

FAMILY PLANNING/REPRODUCTIVE HEALTH TRAINING MANUAL FOR PRIVATE SECTOR PHYSICIANS



DAY FIVE

Session 1 Other Reproductive Health Issues

Topics:

1. Premarital counselling.
2. Gender based violence (GBV).
3. Female genital mutilation FGM/C).
4. Sexually Transmitted Infections STIs.

Objectives:

By the end of the session the participant will be able to:

- ✓ Learn skills of counselling for newly married couples.
 - ✓ Discuss components of premarital counseling .
 - ✓ Explain issue of Gender based violence (GBV).
 - ✓ Identify the medical and legal consequences of FGM/C.
 - ✓ Explain causes, types, symptoms and prevention of sexually transmitted infections (STIs/HIV).

1. Premarital counseling

□ Objectives of Premarital counseling :

- Help couples enjoy satisfying, stable and healthy life.
- Provide couples with medical, social and psychological support.
- Discuss with the couples their thoughts and fears freely.
- Promote awareness regarding reproductive health, FP and healthy life style.
- Emphasize the preventive aspects of reproductive health (RH incompatibility- hazards of German measles- STIs including AIDS).

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Objectives of Premarital counseling

- Discuss the impact of medical disorders upon health including : DM, hypertension, TB, mumps in men, operations, menstrual history, immunization
- Provide counseling regarding high risk behavior, including those related to HIV, hepatitis B, and other infectious diseases.
- Assist in overcoming the impact of hereditary disorders by identifying problems followed by counseling.
- Help reduce the incidence of common haemoglobinopathies eg: thalassemias and sickle cell disease.

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Importance of Premarital counseling

- Premarital counseling helps to explain the basic RH/FP issues to the couple including :
 - a. Anatomical facts.
 - b. Reproductive physiology.
 - c. Suitable FP methods.
 - d. Healthy timing and spacing of pregnancy.
- Check the immunization status of the female partner(tetanus & rubella ...)

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Premarital counseling (Cont)

□ Premarital history :

Ask the couple about:

- Family disease.
- Diseases: diabetes, tuberculosis, hypertension, STIs, mumps in men etc.
- Operations: laparotomy, varicocele, hydrocele, hernia.
- Menstrual history: menarche, regularity, duration, flow, dysmenorrhea and date of last menstruation.
- Immunization for rubella.

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Premarital counseling (Cont)

□ General examination:

□ Abdominal examination:

- Distribution of pubic hair.
- Abdominal masses.
- Scars.

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Premarital counseling (Cont)

□ Premarital investigation:

- Rh grouping, blood group.
- CBC.
- Urine analysis.

□ Other investigations (only if needed), such as:

- VDRL for syphilis.
- ELISA for hepatitis or HIV.
- Ultrasound and hormone assays for female.
- Semen analysis.

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Reproductive health needs for newly married couples

- ❖ Newly married couples usually ask about their potential fertility.
- ❖ Among couples with no fertility problems, 85% of women will become pregnant in the first year. On the average, pregnancy occurs after 3-6 months of unprotected sex.

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Reproductive health needs for newly married couples (Cont)

□ Definition of infertility :

- ❖ Infertility is the inability to produce children.
- ❖ Infertility occurs in both men and women.
- ❖ On the average, it affects 1 in every 10 couples.
- ❖ A couple is considered infertile after having 12 months of unprotected sex without pregnancy.
- ❖ A couple can be infertile whether or not the woman has been pregnant in the past.

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Reproductive health needs for newly married couples (Cont)

□ Preventing infertility :

- Counsel clients about STIs.
- Proper treatment of infertility.
- Following proper infection prevention practices when performing medical procedures.

□ Contraception does not cause infertility :

- With most contraceptive methods, there is no delay in return of fertility after stopping them.

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Reproductive health needs for newly married couples (Cont)

- Counsel both partners together.
- A man is just as likely to have infertility as a woman.
- Wait for 12 months of continuous marital life before starting investigations.
- Counsel couples about having sex in the fertile period (days 8 through 19 of every cycle).
- Refer both partners for evaluation.

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2. Gender – Based violence (GBV)

□ Objectives:

- Discuss the definition and consequences of GBV.
- Identify the role of men in ending GBV.

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Gender – Based violence (Cont)

- **Gender based violence (GBV):** is an overall term for any harm that is perpetrated against a person's will and that result from power inequity that are based on gender roles.
- ❖ GBV is a **human right violation**, a public health challenge, and affects social, political and economic participation.

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Gender – Based violence (Cont)

- ❖ The impact of violence ranges from **immediate to long term multiple physical, sexual, and mental consequences**, it negatively affects women's general well being and prevents women from fully participating in society.
- ❖ Violence against women and girls is one of the most systemic and wide spread violations of human rights worldwide.
- ❖ It is a public health challenge. It takes many forms, **from domestic and sexual to harmful practices such as early marriage and FGM/C.**

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Gender – Based violence (Cont)

□ Role of men in ending GBV:

- Men are active participants and promoters of changing the culture of violence that exist.
- They should take responsibility for how much they contribute to or oppose to violence: actions, words, silence.
- Educate themselves ,listen to people who have different experience with violence.

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Gender – Based violence (Cont)

- Attend events that relate to anti violence work.
- Share their knowledge about GBV with other men and young men in family, work, community.....
- Take actions against violence when they see it.
- In order to promote role of men in ending GBV it is important to reach out for the large number of men in male –dominated institutions ,industries and associations for sensitizing them regarding their role in promoting gender equality and women empowerment.

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3. Female genital mutilation/cutting (FGM/C)

□ Objectives:

- ✓ Discuss health complications and legal consequences of FGM.

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FGM/C Overview

- FGM comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reason.
- There is no medical indication for FGM and it is not part of OB/GYN education and training.
- There is no health benefits to FGM/C.

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External Female Genitals

□ Role of the clitoris and Labia:

- These organs are very rich of nerve endings that make them extremely sensitive organs. Touch stimulation of the nerve endings in the labia and especially the clitoris produces sensations of sexual pleasure and orgasm.

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External Female Genitals

❖ The external genital organs include the mons pubis, labia majora, labia minora, Bartholin glands, and clitoris. The area containing these organs is called the vulva. The external genital organs have these main functions:

- Enabling sperm to enter the body.
- Protecting the internal genital organs from infectious organisms.
- Providing the sexual pleasure.
- Directs the urine in a stream by the labia minora preventing splashing and soiling of the vulva.

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Physiology of female reproductive system

❑ Sexual Desire and the Sexual Response Cycle:

- ❖ Sex starts with desire in response to various stimuli like vision, sound, smell, memory, etc...
- ❖ Desire is a purely mental process that originates in the brain (not in external genital organs) and is influenced by personal, cultural, ethical and social factors.
- ❖ Sexual desire may or may not progress to the next phases of the sexual response cycle i.e. arousal, plateau, orgasm then resolution phases which are the physical reactions to sexual desire.

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Female genital mutilation (FGM/C)

❑ Classification of FGC:

- Female genital cutting is classified into 4 major types.
 - ❖ **Type I:** Often referred to as clitoridectomy, this is the partial or total removal of the clitoris and/or the prepuce.
 - ❖ **Type II:** Often referred to as excision, this is the Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

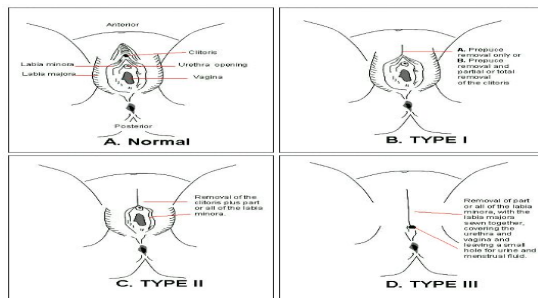
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Female genital mutilation (FGM/C) (Cont)

- ❖ **Type III:** Often referred to as infibulations, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.
- ❖ **Type IV:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

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Female genital mutilation (FGM/C) (Cont)



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Female genital mutilation (FGM/C) (Cont)

❑ Immediate complications of FGM/C:

- Severe pain.
- Urinary problems.
- Excessive bleeding.
- Wound healing problems.
- Genital swelling.
- Injury to surrounding genital tissues.
- Fever.
- Shock.
- Infections.
- Death.

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Female genital mutilation (FGM/C) (Cont)

□ Long term complications of FGM/C:

- Painful urination (chronic UTI).
- Vaginal problems (infections ..).
- Painful menstrual periods.
- Scar tissue /Keloid.
- Sexual problems(Painful intercourse , fear from sex vaginismus).
- Risk of difficult childbirth.
- Need for corrective surgery.
- Psychological problems (depression, anxiety, post-traumatic stress disorders ,low self- esteem).

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Female genital mutilation (FGM/C) (Cont)

□ FGM practice in Egypt:

- FGM prevalence is 92 % in women in reproductive age (15 – 49 years).
- It is 61 % among girls (15 - 17 years).
- The average age at which FGM is practiced is 10.5 years.

□ Medicalization of FGM:

- Dramatic shift in FGM practice from TBA to medical practitioners (physicians and nurses), 31 % of women (15- 49 years) were cut by physicians compared to 82 % of girls (0 – 19 years) - (EDHS 2014).

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Female genital mutilation (FGM/C) (Cont)

□ FGM law القانون:

ينص التشريع الجديد بالسجن المشدد من 5-7 سنوات على من يقوم بإجراء هذه العملية، بدلا من العقوبة السابقة و التي كانت تتراوح من 3 اشهر إلى 3 سنوات في القانون لتتحول بذلك من جناية إلى جنائية. و السجن المشدد 15 سنة إذا أفضى الأمر إلى عاهة مستديمة او الموت كما تصل العقوبة لمن يصطحب انثى للختان من سنة إلى 3 سنوات.

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Female genital mutilation (FGM/C) (Cont)

- ❖ FGM is a violation of human rights of girls and women and constitute an extreme form of discrimination against girls and women.
- ❖ This practice also violates a persons right to health , security and physical integrity and the right to life when the procedure results into death.

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4. Sexually transmitted infections(STIs)/HIV

❏ What are STIs?

- ❖ STIs are caused by bacteria and viruses spread through sexual contact.
- ❖ Infections can be found in body fluid such as semen, on the skin of the genitals and areas around them, and some also in the mouth, throat and rectum.
- ❖ Some STIs cause no symptoms, other may cause discomfort or pain.

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Sexually transmitted infections(STIs)/HIV (Cont)

- ❖ If not treated, STIs may cause:
 - Pelvic inflammatory disease.
 - Infertility.
 - Chronic pelvic pain.
 - Cervical cancer.
 - Some STIs can also greatly increase the chance of becoming infected with HIV.
 - HIV suppresses the immune system and eventually lead to death.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ Key points for providers and clients:

- People with STIs including HIV can use most family planning methods safely and effectively.
- Male and female condoms can prevent STIs when used consistently and correctly.
- STIs can be reduced in other ways, having a mutually faithful relationship with an uninfected partner.

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Sexually transmitted infections(STIs)/HIV (Cont)

- Some STIs have no signs or symptoms in women, if a woman thinks her partner may have an STI, she should seek care.
- Some STIs can be treated, the sooner treated, the less likely to cause long-term problems, such as infertility or chronic pain.
- In most cases, vaginal discharge comes from infections that are not sexually transmitted e.g. Bacterial vaginosis and Candidiasis.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ Who is at risk?

- Some clients may be at high risk for STIs.
- The risk of acquiring an STI , including HIV, depends on a person's behavior, the behavior of that person's sexual partner or partners, and how common those diseases are in the community.
- Understanding their own risk for HIV and other STIs helps people decide how to protect themselves and others.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ What causes STIs?

- Several types of organisms cause STIs, those caused by organisms such as bacteria generally can be cured, STIs caused by viruses generally cannot be cured, although they can be treated to relieve symptoms.

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Sexually transmitted infections(STIs)/HIV (Cont.)

STI	Type	Sexual transmission	Non sexual transmission	Curable?
Chancroid	Bacterial	Vaginal , anal, and oral sex.	None	Yes
Chlamydia	Bacterial	Vaginal and anal sex rarely from genitals to mouth.	From mother to child during pregnancy.	Yes
Gonorrhea	Bacterial	Vaginal and anal sex or contact between mouth and genitals .	From mother to child during delivery.	Yes
Hepatitis B	Viral	Vaginal and anal sex or from penis to mouth.	In blood from mother to child during delivery or in breast milk.	No
Herpes	Viral	Genital or oral contact with an ulcer, including vaginal and anal sex, also genital contact in area without ulcer	from mother to child during pregnancy or delivery	No

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Sexually transmitted infections(STIs)/HIV (Cont.)

STIs	Type	Sexual transmission	Non sexual transmission	Curable?
HIV	Viral	Vaginal and anal sex, very rarely, oral sex.	from mother to child during pregnancy or delivery or in breast milk.	No
Human papilloma - virus	Viral	Skin-to- skin and genital contact or contact between mouth and genitals.	from mother to child during delivery.	No
Syphilis	Bacterial	Genital or oral contact with an ulcer, including vaginal and anal sex.	from mother to child during pregnancy or delivery	Yes
Tricho-moniasis	Parasite	Vaginal ,anal and oral sex.	from mother to child during delivery.	Yes

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Sexually transmitted infections(STIs)/HIV (Cont.)

□ More about HIV and AIDS:

- People can live with HIV for many years without any signs or symptoms of infection. Eventually, they develop AIDS the condition when the body's immune system breaks down and is unable to fight certain infections, known as opportunistic infections.

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Sexually transmitted infections(STIs)/HIV (Cont.)

□ More about HIV and AIDS:

- There is no cure for HIV infection or AIDS , but antiretroviral (ARV) therapy can slow the disease progresses, improve the health of those with AIDS and prolong life. ARVs also can reduce mother to child transmission at the time of delivery, opportunistic infections can be treated.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ Early detection of STIs:

- ❖ Signs and symptoms:
 - Unusual discharge.
 - Sores.
 - Pain.
- ❖ Diagnosis:
 - Inspection.
 - During vaginal and abdominal examination.
- ❖ Management:
 - Treat accordingly.
 - Refer.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ Common signs and symptoms that may suggest an STI include:

Symptoms	Possible cause
Discharge from the penis- pus, clear or yellow-green drip.	Commonly: chlamydia, gonorrhea. Sometimes: trichomoniasis.
Abnormal vaginal bleeding or bleeding after sex.	chlamydia, gonorrhea, pelvic inflammatory disease.
Burning or pain during urination.	chlamydia, gonorrhea, herpes.
Lower abdominal pain or pain during sex.	chlamydia, gonorrhea, pelvic inflammatory disease.
Swollen and/ or painful testicles.	chlamydia, gonorrhea
Itching or tingling in the genital area.	Commonly: trichomoniasis. Sometimes: herpes.

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Sexually transmitted infections(STIs)/HIV (Cont)

□ Common signs and symptoms that may suggest an STI include:

Symptoms	Possible cause
Blisters or sores on the genitals, anus, surrounding areas, or mouth.	Herpes, syphilis, chancroid.
Warts on the genitals, anus, or surrounding areas.	Human papillomavirus.
Unusual vaginal discharge- changes from normal vaginal discharge in color, consistency, amount, and/ or odor.	Most commonly: bacterial vaginosis, candidiasis (not STIs, see common vaginal infection often confused with sexually transmitted infections, below) Commonly: trichomoniasis. Sometimes: chlamydia, gonorrhea.

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Sexually transmitted infections(STIs)/HIV (Cont.)

□ Common vaginal infections often confused with sexually transmitted infections:

- The most common vaginal infections are not sexually transmitted, for e.g. bacterial vaginosis and candidiasis.
- Washing the external genital area with unscented soap (with no chemicals) and clean water are good hygiene practice and it helps some women avoid vaginal infections.
- Using douches, detergents, disinfectants, or vaginal cleaning or drying agents are not recommended hygienic practices.

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Session 2

☐Topics:

- Project orientation.
- M&E.
- IEC materials.

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Session 3

☐Topics:

- Ma3looma Website .
- FB page for physicians.
- E-learning.

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Session 4

☐Topics:

- Closing session.
- Post test.
- Final course evaluation.
- Closing remarks and certificates distribution.
- Group photo.

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References

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- American Family Physician (website).
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Thank you

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