The CHARM Intervention was developed from a collaboration among the Center on Gender Equity and Health at the University of California, San Diego, the National Institute for Research in Reproductive Health (Indian Council of Medical Research), and Population Council, India. CHARM was funded by the Indo-US Program on Contraception and Reproductive Health Research, Department of Biotechnology, Government of India (Grant #BT/IN/US/01/BD/2010; PI: Balaiah Donta); National Institutes of Health, US (Grant number: RO1HD61115; PI: Anita Raj, Niranjan Saggurti).

Some materials in this manual are taken from the Government of India Information Education Counseling Materials (IEC)

Publication Date: December 2015


Curriculum Formatted by Sankari Ayyaluru and Parthu Kalva, Center on Gender Equity and Health, University of California, San Diego.
Acknowledgements

This manual was developed building upon formative research findings from community members and providers, and refined based on the findings of the CHARM intervention evaluation study. [Findings from these efforts can be made available upon request to geh@ucsd.edu.] We wish to acknowledge the efforts of the CHARM Research Team for their support and contributions to this training manual: Vaishali Ingole, Arun Jadhav, Pallavi Kamble, Reshma Kalamkar, Sagar Kadam, Umesh Mali, Sonal Pareria, Prajakta Palaye, Deepak Sonawane, Khanderao Tekale, and Sonali Yadav. We would also like to thank the village health care providers who conducted the CHARM intervention sessions, and Dr. Gopalkrishna Ramchandra Kadvekar for providing valuable consultation for the project as well as delivering intervention sessions. In addition, we wish to acknowledge John Zhu, Jennifer Yore, Ramesh Rao and the University of California, San Diego’s Qualcomm Institute for their technical support in supporting development and maintenance of the MSHARE data collection and management system used in this study. Finally, this project would not be possible without the men and women who graciously participated in the CHARM intervention study. We wish to thank them for their time, participation and for sharing their stories with our team.

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Overview of the CHARM Intervention

The CHARM [Counseling Husbands to Achieve Reproductive Health and Marital Equity] intervention is a 3-session gender equity and family planning (GE+FP) intervention delivered by trained male health care providers to married men, both alone and with their wives, to improve contraceptive practices and reduce spousal violence. Sessions for men (sessions 1 and 2) and couples (session 3) are delivered in a private clinical setting, or if preferred, a private location near or in the participant’s home over a three month period; contraceptives are offered at each point of contact.

CHARM materials, provided during the three day CHARM training and included in this training manual, are comprised of the following:

1) A desk-sized CHARM intervention flipchart is used by providers to provide pictorial information on family planning options, barriers to family planning use including son preference, the importance of healthy and shared family planning decision-making, and how to engage in respectful marital communication and interactions, and the unacceptability of spousal violence.

2) The CHARM intervention manual offers details to be covered in the flipchart and can be used by the provider as a desk reference in sessions.

3) The CHARM supplemental resource for providers includes more expansive information on FP and GE content covered in the CHARM intervention, and can serve as resource for providers.

Table 1: Intervention modules and delivery schedule

<table>
<thead>
<tr>
<th>Session</th>
<th>Content focus</th>
<th>Strategies</th>
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</table>
| Individual Session 1 (Male) 20-40 min | - Assess client’s FP knowledge and goals; provide overview of FP options and their availability  
- Assess man’s fertility goals- desire for more children, planned timing for (more) children, expectations of children early in marriage or sons; consider role and expectations of parents  
- Provide info on maternal and child health benefits of contraception and birth spacing, as well as delayed first childbirth, particularly for adolescent wives  
- Assess sex risk of man: extramarital sex; provide basic HIV/STI prevention information  
- Briefly assess if man has discussed FP with wife; assess & encourage joint FP decision-making  
- Highlight importance of male involvement in FP, safe motherhood and happy family life  
- Review again client’s FP goals; offer condoms, encourage consideration of pill | - Assessment  
- Dialogue  
- Education  
- FP Goal Setting & Action Plan  
- Provision of Condoms and/or Pill |
| Individual Session 2 (Male, optional) 20 min | - Assess client’s FP goals; review FP options to support these goals  
- Review previously identified barriers to FP uptake- desire for more children or for sons, expectations of parents, negative attitudes toward contraception; Process barriers with client  
- Assess if man has discussed FP with wife; practice how to communicate about FP with wife  
- Assess marital violence and sexual communication; reinforce non-use of violence and respectful communication; encourage joint FP decision making with wife  
- Highlight importance of male involvement in FP, safe motherhood and happy family life.  
- Review again client’s FP goals; offer condoms, encourage consideration of pill | |
| Couple Session 3 (optional) 20 min | - Assess couple’s FP goals; review FP options to support these goals  
- Discuss barriers to FP uptake- desire for more children or for son (son preference), expectations of parents, negative attitudes toward contraception; Process barriers with couple  
- Assess joint decision-making on FP; support joint communication on FP; respect for wives  
- Highlight importance of male involvement in FP, safe motherhood and happy family life.  
- Review again couple’s FP goals; offer condoms and pill | |

Note: To be delivered in a three month timeframe.
CHARM Theoretical Framework, Development and Evaluation Findings

CHARM Theoretical Framework. The CHARM intervention was developed based on a theoretical framework inclusive of Bandura’s Social Cognitive Theory (SCT)\(^1\) and Theory of Gender and Power (TGP).\(^2\) SCT has been used in effective family planning interventions\(^3\) and posits that behavior change, in this case contraceptive use, is more likely if an individual perceives positive outcomes for engaging in the behavior (e.g., beliefs that spacing births through contraception will produce healthier children), feels capable of engaging in and controlling the behavior (i.e., self-efficacy to use contraception), and has an environment supportive of the behavior (e.g., access to FP services). Hence, SCT would support use of FP education and skills building with improved access to contraceptives. TGP is a social-structural theory that posits that gender-based power dynamics inherent to many heterosexual dyadic relationships due to societal reinforced social norms can facilitate male control over sexual and reproductive decision-making, including contraceptive use, and some men may even use violence to control their female partners. Hence, counseling that can affect gender-equity and FP normative beliefs among men, particularly if the counseling was delivered by a respected male, could be useful in improving contraceptive use in the context of safer and healthier relationships.

CHARM Development. The CHARM model and curriculum was developed by the CHARM evaluation research team, which included social scientists and public health experts from India and the U.S. with experience in intervention design and expertise in the areas of FP, gender-based violence prevention, gender equity counseling, and male-focused health interventions. CHARM included Government of India FP information, education and counseling (IEC) materials used in the public health system to provide basic FP knowledge and positive outcome expectancies as well as contraceptives.\(^4\) Additional elements focused on gender equity and social norms were then created for the CHARM curriculum based on the theoretical framework and findings from formative research, which involved qualitative data collection from rural couples, mothers-in-law, and providers serving rural couples. Formative research revealed ongoing myths related to health consequences of spacing contraceptives as well as social norms related to expectations of pregnancy early in marriage, son preference, lack of male responsibility in FP, and lesser female control of FP decision-making.\(^5\) The three session CHARM model was developed to provide FP+GE counseling within a short timeframe, three sessions in three months, due to limited access to working men. Two sessions were included for men to allow rapport-building for discussion of more sensitive topics such as spousal violence. The Couple Session was designed to reinforce messaging to men and support joint family planning decision-making, and to facilitate reach to women for contraceptive pills. Once the model and curriculum were developed, review and feedback was obtained from rural health practitioners and FP experts for finalization. CHARM was then pilot-tested with ten couples, and pilot findings suggesting difficulty with retention resulted in our altering the sessions to provide core FP+GE information in Session 1, in case of low program retention.

This three session model was evaluated via a two-armed cluster randomized controlled trial with young married couples (N=1081 couples) recruited from 50 geographic clusters (25 clusters randomized to CHARM and a control condition, respectively) in rural Maharashtra, India. Couples were surveyed on demographics, contraceptive behaviors, and intimate partner violence (IPV) attitudes and behaviors at baseline and 9 & 18-months follow-up, with pregnancy testing at baseline and 18-month follow-up. Outcome effects on contraceptive communication and use and, secondarily, on pregnancy and partner violence (IPV) attitudes and behaviors, were assessed using logistic generalized linear mixed models. Most men recruited from CHARM communities (91.3%) received at least one CHARM intervention session; 52.5% received the couple’s session with their wife. Findings document that women from the CHARM condition, relative to controls, were more likely to report contraceptive communication at 9-month follow-up (AOR=1·77, p=0·04) and modern contraceptive use at 9 and 18-month follow-ups (AORs=1·57-1·58, p=0·05), and they were less likely to report sexual IPV at 18-month follow-up (AOR=0·48, p=0·01). Papers/reports from findings are available upon request; please contact geh@ucsd.edu.

References
GENDER-EQUITY FOCUSED
MALE-CENTERED
FAMILY PLANNING
IN RURAL INDIA
OBJECTIVES

National Institute for Research in Reproductive Health Mumbai offers significant innovative family planning services for rural young couples through private health care practitioners at the village level.

The purpose of this program is to help married couples become more aware and educated about their family planning options, which will be facilitated by promoting equality and shared decision-making in the household.
Collaborators

National Institute for Research in Reproductive Health
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Topiwala National Medical College & Nair Hospital, Mumbai, India

University of California, San Diego, USA

Population Council, New Delhi, India
Collaborators

- National Institute for Research in Reproductive Health, Parel, Mumbai.
- Topiwala National Medical College & Nair Hospital, Mumbai, India
- Directorate of Health Services, Maharashtra
- University of California, San Diego, USA
- Population Council, New Delhi
What is Family Planning?

The first pregnancy should be between the age of 18-35 years.

There should be two years of spacing between two children—

One should use copper T, condoms, or oral pills to keep space between two children.

If couples have one or two children.... Brings happiness in their life.
What is Family Planning?

- Family Planning is an intelligent use of contraceptive methods by couples to have the child 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 safe guarding the health of mothers and children.
Why is Family Planning Important?

Small Family, Happy Family.....

Big Family, Unhappy Family.......
Why is Family Planning Important?

- It can help mothers space pregnancies, *as the mother needs at least two years to recover fully, before her next pregnancy.*
- It helps *avoid unwanted pregnancies.*
- It enables parents to have the desired number of children that they can look after properly, to grow up into strong, healthy, and responsible citizens.
- *Small family sizes* will help the government provide *basic needs including, food, housing, education, employment, and medical and social services* to its citizens.
Session 1

GENDER-EQUITY FOCUSED, MALE-CENTERED FAMILY PLANNING IN RURAL INDIA
## Methods of Family Planning

<table>
<thead>
<tr>
<th>Temporary Methods</th>
<th>Natural Methods</th>
<th>Permanent Methods</th>
</tr>
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<tbody>
<tr>
<td>Male Condom</td>
<td>Rhythm Method</td>
<td>Female Sterilization</td>
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<tr>
<td>Oral Pills</td>
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<td>Male Sterilization</td>
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<tr>
<td>Copper T</td>
<td>Withdrawal</td>
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</tr>
</tbody>
</table>
Methods of Family Planning

1. Temporary Methods (Barrier Methods)
   - Male Condom
   - Oral Pills
   - Copper T

2. Natural Methods
   - Withdrawal Method
   - Rhythm Method

3. Permanent Methods
   - Female Sterilization
   - Male Sterilization
“Once copper T is inserted it can be used for 3 to 5 years.....”
IUD is a small flexible device made of plastic and copper

- It is inserted into the womb by a doctor, preferably soon after menstruation, abortion or 4 to 6 weeks after delivery
- It mainly prevents the fertilized egg from settling in the womb.
- No interference with sex. Can increase sexual enjoyment without need to worry about pregnancy.
- It is effective for 3 to 5 years.
- It must be inserted or removed only by a trained medical person.
- The ability to become pregnant returns quickly once the IUD is removed.
Who Can use and Can’t use Copper-T

Most women can use IUD (copper T) safely

But usually cannot use IUD (Copper T) if....

- Pregnant
- She has just delivered
- High risk of STI
- Unusual vaginal bleeding
- Infection or problems in female organ
Most of the woman can use Copper-T but usually **can’t use if she**,

- Is Pregnant (Picture no.1)
- Has just delivered (Picture no.2)
- Has a high risk of STI (Picture no.3)
- Has unusual vaginal bleeding (Picture no.4)
- Has an Infection or problems in female organ (Picture no.5)
“Post-partum women can start taking pills after they stop breastfeeding or 6 months after child birth – whichever comes first.”
Oral Pills

- It is a hormonal contraceptive. **It contains a combination of estrogen and progesterone** – mimicking the ones your body naturally produces monthly. They prevent the egg from being produced and hence prevent pregnancy. The woman should take it orally every day; it prevents the release of the egg from the ovary each month.

- Women should **consult a medical practitioner** before starting pills.

- Women should start taking oral pills on the first day of her menstrual cycle, taking one tablet daily for 21 consecutive days followed by seven days of iron and folic acid supplements.

- During post-partum, a woman can start taking pills after **she stops breastfeeding or 6 months after child birth** – whichever comes first.
Who Can and Can’t Use the Pill

Most women can safely use the pill

But usually cannot use the pill if she...

- Smokes cigarettes AND is age 35 or older
- Has high blood pressure
- Gave birth in the last 3 weeks
- Has been breastfeeding 6 months or less
- May be pregnant
- Has some other serious health conditions
Who Can and Can’t Use Pills

Most women can use pills safely but usually can’t use if she:

- Smokes or is above 35 years of age
- Has high blood pressure
- Gave birth in the last three weeks
- Has been breast feeding six months or less
- May be pregnant
- Has some other serious health conditions
Male Condom (Nirodh)

“The condom is free of cost and is easily available in government hospitals, PHCs, and sub Centre’s, with Anganwadi workers, ASHA, ANMs, and MPW. It is also available at medical shops”

“The condom helped me with family planning”
A condom is a sheath, or covering, made to fit over a man’s erect penis. It is made out of thin latex rubber and because of the condom, semen cannot enter into the vagina. It is one of the most popular contraceptive methods.

- Free of cost and easily available in government hospitals, PHCs and sub centers, with Anganwadi workers, ASHA, ANMs, and MPW.
- No side effects.
- A condom cannot be reused.
- Prevents STDs and HIV/AIDS.
- Never use oil-based lubricants such as mineral oil, petroleum jelly, or baby oil with condoms because these substances can tear the condom.
- Make sure the packet and condom appear to be in good condition, and check that the expiration date has not passed.
- If the condom breaks, immediately wash both the penis and vagina with water and soap, which can reduce the risk of STDs and pregnancy.
How to Use a Condom

1. 

2. 

3. 

4. 

5. 

6.
How to Use a Condom

- Open the condom packet at one corner. Be careful not to tear the condom with your fingernails or your teeth (picture no 1).

- Put the condom on the erect penis before the penis touches the vagina (picture no 2).

- Pull the foreskin back if the penis is uncircumcised. Place the condom on the tip of the penis (picture no 3).

- When you have ejaculated or finished having sex, withdraw the penis before it softens (picture no 4).

- Make sure you hold the condom against the base of the penis while you withdraw and tie a knot, so that the semen doesn't spill (picture no 5).

- Wrap the condom in paper and throw it in the trash (picture no 6).
“The withdrawal of the penis from the vagina just before ejaculation is called withdrawal method.”

“A woman is most fertile from the 10th to 20th day of her menstrual cycle, if her menstruation cycle is regular (28 days).”
Natural Methods

Withdrawal Method
- The withdrawal of the penis from the vagina just before ejaculation is called withdrawal method. This prevents the semen from entering the vagina. This is perhaps the oldest contraceptive method known to man. It has no physical side effects and no cost is involved but one can’t rely on this method.

Rhythm Method
- The rhythm method tracks the period when the woman is most fertile by recording her menstrual pattern. A woman is most fertile from the 10th to 20th day of her menstrual cycle, if her menstruation cycle is regular (28 days).
- Sexual intercourse is avoided on these days or couples can use barrier method, condom, during the fertile period.
- Woman having irregular cycles cannot use this method.
Female Sterilization

“Vasectomy doesn’t give any trouble.”

Male Sterilization

“Easy operation, no need to worry”
Permanent Methods

Female Sterilization (Tubectomy)

It is a permanent surgical method in which the fallopian tubes, which carry the egg from the ovary to the uterus, are closed. Thus it prevents the egg from traveling down to meet the sperm. Only those couples that desire no further children must adopt this method.

Male Sterilization (Vasectomy)

Male sterilization (Vasectomy) is a permanent surgical method. In a Vasectomy, the tubes (vas deferens) carrying the sperm from the testis to the penis are cut and tied at both the ends by making two small cuts on both the sides of scrotum, so that sperm cannot be released into the semen at the time of ejaculation. It is a safe, simple, and quick surgical procedure. It is not castration; it doesn’t affect the testis and doesn’t affect sexual ability.
Availability of Family Planning Methods
Availability of Family Planning Methods

Family planning methods are easily available at the public health sectors free of cost

- Government / Municipal Hospital
- Primary Health Centre
- Sub Centre
- Family Planning Camps
- Health workers like ANM/MPWs, ASHA, Anganwadi worker

These methods are also available at private health sectors with minimal charges.

- Private Hospital
- Pharmacy / Medical store
- Shops
Family Planning - Couple Decision

Copper T

Condom

Oral pills
After marriage it is necessary for husband and wife to decide jointly about their children.

- If you have 1-2 children then you can take proper care of them so their life span will increase and they will be able to take care of you in your old age.

- It is very essential for husband and wife to communicate and decide their family size for a better and prosperous life.

- The communication should be two ways rather than one way.

- In our society moreover we see that the desire for a male child or male sex preference affects family size.
"I have understood that girls and boys are same and if we give education and good values then girls also can take care of parents in their old age so I don't give preference to boy child."

"Whether it is boy or a girl child, it is important to have healthy baby, and for that I will regularly visit the PHC"

"It is my prime responsibility, to take care of my wife during pregnancy and after the delivery"
Married Couples’ Joint Decision Making on Family Planning

- Majority of couples/in-laws feel that it is compulsory to have the first child soon after marriage. Parenthood is a big responsibility and both husband and wife should be mentally prepared to take that responsibility.

- Both should respect each other’s opinion and decide mutually.

- A husband should understand that his wife is also equally important and she also has the right to express her views and make decisions regarding family planning.

- A good husband shares information about sexual and reproductive health issues with his wife. A husband should take responsibility by using or supporting his wife’s contraceptive use.

- Family planning can be used regardless of how many children you already have or want for the future.
“A good husband shares decisions around sexual and reproductive health issues with his wife. A husband should take responsibility by using or supporting his wife’s contraceptive use.”
Male Involvement in Safe Motherhood

- Early childbearing may be life-threatening to both the mother and the child. Mothers younger than 17 face an increased risk of maternal mortality because their bodies are not yet mature enough to bear children.

- To confirm your wife’s pregnancy, accompany her to a doctor and discuss her pregnancy with her.

- Register names in the hospital for a safe delivery equipped with all facilities.

- Give your pregnant wife nutritious and supplementary foods. Give medications as per the doctor’s prescription. Avoid sexual intercourse during this period, preferably during the first and last trimester.

- Cooperation between couples helps to build a strong relationship and a good sexual relationship between husbands and wives.

- It is a husband’s responsibility to take care of his wife during pregnancy, delivery, and even after the delivery.

- A husband can play an active role in making decisions about family planning after consulting his wife.
“Girls also can take care of parents in their old age, only they need good education and good upbringing as equal to male child. If the attitude of mothers-in-law change then they can easily support family planning methods.”
Role of the Mother-in-law

- Mother-in-laws or elders in the family play an important role in promoting family planning for their daughter-in-laws. Opposition of the mother-in-law can prevent a couple from using family planning methods, which can lead to unwanted and frequent pregnancies.

- Demand for a male child can be a common reason that prevents couples from using family planning methods.

- Mother-in-laws should understand that both boys and girls are equally important. Girls also can take care of parents in their old age if they are given a good education and brought up equally to male children. If the attitude of the mother-in-law changes then they can easily support family planning methods.

- Mother-in-laws should understand the issue of family planning and its advantages and disadvantages so that they can promote family planning to her son or daughter-in-law.
Live a Happy Family Life!!

Prudent decisions and careful planning will make your family thankful.
Session 2

GENDER-EQUITY FOCUSED, MALE-CENTERED FAMILY PLANNING IN RURAL INDIA
Summary of First Session

Methods of Family Planning

Temporary Methods
- Male condom
- Oral Pills
- Copper T

Natural Methods
- Rhythm Method
- Withdrawal Method

Permanent Methods
- Female Sterilization
- Male Sterilization
Summary of First Session

• What is family planning?
• Why it is important?
• Contraceptive methods
  – Intra Uterine Device
  – Oral pills
  – Male Condom
• Availability of Family Planning Methods

• Decision Making
  – Family size
  – Son Preference
  – Responsibility of husband/Father
  – Male involvement in safe motherhood
  – Role of Mother-in-law
Family Planning-Couple Decision

Copper T

Condom

Oral pills

CHARM Flip Chart Session 2
• If you have 1-2 children then you can take proper care of them, increasing their lifespan and enabling them to take care of you in your old age.

• It is very essential for a husband and wife to have good communication and decide the actual family size for a better and prosperous life.

• The communication should be two ways rather than one way.

• In our society we see that desire for a male child or male sex preference affects family size.
I have understood that girls and boys are the same and if we give education and good values then girls also can take care of parents in their old age, so I don’t give preference to boy child.

Whether it is boy or a girl child, it is important to have a healthy baby, and for that I will regularly visit to the PHC.

It is my prime responsibility to take care of my wife during pregnancy and after the delivery.
Married Couples’ Joint Decision Making on Family Planning

- Majority of couples/in-laws feel that it is compulsory to have the first child soon after marriage. However, parenthood is a big responsibility and both husband and wife should be mentally prepared to take that responsibility.

- Both should respect each other’s opinion and decide mutually.

- A husband should understand that his wife is equally important and she also has the right to express her views and make decisions regarding family planning.

- A good husband shares decision around sexual and reproductive health issues with his wife. A husband should take responsibility by using or supporting his wife’s contraceptive use.

- Family planning can be used regardless of how many children you already have or want for the future.
Marital Communication
Marital Communication

• Unhealthy marital communication can lead to arguments, unhealthy relationships, unequal division of responsibilities, and the family will suffer.

• Good communication habits are the foundation of a successful marriage.

• It is important during a disagreement to express oneself clearly and calmly.

• There are healthy ways to resolve arguments and negotiate or compromise to reach a solution.

• A husband and wife should get to know each other by expressing respect, affection and giving attention to each other.
Steps to Improve Marital Communication
Steps to Improve Marital Communication

• Be clear about what you want.
• Control your emotions.
• Listen and try to see things from your partner's perspective.
• Keep conversations in the present.
• Learn the art of negotiation. Marriage is a give and take.
• Pay attention to nonverbal communication.
• Define the issue.
• Set aside daily time.
• Listen actively.
Affection in a Sexual Relationship
Affection in a Sexual Relationship

• Being affectionate is a way of showing that you care about someone. It feels good. It can be an important part of keeping a relationship strong and loving.

• Sex can be a way of showing affection, but it isn’t the only way.

• In sexual relationships both should show respect for the willingness of the other partner.

• There are many ways of showing that you love someone or care about someone that don’t involve sex.

• Don’t assume what your husband/wife likes – everyone is different.

• Don’t be affectionate only when you want sex or to get sexual.

• Women cannot express their sexual urge to their husband due to the restrictions of culture. So a husband should understand and respect the feelings of his wife.
Violence

Domestic violence

Economic violence

Emotional violence

Physical violence

Sexual Violence
Violence

• Violence faced by an individual/group in various situations includes physical, sexual, emotional, psychological and economic abuse by any member of the family to control or dominate women in the family/society.

Types of violence

– Domestic violence
– Economic violence
– Emotional violence
– Physical violence
– Sexual violence
Violence

Emotional violence
• Intentional attempt to make women feel bad
• Name-calling or putdowns
• Keeping a partner from contacting their family or friends
• Humiliating and abusing an individual in public and private places

Economic violence
• Withholding money
• Stopping a partner from getting or keeping a job
• Financial dependence and helplessness in the victim

Sexual Violence
• Sexual violence can be defined as "any violence, physical or psychological, carried out through sexual means or by targeting sexuality."
• Forced sex within marriage
• Threatening/ Stalking
• Taking nude pictures of a person
Gender Based Violence
Gender Based Violence

• Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.
• It includes domestic violence and mistreatment of wives from husbands and In-laws.
• A wide range of human rights violations.
• Several harmful traditional practices.
• Any one of these abuses can leave deep psychological scars, and damage health, including reproductive and sexual health.
Causes of gender based violence can be...
Causes of Gender Based Violence

- Values that give men proprietary rights over women and girls.
- Notion of the family as the private sphere and under male control.
- Customs of marriage (bride price/dowry).
- Acceptability of violence as a means to resolve conflict.
- Women’s economic dependence on men.
- Discriminatory laws e.g. inheritance, property rights, use of communal lands.
- Limited access to education and training for women.
Domestic Violence
Domestic Violence

• Making women afraid by looks, actions and gestures. By destroying her property or by displaying weapons.

• Isolation is used to control and limit what a woman does, whom she sees or where she goes.

• Intimidation/stalking.

• Intentionally keeping her away from her family

• Domestic violence includes sexual and physical marital violence.
Physical Violence
Physical Violence

- Slapping
- Punching
- Beating
- Biting
- Shoving with or without weapons, causing injury or death.
- Trying to burn
What can we do to Prevent Violence?
What can we do to Prevent Violence?

“It is never acceptable to be violent against your wife, either physically or sexually. Nor is it acceptable for in-laws to be violent against or mistreat their daughter-in-law, and it is your responsibility to defend and support her if this occurs.”

• Talk to your partner openly so you can both communicate your wishes and have no misunderstandings.

• Listen Carefully. Take the time to hear what your partner is saying. Be sensitive to his/her feelings.
Summary of Session

- Marital communication
- Steps to improve marital communication
- Affection in a sexual relationship:
- Violence
  1. Physical violence
  2. Emotional violence
  3. Economic violence
  4. Domestic violence
  5. Sexual Violence
- Consequences of sexual violence
- Gender Based Violence
- What can we do to prevent violence
- Decision Making

**PS:** Make sure that respondent has understood the issues of violence and discuss if the respondent wants to talk about it.
INTERVENTION MANUAL
CHARM Project is funded under Indo-US Initiative. The Indian side is funded by the Department of Biotechnology & Science, Government of India; and the US side is funded by the National Institute of Child Health Development (NICHD) during 2010-2014 and the project is being implemented by the National Institute for Research in Reproductive Health, Mumbai, India in partnership with:

- Topiwala National Medical College & Nair Hospital, Mumbai, India
- Directorate of Health Services, Maharashtra
- University of California, San Diego, USA
- Population Council, New Delhi, India

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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 ways to address 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 is 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 the public health sector, and their partnership with doctors in the private health care sector. 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 to this initiative
Development of the proposed intervention to promote family planning practices and address gender inequities are based on a behavioral change approach, known as the 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 that is supportive of the behavior (e.g., access to services). This approach targets behavioral goals via knowledge, skills building, and role modelling; however, its 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 inadequate 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 shows improving rural access to and use of general health care, it does not likely reflect contraceptive use, particularly use of spacing contraception. VHPs so far have rarely served as family planning providers. Such an approach is needed, as indicated by an ICMR report from 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, and led to 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 the administration of these sessions:
The intervention manual is divided into two sections: the first section (usually on the left hand side) mentions the guidelines for health care practitioners to keep in mind about the ways in which he or she can communicate with the respondent; the second section (usually on the right hand side) mentions the guidelines 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 intervention manual:

- Questions mentioned in this manual are broad in nature. The provider can however use his/her own approach to discuss the topics mentioned in this guideline.
- The provider has flexibility to take up the issues in any order depending on the responses of the participant.
- The provider must respect the responses of the respondent and not criticize the responses.
- The respondent should be allowed to ask the questions/doubts he has and the provider should 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 party.
Session 1: Individual Husband
Family Planning and Decision Making
(20-40 Minutes)

Objectives of this session
The foundation of a healthy nation are 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, a relationship built on mutual respect and responsibility is required. 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 health and their partner’s health. The specific objectives of this session are to explore the husband’s knowledge about family planning methods, to assess the attitude and behavior of marital communication, and to promote modern spacing methods.

How to make the respondent (husband) comfortable?
Since the questions to be asked are personal and are also sensitive in nature, it is important that 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 others listening.

Tips to establish rapport with the respondent (husband)
- Greet the respondent (husband). Start the conversation in respondent’s 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 in.
- Do not judge or correct what the respondent (husband) beneficiary says.
- Carefully listen and encourage the respondent (husband) to talk.

Once the respondent (husband) is comfortable about talking and 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 respondents (husbands) assessment of family planning knowledge and current use.
Part 2 is about the assessment of gender inequity attitudes of the respondent (husband).
Part 3 is about promoting spacing methods of contraception over other permanent methods.

Part 1: Is about the respondents (husbands) 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 (Refer to the Supplementary Resource Materials) (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 methods.
- 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 of.
2. Advantages and disadvantages of each method.
3. The need for communication between husband and wife about each of the methods
4. Making the right choice that gives equal responsibility to the woman within the marital relationship.

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

### Guidelines to the Provider

These sets of questions help you assess the individual's masculinity and gender-inequity attitudes.

These questions should help you steer your discussions towards emphasizing these issues in the context of family planning promotion for young couples.

<table>
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<th>Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:</th>
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<tr>
<td>These sets of questions help you assess the individual's masculinity and gender-inequity attitudes.</td>
<td>a. What will your reaction be if I say a wife and husband have equal choice in family planning and family size decision making?</td>
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<td></td>
<td>b. What are your expectations regarding your wife's roles and responsibilities in the matters related to family planning and reproductive health issues?</td>
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|                                                                        | c. What should the ideal family size be? And Why? What can you do to achieve the ideal family size and to retain the size? Some Probing questions: For example,  
  1) Who should make decisions about issues such as family planning use?  
  2) Type of method to be used, delaying pregnancy, stopping pregnancy?  
  3) Number of children to have?  
  4) What kinds of roles should husbands and wives have? |
|                                                                        | d. Tell me something about the conversations that you and your wife are having about family planning and reproductive health issues (family size, her health, etc.). Some Probing questions: For example, it is common between husband and wife to have disagreements for a variety of reasons on these issues.  
  1) **Do you have some disagreements with your wife on these issues?**  
  2) If so, what are they?  
  3) How did it affect your marital relationship/communication on these issues? |

### Tips for better conversation:
- Encourage the respondent (husband) to talk more.
- Get a full assessment of the gender inequity attitudes of the respondent (husband).
- Ask the respondent (husband) for some examples of typical statements that he makes.
- Do not correct or demoralize whatever the respondent (husband) says.

**Highlight the following towards the end of the discussion:**
In a culturally acceptable way, provide quotes or 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 rather than permanent methods. In order to do so, the provider leads the conversation with the individual by highlighting the benefits of modern temporary contraceptive methods over permanent methods.
Guidelines to the Provider

The questions and discussions with the respondent (husband) at this time shall promote; the use of contraceptive methods such as oral pills, condoms, and IUD rather than sterilization for delaying pregnancy, avoidance of unwanted pregnancy, and improved health of women.

Please remember, if the person is already using some type of contraceptive method --encourage him to continue doing so; and avoid discussion in this part of the session. If he is not using any contraception, please continue with the conversation as described on the right hand side.

Offer the beneficiary some condoms and oral pills based on his preference. For an IUD, request the beneficiary to visit the Primary Health Center (PHC) and issue a referral card.

Points to emphasize (Refer to Supplementary Resource Materials):

- 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 does not need to have a son in order to see family success in the next generation.
- Finally, re-emphasize that contraception is a responsibility that should be shared between a 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 with his wife, and a husband should take responsibility by using or supporting his wife’s use of some method of contraception.

Guidance to provider on broad questions that he/she can ask the beneficiary for encouraging conversation:

Now that we had a conversation on several topics, my final questions to you in today's session are:

a. Do you know where these contraceptive methods can be obtained?

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?

c. Do you intend to inform your wife on the methods that we discussed today? Condoms, oral pills, IUD for delaying pregnancy or unwanted pregnancy.

d. Are you confident about describing these methods and their advantages to your wife?
• It is important for a husband and wife to discuss family planning because use of contraception is a responsibility that should be shared between them both. 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 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 quality of the relationship and the family as a whole, and can impact the emotional and physical health of both the husband and wife.

OFFER CONDOMS
Session 2: Individual Husband
Marital Communication and Violence
(20 Minutes)

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 session 1, this session is also divided into three parts. The first part is a review of the previous session, the second part is about strengthening of marital communication surrounding sexuality and family planning, and the third part is about re-emphasizing the need for gender-equity attitudes, behaviors and practices (such as avoidance of violence within marriage).

Part 1

Review of 1st session:
(Ref fc pg. no 47-52)

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 in 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 behaviors 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 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 the 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 the curriculum sheet), and review the additional tips. Remind the husband why healthy communication is valuable.
(Ref fc pg. no 53-56)
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 the importance of healthy communication between a husband and wife.

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<td>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 violence and coercion. Providing information about sexual desires and sexuality and discussion within marriage can reduce young men’s insecurities and discomfort about these issues. <em>(Assess men’s attitudes first and then communicate to them about the gender equity attitudes.)</em></td>
<td>a. How can communication between a husband and wife enhance their sexual relationship? <strong>Some probing questions:</strong> Is it only men who can talk about sex? Should men always perform well in sex? Are women who talk about sex bad? When should couples have sex? Is it only men’s satisfaction that matters? etc. b. How can family planning issues and an enjoyable sexual relationship occur simultaneously? <strong>Some probing questions:</strong> Does the woman have a right to discuss the number of children to have, suggest the type of contraceptive method to use, when to have and when not to have sex, and whether to work for as healthy a living as that of a man?</td>
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Tips to the provider:
- Emphasize that there are many other forms of sexual contact, intimacy, and pleasure which young men need to be aware of; and encourage husbands and fathers to be responsible in order to promote 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, which is that young people have the right to decide when, where and how they want, and if they want to have sexual contact.
- Emphasize that having an active sex life does not only mean 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 and 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 the husband if he has any questions and answer all of his questions.
Part 3:
This part of the discussion covers issues of violence within marital relationships.

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<tbody>
<tr>
<td>Strong Gender inequity attitudes among young men not only undermine the use of family planning methods, but also create tension/stress within the marital relationship.</td>
<td>a. What makes a relationship healthy, positive, and fulfilling?</td>
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<tr>
<td>These attitudes and subsequent behaviors are harmful to both the pregnant mother, young children within the family and the prospective mother. So, detailed communication on this aspect with the help of young men to change their practices and attitudes about violence can help improve communication between husband and wife on family planning, reproductive health and sexuality.</td>
<td>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?</td>
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<tr>
<td>The provider should open the discussion with a soft introduction and some examples to highlight what can make it better.</td>
<td>c. Do you agree that physical, verbal, and sexual violent incidents 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 her names? What about your children- is it ever okay to hit them or call them names?</td>
</tr>
<tr>
<td>Then assess the attitudes of the men on these issues and educate them about the right pathways.</td>
<td>d. 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?</td>
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<td>e. 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?</td>
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<td>f. 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 fighting? Is it right to fight over arguments?</td>
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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 based 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 relationships. Gender equality leads to good health of women and consequently good family health, so empower women. 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 behavior, 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 behavior.

Offer condoms
Session 3: Couple Session  
(20 Minutes)

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 discussing different matters relevant to the marital relationship, contraception, and healthy communication between a husband and wife. 

Part 1  
Review of 1st and 2nd session: 
This session is mainly intended to explore the extent to which the information has been shared/discussed by the husband with the wife. The information he received in the earlier two individual sessions would have helped both the husband and wife to have healthy discussion and communication related to family planning, marital communication, and gender inequity attitudes (violence related issues). 

Ask the couple  

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<th>Yes</th>
<th>No</th>
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<tr>
<td>Have you talked about family planning at all in the past weeks (or months, depending on the timing of the sessions)?</td>
<td>1</td>
</tr>
<tr>
<td>What other topics pertaining to sexual health, marital relationship, or communication have you been talking about recently?</td>
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</tr>
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</table>

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 are 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, 
  a. The couple did not share any information with each other 
  b. The husband could not recall the information he received in the earlier sessions
Part 2: Review family planning options and marital communication with the couple

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<td>These set of questions help you to assess the couple’s communication about family planning methods. These questions should help you steer your discussions towards emphasizing these issues in the context of family planning promotion for young couples.</td>
<td>What family methods have you discussed, considered, or started using?</td>
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<td>How has it been going so far? Whose idea was it to use this particular method?</td>
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<td>Are you thinking of adopting another method or switching from one to another? Why or why not?</td>
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<td></td>
<td>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?</td>
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Tips for Providers

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

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

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<td>The questions and discussions with the couple at this time shall promote the use of contraceptive methods such as oral pills, condoms, and IUD compared to sterilization for delaying of pregnancy, avoidance of unwanted pregnancy, and for better health of women. Please remember, if the couple is already using some contraceptive methods, encourage them to do so; and avoid discussion in this part of the session. If they are not using any contraception, please continue with the conversation as described on the right hand side. Discuss family planning methods, safe motherhood and good treatment of the wife.</td>
<td>As we have discussed in previous sessions I will once again ask you a few questions:</td>
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<td>Do you know where these contraceptive methods can be obtained?</td>
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<td>Do you intend to use any of the contraceptive methods that I explained today? If yes, which method? If no, what are the reasons?</td>
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<td>Have you discussed with your wife the methods that we discussed in first session: Condoms, Oral Pills, and IUD for delaying pregnancy or unwanted pregnancy?</td>
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<td></td>
<td>Are there any barriers/difficulties you face in obtaining this method (such as condoms, or pills, or an IUD)?</td>
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in the family
Offer the couple some condoms and oral pills based on their preference. For IUD, request the beneficiary to visit the Primary Health Centre (PHC) and issue a referral card.

What would help you to have consistent access to your preferred family planning method?

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 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, indicate your appreciation that they intend to use 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 chosen methods. 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 Device [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 three years (NHM, 2013). In the 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 the 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.*
SUPPLEMENTAL RESOURCE FOR PROVIDERS
Introduction and Program Purpose:
National Institute for Research in Reproductive Health Mumbai offers significant and innovative family planning services for rural young couples through private health care practitioners at the village level. The purpose of this program is to help married couples become more aware and educated about their family planning options, which will be facilitated by promoting equality and shared decision-making in the household. As men tend to have a stronger voice in the marriage, particularly around topics of family planning, it is important to emphasize respectful, non-violent communication between husbands and wives. Doing this can increase the likelihood of effective pregnancy spacing and contraceptive use, and thus improve the family's overall physical, spiritual, and emotional health.
(Ref. Flip Chart-No. - 9)

What is family planning?
Family Planning is an intelligent use of contraceptive methods by couples to have the child by choice and not by chance. Family Planning helps individuals to have children only when they are ready to have them. 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 safe guarding the health of mothers and children.
(Ref. Flip Chart-No.-12, 13)

Why it is important?
• It can help the mother space pregnancies, as the mother needs at least two years to recover fully before her next pregnancy.
• It helps avoid unwanted pregnancies.
• It enables parents to have the desired number of children that they can look after and foster into strong, healthy, and responsible citizens.
• Small family size will help the government to provide at least basic needs of food, housing, education, employment, and medical and social services to citizens
(Ref. Flip Chart-No.-14, 15)

Information about contraceptive methods:

A. Barrier methods

1. Condom

The condom is a sheath, or covering, made to fit over a man’s erect penis. It is made of thin latex rubber; because of a condom semen cannot enter into the vagina. It is a popular contraceptive method.
Advantages:
- Easily available through government hospitals, PHCs and sub Centre’s, Anganwadi workers, ASHA, ANMs, and MPW free of cost.
- Easy to use.
- No need for medical checkup.
- If used correctly it is effective about 90-95 percent in avoiding pregnancy.
- No side effects.
- Prevents STDs and HIV/AIDS.
- Prior medical examination is not required.
- Can be used by men of any age.

Disadvantages:
- It may tear or slip off if not used properly.
- Latex condoms may cause itching for people who are allergic to latex.
- Need to use new condom for each sexual intercourse.
- Requires care to ensure that no semen is split after ejaculation, by holding it in place when the penis is withdrawn.

Myths and Misconception about condoms:

<table>
<thead>
<tr>
<th>No</th>
<th>Myths</th>
<th>Scientific reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Many people associate condoms with sex outside of marriage.</td>
<td>It is not so, since married couples should also use condoms for preventing pregnancy, STDs and HIV/AIDS.</td>
</tr>
<tr>
<td>2</td>
<td>Condoms interrupt sexual activities.</td>
<td>It is not so, in fact, it increases sexual enjoyment because there is no need to worry about pregnancy or STDs and HIV/AIDS.</td>
</tr>
<tr>
<td>3</td>
<td>Condoms are costly</td>
<td>You can get condoms free of cost through government hospitals, PHCs, or sub Centers, ASHA, ANM and Anganwadi worker.</td>
</tr>
<tr>
<td>4</td>
<td>Condoms can break during intercourse.</td>
<td>If a condom breaks, it has probably been put on incorrectly, torn by nails or has an air bubble at the end.</td>
</tr>
<tr>
<td>5</td>
<td>Condoms can only be used if you want to have sex during a woman's menstrual period.</td>
<td>Condom should be used during every sexual intercourse to avoid pregnancy and STDs.</td>
</tr>
<tr>
<td>6</td>
<td>Using dual condom is safer.</td>
<td>No, it isn’t. Using two condoms at once increases the chances of them ripping. Only use one condom at a time.</td>
</tr>
<tr>
<td>7</td>
<td>Condoms makes a man weak and impotent.</td>
<td>No, this could be due to physical and emotional factors.</td>
</tr>
</tbody>
</table>

Precautions:
- A condom cannot be reused.
- Never use oil-based lubricants such as mineral oil, petroleum jelly, or baby oil with condoms because these substances can break down the rubber.
• Make sure the packet and condom appear to be in good condition, and check that the expiration date has not passed.
• It's best to store unused condoms in a cool, dry place.
• Do not leave it where children will find it and play with it.
• If the condom breaks, immediately wash both the penis and vagina with soap and water, which can reduce the risk of STDs and pregnancy.

How to use:

1. Open the condom packet at one corner being careful not to tear the condom with your fingernails or your teeth.
2. Put the condom on the erect penis before the penis touches the vagina.
3. Pull the foreskin back if the penis is uncircumcised. Place the condom on the tip of the penis.
4. When you have ejaculated or finished having sex, withdraw the penis before it softens.
5. Make sure you hold the condom against the base of the penis while you withdraw and tie a knot, so that the semen doesn't spill.
6. Wrapped the condom in a paper and throw it in the dust bin.

(Ref. Flip Chart-No.-27, 28, 29, 30)
2. **Oral pills**

It is a hormonal contraceptive. It contains a combination of estrogen and progesterone – the hormones your body naturally produces monthly. They prevent the egg from being produced and hence prevent pregnancy. The woman should take it orally every day; it prevents the release of the egg from the ovary each month. It is prescribed after a medical checkup.

Pills are available at government hospitals, PHCs and sub Centre’s and are free of cost. In addition, they are available through Anganwadi workers, ASHA, ANMs, and MPW. For a price, they may be obtained at medical stores.

![Image of oral pills]

**How to use pills:**

- Women should consult a medical practitioner before starting pills.
- Women should start taking oral pills on the first day of her menstrual cycle by taking one tablet daily for 21 consecutive days followed by seven days of iron and folic acid supplementation.
- A post-partum woman can start taking pills after she stops breastfeeding or 6 months after child birth – whichever comes first.

**Advantages:**

- Very effective when used correctly.
- No need to do anything at the time of sexual intercourse. It doesn’t interfere with sexual intercourse.
- Easily available and easy to use.
- Fertility returns soon after stopping.
- Can be discontinued when a pregnancy is desired.
- Gives regular monthly cycles, often with reduced bleeding and pain.

**Disadvantages:**

- Must be taken daily, does not work if taken over 12 hours late.
- Some women may get slight headache giddiness or nausea. Some may gain weight.
- Unsuitable for women over 35 years old or those with a personal / family history of heart trouble, liver disease, diabetes, high blood pressure, or unexplained vaginal bleeding.
- Requires a medical checkup before or soon after starting it.
- Not recommended for breastfeeding women for at least first six months after delivery.
Myths and misconception about oral pills:

<table>
<thead>
<tr>
<th>No</th>
<th>Myths</th>
<th>Dispel myths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If taken continuously or excessively can cause infertility.</td>
<td>No. The pill only suppresses ovulation; it does not damage the ovaries. It may take a few months for cycles to return to normal for women who take the pill for longer periods.</td>
</tr>
<tr>
<td>2</td>
<td>It leads to an irregular menstrual cycle.</td>
<td>It helps to regulate menstrual cycles.</td>
</tr>
<tr>
<td>3</td>
<td>Oral contraceptives can cause cancer.</td>
<td>Research shows that the pill cannot cause cancer.</td>
</tr>
</tbody>
</table>

(Ref. Flip Chart-No. - 23, 24, 25, 26)

3. **Intra Uterine Device**

The IUD is a small flexible plastic device usually with copper, which is inserted into the womb by a doctor, preferably soon after menstruation, abortion or 4 to 6 weeks after delivery. It mainly prevents the fertilized egg from setting in the womb. It is effective for 3 to 5 years. It must be inserted or removed only by a trained medical person.

![Intra Uterine Device Image]

**Advantages:**
- 95-98% effective.
- No interference with sex. Can increase sexual enjoyment because there is no need to worry about pregnancy.
- The ability to become pregnant returns quickly once the IUD is removed.
- It is very useful for spacing between two children.
- Once inserted there is no need to change for 3-5 years or 10 years.
- No hormonal side effects.
- The IUD has no effect on the amount or quality of breast milk.
- Can be used through menopause. (1 year or so after last menstrual period).

**Disadvantages:**
- The IUD doesn’t provide protection against STD/HIV AIDS.
- Might experience menstrual bleeding or bleeding between periods for the first few months after insertion.
- RTIs can occur if proper care is not taken.
Myths and Misconceptions:

<table>
<thead>
<tr>
<th>No</th>
<th>Myths</th>
<th>Scientific reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It goes to the heart or stomach.</td>
<td>The IUD normally stays within the uterus. The IUD never travels to any other part of the body.</td>
</tr>
<tr>
<td>2</td>
<td>A woman becomes thin and physically becomes weak, is not able to do any work, and she cannot lift heavy things.</td>
<td>No, there is no scientific proof of this.</td>
</tr>
<tr>
<td>3</td>
<td>If copper-1 is not properly inserted, it touches the penis during sexual intercourse. It may cause discomfort to women’s partner during sex.</td>
<td>The nylon strings attached to the IUD are trimmed to the desired length within the vagina. They do not hang outside the vagina nor are they sharp so as to hurt the penis or cause painful intercourse.</td>
</tr>
</tbody>
</table>

(Ref. Flip Chart-No.-19, 20, 21, 22)

B. NATURAL METHODS:

Natural methods include withdrawal and rhythm method.

1. Withdrawal method

The withdrawal of the penis from the vagina just before ejaculation is called withdrawal method. This prevents the semen from entering the vagina. This is perhaps the oldest contraceptive method known to man. It has no physical side effects and no cost is involved but one can’t rely on this method.

2. Rhythm method

Rhythm method means, the period when the woman is most fertile by recording her menstrual pattern. A woman is most fertile from the 10th to 20th day of her menstrual cycle, if her menstruation cycle is regular (28 days). Sexual intercourse is avoided on these days or couples can use the condom barrier method, during the fertile period. Women having irregular cycles cannot use this method (Ref. Flip Chart-No.-31, 32)

C. PERMANENT METHODS

Permanent methods are of three types:

1. Tubectomy (female sterilization)

It is a permanent surgical method in which the fallopian tubes, which carry the egg from the ovary to the uterus, are closed. Thus it prevents the egg from traveling down to meet the sperm. Only those couples that desire no further children must adopt this method.

2. Male Sterilization (Vasectomy)

Male sterilization (Vasectomy) is a permanent surgical method. The tubes (vas deferens) that carry the sperm from the testis to the penis are cut and tied at both the ends by making two small cuts on both the sides of the scrotum, so that
sperm cannot be released into the semen at the time of ejaculation. It is safe, simple and quick surgical procedure. It is not castration; it doesn’t affect the testis and doesn’t affect sexual ability.

**NSV (No Scalpel Vasectomy)**

NSV (No Scalpel Vasectomy) is a permanent surgical method. The operation involves making a small incision in the skin of scrotum, snipping the vas deferens and tying up the ends, thus preventing sperm from reaching the penis. In this procedure no stitches are required.

(Ref. Flip Chart-No.-33, 34)

**Availability of Family Planning Methods**

**Family planning methods are easily available at public health sectors free of cost:**
- Government / Municipal Hospital.
- Primary Health Centre
- Sub Centre.
- Family Planning Camps
- Also one can get it from the health workers like ANM/MPWs, ASHA, Anganwadi worker.

**Methods are also available at private health sectors with minimal charges.**
- Private Hospital.
- Pharmacy / Medical store
- Shops.

(Ref. Flip Chart-No.-35, 36)

**Decision Making**

**Family size:**
- In our society, we see that desire for a male child or male sex preference affects family size.
- If you have many children and are unable to provide them proper and sufficient food and medical services, they can fall ill and be prone to diseases. If you have 1-2 children, however, you can take proper care of them, increasing their lifespan and enabling them to take care of you in your old age.
- It is very essential for a husband and wife to communicate and decide family size for a better and more prosperous life. A joint decision will make both partners happy and the decision will be fruitful in the long term. Hence the communication should be two ways rather than one way.

(Ref. Flip Chart-No.-37, 38)

**Use of family planning methods:**
- Culturally men are considered to be the primary decision makers. Men are expected to have all the information and expertise as well as the financial power to implement their decision. Sometimes women have limited information on reproductive health and contraception. Hence whatever their husband says they accept and believe to be correct. Moreover they are often schooled to obey their husbands and agree to whatever he says. Even if the woman is aware of family planning methods, any discussion or decision regarding contraception use takes place only after the birth of the first child, which proves her fertility to society.
- Majority of couples/in-laws feel that it is compulsory to have the first child soon after marriage. However, parenthood is a big responsibility and both the husband and wife should be mentally prepared to take on that responsibility. Therefore both should discuss and plan their family. They should have healthy communication
among themselves about which family planning method to use and if they have any doubts they should 
approach health care providers.

- Both should respect each other’s opinion and decide mutually.
- A husband should understand that his wife is also equally important and she also has the right to express her 
views and make decisions regarding family planning.
- A good husband shares decisions around sexual and reproductive health issues with his wife. A husband should 
take responsibility by using contraceptives or supporting his wife’s contraceptive use.
- It is important to discuss with your wife how many children you desire before starting your family life.
- Family planning can be used regardless of how many children you already have or want for the future.
- Spacing is essential to the mother and child’s health and family planning improves a household’s standard of 
living.
- There are multiple contraceptive methods, and the decision over which one to use, and how and when they 
should be used, should be agreed upon mutually.
- Family planning will be most effective when both partners are informed and open with each other.

(Ref. Flip Chart-No.-39, 40)

Son Preference:

- In our society the birth of a female child is considered to be a burden. People don’t want a female child 
because of the expenditure on her marriage called dowry. People want a male child because not only do they 
not need to pay a dowry, but they get to receive a dowry.
- It is believed that the son is heir of the family and he will be their support in the future while girls get married.
- But this is a misbelief. Girls and boys both are equal. Daughters are valuable and selective abortion (choosing 
abortion only if the fetus is female) is wrong and harmful to community health. Selective abortion is not a 
method of family planning. You do not have to have son to see family success in the next generation.
- The recent sex ratio of India is 940 females per 1,000 males due to prenatal sex determination followed by 
selective abortion of female fetuses. But selective abortion is illegal.
- There is a law against selective abortion, called the PNDT act.
- The Act prohibits sex selection, before or after conception.
- Pre-natal diagnostic techniques must be regulated for the purpose of :
  - detecting abnormalities
  - metabolic disorders
  - chromosomal abnormalities
  - certain congenital malformations
  - sex-linked disorders
- These regulations are to prevent the misuse of sex determination that leads to female feticides and for matters 
connected therewith or incidental thereto.

(Ref. Flip Chart-No.-43, 44)

Responsibility of husband/Father

- Before becoming a father, be a mature and responsible person.
- Discuss with your wife regarding how many children to have.
- A wife should have the pregnancy between the ages of 18 to 35 years.
- Keep proper spacing between two children for proper growth, development and good health of the children as 
well as the wife.
- Use condoms to avoid unwanted pregnancy or support your wife’s use of other contraceptive methods.
- If you feel that your family is completed then go for permanent contraceptive method, such as NSV which is an 
easy, simple and painless method.
Male involvement in safe motherhood

- To confirm your wife’s pregnancy, accompany her to the doctor and discuss her pregnancy.
- Register names in the hospital for a safe delivery that is equipped with all the necessary facilities.
- Give your pregnant wife nutritious and supplementary food. Give medications as per the doctor’s prescription. Avoid sexual intercourse during this period, preferably during the first and last trimester.
- Cooperation between couples helps to build a strong relationship and a good sexual relationship between a husband and wife.
- It is a husband’s responsibility to take care of his wife during pregnancy, delivery and even after the delivery.
- A husband can play an active role in making decisions about family planning after consulting his wife.
  (Ref. Flip Chart-No.-41, 42)

Role of Mother in Law

- Mother in laws or elders in the family play an important role in promoting family planning for their daughter in laws. Opposition from a mother in law can prevent a couple from using family planning methods, which can lead to unwanted, and frequent pregnancies.
- The demand for a male child can be a common reason preventing couples from using family planning methods.
- The mother in law should understand that both boys and girls are equally important. Girls can also take care of parents in their old age, they need a good education and good upbringing equal to the male child. If this attitude of mother in laws is changed then they can easily support family planning methods.
- Mother in laws should understand the issue of family planning, its advantages and disadvantages. This way, she can promote family planning to her son or daughter- in- law.
  (Ref. Flip Chart-No.-43, 44)

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 and intimacy with one’s wife 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 and educational and social services leads to an improved quality of life for women and children. Spacing is essential to the mother 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 quality of the relationship and the family as a whole, and can impact the emotional and physical health of both the husband and wife.
  (Ref. Flip Chart-No.-47, 48, 49, 50, 51, 52)

OFFER CONDOMS
Session 2: Husband  
**Marital communication and violence**

It is important for the husband and wife to get to know each other and to **express respect, affection, and attention** for each other.

It is important during a disagreement to **express oneself clearly and calmly**, and allow one’s spouse to speak and express her view.

It is never acceptable to hurt or abuse, physically or emotionally, one’s partner. There are healthier ways to resolve arguments and negotiate or compromise to reach a solution.

**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.  
(Ref. Flip Chart-No.-53, 54)

Following are a few steps to improve marital communication:

- **Be clear about what you want.** In order to effectively communicate your needs to your partner, you need to do some self-reflection and examine exactly what it is that you want. Your partner is not a mind reader, so the more specific and detailed you can be, the better.

- **Control your emotions.** If you find yourself getting overwhelmed with anger or negativity, it is better to walk away from the discussion to collect yourself than to say something that you may later regret.

- **Listen and try to see things from your partner's perspective.** Taking the time to really listen to your spouse will not only improve communication, but will provide insight into how your partner thinks and feels, which may improve your overall relationship as well.

- **Keep conversations in the present.** Making statements about the past can make people defensive and tends to make the conversation get off track. Instead, stay focused on the topic at hand and how you are feeling right now.

- **Learn the art of negotiation. Marriage is a give and take.** You may need to concede on certain things that are important to your spouse in order for her to concede on things that are important to you. Although it doesn't sound romantic, bargaining can be an effective way to satisfy both of you.

- **Pay Attention to Nonverbal Communication.** Pay attention to your own nonverbal cues and what they might be conveying to your spouse. Observe her nonverbal cues for contradictory messages and point them out for clarification if necessary. For married couples, touch is a potent form of nonverbal communication. Marital physical affection can wane, so couples should make an intentional effort to affectionately touch.

- **Define the issue.** Express your feelings directly and avoid insults and criticism. When your tempers rise, agree to take a break from the conversation and revisit the issue when both of you are calm.
• **Set Aside Daily Time.** During this time, discuss your feelings about each other, your life together and your marriage. Focused, daily discussion can help you and your spouse to celebrate the good things in your marriage and face recurrent issues, allowing your marriage to thrive.

• **Actively Listen.** "Active listening" is listening to the other person and then verbally repeating back what you heard in your own words to make sure you understand. With active listening, you might use phrases such as "It seems as though..." or "I heard you say..." If you and your spouse practice active listening, you can ensure clear communication, and possibly avoid some misunderstandings.

Couples who do not communicate with each other openly, frankly and comfortably will find a loss of sexual interest in one another. Feelings like anger and resentment, feelings of being rejected have a negative impact on sexual feelings.

Many people have difficulties in adjusting to a rewarding sexual relationship because of relatively simple problems such as ignorance or misunderstanding of what to expect or to some degree of unjustified guilt or anxiety. They may benefit from counseling. (Ref. Flip Chart-No.-55, 56)

**Affection in a sexual relationship:**
- Being affectionate is a way of showing that you care about someone. It feels good. It can be an important part of keeping a relationship strong and loving.
- Sex can be a way of showing affection, but it isn’t the only way.
- In sexual relationships both should respect the willingness of the other partner.
- There are many other ways of showing that you love someone or care about someone that don’t involve sex.
- Don’t assume what your husband/wife likes – everyone is different.
- Don’t be affectionate only when you want sex or to get sexual.
- Women cannot express their sexual urge to their husband due to restrictions of the culture. So a husband should understand and respect the feelings of his wife. (Ref. Flip Chart-No.-57, 58)

**Violence:**
Violence is defined as a physical act of aggression of one individual or group against another. It also refers to behavior which results in humiliation, damage or injury to the other person or which results in someone living in fear of another person. (Ref. Flip Chart-No.-60, 61)

**Types of violence:**
Violence faced by an individual/group in various situations includes physical, sexual, emotional, psychological and economic abuse by any member of the family to control or dominate women in the family/society.

**Domestic violence-**
- Making women afraid by looks, actions and gestures, by destroying her property or by displaying weapons.
- Isolation is used to control and limit what a woman does, whom she sees or where she goes.
- Intimidation/stalking.
- Intentionally keeping her away from family
  (Ref. Flip Chart-No.-66, 67)
Physical violence-
- Slapping
- Punching
- Beating
- Biting, Pinching
- Shoving with or without weapons causing injury or death.
- Trying to burn
  (Ref. Flip Chart-No.-68, 69)

Emotional violence-
- Intentional attempt to make women feel bad
- Name-calling or putdowns
- Keeping a partner from contacting their family or friends
- Threats made or carried out with the intent of causing financial or emotional injury and blackmail.
- Humiliating and abusing an individual in public and private places.
  (Ref. Flip Chart-No.-60, 61)

Economic violence-
- Withholding money
- Stopping a partner from getting or keeping a job
- Financial dependence and helplessness in the victim
  (Ref. Flip Chart-No.-60, 61)

Sexual violence-
- Sexual violence can be defined as "any violence, physical or psychological, carried out through sexual means or by targeting sexuality."
- Sexual violence, especially domestic violence, is usually a result of the expression of power and dominance of one sex over another
- The problem aggravates when men think that their actions are legitimate just because they are married and think that they have full control and power over their wives.
- In India, women do not talk about domestic and sexual violence because they think that their husbands have a right to torture them and rape them and that all they can do is shed some tears.
  (Ref. Flip Chart-No.-60, 61)

Types of sexual violence:
There are two types of sexual violence-
1. Physical sexual violence and
2. Non-physical sexual violence.

1. Physical sexual violence-
   - Rape, unwanted touching
   - Forced sex within marriage.

2. Non-physical sexual violence-
   - Verbal sexual harassment
   - Threatening/ Stalking
     - Peeping into a person’s private room
   - Taking nude pictures of a person
Consequences of sexual violence:
The health consequences of sexual violence can be physical or psychological with long term effects.

A. Physical consequences:
   - Unwanted pregnancy
   - Unsafe abortion
   - Sexually transmitted infections including HIV AIDS
   - Sexual dysfunction, Infertility
   - Pelvic pain and pelvic inflammatory disease
   - Urinary tract infections
   - Genital injury in women

B. Psychological consequences:
   - Depression
   - Anxiety and Stress
   - Increased substance abuse
   - Suicidal behavior

C. Long-term effects:
   - Chronic headache
   - Fatigue
   - Sleep disorder
   - Recurrent nausea
   - Eating disorder
   - Menstrual pain
   - Sexual difficulties
   (Ref. Flip Chart-No.-60, 61)

Gender Based Violence:
Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.

It encompasses:
- A wide range of human rights violations
- Sexual abuse of children
- Rape
- Domestic violence
- Sexual assault and harassment
- Trafficking of women and girls
- Several harmful traditional practices

Any one of these abuses can leave deep psychological scars and damage the health, including reproductive and sexual health.
(Ref. Flip Chart-No.-62, 63)

Causes of gender based violence can be:
- Gender-specific socialization and cultural definition of appropriate sex roles
- Expectations of roles within relationships
• Beliefs in the inherent superiority of males
• Values that give men proprietary rights over women and girls
• Notion of the family as the private sphere and under male control
• Customs of marriage (bride price/dowry)
• Acceptability of violence as a means to resolve conflict
• Women’s economic dependence on men
• Limited access to cash and credit
• Discriminatory laws e.g. inheritance, property rights, use of communal lands
• Limited access to employment in formal and informal sectors
• Limited access to education and training for women

(Ref. Flip Chart-No.-64, 65)

What can we do to prevent sexual violence?

• Talk to your partner openly so you can both communicate your wishes and have no misunderstanding.
• Listen carefully. Take the time to hear what your partner is saying. Be sensitive to that person’s feelings.

(Ref. Flip Chart-No.-70, 71)

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.
• One should make an effort to develop good habits that will serve one’s relationship well. It is never acceptable to hurt or abuse one’s wife, physically or emotionally.
• 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 a healthy & closer inter-spousal & sexual relationship.
• Gender equality leads to good health of women and consequently good 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.

(Ref. Flip Chart-No.-72)

Offer condoms
Session 3: Couple Session

As the third session is a couple’s session, explore that the husband has discussed the information, which he got from the first two sessions to his wife. If he has communicated that information then try to have an interaction with the couple and make sure that she has received the right information. If she has any queries then try to clear those queries. And if the husband has not communicated this information then brief her about the first two sessions in short.

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, oral pills, Intra-utérine Devises (IUD)); **Natural Methods** (withdrawal, rhythm method, abstinence); **Permanent Methods** (Male sterilization [Vasectomy], NSV [No-Scalpel Vasectomy], Female sterilization [Tubectomy]).
- Enjoy parenthood by choice not by chance. One can decide when to have a child by using any of the existing family planning methods. There are many means 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 the child’s health, and family planning improves a household’s standard of living.
- Healthy and assertive communication is the cornerstone of a successful marriage.
- Marital communication about positive, enjoyable sexuality and about family planning methods will enhance the quality of the marriage and can improve the couple’s and family’s health in the long-term.

Offer condoms.