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Introducing Family Planning in Your Neighborhood

by: World Neighbors

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INTRODUCING FAMILY PLANNING IN YOUR NEIGHBORHOOD

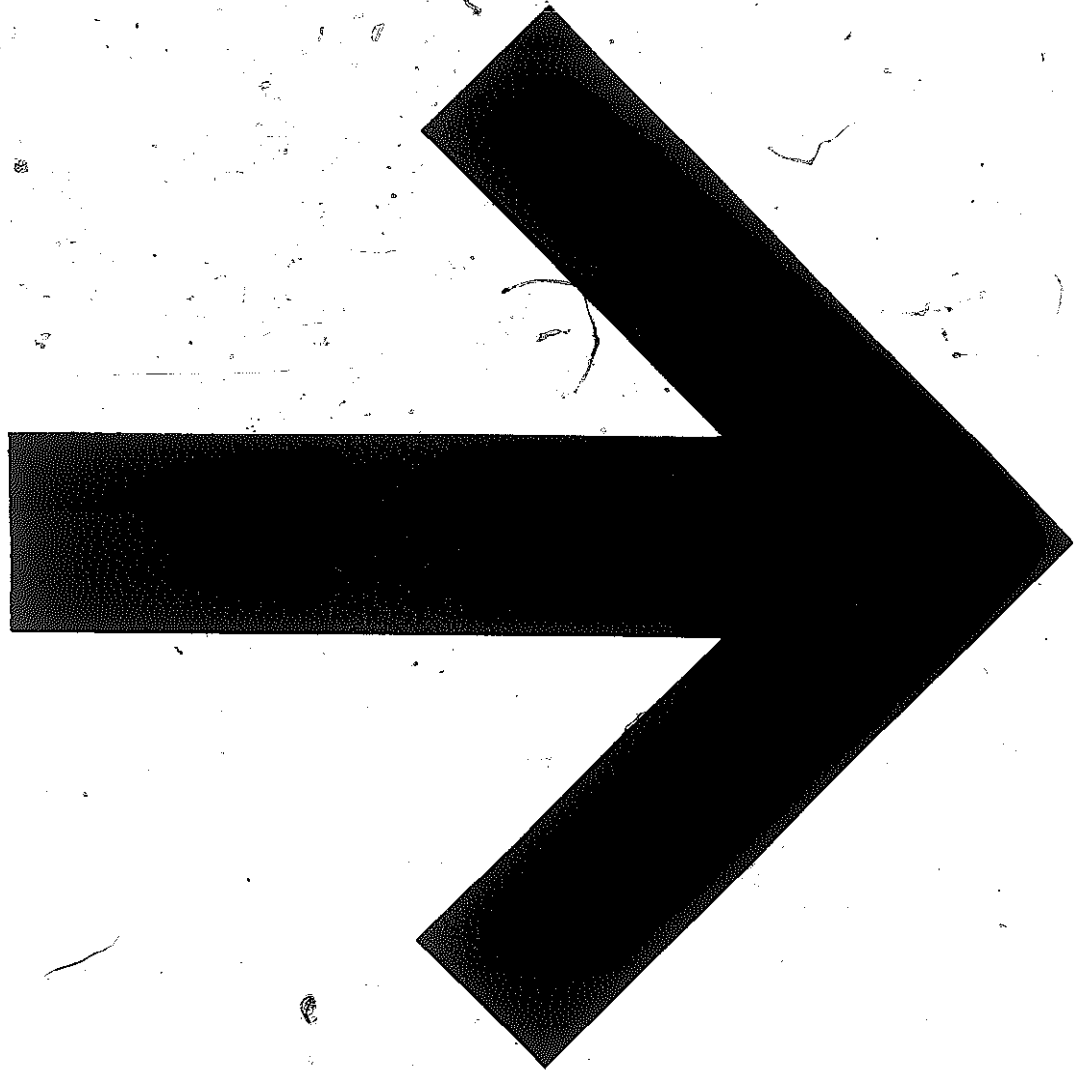
A MANUAL FOR FAMILY PLANNING FIELD WORKERS



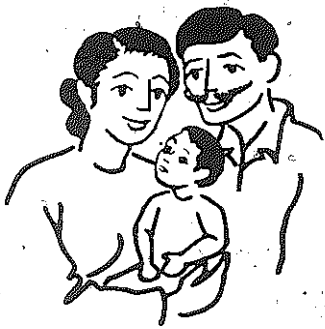
**A WORLD NEIGHBORS PUBLICATION
WORLD POPULATION YEAR**

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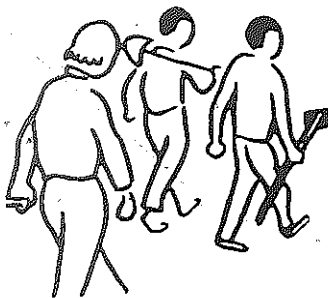
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SECTION ONE: WORKING TOGETHER TO PLAN FOR THE FUTURE



Workers plan and work with neighbors in the community



World Neighbors is a worldwide movement of people. World Neighbors exists to help people develop ways to enjoy better lives in better communities.

To accomplish this goal, World Neighbors workers in each community plan and work with neighbors. They help others to grow more food, to improve health, to broaden education, to earn more income and to improve community social and recreational facilities.

One important part of this approach to total community development is learning together to plan for the future. World Neighbors workers help the entire community to plan together to achieve what it wants. They also help to teach individual families to plan ahead for their future.

This planning ahead for families is called family planning. It happens when a couple learns how to have only the number of children they want and that they can afford. When this planning happens, the mother's health will be protected and the father will not be pressured to earn more and more money. The couple can then afford to feed their family a healthful diet, to give their children a better education, and to find employment or land to use for the children when they are grown.

When a couple learns to have the number of children they want, when they can afford them, they are practicing family planning. When an entire community of couples learns how to plan their families, opportunities will be greatly improved for social and economic progress.

World Neighbors workers are committed to helping to develop better lives in better communities. They want to do all that is possible to insure that couples are given the chance to plan their families.

From the training we receive, we will have a good knowledge of the advantages of a planned family. We will know how conception occurs. We will know how to prevent conception. Following this training, we must carry this knowledge to our neighbors so they can plan their own families.

This manual is offered as a guide. This manual will help us to organize a family planning program. In this way, we can help others to plan their families.



Srta. Florida Accioly, BEMFAM sociologist, in the community of Mae Luiza, Natal, Brazil. Cooperating with BEMFAM in this area since 1969, World Neighbors has encouraged the integration of sanitation and vocational training into the family planning program.

FOREWORD:

INTEGRATED APPROACH OFFERS BEST OPPORTUNITY

When World Neighbors began its village-level, self-help program in the developing areas in 1951, its major concern was to relieve hunger, improve health and increase local income. Its purpose was to help people move toward full self-reliance and to do so in ways that added to, rather than detracted from, their God-given dignity. At that time, family planning was not a primary emphasis.



John L. Peters

Family planning and increased food production emphasis now almost equal

This was due to two considerations. First, there was the lack of tested methods, suitable (and affordable) to village conditions. Second, infant mortality was so high that parents were unwilling to limit births — since children were, and still are, their only “social security.”

As the years passed, it became evident that increased food production could not keep pace with population growth. Some measure of control was vital if disaster were to be averted. Fortunately, as better child care began to reduce infant mortality, parents began to feel less compulsion to have large families.

Along with these developments, new methods — especially the I.U.D. and the pill — became available on a wide scale and on an inexpensive basis. Moreover, and somewhat to our surprise, we found that we had laid a good foundation for the promotion of family planning through our work in improved food production, small industries, environmental health and better child care.

And so family planning has become for World Neighbors an emphasis of almost equal rank with increased food production. And to assist our workers (and others) in its promotion, we have prepared this manual.

It should be obvious that the manual is intended to offer ideas and suggestions by which family planning workers may organize their approach to village-level neighborhoods. But the manual may, and we trust will, be helpful also to multi-purpose (or agricultural) workers. They must surely realize, as we now do, that “development” is a multi-faceted undertaking; that no part of it stands alone and that an integrated approach offers the best opportunity for early acceptance and long-range success.

We trust that this will be a worthy contribution to World Population Year.

John L. Peters
President, World Neighbors



Children are a joy to their parents and grandparents. They are the essential link which keeps the family chain alive. Children are also the only assurance many parents have that they will be cared for in their old age. But too many children in one family can become a burden, involving food, farm land, health, education and jobs. Many couples are now planning their families so that raising their children will remain the greatest possible joy.

STEP ONE:

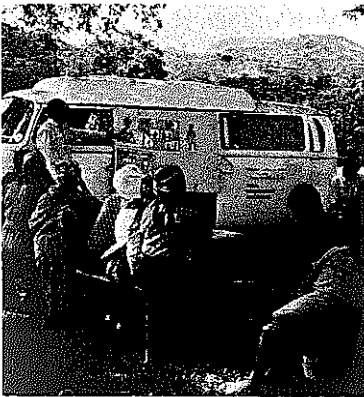
LEARN ABOUT EXISTING FAMILY PLANNING SERVICES AND NEEDS OF THE PEOPLE IN THE NEIGHBORHOOD

Before approaching the community, we should learn about all of the family planning services which now are available. We also should learn about the needs of the people of the community in relation to these services. The following ideas are suggested to enable us to obtain the necessary information:

1) Learn about the Clinic or Health Center

Find out the answers to the following questions:

- Where is the clinic or health center located?
- How close is it to the community?
- If the clinic is some distance from the community, does local transportation go to the clinic?
- Is there a bus from the community to the clinic?
- Can community members ride the bus to the clinic and return home the same day?
- What is the bus schedule?
- Does the clinic have a vehicle which will pick up those who are interested in family planning?
- Does the clinic have a mobile unit which could visit the community and offer the services in the community?



Joseph Mutuma, director of World Neighbors extension work in Meru, Kenya, combines talks on infant nutrition with family planning.

2) What services are available?

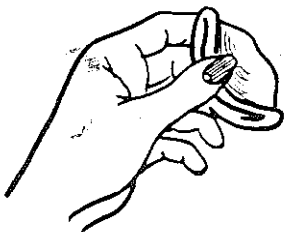
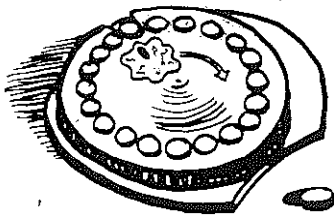
To be able to speak realistically about family planning for the community, we need to know what family planning services are available.

The best way to learn which services are available for family planning is by visiting the clinic. Plan to spend an entire day or more at the clinic. Get to know the people working there. As our work in family planning continues, we probably will become good friends with these people.

- What family planning service does the clinic or health center offer?
- Is there a charge?
- How much?
- Are pills available?
- Are loops or I.U.D.'s available?
- Are condoms available?
- Are injections available?
- Are sterilization operations available?
- Is there instruction in the rhythm method?
- Is counselling available for couples who are not able to have children?
- Who offers these services at the clinic or health center?
- Is there a male doctor?
- Is there a female doctor?
- Are both a male and female doctor at the clinic?
- If both a male and female doctor are available, when is each doctor at the clinic?
- Are there assistants to the doctors who can offer some of the services?
- What different times of day or different days of the week does the clinic offer only some of its services?

3) What are the family planning needs of the people in the community?

When we have learned all we can about the family planning services available, we can then talk with people of the community to find out



their needs in family planning. We can begin finding out this information through a series of friendly talks:

a) **Talk with friends and neighbors.**

It is easier to discuss family planning with people we already know or have met before. We can talk to our neighbors and associates about family planning. We can try to discover their feelings.

Here are some questions we might ask:

- Have you heard about planning families?
- Do you know it is possible to keep from having a child?
- Have you ever wished that you wouldn't have a child every year?
- Do you wish you could stop having children for two years?
- Three years?
- Do you know anyone who lost a child because the mother got pregnant and her milk dried up?
- What do people think about planning the number of children they want?
- Do you know anyone who uses some method of preventing pregnancy?

b) **Talk with people who are using family planning.**

If anyone in the area is using a method of family planning, they will be able to help us. Some things we can ask a family planning user are:

- Has anyone asked you about family planning?
- Have you told anyone that you are using family planning?
- Do you get good services and help at the clinic?
- Are the people working in the clinic friendly to you?
- Is there a place where people can buy condoms or vaginal foam or other non-clinical contraceptives?
- Has anyone laughed at you for using family planning?
- Has anyone told you you were doing a wrong by using family planning?
- Are you happy with family planning?

People who are using family planning can be a big help in convincing other people to do the same. If they have any problem with the services from the clinic, we should help them first so they will become completely satisfied.

c) **Talk with midwives, doctors and health workers.**

Doctors, midwives and health workers will be able to give us much information about the health problems of the community. Find out if many children die because they are malnourished or because they do not get vaccinations against some diseases. (These problems need to be solved by the community before family planning can become effective.)

Some of the questions we might ask the doctor, midwives or health workers are:

- What are the main causes of death among mothers and children?
- Do mothers have time to regain their strength between pregnancies?
- Has anyone mentioned that they wanted to stop having children?
- Has anyone asked about a particular method of family planning?
- Has anyone wanted an abortion?
- Has anyone had an abortion?

Answers to these health questions will help us and the community to determine the need for family planning. When the doctors, midwives and health workers know that we are working with them to improve the health conditions in the community, we probably will win their support in the development of a family planning program.



As illustrated by these women outside the World Neighbors Information Center in Quezon City, Philippines, informal talks are an excellent source of family planning news.



Doctor Hari John, at the hospital associated with the Deenabandu Rural Life Center in South India, explains family planning to mothers who come to the hospital for delivery. World Neighbors has worked with the Rural Life Center since 1955.

STEP TWO:

DEFINE AND LOCATE LEADERS IN THE NEIGHBORHOOD

Hopefully, people in the community will come to know workers as people who are interested in the total development of a community. In each project, we will need the help of locally respected leaders. We will need the help of local leaders in food production, health education, small industries and family planning. These leaders have the respect of the people in the community. They will be able to continue the work of training others when we are not there.

1) What are leaders?

Leaders are people who influence others to act in a certain way. Leaders who understand the need for family planning can be important to us in the family planning program.

2) Who are the leaders?

There are many kinds of leaders in a community. Some leaders are in the government. There are two kinds of government leaders: elected and appointed. These leaders are especially useful to us in discovering what family planning services and materials are available from the government.

Other people we will recognize as leaders often are business people. Frequently a small group of business people control credit or the buying and selling in the marketplace. Their opinions and actions are important and we will need to win their cooperation.

Other leaders include religious leaders, tribal leaders, successful farmers or well-known established families in the community. In each of the above groups, the people who will be of the most help to us in the family planning program are:

- a) interested and enthusiastic about the improvement of the community.
- b) respected by the community.
- c) already using family planning.
- d) able to read and write.
- e) able to organize village meetings.
- f) able to lead discussions.
- g) willing to use their homes as meeting places.

3) Methods we can use to find leaders.

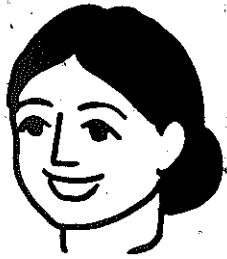
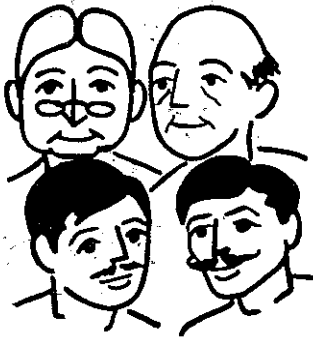
a) **Personal Contact** — This is the most informal way to learn about a community and its leaders. Ask questions, listen, and observe the community at work. Spend as much time as possible in the community talking to people and making friends. We can start by going to a shop or any other local gathering place. When people get to know us, we can ask questions about the people they most respect. We can ask who are the people active in community projects. We will learn much of this information just through ordinary conversation.

b) **Group Discussion** — If we attend local meetings, we can determine who are the people whose opinions are most respected. We can then discuss family planning with them individually or in a group.

c) **Questionnaire** — If we are known and respected in the community, then we may write up a "questionnaire." Visit every tenth house in the community and ask the following two questions from the married adults of the family:

- 1) Who do other people go to for advice?
- 2) Who do you go to for advice?

Now that we know how to find the community leaders and who they are, the next step is to develop these leaders into motivators who will give their cooperation to the family planning program.



Mrs. Padma John explains the need for planned families to a group in Deenabandupuram, South India. It is important to meet with the leaders of a community before calling such a group of neighbors together.

STEP THREE:

WIN THE COOPERATION OF NEIGHBORHOOD LEADERS AS MOTIVATORS IN THE FAMILY PLANNING PROGRAM

Now that we know who the community leaders are, we can begin to win their cooperation to support the family planning program. We have discussed family planning with friends, neighbors, present users of family planning methods and health personnel. We now understand why family planning has not been more widely accepted by couples in the community. We know that family planning is closely linked with the personal sex lives of couples. There is often a great deal of shyness or shame that prevents open discussion. Open discussion is needed before correct information can be supplied to couples.

We know that many couples who may wish to limit the size of their families are hesitant to discuss this desire. They also are hesitant to ask questions to learn the information that they need to know.

In addition to the shyness and shame, we may have discovered that the facilities to provide family planning services are inadequate. Perhaps the clinic is too far away or the hours when services are available are not suitable to members of the community.

Or we may have found that non-clinical contraceptives such as condoms and vaginal foam are not readily available. Or perhaps the place and method used to distribute non-clinical contraceptives make it difficult for a couple to obtain these supplies without embarrassment or great inconvenience.

We may have found out that many couples who are aware of the methods of family planning are still not aware of the benefits. They may not understand that limiting the size of their family is closely related to achieving better health, social and economic progress. There may be social pressure against family planning. Influential community leaders who do not understand the methods and benefits of family planning may oppose family planning. There may be opposition by religious leaders.

Because we know that family planning is an essential part of total community development, we will need to continue in spite of the obstacles. Every eligible couple in the community should have the opportunity to choose family planning if they so desire. We, of course, cannot do this alone. We will need all the support from community leaders that we can obtain.

We will need to know the main obstacles to family planning. Then we can develop a program of communication with the community that will overcome the objections to family planning. In this way, we can eliminate the obstacles that stand in the way of a successful family planning program.

We should try to develop opportunities to meet with the leaders individually and in groups. We should use the help of doctors and midwives and other health personnel to inform the community leaders. We should use visual aids when possible. We should encourage the leaders to adopt family planning methods themselves. Their example and their influence will have a great effect upon the community.

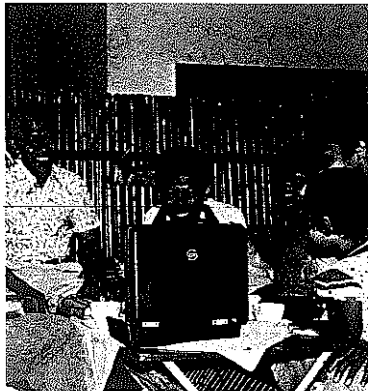
1) Methods we may use to motivate community leaders.

a) Meet with one or two group leaders at a time.

In our first meeting with individuals, we will want to learn the general problems and needs of families of the community. We also will want to discover their knowledge and their interest about family planning.

On later visits to interested individual leaders, we should be prepared to educate them in the following: the advantages of a planned family; how conception occurs; how to prevent conception. Visual aids such as flipcharts, filmstrips or a display of family planning materials are helpful to understanding. If possible, leave a pamphlet to summarize the most important points.

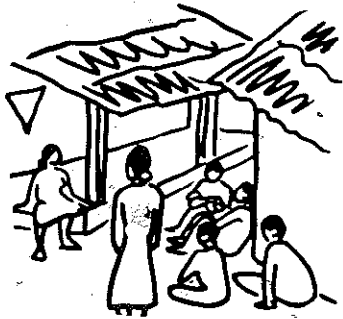
We should encourage the leader to use family planning and to



A group of community leaders in Indonesia review family planning information. Visual aids often help to overcome shyness which prevents open discussion.



Community leaders, such as this woman in Quezon City, Philippines, have a major effect in any neighborhood if they are in favor of the idea of family planning, or adopt family planning methods themselves.



Meetings most effective if talking done by leaders



Nina Navaja, World Neighbors family planning worker in Cebu City, Philippines, visits with a group of mothers in Barrio Hippodromo to explain methods of contraception.

tell others about it. In some communities, with some leaders, it may be appropriate to ask the leader to distribute contraceptives.

b) Group meetings with community leaders.

After we have won the interest and support of individual leaders in the community, it is a good idea to call a meeting of these leaders and of other interested people. Some of the topics that should be covered in the group meeting are as follows:

- 1) Ask one of the leaders to summarize briefly what other leaders and members of the community have said about family and community problems.
- 2) Tell the leaders in general terms what other people in the community have said to us about the need for family planning.
- 3) Explain to the leaders how some of these community needs and family problems may be influenced by a family planning program.
- 4) Ask a respected health authority to make a presentation to the group on the advantages of family planning, how conception occurs, how to prevent conception and where and how family planning services may be obtained.

There are many topics to discuss. The meeting may take several hours. One long meeting may be better. Or perhaps several shorter meetings would be best.

Meetings are most effective if much of the talking is done by the leaders among themselves. Try to make sure that at least one active local leader is present who is especially interested in family planning. If there is one leader who is already a satisfied family planning user, be sure to give that person the opportunity to tell others.

2) How we and the leaders can motivate the community in family planning.

Now that the community leaders have an understanding of a family planning program and have offered their cooperation, the leaders will help us communicate with the rest of the community. There are at least two recommended approaches that can be used to convey the family planning message. One method is called the community education approach. Both of these methods require the continuing support of the community leaders. Involve these leaders in the plans and action each step along the way.

a) Community education

In every community there are a number of existing organizations or informal groups of people. Examples of such groups are women's groups, men's groups, religious groups, agricultural groups, social and recreational groups, cooperatives, etc.

Often the same leaders who are cooperating in the family planning program are influential in these groups. They can be helpful in introducing you or speaking about family planning themselves to these groups and organizations.

We can approach these groups similar to the way we approached the leaders. Meetings, discussions and presentations with visual aids are all important. Every effort should be made to relate the family planning message to the interest of each particular group.

Do not allow the family planning message to stand alone. In each situation demonstrate how planning the family is as necessary and natural as planning to achieve goals in any other area. In the process of this communication, our goal is to make family planning a topic of general discussion. Then shyness or shame may be eliminated. People will then feel free to ask the questions to obtain the information they need. And the next step will be to request the family planning services they need to have.



Community leaders command the respect and authority of the community. They can be especially effective in communicating the family planning message to these groups. Here are some methods they can use: by participating in panel discussions about family planning needs of the community; by participating in field trips to family planning exhibits, family planning clinics and health offices. If mimeographed information sheets can be distributed, try to obtain permission to use favorable statements made by community leaders. The mimeographed information sheets may contain information about the family planning program. They also may contain a statement of a community leader. They can be sent in the form of a personal letter to other community leaders and members of the community.

b) **The mass media**

The mass media can be used to reach those people who are not touched by the program of community education. The mass media also will reinforce the family planning message in the minds of those people who are reached by the community education approach.

Some methods which are very useful are as follows:

1) **Poster campaign** – Posters should carry the same simple family planning message which is part of the general campaign. Whenever possible, they should carry the family planning symbol if one is available.

2) **Film and filmstrip showings to large audiences** – A local leader should introduce the film or filmstrips. After the showing, there should be time for discussion. Then pamphlets can be distributed to reinforce the message of the film.

3) **Mass meetings** – Mass meetings take careful planning and follow-up. We should try to have many local people help plan the meeting. They will help to make the family planning message a topic of general discussion. Mass meetings can help move many people to adopt family planning.



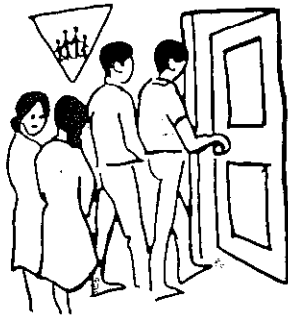
Family planning orientation is included in the program for these expectant mothers attending a weekly pre-natal clinic at the hospital in Grande Riviere du Nord, Haiti. In cooperation with the Mennonite Central Committee, World Neighbors works with an extension program in Grande Riviere.



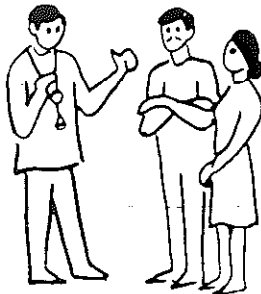
Humor is often used to attract attention and to encourage discussion, as in this poster prepared and issued by the National Family Planning Programme – Trinidad and Tobago.

STEP FOUR:

KEEP THE FAMILY PLANNING PROGRAM FUNCTIONING



More people are visiting the family planning clinic



By the time we have reached Step Four, we have discovered the family planning services available. We know the people involved in providing those services. We have a good idea of the family planning attitudes and needs in the community. We have discussed these facts with the leaders. We have educated the leaders on the benefits and methods of family planning. We have won their support and acceptance of the family planning program. We have involved the community leaders in a community education approach and a mass media approach to convey the family planning message.

If we and the community leaders, working together, have been successful, many couples have adopted family planning. They are using a method that they find desirable, convenient and effective. There is an increase in the number of people visiting the family planning clinic and/or purchasing contraceptive supplies. Family planning is now an acceptable topic of conversation.

The next step is to keep the family planning program active. This is often the most difficult part. Every eligible couple in the community must be given the opportunity to accept the family planning method of their choice. We must see that follow-up services are offered to those couples who may encounter difficulties.

To keep the program active, two goals must be kept in mind: 1) Keep the family planning message in the minds of all the eligible couples in the community; 2) Have an effective distribution system of contraceptive supplies. Contraceptive supplies should be inexpensive and convenient to obtain. A couple should not be embarrassed.

One way to keep the family planning program active is to start a family planning club. The best way to establish such a group changes from community to community. Here are suggestions that we can use. These suggestions can be adapted to the conditions of each community.

1) Who should be members of a family planning club?

In our conversations with community leaders, health and clinic personnel and community groups, we have discovered the people who are the most active, knowledgeable and reliable. We may find that some of these people have helped us and the community in other development projects. These are people who should be included in a family planning club.

2) The purpose of a family planning group or club.

The purpose of a family planning club is to keep the family planning program aware of the needs of the community. The club members can meet regularly to discuss what is happening in the community. They can help the family planning program by working on the two goals:

a) The Family Planning Message

We must keep the family planning message in the minds of all eligible couples in the community. The family planning club should form a committee to help to do this. The members of the committee should develop regularly scheduled presentations of the family planning message. Use the methods which have been successful in other community development work. The committee should have some or all of the following equipment and supplies:

- Family Planning Pamphlets
- Flip Charts
- Chalkboards
- Films and Filmstrips
- Simple and Portable Audio-visual Equipment
- Posters and Other Promotional Materials
- Some of the equipment mentioned may be available from



These World Neighbors workers in Cebu, Philippines, often use drama to convey information about contraceptive methods at barrio meetings and fiestas. Always very humorous and entertaining, these dramas increase interest in family planning, and lead the way to open discussion of family planning methods.

other community organizations. Do not hesitate to ask these organizations for their cooperation.

b) **Family Planning Contraceptive Supplies and Services**

The second goal is to make sure that inexpensive contraceptive supplies and services are available. They should be convenient to obtain. And there should be no embarrassment to the couple.

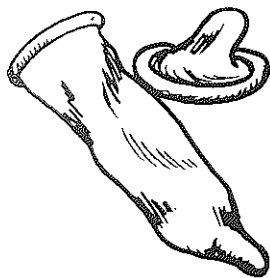
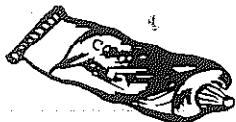
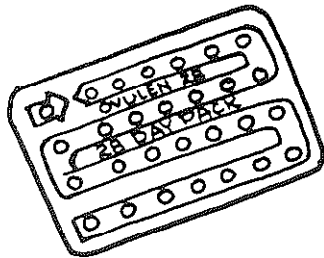
A committee can be formed to help in this step. A health official should be on this committee. The health official will help establish a good relationship between those eligible couples who receive the contraceptive supplies and services and those who provide the same supplies and services. This committee can include representatives of both the family planning users and the providers.

The club members should become well informed about family planning. They should tell others in the community about family planning. The following minimum information should be available:

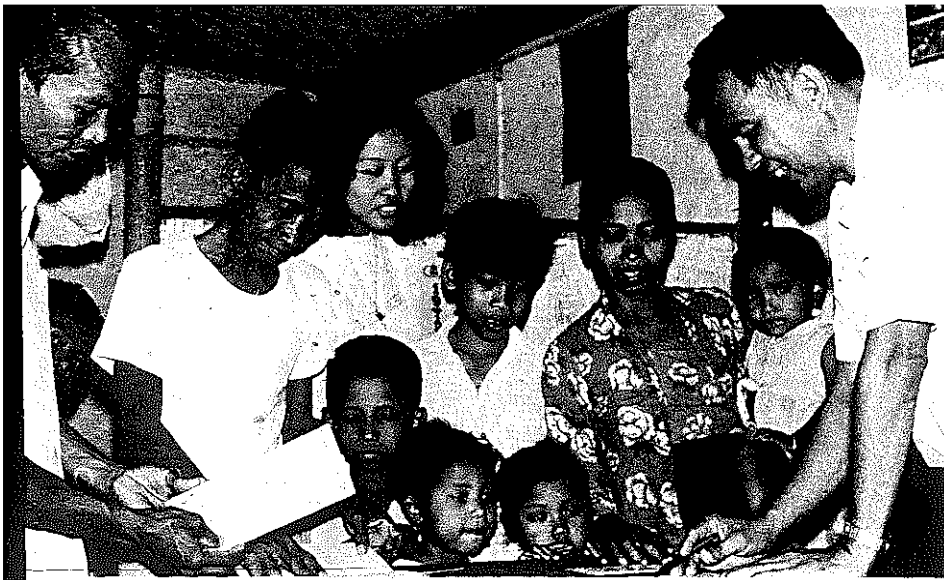
- How does the nearest family planning clinic function?
- Who is on the staff at the clinic?
- What services are available, when, and by whom, and at what cost?
- Does the clinic have special problems in providing satisfactory service to the community?
- How can these problems be solved?
- How can people get to and from the clinic?
- Is there a mobile unit or does one need to be established to serve the people closer to their homes?
- Where are non-clinical contraceptives (condoms, vaginal foam, etc.) available?
- Are additional outlets for distribution of contraceptives needed?
- How can these distribution points be established?
- Are there people or organizations in the community such as women club leaders, men club leaders, cooperatives, barber shops, smoke shops, bus drivers, etc., who can distribute contraceptives?

Essentially, a family planning club will serve as a communication and coordinating group. They will bring together materials and services that are necessary for an effective family planning program.

If the four steps suggested have been accomplished thoroughly and in close cooperation with the community, the family planning program should be off to a healthy beginning.



Motivated primarily by interest in the health of mothers and children, the demand for family planning services is increasing in the PROFAMILIA clinic in Bogota, Colombia. World Neighbors currently works with PROFAMILIA to train nurses aides from various cities throughout Colombia in family planning promotion and services.



Dr. Gunawan Nugroho of Solo, Indonesia (right) has designed a community health insurance scheme which includes family planning. Here he discusses child health with a mother, using a chart filled in at a regular "under fives" clinic.

Family Planning Workers In Action



The clinic operated by the World Neighbors-assisted Martyr's Community Center in Kampala, Uganda, stresses family planning and child nutrition.



Srta. Waldete Nacimiento of the S.O.F. clinic in Sao Paulo, Brazil, shows real concern for a client.

Four nurse aide trainees observe while a mother, Sra. Dãriala dos Santos, receives practical training in post-natal care at the Red Cross clinic in Salvador, Bahia, Brazil.

After practicing on dolls, mothers-to-be observe as a nurse demonstrates post-natal care at this WN-assisted Red Cross clinic. All training includes family planning orientation.

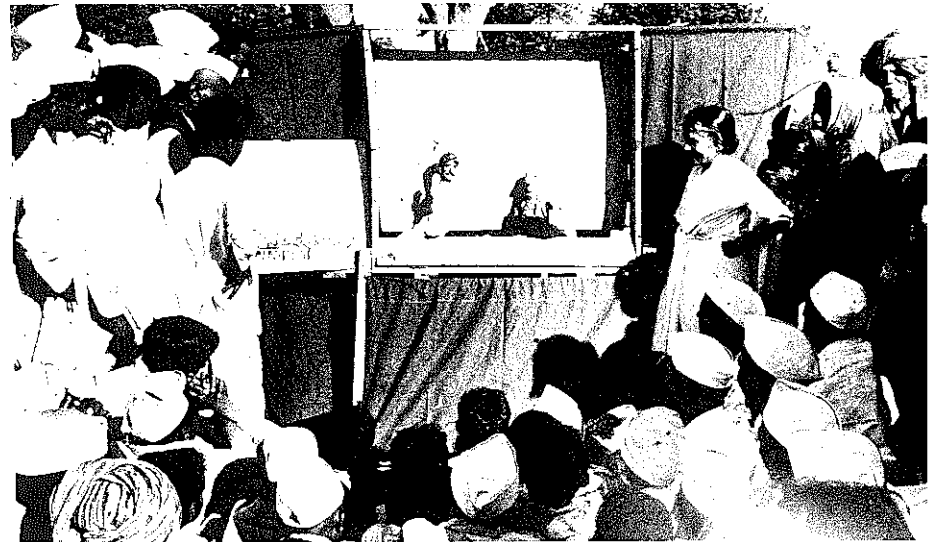




▲ Walter Ossai, of the World Neighbors Rural Service Program in Asaba, Nigeria, discusses family planning and child health with the program leader for women's work.



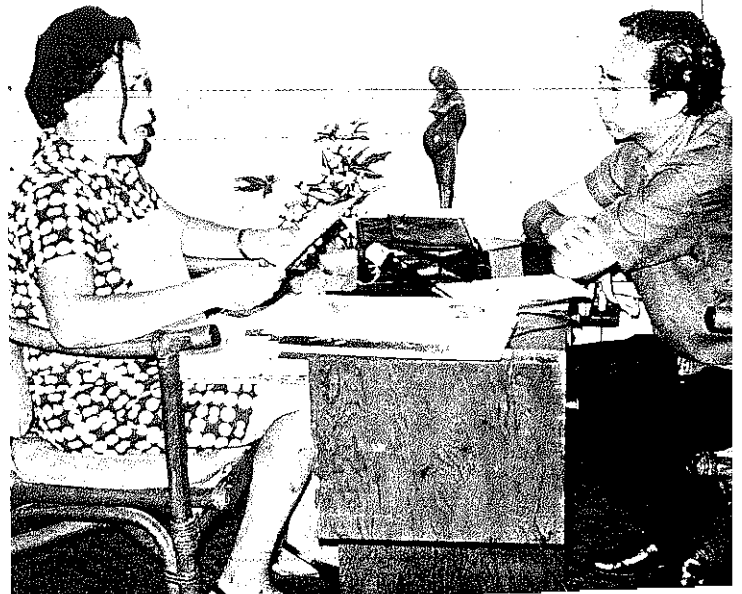
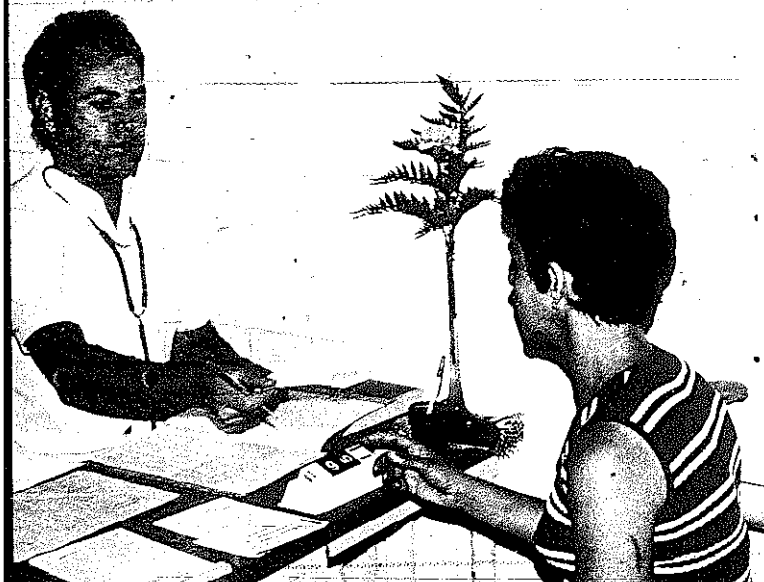
First visits to a family planning clinic sometimes cause apprehension. Informal discussions, with opportunity for the women to participate, help to create confidence.



Mrs. S. Padole (right of stage) talks with puppets used to present the family planning message in a program assisted by World Neighbors in Vadala, Maharashtra, India.

Dr. José Osmar Cardoso, Medical Director at the C.O.F. clinic in Mauá, Sao Paulo, Brazil, indicates return visit to a mother.

Mrs. Belen Almazan, WN family planning worker in Quezon City, Philippines, records a radio talk for reporter Willy Delgado.





This student from Ahmednagar College in Maharashtra, India, is collecting survey information for a practical assignment in her diploma course at the Centre for Studies in Rural Development. With assistance from World Neighbors since 1960, the Centre runs programs in agricultural extension, water development, adult education, literacy, health, sanitation and family planning.

SECTION TWO: FAMILY PLANNING GUIDE

When we are working in community development, it is important to approach the community in an organized way. For a family planning worker, organization can make the difference between success and failure. This guide is designed to help organize work in family planning motivation. Write down the answers to the following questions.

CLINIC

Before approaching a community to talk about family planning, find out what services are available to the community. This will help to answer any questions that are asked. The best way to learn what services are available is to visit the clinic where family planning services are offered.

1. Where is the nearest clinic for family planning services? _____ which is _____ Kilometers from community.
2. What days and times are family planning services available?
 - Sunday
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
3. Is there a male doctor at the clinic?
 - Yes _____ No _____
 - (Name)
4. Is there a female doctor at the clinic?
 - Yes _____ No _____
 - (Name)
5. Do the doctors have trained assistants to help them with their Family Planning work?
 - Yes _____ No _____
 - Names: _____
6. What contraceptive services does the clinic offer?

<input type="checkbox"/> Pill	<input type="checkbox"/> Foams, Creams & Jellies
<input type="checkbox"/> I.U.D.	<input type="checkbox"/> Rhythm Counseling
<input type="checkbox"/> Condom	<input type="checkbox"/> Male Sterilization
<input type="checkbox"/> Injection	<input type="checkbox"/> Female Sterilization

7. Is there a charge for family planning services? Yes No
 How Much? _____ Pill
 _____ I.U.D.
 _____ Condom
 _____ Injection
 _____ Foams, Creams & Jellies
 _____ Rhythm Counseling
 _____ Male Sterilization
 _____ Female Sterilization

8. Is fertility counseling available for couples who have not had children?
 Yes No

9. Is there a charge for this counseling?
 Yes No How much?

10. If there is no clinic, are any of these contraceptives available?
 Condom Yes No Available at the cost of _____
 Foam Yes No Available at the cost of _____
 Cream Yes No Available at the cost of _____
 Jelly Yes No Available at the cost of _____

TRANSPORTATION

Community members must be able to get to the clinic if they want to practice family planning. Be able to give correct information on how to get to the clinic.

1. Is a bus available? Yes No
2. What times do buses go and return?
 Leaves from _____ at _____
 leaves clinic at _____; returns at _____
3. How much does it cost to go by bus to the family planning clinic?
4. Does the family planning clinic have a vehicle which will pick up persons interested in going to the clinic?
 Yes No
5. Is there a mobile clinic that can come to the community with family planning services?
 Yes No
6. When can the mobile clinic come to the community?

FAMILY PLANNING NEEDS OF THE COMMUNITY

After learning as much as possible about the family planning services available to the community, talk to people in the community to find out how they feel about family planning. On page six there are suggestions of some questions to ask. Talk with friends, people who are using some method of family planning, midwives, doctors and health workers. These talks will help us learn the family planning needs of the community.

1. What do your friends say about family planning?
2. What do the people using a method of contraception say about family planning?
3. What does the midwife say about family planning?
4. What does the doctor say about family planning?
5. What does the health worker say about family planning?

WHO ARE THE RECOGNIZED LEADERS IN THE COMMUNITY?

In order for a family planning program to be successful in a community, leaders of the community must be interested in the program. These leaders will help to convince the people of their community to practice family planning. They will also carry on the family planning program when we are not in the community. Visit governmental, business, religious and tribal leaders to find out what they think of family planning. If they do not know about family planning, explain family planning to them. We should let these leaders know that we are interested in working in their community. We should know how these leaders feel about our working in their community.

1. Who are the government leaders?
2. Who are the religious leaders?
3. Who are the business leaders?
4. Who are the tribal or caste leaders?

FINDING FAMILY PLANNING LEADERS

To find leaders for the family planning program, ask the people of the community. Below is a guide on how to ask people about these leaders. Ask the people from about every 10th household about leaders.

1. Introduce yourself

"I am working with the health and family planning program in this area. We have talked with the leaders in your community who are especially concerned with protecting the health of mothers and providing the best possible education, food and care to children. They feel that more people should have correct information about the ways in which parents can decide when they want to have a baby. This way parents can leave more time between the last child and the next child. They can also decide when they want to stop having more children."

2. Introduce the program

"It has been suggested that a number of men and women in this community be selected by you, and these persons could then be given special knowledge about health and family planning. These men and women could pass on this information to you and any others in the community who might want it. The persons you choose should be:

- A. People from whom you would like to get information about health, family planning and available services.
- B. People in whom you have faith and confidence.
- C. People who like to help others and who would have time to spread this information.

Would you please mention the names of a few of these people? Your views will be kept confidential."

3. Who were the people mentioned? (List names in blanks below.) Ask all of these people about working in family planning:

- | | |
|----|-----|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

4. Which of the people (listed above) said they would like to learn about family planning and pass the information on? (At least one man and one woman should be chosen for every 100 houses.)

1.

2.

3.

4.

5.

6.

7.

8.

MEETING WITH LEADERS

1. Individuals

A. Met with _____ date _____
Comments about family planning: _____

B. Met with _____ date _____
Comments about family planning: _____

C. Met with _____ date _____
Comments about family planning: _____

2. Groups

First Meeting - Date _____
- Leaders present _____

What were the main points discussed at the meeting?

(Keep a similar record of each meeting.)

MAP OF THE COMMUNITY

Make a map of the community to help organize the family planning work. The map should show houses, schools, community buildings, wells and roads. Draw the map large enough to write notes on and to indicate where family planning acceptors live. It is helpful to use a color key in marking these acceptors. This can be done by coloring all I.U.D. acceptors red, all pill acceptors green, etc. By using this approach we are able to see contraception trends which may take place in the community. It is also beneficial to color code the infertile couples. Keep this map up-to-date.

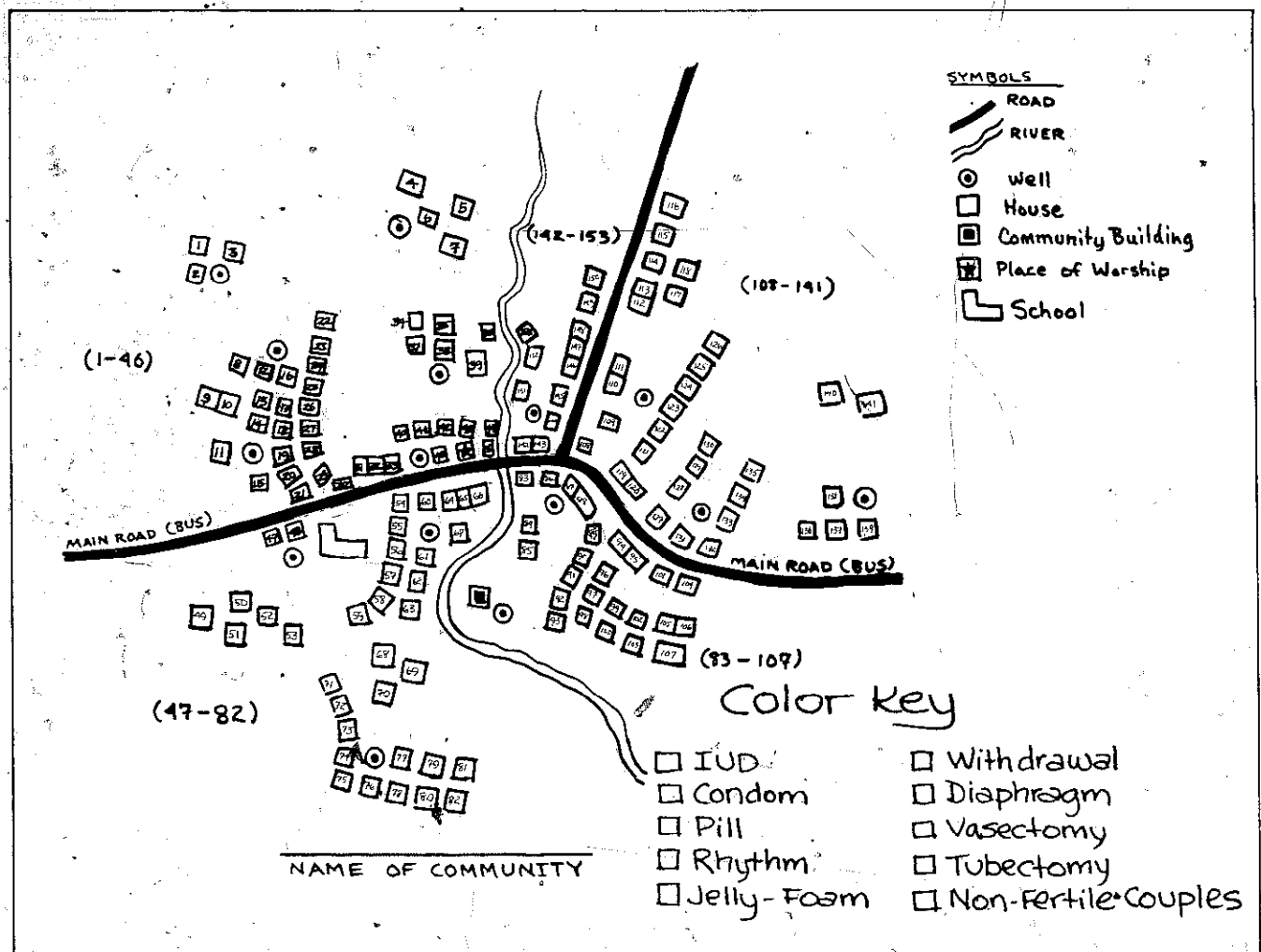
To make a map, walk around the community and take notes of the houses, roads, wells, rivers, places of worship, etc. Then draw the map as accurately as possible. The symbols below are suggestions which may be used to mark important places in the community. The symbols must be simple.

- | | | | | | | |
|------|-------|---------------------|------|--------------------|-----------------------|--------|
| Well | House | Place of
Worship | Road | River or
Stream | Community
Building | School |
| ○ | □ | ⊞ | — | ~ | ■ | ⌒ |

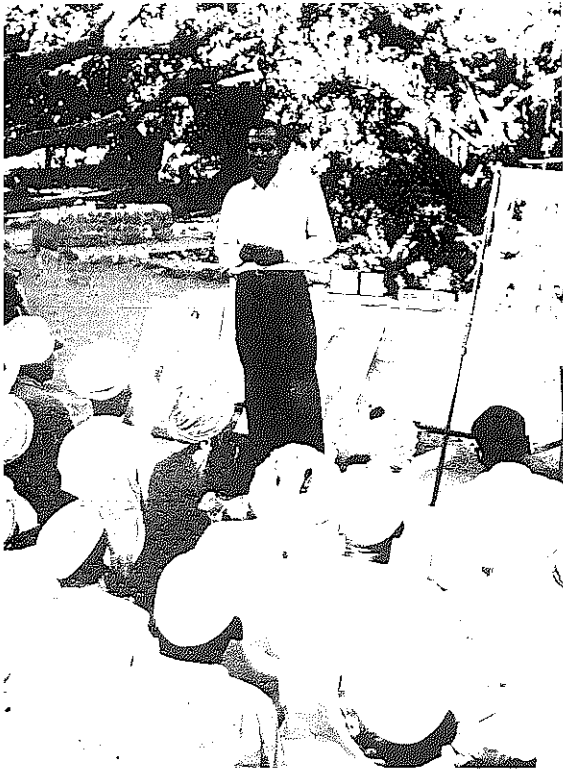
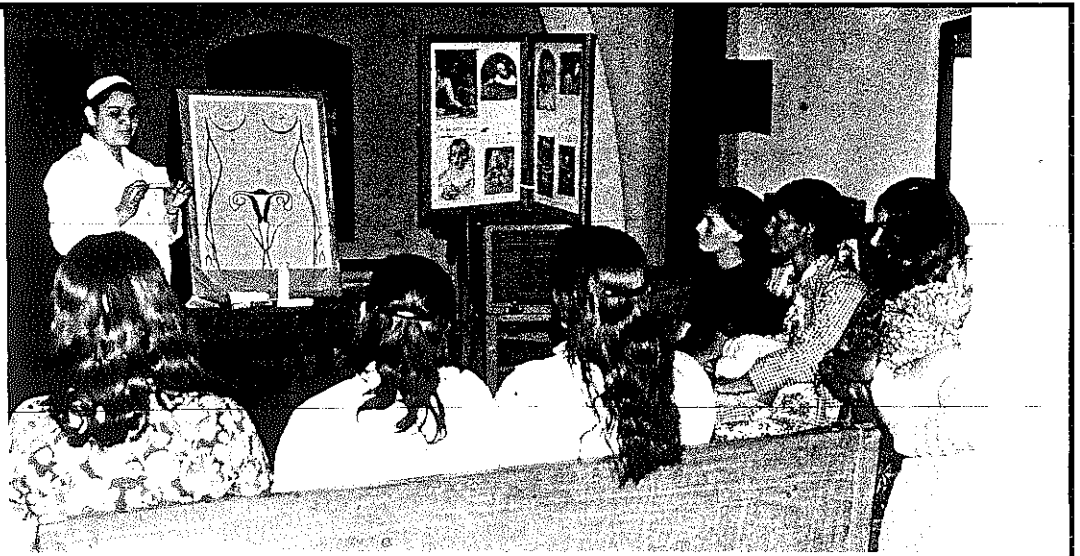
Give a copy of your map to each of the community leaders who are working in the family planning program. This will help them organize their work. Each time the family planning group meets, the maps can be compared and up-dated.

In the space below is a sample map. This map shows how simple this task is. Be sure to number each of the houses in the community.

EXAMPLE MAP



Sra. Marta De Aquino, social ▶ assistant and family planning motivator at the clinic of the Centro Paraguayo de Estudios de la Población (CEPEP) in Coronel Oviedo, Paraguay, utilizes the waiting room of the clinic to provide family planning orientation. World Neighbors has been cooperating with CEPEP at this clinic since 1970.

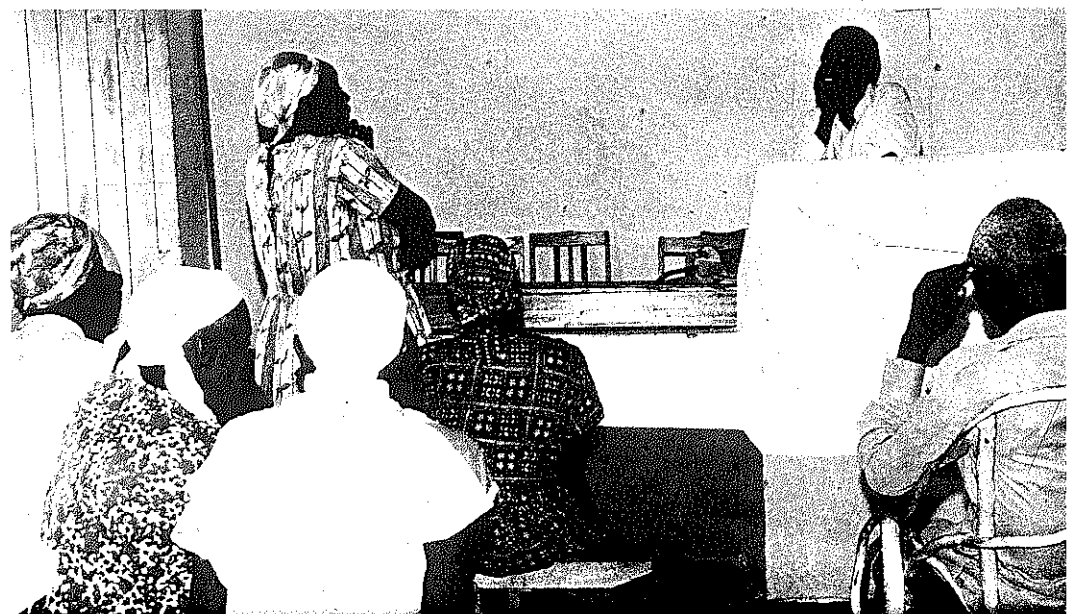


▲ Government Extension Educator, Mr. P. H. Shitole, explains family planning to a group of village men in the WN/Ahmednagar College project in Maharashtra, India. This project solicits the cooperation of all development workers in the area.

Team leader James Avombo ▶ answers questions after a family planning talk. This WN-assisted Kaimosi Rural Service Program in Kenya, Africa, is integrated to include work in agriculture, nutrition, child care and youthwork.



Hortensia Otzoy (left), family planning worker at San Martin, Guatemala, emphasizes the need for good nutrition for mother and child.





Dr. Lucas Hendrata (left), of the Responsible Parenthood Commission, Council of Churches of Indonesia and Fred Tumiwa discuss family planning pamphlets to be published for Indonesia. World Neighbors is cooperating with the Council of Churches of Indonesia in a voluntary sterilization program for men in Central Java.



WN recently began cooperating in a family planning, infant care and immunization program at the Haile Mariam Mamo Hospital in Nazareth, Ethiopia.



These World Neighbors workers in the Philippines use comical drama to entertain and to inform.

SECTION THREE:

STORIES

The following pages contain "experience stories" about family planning situations. The stories were written by World Neighbors assisted workers around the world who either work in family planning full time, or who include family planning motivation as a part of their extension work in agriculture, nutrition, health, sanitation, hygiene and small industries. These stories have been edited only slightly, in order to clarify points which were difficult to understand in their original form. These stories are being included in this manual with the purpose of illustrating some of the problems encountered in family planning motivation, and to show how a few motivators have overcome these problems.



Sra. Cirila de Sánchez, in the WN-assisted family planning program of Misión de Amistad in Paraguay, conducts informal conversations to establish an air of friendliness and confidence.



After initial contacts are made through group meetings or clinic attendance, Sra. Sánchez makes home visits to help eliminate doubts and assist women in making decisions on methods.

Mother's Poor Health Encourages Family Planning

By Mrs. Zenaida Falcasantos
Zamboanga, Southern Philippines

Field work in family planning motivation is a wonderful task and an enjoyable one. I get a lot of satisfaction from the friends I make, and from knowing that I am able to help families. An interesting situation which I came across is related to you here.

Mrs. Toribio was 22 years old when I first visited her. She was the mother of five children and was again in a family way. Mr. Toribio was at home when I visited them. I introduced myself as a family planning motivator.

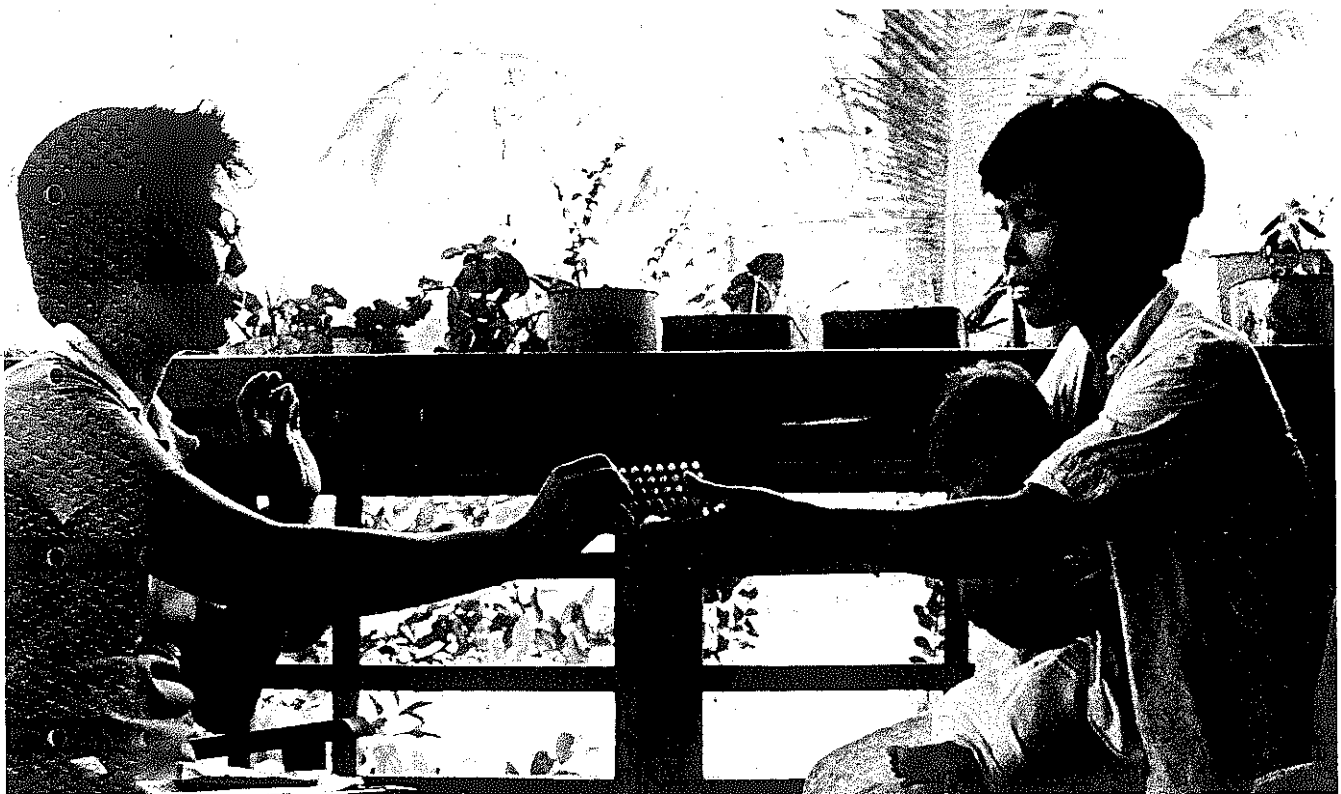
Just after I greeted them, Mrs. Toribio told me that family planning was no use. She told me about their neighbor who had gotten an I.U.D., and that this I.U.D. had broken inside her. Because of this incident, Mr. and Mrs. Toribio were very much against family planning.

I explained to them that not all I.U.D.s are deficient and that her neighbor's I.U.D. broke only because of a factory defect. I also told her about the pill. But Mrs. Toribio could not listen to me. She believed that all family planning methods caused cancer and dreadful diseases. I said, "Mrs. Toribio, if this is true, many

people would have already died. And one of them would have been me, because I am a family planning acceptor -- with an I.U.D. for almost three years. Before taking any contraceptive for family planning, you will need to see a doctor and have an examination. The doctor will advise on the proper methods for you." Inasmuch as I could not convince them, I left.

On my third visit to see Mrs. Toribio, she had given birth three months earlier. She was also in her fourth day of menstruation. I was very much impressed by the way they treated me. Mr. Toribio became interested and started asking more information about the I.U.D. and Pill. He told me he realized the value of family planning because his wife almost died during her delivery. And so, together with the woman who had the broken I.U.D., who was going for a reinsertion, Mrs. Toribio went to the clinic to consult the doctor.

Mr. Toribio did not hesitate to give his consent for Mrs. Toribio to take the Pill. It has already been nine months since Mrs. Toribio began taking the Pill, and I have not had any complaints from her. Had she accepted family planning earlier, perhaps she would have only had three children now -- instead of six.



Mrs. Zenaida Falcasantos (left), World Neighbors family planning motivator in Zamboanga, Philippines, always carries visual aids and samples of contraceptives when she visits mothers to discuss family planning. Mrs. Falcasantos wears an I.U.D. herself, so she finds it easy to talk about this method of family planning. She is especially good in counteracting rumors about cancer and diseases.

Agriculture and Family Planning A Good Combination

By Mary McKay
Antigua, Guatemala

During the time that Francisco Batzibal was still a volunteer worker with World Neighbors (he is now a paid extensionist in the Tecpan Program), he took to a meeting of the agricultural cooperative in his village of Panimacoc a film on family planning. To the film showing came Domingo Morales and his wife.

Domingo and his wife were impressed by the picture and the explanation Francisco gave after its presentation. Domingo's family was in a precarious economic situation. The house where he and his wife lived with their six children was but a single room with a thatched roof. His wife felt drained of strength and was in poor health. Their children were poorly cared for and inadequately fed.

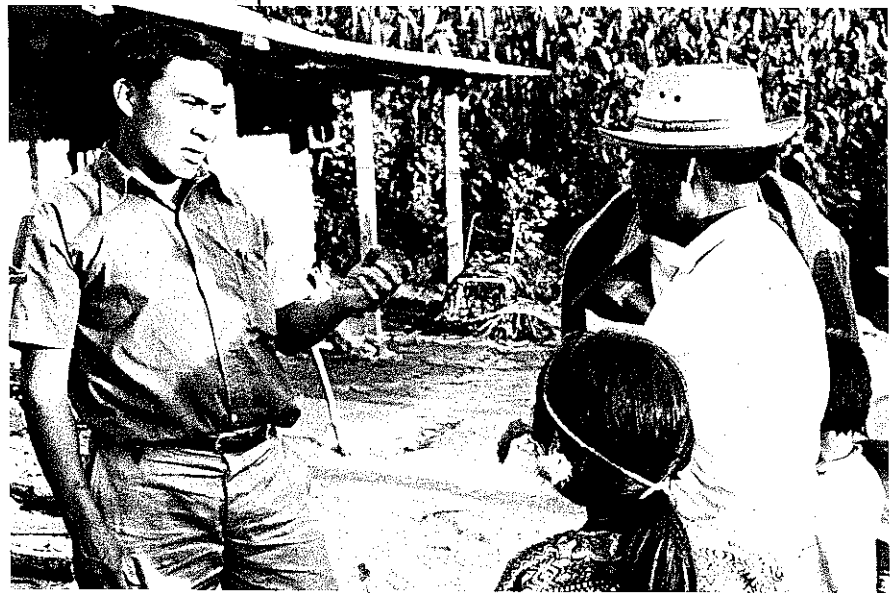
Francisco visited the home of Domingo and Carmen and talked with them about their problems. Domingo's land was not very productive. And when he went out to work as a day laborer on other people's farms he only earned fifty cents a day. Carmen often felt too sick to take the meager crops their land could produce to market. Finally, Domingo and Carmen were terribly concerned that they would not be able to send all of their children to school and their five acres certainly wasn't enough to promise them all a living when they grew up. The explanation and motivation provided by Francisco bore its fruits when Domingo and Carmen decided to use birth control. Carmen went to the World Neighbors clinic in Chimaltenango and received an I.U.D.

This decision by Domingo and Carmen caused them serious problems. They were criticized by their parents. They were slandered by their friends and they were called before the elders of their Protestant church. The Morales, however, held steadfast to their decision not to have any more children. Little by little life began to improve for them.

When Carmen was no longer continuously pregnant her health improved and her energy came back. She was able to take better care of her children and husband. She started selling their farm products again in the Tecpan market. Domingo continued attending meetings of the Panimacoc agricultural cooperative where he and nearby neighbor Francisco were members. As a result of

this, his crops improved and the family was able to eat better.

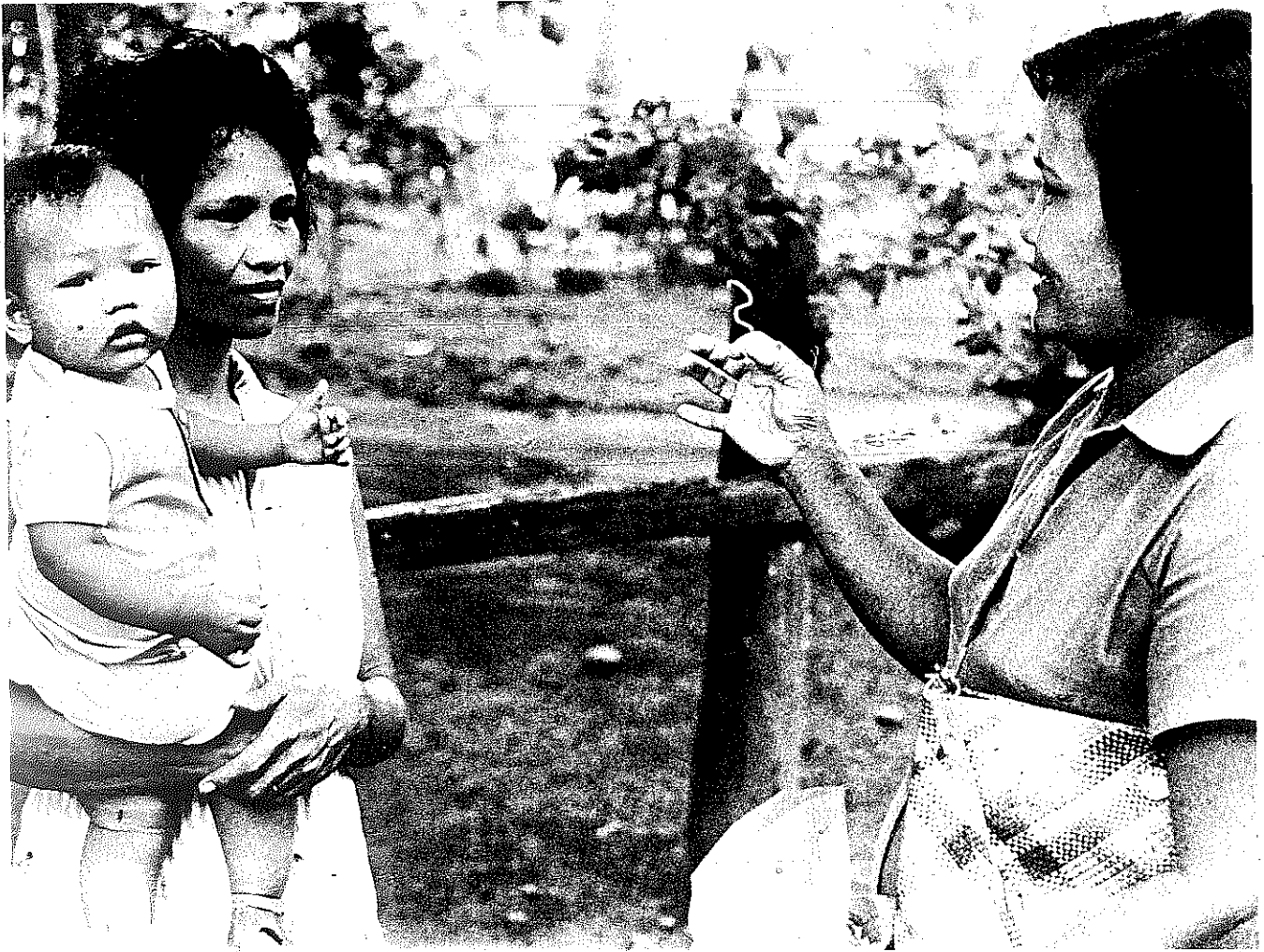
During the last five years, Domingo and Carmen have used birth control. This year all of their children are attending school. Their home is in better condition and they have a well which provides them pure drinking water. Domingo and Carmen are happy because they made their decision in time.



Francisco Batzibal (left) views family planning as an important part of development.



Through his extension work in agriculture, Francisco has many close friends in his area.



Mrs. Bernadita Bernardo (right), World Neighbors family planning motivator in Zamboanga, Southern Philippines, finds that expectant mothers, or mothers who have recently delivered, are often interested in talking about family planning.

Friendship and Concern Lead To Family Planning

By Mrs. Bernadita Bernardo
Zamboanga, Southern Philippines

During my field work motivation, I generally do a community survey first. In one community, it happened that I surveyed a mother named Purisima. She had eight children at the time, so I explained family planning to her and talked a little about the methods.

She told me she was afraid of family planning because she had heard rumors that contraceptive methods cause the sickness of cancer. I asked her to please let me explain, but she was against it and did not want to listen. So I marked on

my visit record to drop her house.

As I continued my home visits, I went to many houses in the neighborhood of Purisima. I still passed the house of Purisima, and said "hello" to her each time I saw her. But I did not visit her to discuss family planning anymore.

After a few months, I heard from her neighbors that Purisima was again in the family way. So the next time I passed her house, I stopped and advised her to go to the clinic for a check up. I told her it is good for any woman in the family way to have a check up to be sure both the baby and the mother are healthy. In a few months she delivered her ninth child.

Then one day as I passed her house, she called me to come over and talk. I was surprised. She said, "Mrs. Bernardo, I had a hard labor during my delivery." So I said, "What can I do for you?" Then she told me she would like to plan her family, and not have another baby soon.

We had a long talk, and I explained all the methods of contraception. I told her the advantages and disadvantages of each method, and showed samples of the I.U.D., Pills, Condoms and Foam. She selected the method Pills.

So she went to the clinic and got her pills. She is a user of contraceptive pills now.

Never Too Late To Start Planning Your Family

By Mrs. Isabel Rosario
WN Family Planning Motivator
Zamboanga City, Philippines

Sometime in 1968, another motivator and I went to Barrio Tetuan to discuss family planning. Barrio Tetuan is one of the most congested communities of Zamboanga City. We met a couple there, Mr. and Mrs. Romo, who were both in their early thirties and had 15 children.

Their house was too small for the size of the family. Almost dilapidated, the house was 10 by 12 feet in floor area, with an anteroom three feet off the floor to accommodate all the children for sleeping.

Mr. Romo was 33 years old at that time, and Mrs. Romo was 32. Mr. Romo worked as a store helper in a grocery store in the city, with a salary of 60.00 pesos (U.S. \$8.57) per month. Mrs. Romo worked as a seamstress to supplement their income — aside from attending her duties as a housewife. Their total monthly income was barely 100.00 pesos (U.S. \$14.29). Their eldest son, who was 16 years old, was working as a house helper to add to the family income. He received 20.00 pesos (U.S. \$2.86) per month.

Their third from the eldest son had died of drowning earlier. This was discovered only in the evening when Mrs. Romo started counting the children and found out that one was missing. She was told that the boy had gone to the river to swim because it was St. John's Day. There they found him dead.

When I talked to them about family planning and explained the importance of spacing births, both husband and wife smiled and answered me. "It is already too late, Mrs., we already have 15 children. Family planning is no longer necessary. Anyway, with the help of God, they will survive."

I had to explain to them that it was not yet too late. I explained that they were both still very young, and were still capable of having six

or seven more children if they did not use any of the scientific methods of contraception. Mrs. Romo was so worried and surprised when she learned that she was still capable of producing six or seven more children. I showed and explained the different methods from which they could select.

Mr. Romo objected so much. He said, "We are Catholics, and according to our priest, family planning is against our religion. It is against the laws of God to use any of the methods."

"Besides," he said, "God gives and God will also provide. I'm already a poor man, and if I do something against His law, He might punish my whole family."

I explained to him that the Catholic Church is in favor of family planning, and that the Church only differs in opinion about the methods. I also explained that family planning is not immoral. That it is simply a way of life where the husband and wife plan how many children they want, and plan when to have their next babies. I explained that babies must not come every year if the health of the children and mother is to be good. I advised them to think over family planning — with the promise that I was coming back to visit them after three days. I wanted them to have

enough time to study the matter and to decide which method of contraception they would adopt.

I went back to Mr. and Mrs. Romo's place after three days. Mrs. Romo told me she was afraid to adopt any of the methods because her neighbors told her there are many women who die because of using the I.U.D. and taking Pills. I explained to her that this was just a plain rumor, and that there was absolutely no truth in it. I also explained to her that only doctors who are trained in family planning can insert the I.U.D. or prescribe the Pill. I told her that some women cannot be fitted with the I.U.D., and that some women are not able to take the Pill. I told Mrs. Romo that before a woman uses any method, she must first submit for a thorough physical check-up by a trained physician.

At that time, Mrs. Romo had recently delivered her 15th baby. After 45 days, she went to the World Neighbors Family Planning Clinic to submit herself for an I.U.D. insertion.

Mrs. Romo has been carrying her I.U.D. for four years now, and is happy about it too. She recently told me that if she had not accepted family planning, she would maybe have another three children now. She is glad that she does not.



Mrs. Rosario relies heavily upon visual aids in explaining the methods of contraception.



Mrs. Tabitha Inyambula Khasiani directs the services of the western province of the Family Planning Association of Kenya (F.P.A.K.). In Kenya, family planning is a joint effort involving the F.P.A.K., The Ministry of Health, IPPF and smaller private groups such as World Neighbors and the East Africa Yearly Meeting of Friends. In Kakamega, the provincial headquarters, Mrs. Khasiani and the World Neighbors-sponsored Rural Service Program meet regularly to plan the coordination of family planning activities.

From Midwife To Family Planning Innovator

By Mrs. Tabitha Inyambula Khasiani
Western Area Officer
Family Planning Association of Kenya

I was trained as a State Certified Midwife and was sent for a special course of instruction in contraceptive techniques in Family Planning. The course was held in the United Kingdom.

When I returned to Kenya in August of 1946, there was not an official Family Planning Programme. Family planning activity at that time existed only in private practice. The Family Planning Association of Kenya was not established until 1965. The Association consisted of five people, and we were all stationed in Nairobi.

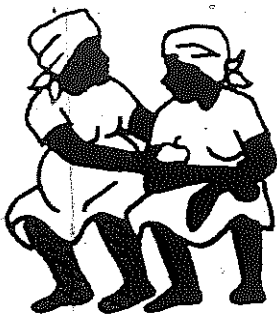
I went from the Family Planning Association of Kenya to the Ministry of Health, and became Sister in Charge of the Maternity Wing of Kakamega Hospital in North-West Kenya. It was here that I started a family planning clinic. At that time getting

contraceptives was a problem. I was interested in providing pills to women in the area, and to get the pills I was directed to the Pathfinder Fund. They in turn directed me to the Family Planning Association of Kenya, which provided me with the pills. The only hospital in the area which provided the I.U.D. was the Friends Hospital at Kaimosi. We referred any clients who were interested in the I.U.D. to that hospital. There was a high incidence of side effects, expulsion and pregnancy with the I.U.D., so most women in our area were interested in the pills.

I used the time that I spent with the maternity wing to persuade women who had come for delivery to practice family planning. Since they had just experienced the pain of delivery they were more easily motivated. In my discussions with them we discussed the difficulties caused by repeated pregnancy. We discussed rupturing of the uterus, retention of the placenta and stillbirth caused by native medicine. We based our motivation on health grounds only. At that time we did not discuss the economic side of family planning.

By 1966 we became aware of how important it was for us to spread the message of family planning. Kenya had a 3.3 per cent growth rate. I was again associated with the Family Planning Association of Kenya and it was under the Ministry of Health. I was stationed in Nairobi for a while and we planned our strategy of expansion. Later I was made responsible for family planning in Western Kenya and I helped to form several new clinics in the region.

As can be expected, in the case of any developing project, the problems of communication were a great set-back and had to be overcome. We took our message to meetings of the people. We spoke at Chiefs Barazas, on market days, at church meetings and funeral gatherings, and at special organized small group meetings — like women's clubs, self-help groups and adult literacy classes. Every opportunity that came our way had to be utilized. Gradually our message penetrated deeper into the countryside.



Meeting people was not so difficult in the urban areas as it was in the rural areas. In rural areas we many times depended on traditional methods of communication.

Our emphasis all along has been on the health of both the mother and the child. This is the approach that appeals most strongly to the ordinary mwananchi (citizen). In early times, infant mortality rated very high among children in the one to eight year age group. The death rate in that age group has dropped considerably. The number of mothers who lose their lives due to inadequate medical care when giving birth has, with improved medical care, reduced considerably. Modern care for both ante-natal and post-natal mothers is in part responsible for the present high rate of population growth.

Last, but not least, is the fact that many mothers are learning to provide their families with a more regular and balanced diet. This results in healthier and more fertile mothers, and creates conditions favorable to an increased rate of population growth.

Africa, in the old days, depended for subsistence on hunting, fishing and getting wild roots from the forest. Later on, as we advanced to a little more orderly life, we learned to plant some corn and raise crops. We came in contact with our first changes and we began to fear a way of life which is alien and known as "modern civilization." The African finds himself entangled and trapped in the so called modern civilization and sees no option but to move with the current. But the scientific methods which go with modern life are seen as foreign and far fetched. This creates conflict. It is in this emotional climate that we are trying to spread our message.

Such necessities as education, hospitals, protection from the weather, buying and selling of commodities, good roads, recreation, etc., are some of the things which go to make this modern life worth living. In order for the family to be able to obtain this, it is necessary that the family be limited in number so that they can possibly afford to support this life style. Where these two ways of life collide is where the work of the field worker comes in. They must work with individual families - informing, educating and motivating them to have the best life style they can. This is the field workers' duty to each family and to Kenya as a whole.



Mrs. Khasiani and an F.P.A.K. midwife discuss family planning with Javan Kalika, director of the World Neighbors-supported Rural Service Program.



Each week the side of the clinic offering family planning services becomes more popular as women come to receive their pills or have an I.U.D. inserted.



The physical exam given at the clinic is the first for many of the women.

The Case Of Mistaken Identity

By Bonifacio P. Arnado
WN Multi-purpose Worker
Cebu, Philippines

Mrs. Rosario Maralang, nicknamed "Charing," 42 years old, and her husband, nicknamed "Sebio," got their seventh child. She thought she was wearing an I.U.D.

The story began one afternoon when Eusebio, an employee of the Bureau of Soils, Cebu City, offered me a ride on his RP jeep which he was driving. He is employed as a Mechanic/Driver. While on the jeep I asked him if he had ever heard about family planning. In quick response he said "Yes, I have been hearing about that Boning, but I'm still in doubt of what it's all about." I explained to him all methods of contraception. I emphasized the I.U.D. He was convinced that it sounded good. We were in a hurry and I was not able to show to him a picture of an I.U.D. Before I left

the jeep I told Sebio: "Tomorrow I will be at your house to see you and your wife." He said, "Yes Boning, we will be waiting for you anytime tomorrow."

The day of our appointment came and I discovered that I was invited for another engagement to lecture to a group. So instead of going myself to Sebio and Charing's house, I instructed my wife to go see this couple. I told Perta, my wife, about the case, and she accepted the task.

The following day my wife said that when she arrived at the couple's house both husband and wife were all prepared for going to the clinic. Sebio had said, "Perta, my jeep is available for us to ride to the clinic." He explained that his wife, Charing, had agreed to an I.U.D. insertion. My wife did not show the patient the I.U.D., in spite of the fact that she had it with her. In fact, she had all types of contraceptives with her to show to Sebio and Charing. Even in the jeep on their way to the clinic, there were questions and answers exchanged by Charing and my wife, but nobody bothered to ask the appearance of the I.U.D.

The insertion was made by the

doctor without a long interview, because Charing was highly motivated. Nobody showed the I.U.D. to her. Maybe the clinic personnel believed that she had already seen this thing, from the motivator. Things went on smoothly with Charing and there was no problem — for more than a year.

Last January Charing was surprised when she did not have any menstruation for that month. She reported the case to my wife, Perta, who brought her immediately to the clinic. The doctor found that Charing was one month pregnant. In great surprise and shock Charing said "Why? How in the world could I become pregnant when I have an I.U.D.?"

"Be calm, Mrs." the doctor said. "There are even incidents where a woman gets pregnant with an I.U.D., and how much more chance for you who have lost your I.U.D.? Why did you not report to the clinic upon knowing that your I.U.D. had been expelled?"

"But I did not know, doctor," Charing replied.

The doctor brought the patient to her table, and said, "Don't worry Mrs., because after you have delivered this baby we will change the size of the I.U.D. I will insert a bigger one like this." The doctor showed her the larger sized I.U.D.

Charing was very much amazed and her eyes were wide open looking at the I.U.D. She remembered seeing the same thing on the floor of their bedroom over a month ago. "I saw this same thing in our room, doctor, but I did not know what it was. I have not seen an I.U.D. before now. I thought it was a broken part off the toys of my children, and I placed it somewhere in our room. I cannot recollect now where I put it!"

This case might be the fault of the motivator, the clinic personnel or even the patient herself for not asking the real appearance of an I.U.D. All of us involved now know how careful we must be to show the I.U.D. to women when we talk about family planning.



Bonifacio Arnado explains the I.U.D. to a barrio couple. Bonifacio is a community development worker who combines agricultural extension and family planning.

Mother-in-Law's Decision Favors Family Planning

By Mary McKay
Antigua, Guatemala

When a young man and woman marry in a traditional Guatemalan Indian community, the bride moves into the home of the groom's parents. The young couple will usually continue living there at least through the birth of their first two children, who generally come in rapid succession. It is the mother-in-law's duty to teach the bride all about motherhood and child care. If there are varying opinions as to how to care for the baby, it is usually the mother-in-law who has the final word. This provides the perfect means of retaining traditional practices. By the time the couple moves to their own home the mother has already raised two or three children according to her mother-in-law's beliefs and she is apt to continue in the established pattern with the rest of her children.

Yesterday, a woman from the village of San Jacinto came to my house to talk with me. She is in her mid-forties and now has two daughters-in-law. Typically, we first talked slowly of various things: her family, my family, rising prices, etc. Then she began to tell me something of her life story. She had given birth to 12 children, but only four were now living. The others had all died as babies or as young children — at birth, one month, six months, 18 months, three years, four years. She now believed the cause of most of these deaths had been lack of adequate food and care. She told me how she had suffered, how sad it had been to lose her children one after the other, how tired she got. Finally she came to the point of her visit. She had decided that she wanted things to be different for her daughters-in-law. One now has two young children and the other has a baby five months old. Two and a half years ago the World Neighbors Chimaltenango Program gave classes in San Jacinto about family planning. She was a member of the



Working in the World Neighbors Chimaltenango Program, nurse Magdalena Mucia (left), started giving family planning classes in San Jacinto two and one half years ago.



At her home in San Jacinto, a mother-in-law works with her daughters-in-law to complete the daily chores of weaving and shucking the corn used to make the day's tortillas for their families.

woman's group and had participated in these classes. Now she had decided that her daughters-in-law should use family planning and had come to brush up on the details of this matter. At the conclusion of our talk, I suggested that she accompany her daughters-in-law to the clinic. She agreed that it was definitely her role to do this. Indian mothers-in-law are charged with the duty of upholding and maintaining tradition but this one had decided it was her responsibility to instrument a very fundamental change.



Mary McKay (right) and Magdalena Mucia make house-to-house visits to see mothers who attend a well-baby clinic held in San Jacinto. The main emphases of the clinic are nutrition and child immunizations.

A small incident — but maybe very significant. When working with traditional people, radical changes — like planning one's family — do not happen overnight. I was impressed with this woman's understanding of why her babies had died and her very sincere desire to see her daughters-in-law live a better life. If World Neighbors classes have helped Guatemalan women to have this kind of understanding of their own situation, we may be well on the way to the acceptance of family planning.

The Experience Of A Town

By Mary McKay
Antigua, Guatemala

In January of 1973, World Neighbors sponsored a three-day course on Responsible Parenthood and Sex Education for its extension workers. These workers were accompanied by their husbands or wives. The course was given by the Guatemalan Family Planning Association. Among those attending was Cipriano Chali, a volunteer extensionist.

Cipriano was very impressed by what he learned and when he returned to his community of Hacienda Maria he studied the situation of the families there. Seeing their situation anew in the light of what he had just learned made him decide to promote planned parenthood.

In the beginning, Cipriano encountered tremendous opposition from the leaders of the Catholic church and even more from the leaders of the Protestant churches. The Protestant pastor of the church where Cipriano was a member expelled him from the congregation because he was promoting responsible parenthood and one of his neighbors threatened to kill him. In spite of this, Cipriano didn't stop visiting the families of Hacienda Maria one-by-one. As a result of his courage



Dr. Galich of the Guatemalan Family Planning Organization spoke at the course which Cipriano attended.

and perseverance, Cipriano was able to gather together a group of 45 persons interested in learning about family planning and sex education. The group elected a committee that was responsible for their meetings. Cipriano requested the assistance of members of the World Neighbors team in Tecpan to help guide the group.

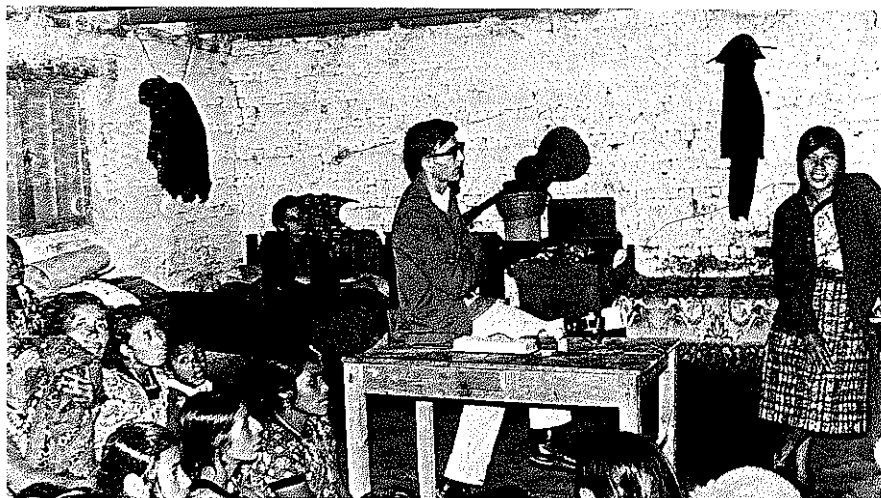
World Neighbors Coordinator of Family Life, Jesus Navarro, and two World Neighbors extensionists, one a man and the other a woman, began visiting Hacienda Maria in June of 1973. The group organized by Cipriano presented a multitude of misgivings and doubts about birth control to Jesus and the two extensionists. One evening per week, for six months, Jesus and the World Neighbors extensionists traveled to Hacienda Maria to give classes. They lead discussions about birth control

methods, reproductive physiology and anatomy, pregnancy and child raising. The way to Hacienda Maria is a two hour trip over crooked mountain roads from the Tecpan center — even on days when it is not necessary to put chains on the four-wheel drive vehicle to get through the mud.

When the World Neighbors team started arriving in Hacienda Maria to support the work of Cipriano, there were no couples using birth control in the community. Six months later, by the end of 1973, 10 couples had accepted family planning and were using birth control methods. Then, just a few days ago, another man of the village came to ask Cipriano for his advice concerning the different methods of birth control. This would not have been so astonishing if it had not been the same man who less than a year ago had threatened Cipriano's life for his work in promoting family planning!

Because there is no public transportation either leaving or entering Hacienda Maria, and because the women find it very hard to leave their families for a whole day to travel to the district public health center, the group has asked World Neighbors if they couldn't help the town obtain the services of a mobile clinic that would provide maternal-child care and birth control services. World Neighbors Tecpan Program is presently in negotiations with the Tecpan public health center, which is run by the Guatemalan Ministry of Health, to see if they can't attend to the needs of Hacienda Maria on a periodic basis.

Already the neighboring villages of Paley and Hacienda Vieja have heard how pleased the people in Hacienda Maria are with their couples' group and they are forming groups so that they too can receive classes from the World Neighbors team. This year the World Neighbors extension team will visit Hacienda Maria only every two weeks so that the team can reach out to these new communities that are requesting their assistance.



Jesus Navarro and extensionist Gregoria Esquit discuss responsible parenthood.

Perseverance Combined With Practical Information Needed Ingredients For A Family Planning Motivator

By Mrs. Miguela A. Senerpida
World Neighbors Family Planning Motivator
Cebu City, Philippines

In 1968 there was a training program for Family Planning Motivators sponsored by Southwestern University and assisted by World Neighbors. I was one of the trainees. Our training was very inspiring, encouraging, useful and educational. We learned many things in so short a time that we had not learned in our school days. We were very many who attended the training, but only 10 of us were given the opportunity to practice in the field to work as motivators of family planning. The motivators were divided into two groups - those who work for the mobile unit and those who work for the Cebu City Clinic. I was with the Cebu City Clinic. As a Cebu City motivator, my coverage is as follows: Carbon Market area mostly of the Vendors, Ermita, Pasil, Labangon, Duljo, Basak Mambaling and Pardo. As a motivator it is very necessary to have certain goals for the barrios in which we are working. Setting up goals is very important for we can determine how many people we hope to cover in what length of time.

The goals that I set for these barrios are as follows:

- a) To help the couples become aware of the problems of population pressure in a personalized way. To help them see the solutions and benefits of family planning.
- b) To give the couples the detailed information about family planning. To make it clear that the methods are safe and they should try it.

As a motivator my motivational communications

are as follows:

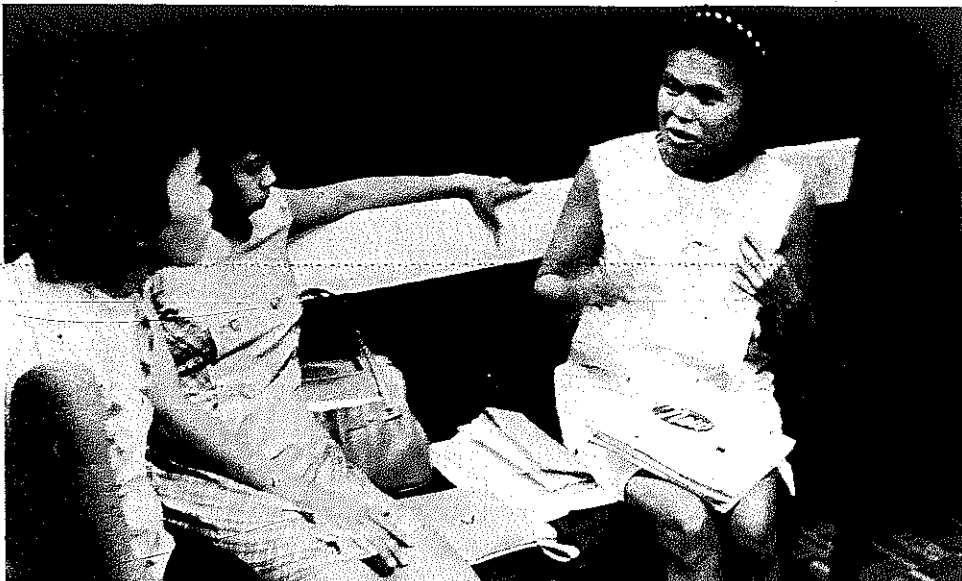
- a) Making friends
- b) Person to person talks
- c) Group discussion

I started working with couples with four or more children; couples who are going to have a baby born soon, couples of whom the wife is 30 or more years of age, couples of whom the wife or husband is ill.

In our motivation work, if we only talk to couples, we stimulate only one sense and lose a chance to increase learning thru all senses. In our motivation we bring with us teaching aids. Teaching aids are very important in our work because these aids not only stimulate sight, but also try to stimulate touch, sometimes taste and smell. We also distributed a number of leaflets regarding family planning. Giving leaflets is very important in our work for they remind people of what we said when we are gone, and they reinforce what we said. To show couples the different methods, we bring with us different materials, the I.U.D.'s, the pills, the condoms, the liquid foam, etc.

Motivation is the hardest part in family planning work, because we are dealing with the poor, the rich, and persons with different educational backgrounds. Under the heat of the sun, heavy rain, and muddy pathways, it is the duty of the motivator to follow up and follow through with acceptors. We not only go one time but up to the fourth time and fifth time before the person may accept. Many times we get discouraged before we are able to motivate them, but if we love our work, and are dedicated, we find it more of an inspiration than perspiration.

Here is a brief on a couple who now practice



A family planning motivator for six years, Mrs. Miguela Senerpida (right) uses every opportunity to discuss the advantages of planning the time when to have children. She firmly believes that everyone should have only the number of children they can care for properly.



Mrs. Senerpida (third from right) participates in a song with other family planning motivators. Her training in family planning also included role playing and practice in using visual aids.

family planning. They accepted after the fifth time of visiting their home.

I happened to visit a couple in Mambaling, Cebu City. They have four children, two boys and two girls, the eldest is six years, the youngest is two months. The husband is working in Lutopan and comes home once a week, that is, every Saturday.

First Visit — It is timely that I came up to the house as the woman was breast-feeding the baby. We had a very nice conversation and discussion regarding family planning. At the end of our discussion she accepted right away to have an I.U.D. insertion. But the husband had not yet arrived home, so the wife had me promise to come back Saturday — the time when her husband was around.

Second Visit — Saturday morning I went — the husband was not around, he had gone to the cockfights. The wife had heard false rumors from her neighbors about the I.U.D. They said the I.U.D. caused cancer. She was discouraged. I tried to regain her interest again by giving her the right information and giving her leaflets on the I.U.D.

Third Visit — I was able to talk with the husband, but I found out that he was against family planning. He said that it is a sin to practice family planning. I was able to convince the husband at the end of our long discussion, and I promised to come back next Saturday to take them to the clinic.

Fourth Visit — Unfortunately their baby got sick — two days confinement was needed and we failed to go to the clinic.

Fifth Visit — The wife with her baby went for an I.U.D. insertion.

When discussing family planning with a fisherman in Pasil, he said, "I need many children to help me fish and to take care of me when I am old. I do not want family planning." My work with this fisherman was to change his attitude. I said "If you want many children, you'll have to work as much as you ever can —

just in order to catch up with the needs. Your wife can't help you much for she is always having a small baby. And, your wife is unhappy to give birth so often. According to what the doctors say, a woman does not restore her health for two years after she gives birth. What happens if your wife gives birth yearly? How can you expect to have a healthy wife and healthy, happy, contented children? You cannot give full guidance for every child. In the old days, it was possible for some families to provide adequately for many children, yet many children died in infancy. Only a few families raised more than three or four children to adulthood.

Times have changed. Today prices have gone up, so everything costs more money. If we want many children, we cannot provide each child with the love and care he needs. We cannot give adequate food for growth and health, proper clothing, a decent home to sleep and live in, the opportunity for a good education, or enough time for character training and spiritual upbringing. It is important and we should plan for the birth of our children if we want our home to be happy and healthy. We want every child born to have the best care before the next baby comes. We want every baby to be strong and grow to maturity. We want the mother to be strong, to enjoy every baby and to care for the whole family. We want a happy relationship for husband and wife without the fear of unwanted pregnancies. We want to provide the basic needs of our home without going into debt."

The fisherman and his wife are now practicing family planning but they did not accept any method until we had talked a lot more.

A woman with five children in Barrio Pasil wanted to stop having children, but she believed that using any contraceptive method was a sin and against the will of God. As a Family Planning Motivator, what can I say to change her attitude?

I said that a contraceptive method is not a sin and is not against the will of God. Using a contraceptive method is for spacing and limiting of children. God has given us the power to think whether, as parents of many children, we can answer all the needs of the children. Can we as parents afford to clothe, feed and educate them. It is a blessing for us that we have the contraceptive methods now. It is more of a sin not to practice family planning then to have many children we can't attend to when some of them will be roaming around, unhappy, unhealthy, and becoming a problem to our society. This woman also became an acceptor after lots of discussion.

In the barrios I'm working with, one of the common rumors is that I.U.D.s can cause cancer or lead to other growths. To a person who believes this I say, "The I.U.D. is extensively used in many parts of the world, especially in low population increase countries that have wide government supported family planning programs, such as Taiwan, Korea, India, Pakistan and

Singapore. In the United States 15,000 were fitted with I.U.D.s in 1964 in Medical Centers alone. In Taiwan, with a population of 12 million and with one of the world's highest population rates of increase, some 10,000 women a month are now being fitted with I.U.D.s, and also in the Philippines, I.U.D.s are widely used because of its low cost, safety and high degree of effectiveness in preventing conception. If I.U.D.s cause cancer or lead to other growths, then no doctor will advise for insertion. Instead of helping poor parents, they would be destroying their health. Extensive scientific tests have shown no cancer developments. The safety lies in the special material used and in avoiding insertions in cases when infection is found to be already present. Dr. Christopher Tietze, of the National Committee on Maternal Health E.Y.C. and member of the Intra-Uterine Devices group of Medical Committee International, Planned Parenthood Federations, reported at the United Nations Second World Population Conference held in Belgrade in 1965, "There was no evidence that the I.U.D.s are likely to cause cancer of the uterus or cervix." A number of couples are afraid to practice family planning when they hear false rumors. Such rumors threaten to destroy the Family Planning Program. As motivators, we should find the source of the rumors, discover the real problem, and educate the people well before-hand. This will help prevent rumors.

In my work with the barrios I meet a number of couples who use the withdrawal method. To these couples, I'll say that this is not advisable. For the long length of time that they are using this method, they may develop nervousness. I relate the difficulty to that of a man who drives his car fast. If he gives a quick and hard brake, some spare parts of his car may be destroyed. I suggest they change their method to any of the following:

- Pill - Inexpensive, very effective, but takes a good memory.
- I.U.D. - least expensive and an effective method.
- Vasectomy - an operation that is permanent and both he and his wife should agree to it.
- Condoms - The cleanest method of all - but is necessary to check for possible weak spots or leaks by filling the condoms with water or by blowing after it is already dry - when the condom has weak spots we better cut it small and burn or throw it away so children may not play with it.
- Foam - which works by killing the sperm before they reach the egg.

Here is what family planning means to a family of eight who have practiced family planning for four years (between July, 1968 and October, 1972). Had they not practiced family planning they would have had two or more additional children. Family planning means savings. This is the estimated amount of savings involved by practicing family planning for four years.

Estimated savings for two more additional children born 1968 - 1972:

	1 Child	2 Children
1) Delivery	P 50.00	P 100.00
2) Baptism, Confirmation	50.00	100.00
3) Food & Clothing	40.00/month	80.00/month
4) Hospitalization	350.00	700.00

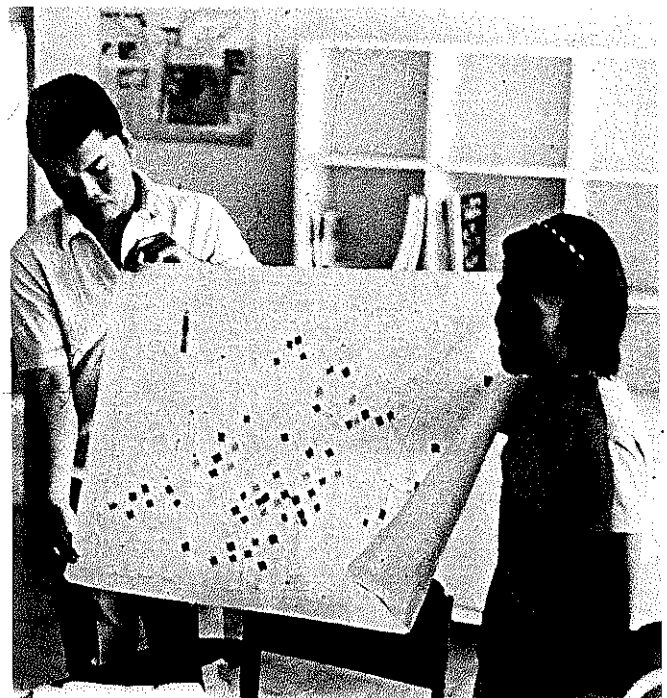
COMPUTED SAVINGS FOR ONE CHILD

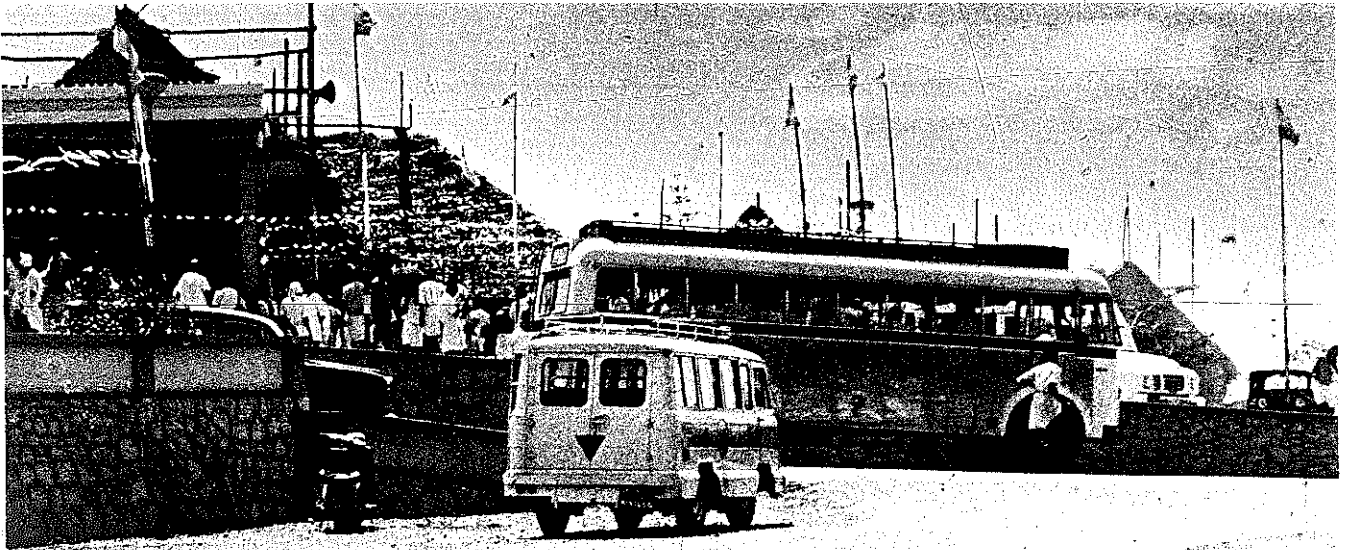
P 40.00/month X 12 months = P 480.00/year
 P 480.00/year X 4 years = P 1,920.00/4 years
 food and clothing for one child

Delivery	P 50.00
Baptism, Confirmation	50.00
Food & Clothing	1,920.00
Hospitalization	-350.00
Estimated Total Savings	P 2,370.00

If all of us only realized the value of family planning and practiced contraception, we could work a miracle. Besides saving money, like illustrated above, we could decrease the number of malnourished children, decrease the number of delinquent children and help stop the world population explosion. Children are precious, and should be planned so that they can have the best possible care.

Mrs. Senerpida explains the use of spot maps to her fellow workers. To make a spot map, she walks around the community and takes note of all buildings. Each house in the community is numbered. After a house-to-house survey, each house is color coded to indicate the methods of contraception being used. Couples who are too old to have children, or who are infertile, are also color coded. Such a map takes extra effort in the beginning, but has enabled World Neighbors motivators in the Philippines to continue working in a community in an organized manner.





Men who had been motivated to attend the vasectomy camp in Trivandrum were picked up in buses and taken to the clinic.

Economy Leads Krishna Panicker To Vasectomy

Translated by P.C. Oommen, Trivandrum, Kerala, India

Since World Neighbors-supported workers in Kerala were involved in motivating men for the vasectomy clinic in Trivandrum, one man was chosen for follow-through — to find out if he was satisfied with the services at the clinic, and to later find out how he felt about his decision to be sterilized. Krishna Panicker was visited one year after, and again two years after his operation. On both visits, he expressed that he was happy with his choice. It should be noted that India is currently re-examining incentive payments and the mass camp approach.

Krishna Panicker as he waits his turn to have the operation.



In 1972 Kerala, India, was the scene of thousands of vasectomies, 80,000 to be exact. In a concentrated effort of planning and application, the vasectomy camp at Trivandrum handled 1,000 clients per day.

Krishna Panicker sat under the overhang of his thatch roofed adobe house enjoying the breeze that broke the stifling 100° heat. He drew rough strands of hemp through his hands as he made a new rope for the bucket of the well.

A neighbor came by to tell him that they were needed at the sugar plantation the next day. Krishna and others in the village frequently worked on the plantation. He welcomed the news, he could use the four rupees (U.S. \$0.57) earned for a day's work.

Krishna supported his family by doing day labor and growing cassava on his half-acre farm. Selling cassava and some of the coconuts from the trees netted him \$30 — \$40 a year. He had to work on the plantation to get money his family needed to buy clothes, food, school books, to pay for repairs to the house and to save for a dowry for his daughters.

It was a sad day for Krishna. He had just found out that his wife was pregnant again, with their fifth child. He already had enough problems providing for the four children he had. What could he do? It was possible to get an abortion for her but that was a dangerous thing. What if she got pregnant again?

The quiet of the evening was broken by the laughter of his children who played nearby. What would the future be for them? Would there be room for them in the already crowded school? What would his sons do to earn a living? They couldn't both live off his half-acre of land. Could he provide a dowry for another daughter? Could his children support him when he was old if his sons had no land or jobs?

Krishna had heard of family planning on the radio at the tea stall and heard his friends talk about it. Occasionally family planning workers came to the village trying to persuade them to plan their families and telling them where they could get condoms, pills, loops and operations.

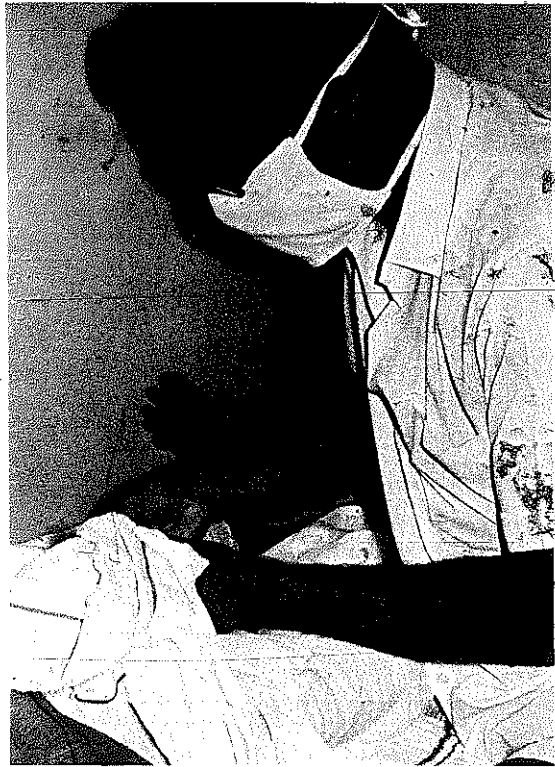
Krishna had heard people in the village who were against family planning and against men getting vasectomies. He had also heard from those who spoke in favor of these things. Krishna was really upset that they had another child on the way. He was feeling the pinch of inflation and he knew how difficult it was going to be to raise his family. After talking with the family planning field worker he decided that he was going to get a vasectomy. He checked with the family planning worker to find that he could catch the bus to Trivandrum in the morning.

Early the next morning, Krishna boarded the bus with nine others from his village. On arrival at the festival, he was registered and given a medical check-up. The festival was well organized and ran smoothly; it had to be to handle the 1,000 men that came the same day Krishna did. On finishing the medical exam, he was taken to an auditorium and asked to wait until he was called.

The operation itself was simple and required little time. When his turn came, he was taken to a cubicle behind the stage. After Krishna was given a local anesthetic, the doctor came and performed the operation. It took only ten minutes. Krishna walked from the cubicle to a series of tables where he was given shots and antibiotics.

Finished with the medical procedure, Krishna headed for another corner of the camp where the incentives were paid. Part of the success of the festival, and one reason Krishna had come, were the incentive payments. In return for undergoing the operation, he received a national lottery ticket, a food ticket for a week's supply of food, and a small national savings certificate and a lump payment of 75 Rupees (U.S. \$10.00). While the incentives represented a lot of money to Krishna, he knew he'd need to use most of it to feed his family after the operation. For the next two weeks the work he could do would be limited; he'd be unable to lift heavy loads.

About eight months later we visited Krishna and he told us how pleased he was with his operation. He had no difficulty, and was able to work the same as always. Their last baby was a little girl and both the mother and the child were healthy. Krishna said he is glad that they will have no more.



The vasectomy operation is simple, and requires only ten to fifteen minutes. A local anesthetic is used, and the man can walk away from the table with no pain.

Krishna Panicker's wife at home with their baby, born after Krishna had his operation. Both Krishna and his wife are happy they will have no more children.



Mr. P. C. Oommen (left) talks with Krishna Panicker at the camp.

My Personal Experience In Family Planning

By Mrs. Florita R. Povadora
Zamboanga del Sur, Philippines
(translated by Tiburcio Garcia)

My husband was working with the Bureau of Plant Industry (BPI) when I first met him. He came to visit my father in connection with his job as fieldman of the BPI assigned in our barrio Sicpao, Mahayag, Zamboanga del Sur. He was in charge of organizing farmers of our community for the "bayanihan" or group work on rat control. He came to our house almost every day after we met. It was becoming more of a social visit because he would stay even after office hours although he always claimed he was visiting us because of the rat control activity.

He was known in our community by his nickname "Usting." My friends and neighbors had been

teasing me after knowing that he always came to our house. One day their suspicions came true. Perhaps he could no longer hold his love and made his proposal to me. I was only 16 years old and I told him that I was already betrothed to Felipe. Felipe's parents made the arrangement with my parents without my approval, which is very common in the rural places. In fact, Felipe came to our house every now and then to render domestic services in keeping with the custom in our culture called "pañagad," or a probation period. This enabled me and my parents to observe whether he was diligent, industrious and respectful. But I never really liked Felipe. He

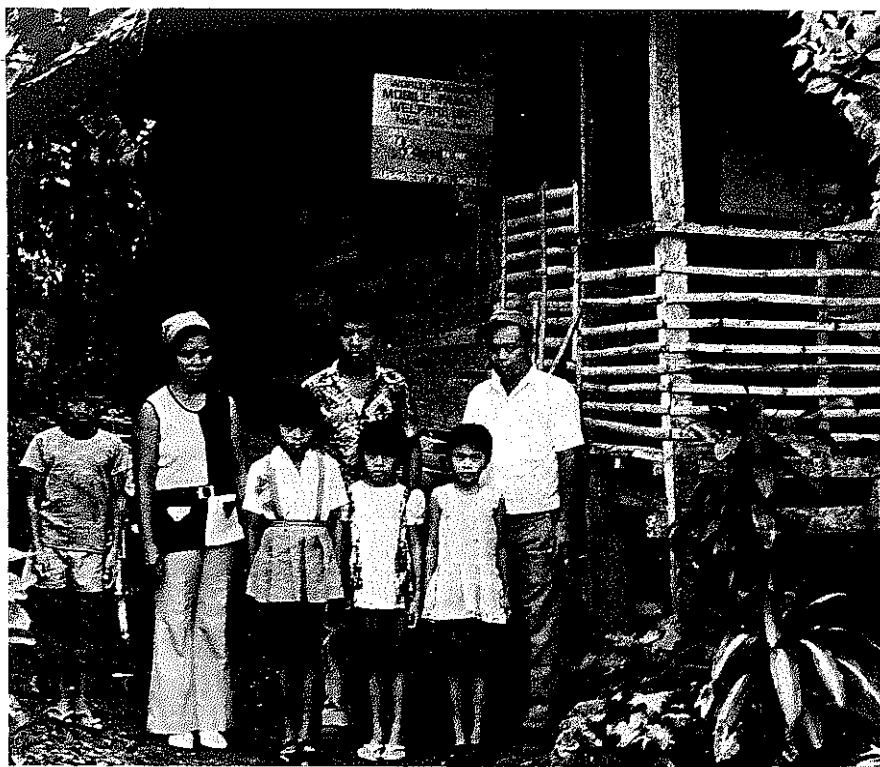
looked very sickly and I thought he was irresponsible. He was only 18 years old and Usting was already 24.

The information that I was already betrothed did not stop Usting from courting me. He told me that if I was already betrothed, he would just continue as a "squatter." After six months, we were married. After marriage, we started planning our future and had talked about the size of the family we would have. Having come from a big family of nine brothers and sisters, I had seen how difficult it was for my parents to meet all our needs. I told Usting I would want to have only three children but Usting said he would like to have five.

Our first child came less than a year after we got married, then followed one after the other until we realized we had three. By this time Usting was laid-off from his work and the problem of insufficiency now confronted us. I then started confronting Usting. I told him something had to be done to stop the yearly pregnancy. After all I really just wanted to have three children.

Since we never heard of family planning and did not know any method, we decided to use withdrawal. We were successful for two years but it greatly affected my health. I was always feeling weak in spite of the fact that I am stout. I easily got nervous and was very irritable most of the time. When I consulted our family physician, he advised me to stop using withdrawal. In less than a year we had another baby and the next year we had the fifth child.

One day Usting came home with good news from the conference he attended at the Provincial Office in Pagadian City of the Bureau of Agricultural Extension. One of the speakers talked about family planning. Usting started convincing me to go to Pagadian and have an I.U.D. inserted. I was very reluctant before and I told him I wanted to know more about it. But the first thought that came to my mind is that it may



Mrs. Povadora, her husband, and their children in front of their house in Zamboanga del Sur, Philippines. Mrs. Povadora has been a family planning motivator since 1968.

endanger my health. I began thinking of my children who would be left behind if I died because of family planning. I was sure that Usting would marry again if I died and I did not want my children under the hands of a step-mother. I have seen a lot of children who suffered under the care of step-mothers.

Good luck finally came to us in 1968 when a World Neighbors worker, Mr. Dionelo Baruc came to visit us. He was then looking for somebody he could send to Zamboanga City for the training on family planning motivation. I was so happy with the invitation and almost jumped for joy that finally my obsession to attend a family planning lecture would be realized.

It was a two-week seminar and I tried my very best to learn as much as I could during sessions. Before I returned home, I decided to have an I.U.D. which I believed was the most economical and convenient for me. I went home with new knowledge and feeling very happy with the thought that now I would no longer deny Usting's request because I was so confident that the I.U.D. would protect me from pregnancy.

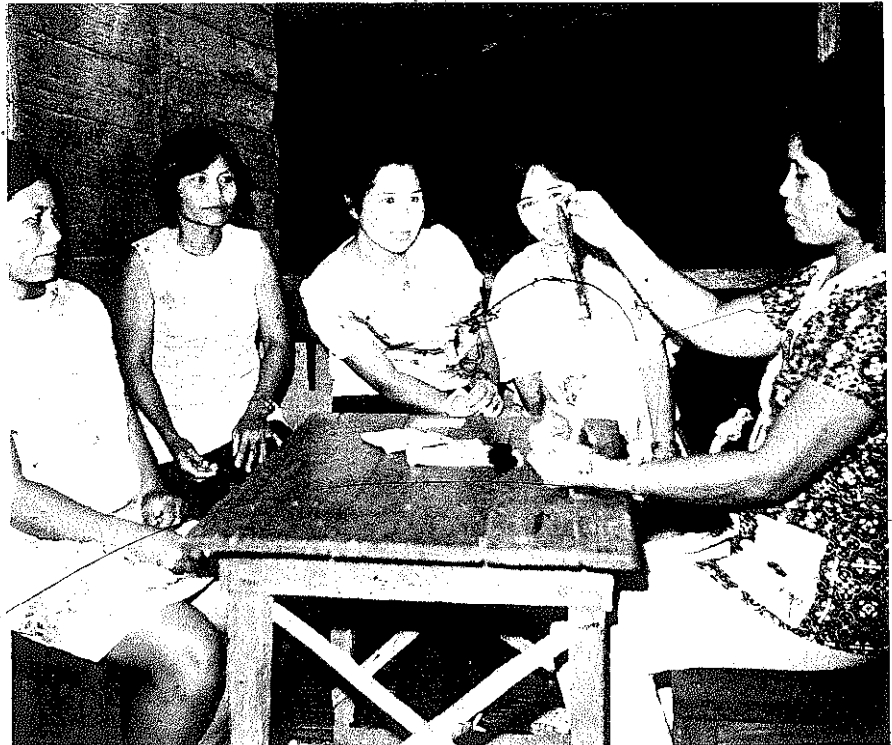
After a few months I began to feel the symptoms of pregnancy. I had not noticed that I dropped my I.U.D. I had two pregnancies after my I.U.D. dropped but I never lost faith in family planning. I decided to have a re-insertion and this time I resolved to be very careful and go to the clinic for regular check-ups. This time was more successful and I have been wearing the last I.U.D. for about six years now. I had a total of nine births but only five children survive.

This is my experience and in spite of our failures, my husband and I have not lost our faith in family planning. Our failures have never affected our relationship. Meanwhile, I have been trying my best to help others by encouraging them to adopt family planning. As of July 1972, I had convinced about a thousand mothers to become acceptors in family planning.



Mr. and Mrs. Povadora have a meal with their children before starting the day's work. Since beginning as a World-Neighbors family planning motivator six-years ago, Mrs. Povadora has become the best known source of information on contraception in her area. Besides doing motivation in family planning, she distributes condoms, contraceptive foam and pill cycles to acceptors in and around her barrio.

Mrs. Povadora explains the use of the condom to a group of women in her barrio. She has found that failures which occur for couples who choose the condom as their contraceptive method almost always result from improper use. Since Mrs. Povadora failed on her first attempt to wear an I.U.D., she is very careful to explain each method of contraception thoroughly to potential acceptors, using a sample of the contraceptive.

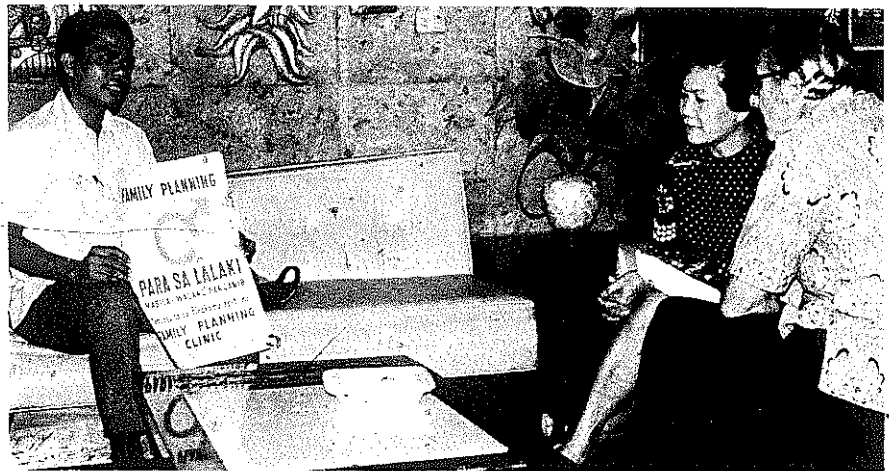


Portrait Of A Pastor As A Family Planning Motivator

By Roman Almazan
Quezon City, Philippines

Rev. Antonio Fortich is a pastor of the Pasig Baptist Church, (Southern Baptist Convention). He and his family are typical of most middle-class Filipinos who have eight children. Two of the children are studying in college, five are in high school and one in the elementary school. Rev. Fortich receives 250 pesos (US \$35.71) a month as a pastor and his wife gets 312 pesos (US \$44.57) as a public school teacher. Despite their regular income, they can hardly meet the daily expenses for food, clothing, medicine and education. With all their problems, Rev. Fortich could not make any extra earnings for he spends most of his time in church activities as Superintendent of Mission for the Tagalog Baptist Church Association, covering seven provinces in Luzon.

Recently, Rev. Fortich participated in the five-day Family Planning seminar workshop, conducted



Roman Almazan (left) and his wife Belen discuss a male sterilization poster with Stanley Reynolds, World Neighbors Vice President for Overseas Program. Roman and Belen designed, organized and carried out the seminar/workshop for church workers.

by World Neighbors — together with 10 other trainees representing different church denominations. This was their first exposure to family planning education. The teacher asked the pastor, "Why do you want to become a family planning motivator?" The other participants giggled. "That's not such a bad

question." The pastor explained, "It is impossible to preach the gospel without discussing other problems, like family planning, and the people I meet ask me what I think about it." He told them he thought it is good, but could not tell them more about it. He said, "I have a big family and we are hard up,



Mrs. Betty Cusay (left), volunteer social worker of the Quezon City Baptist Church, distributes condoms to a group of women. Since attending the five-day seminar/workshop on family planning conducted by World Neighbors in Quezon City, she has referred 60 men and women to nearby clinics for sterilizations and has motivated 300 new acceptors for condom and foam.

despite our regular source of income. How much more difficulty to families who have no regular jobs." He explained that some families such as this are members of his church. "Evangelizing" is not enough he argues. "Pastors like me must be equipped with added knowledge and skills to be able to share with others. This sharing will also make our work easy and pleasant."

Rev. Fortich found the seminar-workshop was not always easy, but together with the other participants, they enjoyed the discussions, lectures, role playing, clinic observations and film forums. And finally, after much tearing of hair and waste of paper, the teacher required him and the other trainees to explain the advantages, disadvantages, and different side effects of the contraceptive methods. The difficulties were many, and they varied with each person and with the circumstances. Rev. Fortich felt that he gained confidence and acquired enough knowledge about family planning to share with his brethren.

After many weeks of hard work among his church members, Rev. Fortich helped more than 30 families to practice family planning. Ten of these acceptors decided to have the laparoscopy operation (female sterilization).

Rev. Fortich is now a success story. He and his wife were a couple who fell far and hard, but, with God's guidance they were determined to help others to not make the same mistake of having more children than they can support.

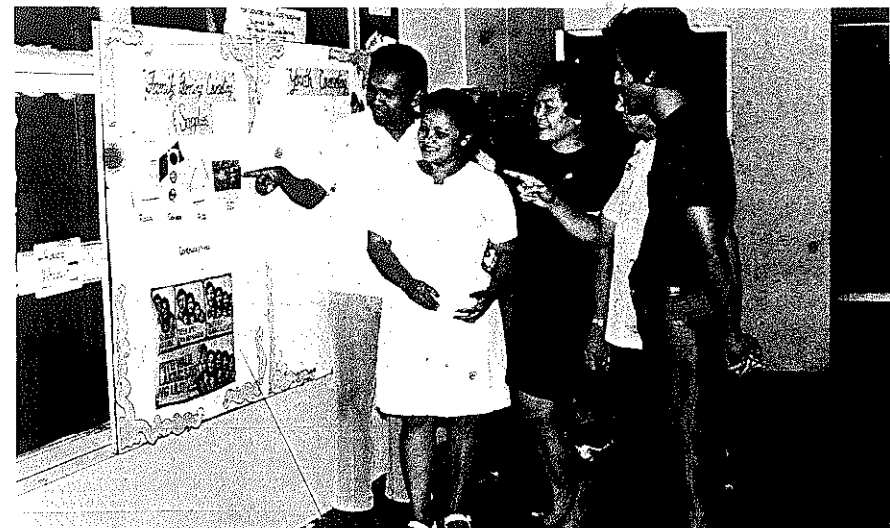
A few days ago, Rev. Fortich came to World Neighbors center and we asked him, "Pastor, has your work become easier and more pleasant?" He answered smilingly, "I don't want to sound like a cry baby but the truth of the matter is that I don't believe in big families. When I realized the mess I was in, I tried to stop it but it was too late. Now, I feel very good about the way I am helping my brethren and Him. I am very happy of the kindness that I get from people I help to plan their families."



Mrs. Clarita Barruel, one of the pastors who attended the training course for church workers, speaks to the congregation at Pasig Bethel Temple about family planning.



Rev. Antonio Fortich now combines gospel preaching and family planning to demonstrate his concern for the physical as well as the spiritual health of his church members.



Mrs. Belen Almazan is shown a family planning display posted in one of the meeting rooms of Pasig Bethel Temple by Rev. Ruben Barruel and his wife Clarita (left).

Grandfather Promotes Family Planning

By Mary McKay
Antigua, Guatemala

Certainly Cecilio Soto provides an outstanding example of a family planning motivator within World Neighbors programs in Central America. Cecilio is 61 years old and lives in the town of Las Palmas on the Pacific coast of Guatemala. Las Palmas is a town having approximately 200 families but the husbands and wives of this apparently insignificant coastal town are pointing the direction that our continent must go if there is to be enough resources for all of our children.

In 1970 Cecilio attended a training course for volunteer promoters of the AGAPE Program of the Guatemalan National Presbyterian Evangélica Church. One of the things taught in the course was the need for each couple to decide how many children they could feed adequately, clothe, educate and love. Cecilio was impressed by the importance of the new knowledge he had gained and when he returned to his home he talked to his son and daughter-in-law about family planning. The couple had just had their fourth child and he encouraged them to begin using birth control. Cecilio knew that the Presbyterian Church sponsored a mobile clinic that came to the next town so he suggested that his daughter-in-law go there. She decided to take his advice and in 1970 started using birth control.

Soon after Cecilio's daughter-in-law began using birth control, Cecilio asked Ester Wardell, the nurse responsible for the clinic, if it wouldn't be possible for the mobile clinic to come to Las Palmas. They came and by word of mouth the news spread so that within that year, 1970, seven other neighbors started planning their families. But in 1971 the number of acceptors had not grown and, in fact, had dropped to six persons.



Cecilio Soto (seated, left) with part of his family in Las Palmas, Guatemala. Cecilio, a promoter for increased agricultural production, nutrition, hygiene, child care and family planning, feels all these aspects of development must work together for real progress.

In 1971 Ester talked to Cecilio explaining to him that the clinic just couldn't afford to come to Las Palmas to see so few persons. This concerned Cecilio because he was convinced that family planning was important for his neighbors and for his community.

At just that time (March 5-7) the World Neighbors assisted AGAPE Program sponsored a three-day course for its promoters on Health Education and Family Planning. Cecilio attended this course and came away from it more determined than ever that the good news of birth control had to be spread and that the mobile clinic had to keep coming to Las Palmas.

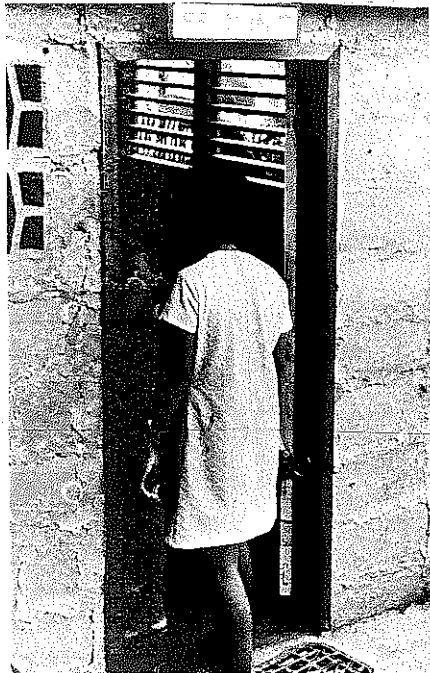
Cecilio returned to his town and began talking to the fathers. Little by little more families accepted birth control. At one point there was much criticism of the program because people said it encour-

aged prostitution and infidelity. The people said a wife could be taking the pill or getting a fertility control shot and never even let her husband know. This would allow her then to be "sleeping with other men." To counteract this bad propaganda a special "Husbands Consent Form" was developed which the husband must now sign in order for his wife to be able to receive birth control assistance from the mobile clinic.

Because of one 61 year old grandfather promoter, 48 husbands and wives in the community of Las Palmas have accepted birth control for their families.

On December 3, 1973, the mobile clinic came to the community of Las Palmas, just as it does every three months, and 38 women were served with pills or injections. Four of the women seen by the clinic were new and 34 were continuing users of birth control.

Doctor Advises Family Planning For Health



The World Neighbors/FPOP clinic in Zamboanga City, Philippines, provides services on week-ends for women unable to leave their families during the week.

By Mrs. Fe Bucoy
WN Family Planning Motivator
Zamboanga, Southern Philippines

Mrs. de la Paz is 28 years old. She has eight children. The husband has no fixed job. Since they are living in a remote area, they knew nothing about family planning. In fact, at the time of my first visit, Mrs. de la Paz was in the family way with her ninth child. She was so thin.

In my early motivation talk I tried to explain the objective of family planning, but the couple felt that they were being insulted. They remarked "Why do other people need to come to our houses? We know our obligation even if we have a dozen children. After all, nobody helps us to feed our children. You know, it's a sin to control birth. God gives us so many children. He also knows how to keep us."

With these remarks from the couple, I wasn't sure how to start

my reply. Finally I said, "Yes every couple knows how to make many children, but they don't know the needs of each child."

The husband said, "We have a neighbor, she practices family planning. She has become very thin." I questioned him about what the woman uses as a method for family planning. He said the I.U.D. was her method. He said that there are times the husband feels discomfort during their contact.

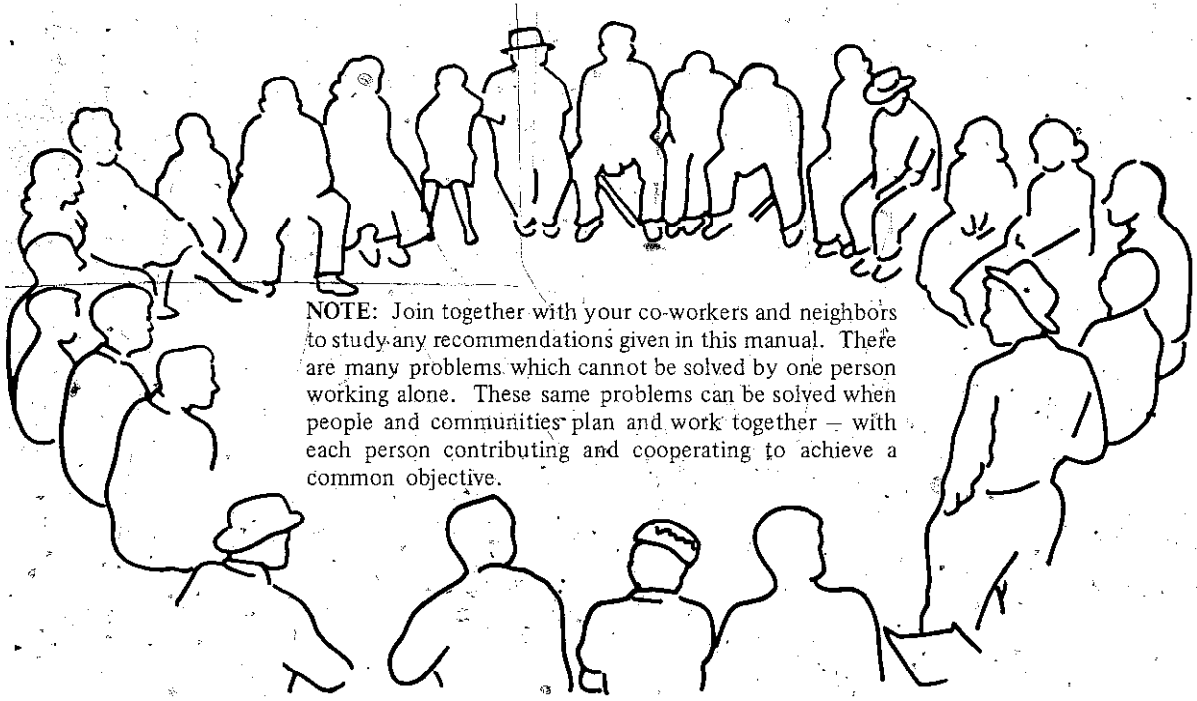
In a nice way, I answered all these questions. I told them I would visit after the delivery of this ninth child.

After seven months I visited them again. What a big surprise to find that the couple was waiting for me to come back. The husband said they realized the importance of family planning when the doctor told the husband that his wife should not deliver any more because of her poor health.

I talked with the couple about simple nutrition. I made suggestions for the diet, which would improve the new mother's health. We then waited for Mrs. de la Paz's first menstruation and she went to the clinic where she decided to take the contraceptive pills.



Mrs. Fe Bucoy explains the methods of contraception to a group of people in a barrio of Zamboanga City, Philippines. For each method, she explains the expected rate of failure and any side effects which might occur when the method is first started. This approach leads to satisfied users of contraceptives, with a much longer continuation rate for all methods.



NOTE: Join together with your co-workers and neighbors to study any recommendations given in this manual. There are many problems which cannot be solved by one person working alone. These same problems can be solved when people and communities plan and work together – with each person contributing and cooperating to achieve a common objective.

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