

# COMMUNITY HEALTH INFORMATION CARDS

Taking Action for Our Health



# COMMUNITY HEALTH INFORMATION CARDS

The overall objective of these cards is to:

- **Increase awareness** about family planning and postabortion care services to reduce illness and death related to complications of bleeding in the first half of pregnancy; and
- **Encourage community action** to address these problems at the individual, household and community levels.

**Community Health Information Cards can help Community Health Workers (CHWs) to:**

- Share health information with the community;
- Lead discussions about important health issues with the community to explore why they happen, and what the community can do about them;
- Encourage community members to plan, carry out, monitor, and evaluate action plans that try to solve health issues using existing resources;
- Help refer community members to appropriate resources, such as health workers and health care facilities.

*These cards were adapted from the Health Communication Partnership, Zambia and developed in close partnership with the Kenya MOH and the Division of Reproductive Health.*

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# Community Health Discussion



# USING THE CARDS

## How to lead successful discussions using Community Health Information Cards:

### Before a Discussion

- Read and become familiar with the information on the cards.
- Ask a health worker for help with understanding any difficult or unclear information or explaining difficult topics to the community.

**Topic:** Says what the card is about

**Key Words:** Used to discuss meanings in local language

**Written Information:** Question and answer format (some topics have reference pages for more information)

**Activity Box:** Designed to help understand, remember and do something about the information on the card

**Picture:** Designed to capture attention and encourage thought and discussion

### During a Discussion

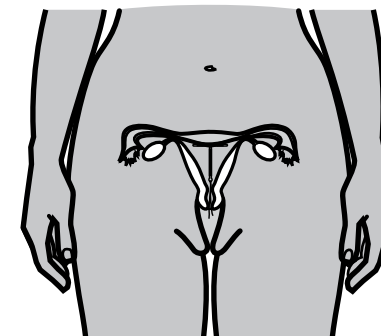
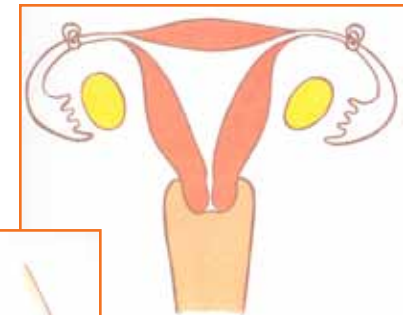
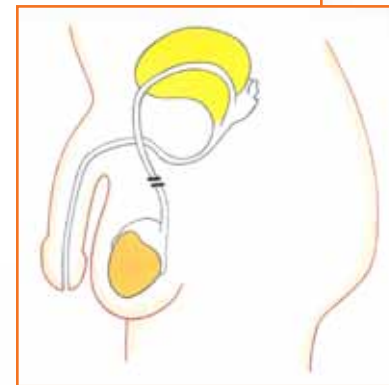
- Remind everyone to listen quietly and respectfully.
- Help all participants feel comfortable to express their opinions and ask questions.
- Ask the community questions based on the information in the cards. Correct any misinformation gently, without embarrassing the person who has answered incorrectly.
- Remain neutral and keep the discussion going.
- Ensure that everyone has a chance to be heard and that no one talks too much. Encourage quieter people to contribute, but do not force them.
- Explain the health issue and get community members interested in and excited about doing something individually and together that helps solve the problem.
- Keep track of important points, and summarize from time to time.
- Bring the group back to the key topic if the discussion goes off course.
- If someone asks a question you cannot answer, tell them you will ask a health worker and get back to them, or invite a health worker to discuss the topic.
- Do not use too many cards or provide too much information at one time. This can make it hard for community members to understand and remember the information.

### At the End of a Discussion

- Ask participants to summarize key information and discussion points.
- Refer participants to health workers or health care facilities for more information, assistance, and services.
- Thank participants for coming, listening carefully, and sharing their views.



# Family Planning Methods



## KEY WORDS

Discuss what the following words or terms mean in your language:

- Family planning
- Contraceptive
- Recover
- Healthier
- Breastfeeding
- Unplanned pregnancy
- Condoms
- Abstinence
- Prevent



# FAMILY PLANNING

**Family planning** is when a man and a woman talk about:

- When or if they would like to have a child
- How many children they want to have
- How many years apart each child should be born

Then use a **contraceptive** or **family planning** method at times when they do not want the woman to get pregnant.

**What are the benefits of family planning?**

- Improves health and lives of all people, especially women and children, but also men.
- Family planning gives a mother's body time to **recover** between births.
- Mother will be stronger, healthier, and less tired.
- Baby will be stronger and healthier.
- Each baby can be **breastfed** longer.
- Removes fear of having an **unplanned pregnancy**.
- Parents can give more attention to each child.
- There is more room or space in the house.
- Smaller families are easier to feed, clothe, and educate.
- Children will be more likely to go to school longer.
- **Condoms** or **abstinence** prevent pregnancy and sexually transmitted infections (STIs), such as HIV.

**What to think about when considering family planning?**

- Use **family planning** methods when you do not want to get pregnant.
- The safest age for women to have children is between 18 and 35.
- Children should be spaced at least 3 years apart.
- Women should be aware of their health, because many sicknesses (malaria, HIV, diabetes, etc.) are dangerous to both the unborn baby and mother.

**Will I still be able to have children if I want to?**

- Yes. You can stop using **family planning** methods whenever you want and will be able to have children very soon afterwards (unless you use a permanent method).

**What are the different family planning methods?**

- **Male condom:** Thin rubber or plastic that covers an erect penis
- **Female condom:** Thin plastic pouch that lines the vagina

- **Family planning pills:** Hormonal pills swallowed by a woman daily
- **The shot:** Hormonal injection given to a woman once every 3 months
- **Implants:** Small plastic rods placed under the skin of a woman's arm by a health worker, works 3–5 years, but can be removed anytime
- **IUD (loop or copper T):** Tiny device placed and removed by a health worker into the woman's womb, good up to 10 years but can be removed anytime
- **Diaphragm and spermicide:** Small device inserted deep in the vagina by the woman before sex, used with a foam, cream, or jelly that kills sperm (spermicide)
- **LAM (breastfeeding):** Method used immediately after birth up to 6 months while baby is exclusively **breastfeeding** (not taking any other food or drink and woman's periods haven't returned)
- **Natural, rhythm method or cycle beads:** Not having sex during certain times of the month, usually mid-cycle when a woman is ovulating and can become pregnant
- **Abstinence:** Not having sex
- **Vasectomy:** A simple permanent operation for men
- **Tubal ligation:** A simple permanent operation for women

**Condoms** can and should be used with other methods for protection against STIs, such as HIV.

## ACTIVITY

Ask the group to answer the following questions:

- Who is responsible for family planning?
- How can you bring this subject up with your partners?
- What are your concerns about family planning?

Role-play:

- A man and woman discuss family planning.
- Using fake shillings, give 2 families 3,500: One family has 3 children and the other has 7 children. Have them "spend" what they will need in a month for food, school fees, clothes. Then come back and see the difference in what the two families spend in a month.



# Bleeding in Pregnancy and Postabortion Care



# BLEEDING IN PREGNANCY AND POSTABORTION CARE

## KEY WORDS

Discuss what the following words or terms mean in your language:

- Bleeding
- Postabortion
- Emergency
- Pregnancy
- Fever
- Dizziness
- Monthly bleeding
- Family planning

### What is **bleeding** in pregnancy?

- When a woman has **bleeding** in the first 5 months of pregnancy.
- **Bleeding** in pregnancy must **never** be ignored. It can be very dangerous.
- No matter how little the **bleeding**, a woman must go to a health center **immediately**.

### What is **postabortion care**?

- Emergency treatment is available at the health center for bleeding in pregnancy.
- Counseling is available for dealing with **bleeding** and for learning about **family planning** options.
- Other counseling is also available for sexually transmitted infections, including HIV, if needed.
- It is important to follow the instructions from the provider on how to care for oneself after leaving the health centre.

### How soon after can sexual activity start again?

- You can start sexual relations 2–3 days after you stop bleeding and when you feel comfortable.

### How soon can a woman get pregnant again after post-abortion care treatment?

- A woman can get pregnant **BEFORE** her next **monthly bleeding**. She is fertile almost immediately.
- Talk to a health provider to help you and your partner choose a **family planning** method to prevent another **pregnancy**.
- It is best to wait **6 months** before becoming pregnant again. This will reduce health problems for the mother and baby in the next **pregnancy**.

### If you have one or more of the following symptoms, you must return to the clinic:

- Heavier **bleeding** than your normal monthly bleeding
- **Fever**
- **Dizziness** or fainting
- Severe stomach pains
- Bad smelling odor or discharge from your vagina
- Bleeding that lasts more than 2 weeks



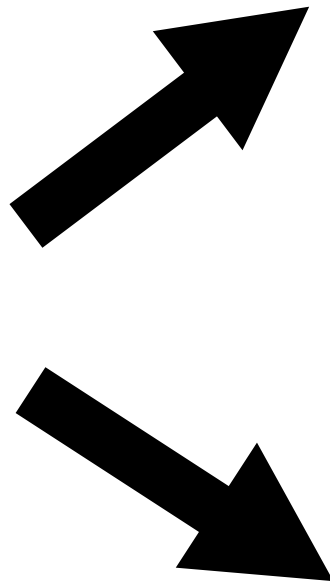
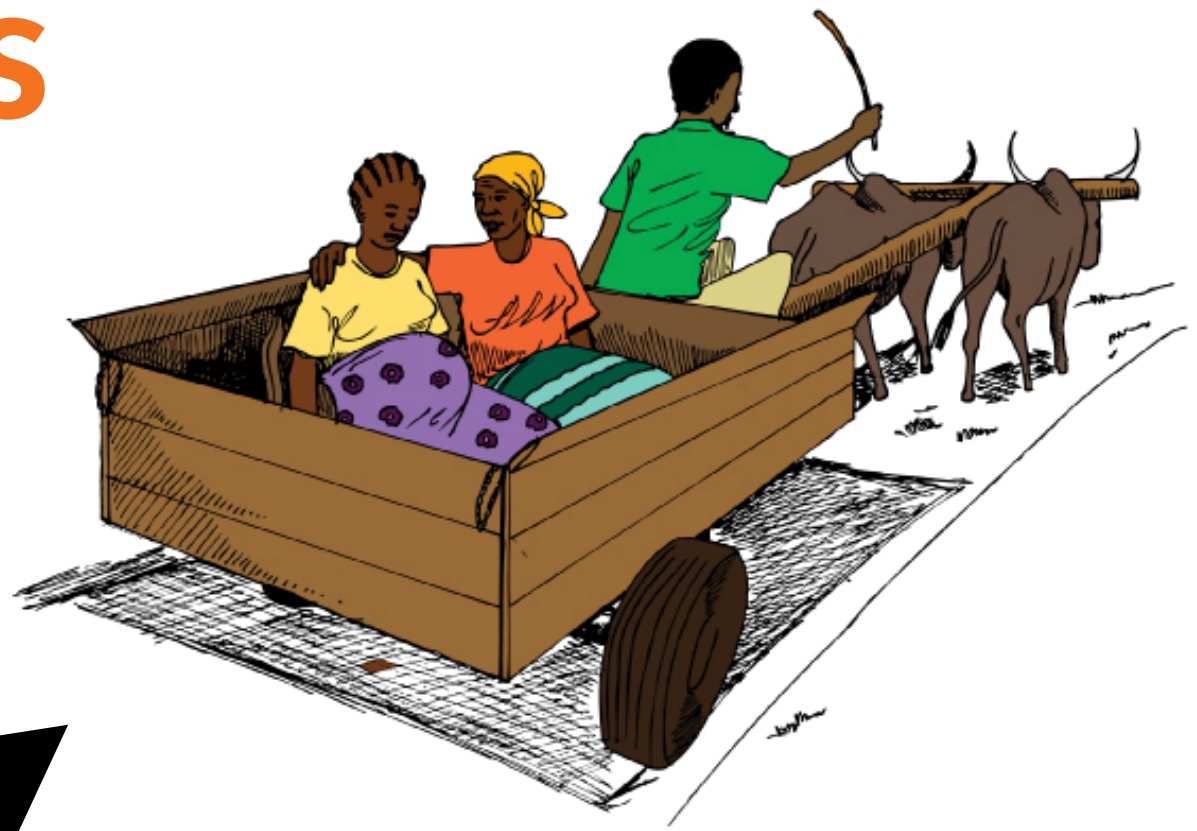
## ACTIVITY

Ask the group to answer the following questions:

- What can cause a pregnant woman to fall sick or even die?
- Have you seen women in your community suffer from bleeding in pregnancy?
- What did you see?
- What did you or others do to help the woman?
- What happened to the woman/women?
- What can we do as a community when we see a woman with such problems?



# Danger Signs



# DANGER SIGNS AND ACCESS TO EMERGENCY CARE

## KEY WORDS

Discuss what the following words or terms mean in your language:

- Danger signs
- Treated
- Immediately
- Private parts
- Foul smell
- Discharge
- Headache
- Fits
- Fainting
- Severe
- Abdominal
- Fever
- Dizziness
- Pale
- Swelling
- Baby not moving
- Labor
- Cord
- Placenta
- Emergency transport

What are **danger signs** in pregnancy?

- Signs that the mother, baby, or both are in danger.
- If **danger signs** are not noticed and **treated**, they can lead to the death of the mother, baby, or both.
- If any are noticed, take the pregnant woman **immediately** to the health facility.

Go **immediately** to a health facility if you notice any of the following **danger signs**:

*During pregnancy:*

- Vaginal bleeding (bleeding from **private parts**)
- **Foul smelling** or yellow, green, or brown **discharge** from vagina (**private parts**)
- Severe **headaches**
- **Fits** or **fainting**
- **Severe abdominal** pain
- High **fever** (body hotness or feeling cold)
- **Dizziness**
- Feeling very tired or looking **pale**
- **Swelling** of hands, feet, or face
- **Baby is not moving** or moving less (after 18 weeks)

*During birth:*

- **Labor** lasting more than 12 hours
- Heavy bleeding from vagina (**private parts**)
- **Cord** or **hand** comes before baby
- **Fits**
- Severe **headache**
- **Placenta**/afterbirth not delivered within 30 minutes after baby is born

*After birth (first 48 hours):*

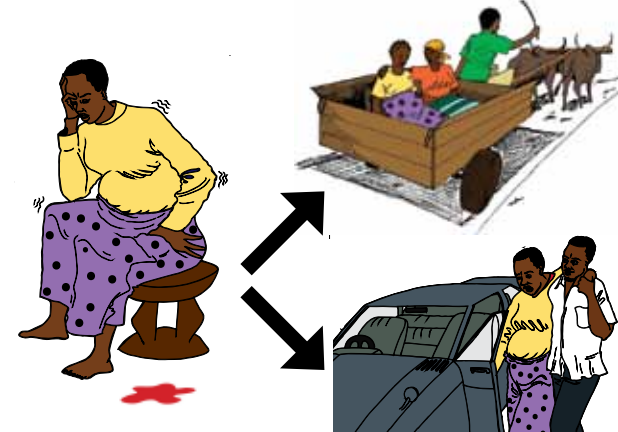
- **Fever**
- Heavy bleeding
- Foul smelling discharge
- Shock/fainting, cool or clammy skin
- **Severe headache**

What is **emergency transport**?

A way to get a pregnant woman, a baby, or anyone who needs help to the health facility as quickly as possible.

What are some examples, and how could you make arrangements?

- Oxcart, taxi, car, wheelbarrow, etc.
- Make arrangements with a person in the community ahead of time in the event that an **emergency** happens
  - How much would it cost?
  - What if it happens in the middle of the night and everyone is sleeping?



## ACTIVITY

Ask the group to answer the following questions:

- When do emergencies happen (anytime day or night)?
- What options are currently available for emergency transport? How can people contact the person with the emergency transport?
- Has anyone in the group seen any of these danger signs before? If so, can that person tell their story and what happened?

Consider creating a community emergency fund.



# Three Delays





## KEY WORDS

Discuss what the following words or terms mean in your language:

- Treatment
- Plan
- Delivery
- Skilled attendant
- Emergency
- Transport

## THREE DELAYS

### What are the three delays?

1. Delay in recognizing a problem
  - Not aware of danger signs
  - Not aware how serious problem may be
2. Delay in seeking care
  - No transport
  - Poor roads
  - Don't know where services are located
  - Far distance to health facility
  - No money to pay for services, supplies or medicine
  - Fear uncaring attitude of health care providers
3. Delay in receiving care and treatment
  - Health facility lacks equipment
  - Lack of trained providers
  - Poor skills of providers
  - Shortage of supplies and basic equipment
  - No emergency medicines or blood

### What are the main reasons for maternal death?

- Poor nutrition
- Many pregnancies with short periods of time between births
- Lack of information about health
- No access or poor quality services
- Lack of birth planning/preparedness
- Early marriage and youth pregnancies
- High rates of unattended home births and untrained attendants
- Unmet need for family planning services
- Abuse and violence
- Heavy workload

Maternal deaths can be reduced by promoting:

- Family planning
- Skilled attendance before, during and after birth
- Good care when women reach health center
- Quick referrals to emergency care if there is a problem

### How can these problems be solved in our community?

- Be able to identify the signs of an obstetric emergency
- Know importance of seeking care without delay when problems occur
- Know location of nearest health facility where emergency care is available
- Have transport to this facility
- Set aside funds for medical care in advance so the woman can reach services quickly
- Know expected date of delivery and self-care during pregnancy
- Plan location for delivery
- Choose a skilled provider
- Have the needed supplies for a clean and safe delivery
- Make a plan for the skilled attendant at the start of labor
- Identify people to help with transport and to accompany the woman to a health facility in an emergency
- Plan care for the postpartum mother and newborn

Maternal deaths can be prevented if women receive good care quickly.

### ACTIVITY

Ask the group to answer the following questions:

- What are the reasons that women seek postabortion care services?
- Where do women in our community go when bleeding in pregnancy occurs? Traditional healers? Traditional birth attendants?
- Are young women and older women treated the same when seeking these services?
- Do young people in our community experience delays at the clinic or dispensary? Why?

# Regina's Story

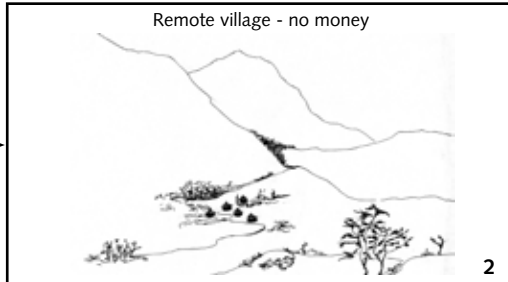
## Regina's Road to Death

Regina pregnant - too many children - she didn't want more



1

Remote village - no money



2

Regina died



8

Blood on her clothes - she didn't tell anyone



3

Regina was too sick



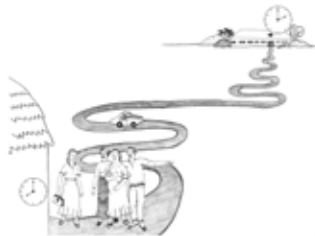
7

She did laundry



4

It took hours to find money - transportation to referral site



6

Next morning too much blood - afraid



5

## Regina's Road to Life

Regina pregnant - saved money for food and transportation



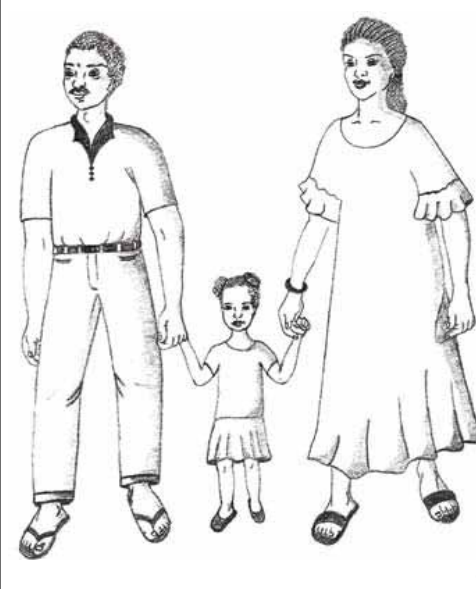
1

Regina and her husband decided to have only two children



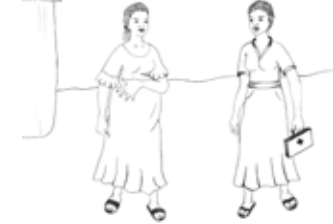
2

Regina feels strong and her family is happy



7

Regina met with health worker - learned about problems



3

Regina saw blood - told her husband and mother-in-law



4

Regina had not bled too much - not too weak



6

Immediately to health clinic



5



## KEY WORDS

Discuss what the following words or terms mean in your language:

- Pregnancy
- Bleeding
- Danger signs
- Sick
- Health clinic
- Family planning

## REGINA'S STORY

This card should be used with the card on **bleeding in pregnancy** to help community members understand why women get **sick** and sometimes die during **pregnancy**.

It's also a good idea to invite a health worker to the community session to answer any questions that may arise.

Instructions:

- Ask the group if they have seen or heard of a pregnant woman who fell **sick** or died.
- Explain that during this meeting, you will all use your experiences to talk about preventing pregnancy-related problems.
- Then explain that you are going to tell a story about a woman named Regina and show pictures on the flipside of this card as you tell the story.

REGINA'S STORY—ROAD TO DEATH	
Picture Number	Story
1	This is Regina. She is pregnant. She has five children still living. Three of the children are boys. She does not want more children. She does not know what to do.
2	Her husband is a farmer. They live in a remote village.
3	One morning, Regina wakes up and finds blood on her sleeping clothes. She does not know anything is wrong, so she does not tell anyone.
4	Regina goes to do her laundry.
5	The next morning, Regina wakes and finds more blood. She is afraid.
6	It takes four hours for the family to find money and transportation to take Regina to the hospital. It takes another two hours to reach the hospital. She is very <b>sick</b> .
7	Regina is too <b>sick</b> . The medicines do not help.
8	Regina dies.

- Ask the group what problems did Regina have? Have you ever seen or heard about a woman with any of these symptoms?
- Explain that you will now tell another story, of Regina's Road to Life.

REGINA'S STORY—ROAD TO LIFE	
Picture Number	Story
1	Regina and her husband live in a remote village. She is pregnant with her second child. They have saved a little money so Regina can buy good food and pay for transportation to the <b>health clinic</b> .
2	Regina and her husband decided to have only two children. With <b>family planning</b> , Regina and her husband have prevented more pregnancies.
3	Regina meets with the health worker and learns about problems during <b>pregnancy</b> . Regina learns that any <b>bleeding</b> is a problem. She learns that if she sees any <b>bleeding</b> , she must tell someone right away.
4	One day, Regina sees some blood when she wakes up. She remembers what the health worker said. Regina tells her husband and her mother-in-law right away.
5	They take Regina immediately to the health clinic.
6	Regina has not bled too much by the time she arrives at the hospital. She is not too weak. Regina receives appropriate care at the health clinic.
7	Regina feels strong and her family is happy.

- Ask what happened to Regina in this story? What helped her live?
- Which of Regina's problems (no money, no family, no health worker, no birth plan, or no knowledge of **danger signs**) have we seen here in our area?
- Has anyone seen other problems for women in our area?
- Which of the solutions that helped Regina to live have we seen in our area?
- Are there other solutions we have found in our area?
- Point out that though many problems can be stopped, **bleeding** cannot. **Bleeding in pregnancy** is unpredictable, and we can't tell when it will happen.
- Though we can't predict **bleeding**, we can still help if it happens. We can plan to go for help soon. What else can we do?
- Thank the group for sharing.