, discouraged or isolated. At these times, understanding and encouragement are especially important.
- The person is positive and interested in birth spacing. Support can encourage a woman to follow through her decision to space her children.

Reinforce benefits of birth spacing

Health workers should end the discussion of birth spacing by reviewing the benefits the person will get by spacing his or her children. The health worker can:

- Ask the other person to state the reasons he or she wants to space. Then support those reasons.

or

- Restate the benefits the person will get.

The health worker's main responsibility during the counselling session is to provide enough information and support so that people can help themselves.

In some cases, however, you may want to take direct action.
For example:

Situation

Suggested action

The woman is getting tremendous pressure from members of her family to get pregnant again quickly. She has not been successful in changing their minds.



Counsel the woman together with other family members. (This would mean arranging for a special meeting.)

The health worker has heard many complaints about rude or unfriendly treatment at the family planning clinic.



Speak directly with family planning service personnel about these complaints.

The woman is afraid to even mention the subject of birth spacing for fear of her husband's anger.



Arrange for a personal visit with the husband.



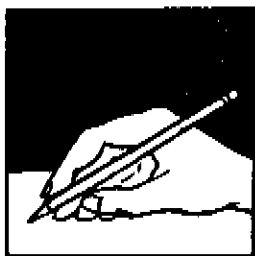
Speak to the local men's group or town counsel about the importance of birth spacing.



Ask a community leader or doctor to speak to one of these groups.

REVIEW
OF
STEP 4:

- ▶ TAKE ACTION ON BARRIERS
- ▶ ACKNOWLEDGE THE PROBLEM
- ▶ PROVIDE INFORMATION
AND SUPPORT,
AS APPROPRIATE
- ▶ REINFORCE BENEFITS
OF BIRTH SPACING



EXERCISE C

For each situation below, decide what kind of help is needed, and then choose the better response:

Situation 1

This father is a poor farmer who wants many children who can help him out on the farm.

Which response is more appropriate?

- "If you have a child every year, they may not be healthy or they may even die. You can hardly feed the children you have now."
- "I can understand your concern about having enough help on the farm. But it is hard to provide for several small children. If you space your children at least two years apart, each child is much more likely to live and be strong. That would be the best help you could get."

Situation 2

This couple, who has a 3-month-old baby, has just told you their religious beliefs would prevent them from practicing birth spacing. They live by the traditional blessing: "Have as many children as God will give."

Which response is more appropriate?

- "Your parents and grandparents did not use modern contraceptives to space their children, but they had 'natural' ways to help delay pregnancy, such as regular breastfeeding for months or years. Don't you think it's God's will that children should be strong and healthy?"
- "The family planning clinic in the next village can give you information on various methods of birth spacing."

Situation 3

This woman has told you her husband will not let her visit the family planning clinic because the doctor there is a man.

Which response is more appropriate?

- "The services at this clinic are very good. The male staff members are well-trained."
- "If you and your husband are not comfortable talking to a man about these matters, I can recommend another clinic where you will be seen by a woman. But it is a little farther away."

Situation 4

This woman has had 3 children in 3 years. She is very tired and very shy. You have learned that she does not know about modern contraceptives. You have been trained to provide counselling on contraceptive methods.

Which response is more appropriate?

- "There are several different methods you can use to delay your next pregnancy. Would you like to learn about them? I can explain them, and we can choose one that will suit you."
- "You are harming your children's health as well as your own health by having a child every year."

For each situation below, decide what kind of help is needed, and then write an appropriate response:

Situation 5

This woman's husband has forbidden her to use the pill until she gives him a son.

Write an appropriate response:

Situation 6

This woman's older sister has had 4 children, a year apart, and is pregnant again. The sister is pressuring her to do the same.

Write an appropriate response:

Situation 7

The husband of a couple has just said to you: "Family planning--that sounds like a way to stop having a family! Once she takes those pills, she will never be normal again."

Write an appropriate response:

When you have finished this exercise,
talk with the facilitator.



EXERCISE D

Now you will participate in some role plays of a counselling session. Each role play has 3 roles:

- Health worker
- Mother or father
- Observer

The main objective of each role play is to give the health worker practice using the information and skills learned to counsel someone effectively in a realistic situation.

The facilitator will introduce the role play exercise, assign roles, and read background information and instructions to you before you begin.

In the space below, write down any notes that will help you remember your role during the role play.

Role play #1:

Role play #2:

Role play #3:

Role play #4:

UNIT 3: HOW TO BUILD BIRTH SPACING INTO YOUR HEALTH SERVICES

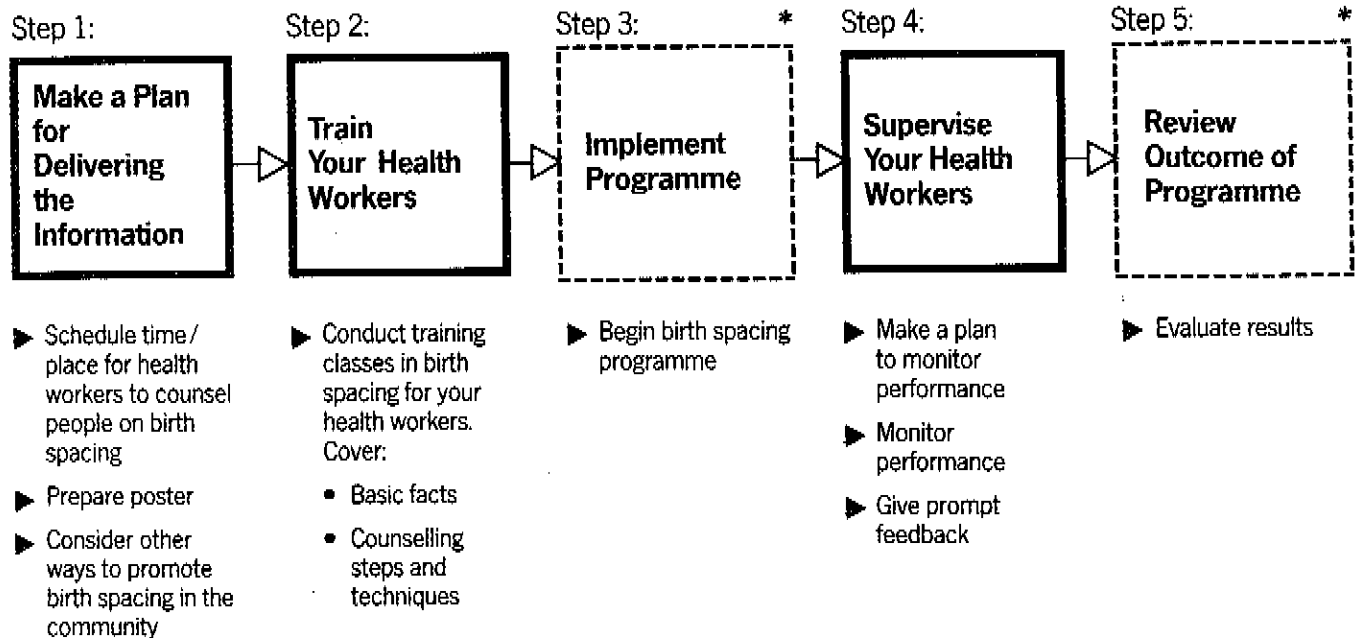
In this unit, you will learn:



5 Steps for Setting Up a Birth Spacing Programme

INTRODUCTION

When you return to your own health service site, you will begin the challenging task of setting up a birth spacing programme for your community. To do this, you should follow these 5 steps:



*These steps will not be discussed in detail in this training course. They are included here because they are a logical part of the process.

STEP 1: MAKE A PLAN FOR DELIVERING THE INFORMATION

Good birth spacing is an important way to improve child health and survival. It should easily fit in with the other information and services your health workers provide to families in the community.

But in order for your health workers to include a discussion of birth spacing when they are providing other health services, you must make a place for it within their daily activities.

▶ Schedule a time and place for health workers to counsel people on birth spacing

Decide when and where your health workers should counsel people on birth spacing, and then make these counselling sessions a formal part of your health workers' duties and responsibilities.

You might consider these times for counselling people on birth spacing:

- When a mother (or other family member) brings a child to the health center for immunization.
- When a mother is receiving ORT training.
- When a mother has come for prenatal or postnatal care.
- When a woman is recovering after the birth of her baby in the clinic.
- When a mother is attending a class on health care or nutrition or breastfeeding practices.
- When a mother brings her baby to the clinic for growth monitoring.
- When a woman comes to the clinic because she is ill.

The health worker or nurse responsible for providing these services can also discuss birth spacing.

You may also wish to have a health worker specifically assigned to counselling people about birth spacing when they are waiting to receive services, or waiting between services. For example, a health worker could counsel a mother about birth spacing after her baby has been weighed and the mother and child are waiting for the nurse to give the child an immunization.

SHORT-ANSWER EXERCISE

Would these be good times for counselling on birth spacing?
Why or why not?

1. A mother has come to the health center with her sick baby. The baby has diarrhoea and is receiving oral rehydration therapy. The mother is very worried.

Yes

No

Why or why not?

2. A baby has just received an immunization shot, is crying and in need of his or her mother's attention.

Yes

No

Why or why not?

Answers appear on page 54.

► Prepare poster

Make a "Reminder Poster" containing basic facts about birth spacing at the end of this training course. (An example poster is shown in Unit 2.) On the poster write information about where family planning services are available in your local area. Then display the poster on a wall inside your health center, on a large tree, or in some other public place where everyone can see it.

► Consider other ways to promote birth spacing in the community

In addition to counselling people who come to the health center for services, you may want to:

- Hold special classes on birth spacing for:
 - Mothers
 - Fathers
 - Village elders
 - Older, important women in the community whose opinions are usually followed
- Ask an influential person (a doctor or community leader) to speak to the local men's group or the town council about the importance of birth spacing.

REVIEW
OF
STEP 1:

MAKE A PLAN FOR
DELIVERING THE
INFORMATION

- SCHEDULE TIME/PLACE
FOR HEALTH WORKERS
TO COUNSEL PEOPLE
ON BIRTH SPACING
- PREPARE POSTER
- CONSIDER OTHER WAYS
TO PROMOTE BIRTH
SPACING IN THE
COMMUNITY

STEP 2: TRAIN YOUR HEALTH WORKERS

Before you can implement your birth spacing programme, your health workers must learn:

- The basic facts about birth spacing:
 - Recommended interval
 - Why it is important
 - How it is accomplished
 - Where services are available
- Steps and techniques for counselling people about birth spacing.

Conduct training classes for your health workers on birth spacing "facts" and "counselling steps and techniques" (the information contained in Units 1 and 2 of this module).

Remember, when you are training people on counselling techniques, to give them an opportunity to practice these skills. Observe them in role play situations and give each person feedback on his or her use of the skills.

For more information on conducting training classes, see WHO's Supervisory Skills module on "Training".

When your health workers have satisfactorily completed this training, you will be ready to begin your birth spacing programme.

REVIEW OF STEP 2:

TRAIN YOUR
HEALTH WORKERS
IN

- BASIC FACTS
- COUNSELLING
STEPS AND
TECHNIQUES

STEP 3: IMPLEMENT PROGRAMME

Ask your health workers to begin counselling people on birth spacing. Set up any special classes or other activities you have decided are appropriate and feasible.

STEP 4: SUPERVISE YOUR HEALTH WORKERS

It is important to stay involved, particularly at the beginning, by supervising your health workers. You need to see that they are doing a good job of talking about birth spacing with the people who come for services. By supervising carefully, you can locate any difficulties your health workers may be having and give them help.

To supervise effectively:

- Make a plan to monitor performance on a regular basis

Decide when, where, and how often you will monitor each health worker.

- Monitor performance

When you observe a health worker conducting a counselling session on birth spacing, listen and watch carefully for the following:

1. Did he/she begin by asking a question to find out what the person thinks and feels about birth spacing?
2. Is he/she stating the basic facts about birth spacing clearly?
 - Recommended interval
 - Why it is important
 - How it is accomplished
 - Where to obtain services
3. Is he/she building on existing ideas about birth spacing whenever possible?
4. Is he/she sensitive to this person's circumstances, problems, or concerns?
5. Is he/she uncovering and talking about barriers to birth spacing?
6. Is he/she offering helpful information, support, and guidance to overcome this person's barrier(s)?

● Give prompt feedback

Discuss your observations with each health worker as soon as possible. Your feedback will let the health worker know what things he/she is doing well -- and should continue doing -- and what needs improvement.

REVIEW
OF
STEP 4:

SUPERVISE YOUR
HEALTH WORKERS

- ▶ MAKE A PLAN TO MONITOR PERFORMANCE
- ▶ MONITOR PERFORMANCE
- ▶ GIVE PROMPT FEEDBACK

STEP 5: REVIEW OUTCOME OF PROGRAMME

From time to time, you may want to evaluate the effectiveness of your birth spacing programme. See the training module "Evaluating Progress" in WHO's Supervisory Skills series.



EXERCISE E

Write your answers to the questions below. When you have finished, there will be a group discussion.

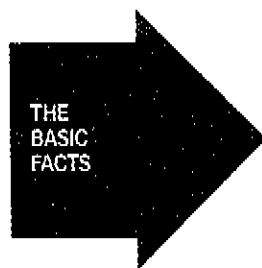
1. Where and when can you fit counselling on birth spacing into the regular duties of your health workers?

2. How else can you promote birth spacing within your community? List several possible activities.

3. How and when will you train your health workers?

When you have finished this exercise, let the facilitator know you are ready for the group discussion.

Remember This About Birth Spacing



Recommended Interval:

Good birth spacing is waiting at least 15 months after giving birth before becoming pregnant again.

Why It Is Important:

Good birth spacing improves the chances that your children will survive and be healthy.

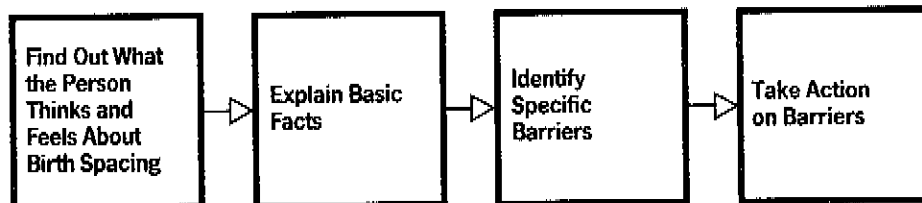
How It Is Accomplished:

By using either traditional or modern methods of family planning.

Where To Obtain Services:

Health centers should provide services and supplies for birth spacing or give guidance on where to get them.

Go through these 4 steps:



Go through these 5 steps:



ANSWERS TO SHORT-ANSWER EXERCISES

UNIT 1

Page 7:

1. She should wait 9 more months before trying to become pregnant again. Then her pregnancy interval will be 15 months or more.
2. ● Her pregnancy interval was 17 months (20 months minus 3 months).
 - Her daughter will be 26 months old when the new baby is born.
 - This woman is practicing good birth spacing by having her children more than 2 years apart.

Page 10:

- Her pregnancy interval was 6 months.
- Yes. Even if the older child dies, good birth spacing is important for the health of the next child. The danger caused by a short interval does not disappear. The mother's body still needs time to recover from the previous pregnancy and delivery, so that she can adequately nourish the child she will be carrying.

UNIT 3

Page 47:

1. No. All attention should be focussed on the immediate situation: a sick baby. This takes priority. Only if the mother remains at the health center for a few hours for the treatment, if the child becomes noticeably better, and if the mother stops worrying would it be appropriate to counsel her on birth spacing.
2. No. All attention should be focussed on the unhappy and frightened baby.

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