



POPCOM
Empowering Filipino Families

PRE-MARRIAGE ORIENTATION AND COUNSELING MANUAL



PRE-MARRIAGE ORIENTATION AND COUNSELING MANUAL

Commission on Population and Development
Department of Social Welfare and Development
Department of Health
Philippine Statistics Authority
Department of the Interior and Local Government

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CONTENTS

Acronyms.....	iii
Foreword.....	v
Messages.....	vi
The Pre-Marriage Orientation and Counseling Program.....	1
The PMOC Manual.....	5
The PMOC Team.....	6
The Marriage Expectations Inventory Form.....	7
Part 1: Pre-Marriage Orientation.....	13
About Part 1.....	14
Topic One: Marriage and Relationships.....	19
Session 1: Marriage.....	20
Session 2: Roles, Relationships and Issues.....	23
Session 3: Elements of a Harmonious Relationship.....	28
Session 4: Other Related Laws on Marriage.....	32
Session 5: Services Available on Nurturing Marriage.....	34
Topic Two: Responsible Parenthood.....	37
Session 1: What Is Responsible Parenthood?.....	38
Session 2: Duties and Responsibilities of Parents.....	41
Session 3: Effective Parent–Child Communication.....	45
Session 4: Rights of the Child.....	48
Session 5: Home Management.....	50
Session 6: Services Available on Responsible Parenthood.....	52

Topic Three: Planning the Family	55
Session 1: Human Sexuality	56
Session 2: Fertility Awareness	60
Session 3: Family Planning.....	75
Session 4: STIs/HIV	85
Session 5: Services Available on Planning the Family.....	89
 Topic Four: Pregnancy and Child Care	 91
Session 1: Safe Pregnancy and Prenatal Care	93
Session 2: Facility-Based Delivery.....	100
Session 3: Post-natal Care.....	103
Session 4: Caring for the Baby.....	105
Session 5: Available Services for Pregnancy and Child Care.....	108
 References	 110
 Annexes	
Annex A: The Marriage Expectations Inventory Form	111
Annex B1: JMC No. 1 Series of 2018.....	115
Annex B2: DILG Memorandum Circular 2018-182.....	131
Annex C1: When You Feel Being Loved the Most (Blank Form)	132
Annex C2: When You Feel Being Loved the Most (Responses)	133
Annex D: Marriage and Relationships: Additional Readings.....	134
Annex E: Responsible Parenthood: Additional Readings.....	142
Annex F: Planning the Family: Additional Readings.....	169
Annex G: Pregnancy and Child Care: Additional Readings.....	182

ACRONYMS

AIDS	Acquired immune deficiency syndrome
AO	Administrative Order
BBT	Basal body temperature method
BCG	Bacillus Calmette-Guerin vaccine
BOM	Billings ovulation method
BTL	Bilateral tubal ligation
CAH	Congenital adrenal hyperplasia
CBC	Complete blood chemistry
CFO	Commission on Filipinos Overseas
CH	Congenital hypothyroidism
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DMPA	Depomedroxyprogesterone acetate
DOH	Department of Health
DPT	Diphtheria, pertussis, tetanus
DSWD	Department of Social Welfare and Development
EI	Elemental iron
ERPAT	Empowerment and Reaffirmation of Paternal Abilities
FAB	Fertility awareness-based methods
FAQs	Frequently asked questions
FDS	Family development sessions
FP	Family planning
G6PD	Glucose-6-phosphate-dehydrogenase deficiency
GAL	Galactosemia
HIV	Human immunodeficiency virus
ICT	Information and communication technology
IDD	Iodine deficiency disorder
IPV	Inactivated polio vaccine

OPV	Oral polio vaccine
PCV	Pneumococcal conjugate vaccine
PD	Presidential Decree
PDGCP	Pre-departure Guidance and Counseling Program
PET	Parent Effectiveness Training
PKU	Phenylketonuria
PMC	Pre-marriage counseling
PMO	Pre-marriage orientation
PMOC	Pre-marriage orientation and counseling
POP	Progestin-only pills
POPCOM	Commission on Population and Development
PPIUD	Postpartum intrauterine device
PPMP	Philippine Population Management Program
PSA	Philippine Statistics Authority
RA	Republic Act
RPFP	Responsible parenthood and family planning
SDM	Standard days method
SHAPE	Sexually Healthy and Personally Empowered Adolescents
SSS	Social Security System
STI	Sexually transmitted infection
STM	Sympto-thermal method
UDHR	Universal Declaration of Human Rights
YAFS	Young Adult Fertility and Sexuality Study

FOREWORD

The new Pre-Marriage Orientation and Counseling (PMOC) Manual is a product of a major collaborative work among partner agencies such as the Commission on Population and Development (POPCOM), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and the Philippine Statistics Authority (PSA) after a series of consultations and workshops for the development of the material.

The new PMOC Manual is composed of two (2) parts, namely: Part 1: Pre-Marriage Orientation, and Part 2: Pre-Marriage Counseling, the former to be used for the conduct of orientation of couple participants, while the latter, is for the use in the conduct of the pre-marriage counseling sessions.

This new PMOC Manual has been updated to include recent laws in relation to topics about building/establishing a family, family planning methods, improving couple communication, home and family management, among others.

Forming part of the learning methodologies is the emphasis on key messages at the end of each topic, based on the insights and experiences of would-be couples. All sessions promote interactive learning activities to engage the participants and at the same time motivate them to be more introspective in their decisions to be made, consequently affirming their plan for their future. Skills-building is also integrated all throughout the sessions.

With this PMOC Manual, it is envisioned that would-be couples will have a stronger relationship and together, as a couple, they will bring about responsible and empowered Filipino families.


MESSAGE (DOH)

The Department of Health (DOH) joins the Commission on Population and Development (POPCOM), and other partner agencies - Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), and the Philippine Statistics Authority (PSA) - in presenting the Pre-Marriage Orientation and Counseling (PMOC) Manual as a reference guide of the PMOC Program.

The PMOC highlights the importance of information and education to empower couples in making sound decisions in family planning (FP), within the context of responsible parenthood.

More than ever, the DOH, is committed to bring the best possible care to every Filipino family through the FOURmula One Plus (F1+) strategy. The F1+ ensures that health services are inclusive and equitable, guided by the principles of performance accountability and good governance as we prepare toward a universal health care.

We shall continue to provide necessary policy guidelines as well as technical assistance to effect full implementation of the PMOC program at all levels – national, regional, and local – and continue our work towards the success of the PMOC program.


FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health

MESSAGE (DILG)

My heartfelt congratulations to the Commission on Population and Development (POPCOM) on the publication of the Revised Pre-Marriage Orientation and Counseling (PMOC) Manual.

The family is the basic unit of the society and thus it is imperative for couples entering into marriage to be provided with the proper foundation to effectively assume their roles as spouses and parents.

As the Vice-Chairman for PMOC National Technical Working Group (TWG), the Department of the Interior and Local Government (DILG) has been a staunch partner of the POPCOM in responding to the mandate of providing guidance and marriage counseling services to all would-be couples applying for a marriage license.

With the publication of this revised PMOC manual, you have taken a giant leap in streamlining and standardizing processes in the conduct of PMOC to optimize the genuine intention of the program.

It is my hope that with this Manual, all program implementers will be properly guided with the harmonized and collective approach in order to truly make a meaningful contribution to the couple, the family and the community. This publication serves as your tool in the effective implementation of the PMOC program in all Local Government Units (LGUs) and their constituents nationwide.

To all the people behind the Revised PMOC Manual, may this publication further ignite your spirit of dedication and meaningful action towards helping Filipino couples.

Let us work together in ensuring good quality of life for all would-be Filipino families nationwide!

Again my congratulations!


EDUARDO M. AÑO,
OIC Secretary

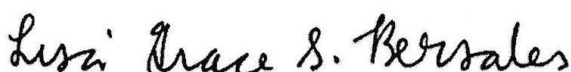


MESSAGE (PSA)

This **Pre-Marriage Orientation and Counselling (PMOC) Manual** not only serves as the basic instruction for the concerned officials and personnel at the Local Government Units to insure that couples intending to marry each other are equipped with the necessary tools and knowledge for the establishment of family life. It is also a timely and relevant compendium of directions culled from P.D. 965, E.O. 209 (The Family Code of the Philippines), R.A. 9160 (Local Government Code of 1991) and R.A. 10354 (The Responsible Parenthood and Reproductive Health Act of 2012) and other relevant laws and issuances of the pertinent government institutions. As the basic and the most important institution of society, the family must be promoted to its ideals by guaranteeing that couples are armed and fortified with the essentials needed for a lasting marriage, proper rearing of children, and preservation of the family.

The Office of the Civil Registrar General and the Philippine Statistics Authority, in coordination with partner agencies such as the DOH, DSWD, DILG and PopCom, will continue to work and perform its duties and responsibilities in accordance with its legal mandates in the field of civil registration and vital statistics. With the partnership of the Local Civil Registry Offices across the country, representing their respective LGUs, our Office will continue to necessitate the solemnizing officers of every marriage to compel couples intending to marry each other to present their marriage license before officiating a marriage ceremony, a pre-requisite of the issuance of such license is that the parties have undergone Pre-Marriage Orientation and Counseling.

To the PopCom and the members of the PMOC National Technical Working Group, let us give each other a pat on the back for a job well done. Let this Manual be the source of inspiration for every Filipino family.



LISA GRACE S. BERSALES, Ph.D.

Undersecretary

National Statistician and Civil Registrar General

MESSAGE (DSWD)

Marriage as enshrined in the Family Code of the Philippines is not only special contract of permanent union; it is the foundation of the family upon whom this nation seeks to strengthen and protect. For would-be couples, family members and future parents, marriage is indeed a major life decision that requires thorough attention, commitment, and understanding by the parties involved.

It is therefore imperative that the couples are equipped with adequate information that will enable them to make better and informed decisions on the solemn covenant that they are about to enter. With proper information and guidance, they will be able to acquire the necessary knowledge that will amply prepare them to effectively respond and handle the challenges and responsibilities of a married life.

Hence, the timely release of this Pre-Marriage Orientation and Counseling (PMOC) Manual is welcoming breakthrough in the PMOC-Technical Working Group's efforts to come up with modules that will guide our couples and families.

The Department of Social Welfare and Development highly supports this initiative not only to facilitate their compliance with provisions of law on Marriage License, but more importantly, for couples and families to serve as instruments in promoting our deep-cherished virtues and values of love, kindness and respect of a family; a family that will stay together to support each other and eventually, contribute in nation-building.

Congratulations and enjoy the fruits of a healthy and responsible family life.

Signed by:



ROLANDO JOSE LITO D. BAUTISTA

Secretary

Department of Social Welfare and Development

MESSAGE (POPCOM)

The Commission on Population and Development (POPCOM), in its continuing strategy to promote Responsible Parenthood and Family Planning (RPPF) at the national and local levels, endorses the new Pre-Marriage Orientation and Counseling (PMOC) Manual - a product of a strengthened partnership and collaboration with the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and the Philippine Statistics Authority (PSA).

With this PMOC Manual, POPCOM enjoins all national and regional PMOC teams—both city and municipal levels – to creatively use this manual as their guide in the conduct of the PMOC activities and actively engage the couples to share their views and expectations about married life. They should also be able to envision the crucial role they would play as responsible husband and wife, and eventually, in forming an empowered family in the future.

As we in POPCOM, together with our partners in the national, regional, city and municipal levels, prepare the would-be couples to be responsible and productive members of the community and the society in general, let us continue to provide them an enabling environment where they can raise empowered children and individuals. Let us continue forging stronger partnerships towards building happy, healthy and empowered Filipino families.

Para sa matatag, maginhawa at masaganang pamilyang Pilipino!



USEC. JUAN ANTONIO A. PEREZ III, MD, MPH
Executive Director
Commission on Population and Development

THE PRE-MARRIAGE ORIENTATION AND COUNSELING PROGRAM

By virtue of Presidential Decree 965, the 1987 Family Code of the Philippines, the Local Government Code, and the Responsible Parenthood and Reproductive Health (RPRH) Law, all couples applying for a marriage license in the Philippines are required to attend the Pre-Marriage Orientation and Counseling (PMOC) session before they can be issued a license.

Purpose and Importance of PMOC

The purpose of PMOC is to provide would-be couples with information they will need in preparation for the challenges of married life, along with their responsibilities as spouses, family members, and future parents. It will also give them a better understanding of marriage so they can affirm their decision to get married based on sufficient knowledge and clear expectations.

Marriage is a major life decision and a lifetime commitment. It is a legal contract that will bind a man and a woman not only for a life of togetherness but also for sharing resources and forming a family. Marriage not only establishes the lives of the couple but also the lives of the children and future generations.

The decision to get married, therefore, must be well thought out, and must be jointly made by the couple after careful consideration, thorough understanding, and ample preparation. This is why the PMOC is a crucial first step prior to getting married.

The PMOC Sessions

The PMOC Sessions consist of two phases – the Pre-Marriage Orientation (PMO) and the Pre-Marriage Counseling (PMC).

All couple applicants for marriage license have to undergo the **Pre-Marriage Orientation (PMO)**, which is conducted by trained PMOC team members. The orientation session is conducted for a minimum of four (4) hours, completed in one (1) day. The session is usually conducted at the designated pre-marriage counseling room at the city or municipality where the couple applied for marriage license.

After the PMO, all couples with one or both partners who are 18-25 years old and those whom the PMOC team may find, based on the couples' responses on the Marriage Expectations Inventory to have issues that need to be addressed more closely, have to undergo the **Pre-Marriage Counseling (PMC)** session. Couples who

voluntarily want to get counseling may also attend the PMC session. The PMC session is conducted on the same day and in the same venue as the orientation session, for a minimum of three (3) hours.

PMOC Certificates

After the couples have completed the PMO session, the PMOC Secretariat issues a Certificate of Compliance, a requirement for couples to acquire marriage license. For couples requiring counseling, an additional Certificate of Marriage Counseling is issued by the Pre-marriage Counselor after they have completed the PMC session.

The PMOC Protocol

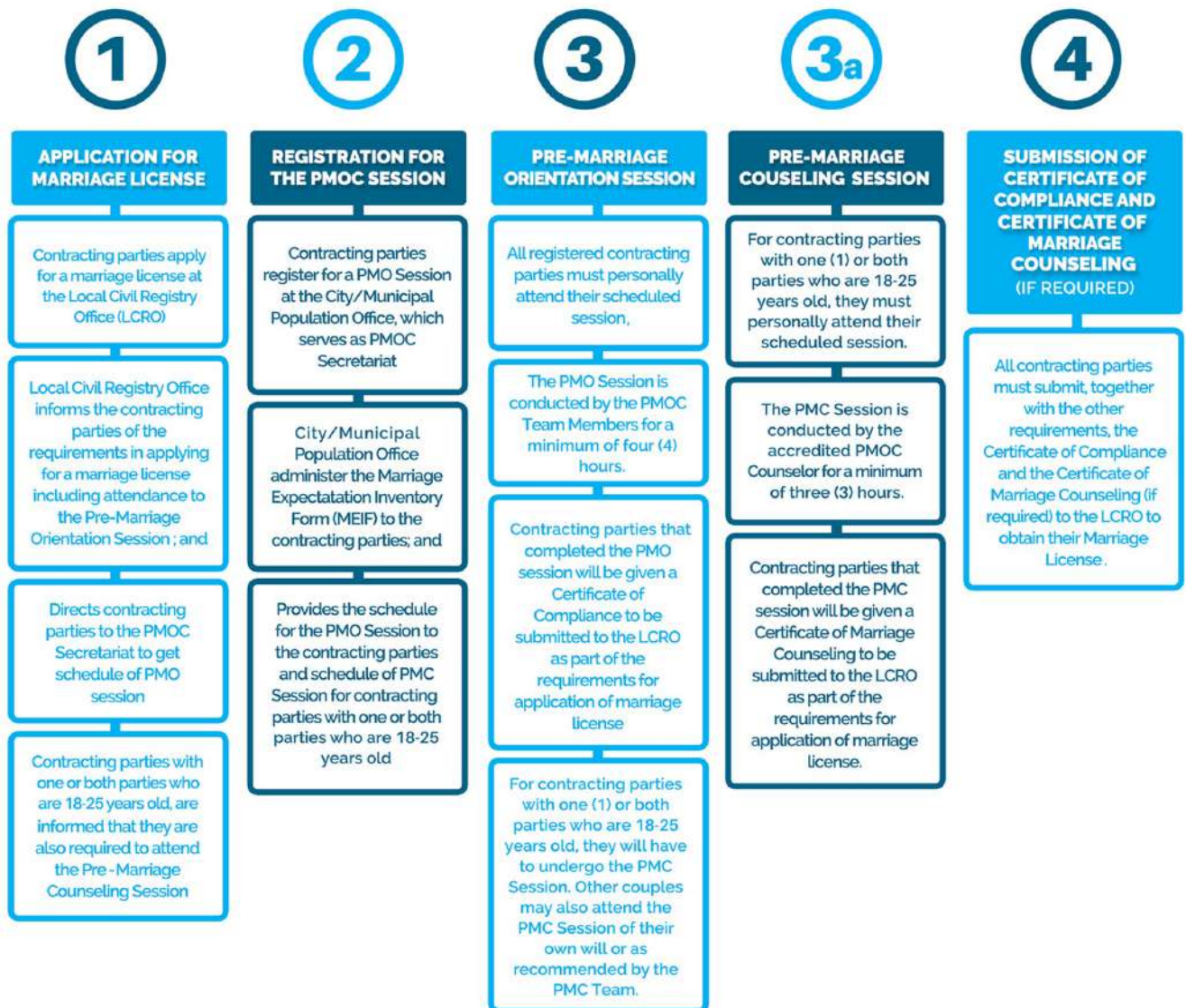
The services of the PMOC Program are provided to couples applying for a marriage license following the protocol below:

1. Couples who want to get married and are required to get a marriage license must first apply at the Local Civil Registry Office (LCRO). (Note: There are couples who are exempted from the license requirement as provided in the Family Code of the Philippines.)
2. The LCRO then refers the applicant couple to the City/Municipal Population Office, which is the local PMOC Secretariat.
3. The applicant couple registers with the PMOC Secretariat and accomplishes the Marriage Expectations Inventory Form (MEIF).
4. All marriage license applicants are required to attend the Pre-Marriage Orientation conducted by the PMOC Team on the designated date. The PMO session should be at least four (4) hours.
5. Applicant couples with at least one member who is 18-25 years old, and couples who have issues that require counseling based on their MEIF responses, must also attend the Pre-Marriage Counseling conducted by a PMOC team member who is an accredited pre-marriage counselor. The PMC session should be at least three (3) hours. Couples who are both above 25 years old and do not show any critical issues in their MEIF may also attend the PMC session if they desire so. (Note: Couples aged 18-25 who have a certificate issued by a priest, imam or minister authorized to solemnize marriage need not attend the PMC session).
6. The PMO and PMC sessions for the same group of couples must be conducted on the same day.

7. During the PMO, the couples are given adequate information and instructions on responsible parenthood, family planning, breastfeeding and infant nutrition, and marriage and relationships. During the PMC, the couples are given more focused counseling on specific issues of concern to the couples.
8. For couples who have completed the PMO session, the City/Municipal Population Office issues a Certificate of Compliance signed by the PMOC Team members who conducted the orientation.
9. For couples who attended and completed the PMC session, the accredited pre-marriage counselor issues a Certificate of Marriage Counseling.
10. After receiving their certificates, the couples return to the Local Civil Registry Office (LCRO) and present the signed certificates.
11. The LCRO issues the marriage license to the couples upon receipt of the certificates.

PROCESS FLOW

CONTRACTING PARTIES WITH ONE OR BOTH PARTIES WHO ARE 18-25 YEARS OLD



The PMOC Manual

The Pre-Marriage Orientation and Counseling (PMOC) Manual is a revision of the old Pre-Marriage Counseling (PMC) Manual used during the pre-marriage seminar that couples applying for a marriage license were required by law to attend.

The revision was prompted by national and local assessments of the implementation of the Pre-Marriage Counseling Program indicating the need to update the manual on new legislations and cultural trends related to marriage and family life.

The Department of the Interior and Local Government (DILG), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Commission on Population and Development (POPCOM), and the Philippine Statistics Authority (PSA) have also issued a Joint Memorandum Circular (JMC) which, noting the various models of implementing the Pre-Marriage Counseling Program among the different local government units (LGUs), prescribed a standard PMOC Program Implementing Guidelines that all LGUs must follow. The revised PMOC manual had to be aligned with these guidelines, in particular those provisions pertaining to the conduct of the PMOC sessions.

The JMC also prescribed the creation of national and regional PMOC technical working groups (TWGs) to manage and monitor the operationalization of the PMOC program, as well as tackle related policy and implementation issues. The JMC also specified the use of the team approach, defining the composition, tasks, and functions of the PMOC teams in all cities and municipalities.

There was also a need to modify the format of the manual, integrating the contents with the processes to make it more straightforward and easier for the PMOC team members to use. The manual contains the process guide, key messages and pertinent topics for discussion during PMOC sessions. The revised PMOC Manual consists of two parts; **Part 1: Pre-Marriage Orientation** and **Part 2: Pre-Marriage Counseling**.

The revision of the manual went through several processes of consultations and writeshops with the members of the national TWG from the DSWD, DOH, DILG, POPCOM, and PSA. The drafts were pre-tested among target audiences and other stakeholders at the regional and local levels.

Intended Users

This manual is intended for the use of the PMOC Team members as reference during the actual provision of PMOC services, or as material for training future members of the team.

Part 1 (Pre-Marriage Orientation) is specifically intended for the members of the PMOC Team who will provide the pre-marriage orientation. Part 2 (Pre-Marriage Counseling), on the other hand, is specifically for reference of the pre-marriage counselors who will provide pre-marriage counseling to couples who are 18-25 years old and those who need to undergo further counseling.

Learning Approach

Each part adopts adult learning methodologies where key messages are built upon the experiences and insights of the participants. These methods employ the experiential, interactive, and participatory learning approach that engage the learners actively in their own learning by incorporating their personal experiences and prior knowledge to the acquisition of new knowledge, attitudes, and skills. Experiential learning gives participating couples an opportunity to learn by reflecting on their personal experiences, develop skills through practice, and receive immediate feedback.

The PMOC Team

The new guidelines reiterated the use of the team approach in implementing the PMOC Program. There should therefore be a PMOC Team in every city and municipality. The PMOC Team should have at least three (3) members: (1) a team leader who is the appointed or designated City/Municipal Population Officer; (2) a representative from the City/Municipal Health and Nutrition Office; and (3) a representative from the City/Municipal Social Welfare and Development Office. One of the team members should be a DSWD-accredited pre-marriage counselor, to conduct the pre-marriage counseling session. The city/municipal mayor may add team members if needed; these may come from the Local Civil Registry Office, other local government offices such as Agriculture, Education, or Gender and Development (GAD), or a civil society organization.

The PMOC Team, in addition to conducting and taking care of all the needed preparations for the PMOC sessions, also assumes other tasks to ensure the effective implementation of the PMOC Program in the city/municipality. The PMOC Team prepares the Certificate of Compliance for couples who have completed the Pre-Marriage Orientation and the Certificate of Marriage Counseling for couples who have completed the Pre-Marriage Counseling session.

PMOC team members who are to conduct the pre-marriage orientation and counseling sessions should undergo training on how to use the PMOC Manual: Parts 1 and 2. They should also undergo continuing education through training programs and refresher courses prescribed by the National PMOC TWG.

Assessing Marriage Expectations

To assess the level and compatibility of expectations between would-be couples about critical marital and family issues, they are required to fill out the Marriage Expectations Inventory Form (MEIF) before the PMO session. The MEIF is a set of statements about critical aspects of marriage and family life to which each individual expresses agreement or disagreement. The statements are about the major topics of the PMO as discussed in this manual. They indicate how each couple would more likely think, behave, or decide when confronted with these marital issues. These attitudes or expectations are likely to affect the relationship of the couple especially in aspects where conflict or disagreement is strongly apparent. As such, the MEIF is to be used in determining areas where couples would more likely have a conflict or disagreement on. These areas of disagreement become areas for further dialogue between couples so they can address them early towards maintaining a more harmonious relationship during marriage.

The results of the MEIF can also guide the facilitators in determining the areas that need to be emphasized during the sessions. Areas where the couples manifested disagreements and incompatibilities are the topics to be given more emphasis during the pre-marriage orientation session.

The Marriage Expectations Inventory Form (MEIF)

Below is the MEIF to be filled out by would-be-couples.

Statement	Agree	Neutral	Disagree	Reason/s
A. EXPECTATIONS ON MARRIAGE AND RELATIONSHIPS				
1. I feel loved when:				
• My partner gives me compliments or praises.				
• We do things together.				
• I receive gifts, flowers, small things, etc.				
• My partner willingly provides a helping hand.				
• My partner shows physical affection (e.g. holds my hand, embraces/ cuddles/kisses me)				

Statement	Agree	Neutral	Disagree	Reason/s
2. When we talk, I expect my partner to be sensitive/cautious to:				
• Tone of her/his voice				
• Words spoken				
• Gestures, body language, eye-to-eye contact				
• Listening with undivided attention				
3. I know well the strengths and weaknesses of my spouse.				
4. If we will have a conflict, as husband and wife, we will solve it by:				
• Talking it out				
• Writing letters				
• Ignoring the issue				
• Silent treatment				
• Third party mediation (in-laws, godparents, friends, counselors, etc.)				
5. I will allow my spouse or myself to give financial support to my in-laws/relatives.				
6. I will allow receiving financial support from my parents/ in-laws/ relatives.				
7. I am comfortable if my partner checks out my personal stuff such as mobile phone, wallet, social media account, etc.				
B. EXPECTATIONS ON RESPONSIBLE PARENTHOOD				
8. After getting married, we will live independently from our parents/ relatives.				
9. I will allow my spouse to work for a living.				
10. I believe that it is the husband who should make the major decisions on financial matters.				
11. Only the wife is in charge of the household chores.				
12. If we cannot have children, I will consider alternative parental care (e.g. adoption, foster care).				

Statement	Agree	Neutral	Disagree	Reason/s
13. Disciplining, nurturing and rearing our children is our shared responsibility as spouses.				
14. I believe in physical punishment in disciplining children.				
15. I believe that the children should observe their father's religion.				
16. If I will have a child with special needs, I will:				
• Send my child to school.				
• Put up my child for adoption/send to DSWD or similar facility.				
• Confine my child at home.				
17. For me, having a child is:				
• A gift or blessing from God				
• For continuity of lineage				
• Additional help in earning income				
• For taking care of us when we get old				
C. EXPECTATIONS ON PLANNING THE FAMILY				
18. I prefer to have less than three children.				
19. If we have problems in having children, I will submit myself to fertility tests/workout.				
20. I believe that the number and spacing of children is a shared decision of husband and wife.				
21. I believe that sex in marriage is:				
• A duty				
• My right				
• An expression of love				
• For procreation or reproduction purposes only (pagkakaroon ng anak)				
22. I believe that the wife may initiate sex.				
23. Husband's consent is necessary for the wife to use family planning methods.				
24. I will personally use or allow my spouse to access modern family planning methods to limit and space childbirth.				

D. EXPECTATIONS ON PREGNANCY AND CHILD CARE				
25. I believe that ensuring safe and healthy pregnancy is the responsibility of the wife.				
26. I believe that child care and nutrition are the responsibility of the wife.				
27. I will go to a birthing facility (clinic/lying-in or hospital) for the delivery of my baby.				
28. I want my newborn baby to be breastfed after delivery.				
29. I will subject my baby to newborn screening.				
30. For me, the husband's roles to ensure safe pregnancy and delivery are:				
• Accompany the wife during prenatal and postnatal checkup.				
• Formulate a birth plan with the wife.				
• Ensure that either husband or wife is enrolled with PhilHealth.				
• Know the nearest Philhealth-accredited facility within our place.				
• Prepare the important things the wife needs before, during and after pregnancy, including those of the baby.				
• Together with the wife, start saving for hospital fees and other financial considerations that may occur.				
• Know the emergency signs of pregnancy, and secure contact numbers of service provider.				
31. I believe in keeping intimacy during pregnancy by:				
• Going on a date once a week or more often.				
• Going out with friends.				
• Having sexual intercourse.				

Guide in Administering the MEIF

1. Administer the MEIF to couples when they register for the PMOC sessions.
2. Require each individual to fill out the MEIF separately. Ensure that the couple do not confer with each other as they fill out the form.
3. Remind the couples that there are no right or wrong answers. They should answer the items according to how they honestly feel. Tell them that honesty is important in their responses because these will be used as basis for focusing the PMOC sessions.
4. Assure the couples that their responses will be kept confidential.
5. Gather the forms when the couples are finished and instruct them when to come back for the PMOC sessions.

Processing the Responses

Together with the members of the PMOC Team, process the couples' responses to the MEIF before starting the PMOC sessions, primarily to determine which topics and issues need to be given more emphasis during the orientation, especially on potential areas of conflict between couples that they need to discuss further. This can also help in determining the couples who need further counseling.

In processing the accomplished MEIF, be guided by the following:

1. Compare the responses of both partners. Identify areas where the couple have different or incompatible responses as this can be potential sources of conflict. Also identify negative attitudes on certain aspects of marriage between the male and female spouses. Note down such topics for each couple as this will serve as basis for your discussion and observation during the session.
2. Summarize the responses of the whole group. Identify areas where most couples have different or incompatible responses between males and females in general. Also, identify areas where couples exhibited negative attitudes. Note down such topics as this will form the basis for your discussion.

Planning the Sessions Based on the MEIF:

In integrating the results of the MEIF into the PMO design, consider the following key actions;

1. After identifying the areas that need further discussion (e.g. areas with strong disagreement between male and female participants and those to which the participants expressed negative attitude), adjust the session by giving more time, more exercises, and discussing more experiential illustrations on such topics. Draw insights from the participants on their respective perspectives on certain items. Engage the group to discuss certain topics to enable them to find proper perspectives on areas of disagreements and negative attitudes. In every relevant session, always refer to the results of the MEIF. Do not elicit debate on areas of disagreement.
2. For individual couples, engage them in the discussion of topics related to their disagreements and see if such differences of opinion are resolved or can already be managed. If not, require the couple to attend the pre-marriage counseling session.

The results of the MEIF will also be the main basis of the discussion in the PMC session, particularly for couples that were required to attend the PMC session due to unmanaged differences as observed in their MEI and during the PMO Session, as well as for couples who have expressed the need or desire to attend the PMC session.

PART 1

PRE-MARRIAGE ORIENTATION (PMO)

About Part 1: Pre-Marriage Orientation

PMOC Manual Part 1 is designed to enable PMOC team members to give would-be couples an understanding of marriage and family relationships and responsibilities as part of their preparation for married and family life. It provides basic information to PMO facilitators for them to provide would-be couples a deeper understanding and appreciation of what to expect during marriage and to effectively guide them in forming their own family.

Contents

Part 1 consists of four (4) major topics that would-be couples need to know before they get married:

Topic One: Marriage and Relationships

Topic Two: Responsible Parenthood

Topic Three: Planning the Family

Topic Four: Pregnancy and Child Care

Each session is structured as follows:

Part	Description
Introduction	It provides a brief discussion of the rationale and overview of the key topics the manual will cover.
Time Allotment	This indicates the expected duration of the discussion of the particular session.
Objectives of the Session	Each session will have its own objectives and key messages that need to be conveyed to the couple participants. These objectives and messages shall guide the entire session and shall be checked at the end of the session.
Activity	This part provides instructions on the activities that may be conducted to stir up or draw out what the participants already know or have experienced about the session's topics. It will serve as take-off points for the discussion of the key messages.
Key Messages and Discussion	This part provides the key messages that the facilitators should convey to the participants for a particular topic. They are basic messages that should be integrated in the processing of the activity to build from what the participants already know and progress to more discussion and possibly new important messages about the topic.
Synthesis	At the end of each major session, the learnings from the discussion are synthesized to reinforce key messages.

How to Conduct the Orientation Using the PMOC Manual Part 1

The order of presentation of the sections and sub-sections of the manual provides the sequence to follow in conducting the orientation sessions. Below is a step-by-step guide on how to conduct the orientation sessions using the manual. This is just a general guide. Be ready to be flexible when the specific situation or characteristics of the participants call for adjustments in the process.

Properly prepare for the orientation. An important part of ensuring the effectiveness of the sessions is the preparation of the facilitators. Preparation involves internalization or mastery of the subject matter and making the venue conducive to learning. Do some of the following to prepare for the orientation:

1. Read and internalize the topics and learning processes contained in the manual.
2. Prepare the needed materials and required logistics for each session or activity as indicated in the manual.
3. Make sure you have all the presentation aids and equipment (PowerPoint, flipcharts, projector and screen, etc.) and handouts (e.g. take-home flyers or printed IEC materials) before the start of the orientation.
4. Meet as members of the PMOC Team to plan and discuss needed preparations and to resolve anticipated concerns.

Open the orientation session. Create a learning environment by ensuring that all participants are comfortable with each other, able to express themselves and share their ideas with and learn from each other, and feel safe that the information they share are kept confidential. Do the following for this purpose:

1. Introduce the members of the PMOC Team who will become their learning partners.
2. Emphasize the overall purpose of the PMOC and generate from the participants their expectations so these can be considered accordingly.
3. Help the participants get acquainted with each other through proper introduction or group activities that can let the participants know some personal information about their co-participants.
4. Agree on the rules (e.g. on how the participants should conduct themselves during the course of the session to optimize learning).

Conduct the sessions. Conduct all the sessions through experiential learning processes. Build on the participants' existing knowledge and experiences about certain topics. Reinforce such knowledge or experiences with new insights or messages. Focus on providing proper perspectives on what they already know or emphasizing new learning that they were not able to express.

It is very important to maintain the entire session as a conversational and learning experience. Always encourage participants to share their ideas and experiences and process such insights into new knowledge that they can take home. Avoid being too structured in the presentations and delivery of key messages. Always leave room for accommodating and building on the participants' existing knowledge and experiences.

Some of the specific steps in conducting the session proper include the following:

1. Introduce the topic by discussing its learning objectives and overview and its relevance to them as would-be couples.
2. Conduct the activity, ensuring that everyone participates. Process the activity as the platform for discussion of the key messages. In processing the activity, focus on their observations (i.e. what have they observed in the activity), feelings (i.e. what did they feel while undergoing the activity), and learning (i.e. what insights have they learned and how do they think this can be applied in their own situation). Modify or enrich the suggested activities as deemed necessary or more effective.

FACILITATOR'S CUE:

Discuss the key messages by building on the insights from the opening activities or from the existing experiences and knowledge of the participants.

Maintain a conversational or dialectic process between you and the participants. Show interest in and respect towards what the participants are sharing. Consider such sharing as insights that not only the participants but also the facilitators can learn from.

Some sessions are provided with opening activities. These activities aim to get the attention and interest of the couple participants in the topic to be discussed, and draw out their own thoughts and experiences regarding the subject. Engaging the participants actively in the process is an effective way, not only to get their interest, but also to make them see this process as self-reflection. Allowing them to delve into their own experiences makes the session focused on them rather than on the facilitator. This can promote better learning and better acceptance of the information learned during the sessions.

3. Discuss the key messages as the activities are being processed. The key messages encapsulate the important ideas discussed in relation to the topic. They need not be discussed comprehensively but should be delivered in the context of the participants' needs and situations. The messages can be delivered or discussed in the vernacular language that the participants understand.

If some issues need to be elaborated on, refer to additional/supplementary readings provided in the annexes at the end of this manual.

4. Emphasize in your discussion of the key messages and the topic the issues that surfaced in the results of the Marriage Expectations Inventory.
5. Observe and listen to the reactions of the participants to assess whether the participants are learning and on what points they seem unclear and need more explanation. Encourage them to ask questions and voice any need for clarifications on the topics being discussed.
6. Always synthesize the topic to emphasize the key messages that the participants should take home. Get the insights of the participants to gauge their understanding of the topic discussed.

Assess the sessions. Make it a regular activity to assess and evaluate each pre-marriage orientation session conducted. This assessment activity is important in improving the quality of succeeding sessions to ensure the attainment of the PMO objectives.

For each PMO session, a pre-test and post-test activity, daily feedback exercise, and end-of-the-course evaluation sessions can be conducted. The assessment of the activity may also be done through the following:

1. Self-assessment – Ask yourself: *What went well? What was difficult? What did I achieve? How will I do it differently next time?*
2. Observation– If there are several facilitators, take turns to observe how participants are responding to the activities and discussions, and then give feedback to each other after the session or activity. If alone, observe how learners are responding and working together.

During the conduct of the session, watch out for the following:

- a. *Who is actively participating and who is quiet all the time?*
- b. *Who talks most and who talks least? Are learners listening to each other?*
- c. *Are learners working together or splitting into smaller groups?*
- d. *What is the mood of the group? Are learners bored or interested? Is anyone upset or embarrassed?*

3. Feedback from learners – Solicit feedback by asking or encouraging learners to verbalize their view on the activity or session. You may go around and ask learners to say something or may call out for volunteers to share their thoughts. The following feedback questions can be helpful:

- a. What is the most important thing you have learned from this activity or session?*
- b. How will you use what you have learned in your own life (if appropriate)?*
- c. What did you enjoy most about this activity?*
- d. What did you find difficult?*
- e. What suggestions do you have for improving the activity?*
- f. What questions or issues would you like to cover in the next activity?*

To add fun, ask learners to respond to the above questions through the following:

- a. Making actions or gestures: for example, they put one hand up and wave if they found the activity interesting; put their hands on their lap if they found the activity neither interesting nor boring; put their two thumbs down if they found the activity boring; put their two thumbs down and waggle them if activity was very boring.*
- b. Make an imaginary line on the ground, label one end "Very Interesting" and the other end "Boring." Ask learners to stand along the line according to how they feel about the activity.*

Make referrals for needed services. Issues may arise in the sessions that require referral and follow-up. For example, a participant may need counseling or a particular health service as requested or manifested during the session. Respond appropriately by contacting and collaborating with resource people and service providers in the community and work with them to respond to the issues raised by the participant or group. Whatever the case may be, the confidentiality of sensitive information should be maintained.

TOPIC 1

MARRIAGE AND RELATIONSHIPS

Introduction

Marriage is a very big decision to make – one that will affect every aspect of a couple's life, as partners, as individuals, and as members of the bigger society. Thus, before getting married, couples must fully understand what they are getting into, what their responsibilities will be, how to handle issues and conflicts they may encounter, and how important it is to make the marriage work and maintain a harmonious relationship.

The first part of this Manual Part 1 – **Topic One: Marriage and Relationships** – will help would-be couples gain a good understanding of marriage and the relationships borne out of the marriage. It will enable couples to know that marriage, more than just a license for two persons to live together and beget children, comes with a lot of responsibilities not only to one another, but also to one another's families, and most especially to the family they will form together. And more than just a promise a couple makes to one another, marriage is also a legal contract that will bind them, legally, for the rest of their lives.

Topic One consists of five sessions, each dealing with important information couples need to know, and issues they must be prepared to handle when they get married. These include: marriage and its requisites; spouses' roles and obligations in the marriage relationship; the elements of a harmonious relationship; and laws governing marriage. The fifth and last session provides couples with information on the services they can avail of to nurture their marriage.



SESSION 1: Marriage

What is marriage? And why do people get married? Is it just a decision between two people to live together – for love and the desire to be constantly together, for sexual gratification, to have children and raise a family, for mutual support and to share their life together, to satisfy social expectations or fulfill their expected roles?

Marriage is a legal contract between husband and wife, but at the same time, a social institution. Therefore, a couple should know fully well what marriage is, its requirements, and the responsibilities that come with it before getting married. This is because marriage is a life-long commitment that cannot be easily dissolved without legal grounds.

This session provides some answers to the questions above as it discusses the meaning, requisites, and the social dimensions of marriage.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Articulate what marriage is and its purpose.
2. Identify the requisites of marriage or the conditions to be met in order for a marriage to be valid.



ACTIVITY: *Why do you want to get married?*

Process	Materials
<ol style="list-style-type: none">1. Ask some participants to share to the group the reason why they want to get married. Let them write their responses on a metacard or ask them to share these verbally to the group.2. Cluster and summarize the responses.3. Start the discussion of the key messages from the elaboration or processing of the participants' outputs.	<ul style="list-style-type: none">• Results of the MEIF• A cutout with the focused question: <i>Why do I want to get married?</i>



KEY MESSAGES AND DISCUSSION CONTENT

1. Marriage is a binding legal contract between a man and a woman for the establishment of conjugal and family life.

- The New Family Code of the Philippines (Executive Order 209, 1987) provides that:

Marriage is a special contract of a permanent union between a man and a woman entered into in accordance with the law for the establishment of conjugal and family life. It is the foundation of the family and an inviolable social institution whose nature, consequences, and incidents are governed by law and not subject to stipulation, except when marriage settlements may fix the property relations during the marriage within the limits provided by this Code.

- The Universal Declaration of Human Rights (UDHR) is a declaration adopted by the United Nations General Assembly, Article 16 of which guarantees that:

Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

- Marriage shall be entered into only with the free and full consent of the intending spouses.
- The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

2. Marriage is entered into for two (2) main reasons: to satisfy a man's and a woman's need for love and intimacy; and to provide a foundation for the formation of a family.

- As provided in the New Family Code:
 - ♦ The primary purpose of marriage is to spiritually, emotionally, and physically unite a man and woman together, as husband and wife, in a covenantal (agreement or contract) relationship between themselves and their Creator.
 - ♦ Marriage is also entered into by couples to provide for the physical needs for human love, intimacy, and procreation.
 - ♦ Each religion has its respective definition and purpose of marriage which the couples may also consider.

3. With an understanding of the legal and social definition and purpose of marriage, spouses should reflect on the following:

- *Are we both ready to enter a life-long commitment to each other and to our community as a married couple or as a social institution?*
- *Have we prepared ourselves for the legal, formal, psychological, and other requirements of marriage?*



SESSION 2: Roles and Relationships

In marriage, as in any relationship, the participants – the husband and wife – have respective roles to play. These roles must be understood by both parties from the start of the marriage so that each can effectively perform his/her role in the relationship. Understanding each other's roles can also clarify expectations from one another to avoid marital conflicts. These roles come with duties and responsibilities (to one another, to the family, and other people who have to do with the family), as well as rights that each must exercise and respect.

In addition, in Filipino culture, a married couple's roles, responsibilities and rights are not only with and toward one another, but also with and toward in-laws and the extended family. Sometimes, conflicts between husband and wife arise from issues related to in-laws and extended families. Hence, it is important that couples are able to keep good relations with in-laws and handle issues related to them.

Apart from these, there are many other potential issues that can come between two individuals who have come together to live as a married couple. These issues can arise from a range of causes, from keeping one's individuality and independence to inability to communicate, problems in sharing time, money and resources, unfulfilled expectations, and other problems. But with understanding and cooperation, couples can manage these issues and live a harmonious married life. These topics are discussed in this session.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Identify their would-be roles and obligations as husband and wife.
2. Explain how they can maintain a harmonious relationship with the family of their spouse (i.e. in-laws and extended family).
3. Identify the challenges and approaches to nurturing and strengthening their married life.



ACTIVITY 1:

Expectations on Marital Roles

Process	Materials
<ol style="list-style-type: none">1. If there are more than six (6) couples, divide them into two (2) groups.2. Go back to the respective MEIFs of the couples as reference.3. Based on the MEIF, identify aspects of marriage that most couples have differing expectations on. Have them list the items on a metacard or piece of paper.4. Instruct the groups to rank the most common items that couples have disagreement on.5. Let the groups present their outputs to the plenary.6. Process the outputs by asking the following guide questions:<ol style="list-style-type: none">a. <i>How do you think these disagreements can potentially affect your relationship as couples?</i>b. <i>How do you think conflicts on these issues can be avoided or resolved in case they happen?</i>7. As the responses are discussed, integrate the key messages and discussion contents.	<ul style="list-style-type: none">• Two (2) ballpens or permanent marker pens• Sheets of paper or metacards• Masking tape



ACTIVITY 2: *Roles of Husband and Wife*

Process	Materials
<ol style="list-style-type: none">1. Divide the participants into two groups: male and female.2. Ask each group to list down the role that they will play as the husband or wife in the family.3. Have the representative designated by each group read out the group's output. Ask the other participants to just listen to each group's report without criticizing or contradicting the responses.4. Process the outputs by highlighting the common responses and relate them to the key messages and discussion contents for this session.	<ul style="list-style-type: none">• Two (2) ballpens or permanent marker pens• Sheets of paper or metacards• Masking tape



KEY MESSAGES AND DISCUSSION CONTENT

1. Both husband and wife have shared responsibilities, duties, and obligations in their married life, in establishing and raising the family, and in encouraging and supporting each other's personal growth and development.
- The husband and wife are obliged to live together in harmony, observe mutual love, respect and fidelity, and render mutual help and support.
 - They shall both decide on the family domicile.
 - They shall be jointly responsible for the financial, moral, psychological, and spiritual support to the family.
 - They have both the shared right and duty to manage the household.
 - Each spouse is free to exercise his/her profession, occupation or activity with support from the other spouse. If there is an objection from either spouse, both spouses will discuss the matter and come to an agreement based on whether there are valid, serious and moral grounds for the objection that are accepted by both.
 - The husband and wife shall take care of each other's health and wellness.
 - The husband and wife shall be each other's primary support system.
 - The husband and wife shall strive and work to resolve conflicts peacefully and amicably.

2. Maintaining a nurturing and harmonious relationship is not limited between spouses but also among each spouse's family.

- In Filipino culture, when persons marry, they automatically become members of their spouses' families; hence, maintaining good and peaceful relationships with in-laws or their spouse's relatives is perceived as important in strengthening marriage and family relations/ties.
- Some of the tips in maintaining good relationship with in-laws are the following:
 - ♦ Treat and consider your in-laws as your own parents – let them feel that they are part of your family.
 - ♦ Build mutual respect by observing traditions and special occasions, and respecting in-laws' privacy and differing opinions/ideas.
 - ♦ Let in-laws enjoy, bond, and interact with the children.
 - ♦ Maintain good and open communication with them and discuss emerging conflicts maturely.
 - ♦ Be open and learn from their suggestions or insights about marital or family life.

3. No marriage/relationship is perfect. There will always be challenges, and all couples experience conflicts and issues along their married life.

Top 10 Potential Marital Issues According to Experts

Boundary Problems (Gina Holmes, author)

- Checking out the personal stuff of the partner despite his/her being uncomfortable about it.
- Trying to change the spouse into what the other would want him/her to become despite his/her disagreement.
- Game-playing or manipulation – not giving the other spouse some needed privacy and independence.

Talking vs. Communicating (Viki Morandeira Tu, life coach and author; Melanie Pinola, author)

- Not open to communication or not listening to what the other is saying because of preconceived judgments about the issue.
- Miscommunication.
- Expecting your partner to read your mind.
- Giving in and not saying what you really want or think – ignoring the issue.
- Harping on issues that could possibly be hopeless.
- Not considering things from other people's point of view.

Time Management (Susanne M. Alexander, marriage educator and author)

- Couples having so many things taking their time that they feel pulled towards multiple directions, which can cause the quality of the marriage to decline.

Intimacy (Stephanie Manes, relationship therapist)

- Lack of interest or opportunity to keep the couple's sexual or intimate connection alive.

Turned Focus (David T. Pizarra, author)

- Once the baby arrives, the focus of the wife may turn to the child, and never returns to the relationship with the husband, leading to lack of intimacy.

Emotional Infidelity (Sue Brans, relationship coach)

- Emotional affairs are not just about sex but about having an intimate relationship with someone outside the marriage.

Money (Jenny and Rufus Triplett, relationship experts)

- Disagreements due to spending habits, budgeting and saving money, e.g., the way bills get paid, prioritizing needs, and not being able to delineate needs from wants.

Inability or Unwillingness to Forgive (Zachary Hamilton, marriage and relationship coach)

- Marital issues are ignored or unresolved resulting in the repression of emotions (e.g., hurt or anger) which, once triggered by an event, may resurface. This is manifested by bringing up past mistakes or issues encountered during a fight.

Lack of Appreciation (Bill Farr, relationship and wellness coach and author)

- Not giving back the affirmation your spouse deserves from the small or big efforts he/she exerts for the relationship to work.
- Taking your spouse for granted.
- Selfishly taking all the credits for certain accomplishments.

Allowing Technology to Interfere (Amy Morin, LCSW; Devan McGuinness, parenting, relationships and lifestyle trends specialist)

- Distraction by technology in the guise of spending time together, e.g., texting while having dinner, surfing the Internet in the evenings, and using their smartphones/gadgets constantly.



SESSION 3: Elements of a Harmonious Relationship

For a marriage to last and stay strong, it is important to maintain harmony. There are several elements of a harmonious relationship that couples should make sure they always have between them. Among the most important ingredients, the lack of which can spell problems in a marriage and make it shaky, are commitment, communication, cooperation, understanding, acceptance, and mutual respect, among others.

There are many ways couples can cultivate these elements and preserve harmony in their relationship, such as spending more time with each other, enjoying happy moments together, talking with and listening to each other, and giving each other space to grow as individuals. In this session, couples will learn these tips to live a happy, agreeable, and rewarding married life.



TIME ALLOTMENT: 15 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Identify and explain the factors that make a harmonious relationship and ways of strengthening and nurturing the marriage of a couple.
2. Explain the importance of maintaining good communication in marriage.



ACTIVITY: *The Five Love Languages*

Process	Materials
<ol style="list-style-type: none">1. Ask each individual to accomplish the questionnaire on "How You Feel Being Loved the Most" (Annex B1)2. Tell them to answer as they feel personally. There are no right or wrong answers.3. Then ask them to reflect on their responses and compare these with the responses of their partner. Guide them in the interpretation of their outputs.4. Remind the participants that:<ol style="list-style-type: none">a. Their responses represent their individual preference for love language or expression of love by their partner, which affirms or validates that they are loved. This should be recognized by their partner.b. They may also consider how they express love and if it conforms to the preferred love language of their partner.c. They should also recognize that their love language may be affected by the presence of children and other circumstances, and thus, may change over time.5. Process the activity by highlighting the key messages and discussion contents for this session. Build on the experiences and insights from the participants rather than lecturing the key messages.	<ul style="list-style-type: none">• PowerPoint presentation and handouts on the 5 Languages of Love• Questionnaire on the 5 Languages of Love (Annex B1)• Pens/pencils



KEY MESSAGES AND DISCUSSION CONTENT

1. To maintain harmony in marriage, a couple must have commitment, good communication, empathy, understanding, acceptance, love, loyalty and respect. It is also important to have sexual harmony, financial security, spiritual harmony, and mutual helping.

The elements of a harmonious relationship are the following:

Commitment – Both spouses should be committed to the relationship.

- Husbands and wives/partners who are focused only on themselves and their own desires are not likely to find joy and satisfaction in their relationships.

Communication – Both silent and verbal communication can be strong expressions of love. To experience the power of a higher kind of love, spouses/partners need to:

- Keep an open communication.
- Be aware of each other's expectations.
- Verbalize and articulate needs and desires.
- Recognize that even if they love each other, a couple may not necessarily and automatically know each other's deepest thoughts.
- Express what is going on inside their hearts and minds, how they feel about themselves or about a certain situation.
- Share one's thoughts and feelings with one another to make each other feel worthy, loved, appreciated and safe in each other's affection.
- Communication is also important in effectively managing emerging marital conflicts. A couple should never end a day without first resolving any conflict that might have happened between them during the day.

Empathy – This pertains to the ability to understand another person's perspective by putting oneself in the other person's situation. Husbands and wives/partners are more contented in their relationship when they perceive that their spouses/partners truly understand their thoughts and feelings. This also avoids preconceived biases or prejudgments about certain actions or behaviors of the partner.

Acceptance – When people feel that their spouses/partners truly accept them for who and what they are, they are usually more secure and more confident in their relationship.

- Often, conflicts arise because partners cannot accept the individual preferences of their spouse, try to impose their own ideas or preferences on the other, and demand the spouse to change in order to suit one's own standards of how a person should be or should behave.
- When one person tries to force change on another person, the change is usually met with resistance. The same is true with married couples. Basic acceptance is vital to a happy marriage/union.
- Acceptance, however, does not mean that a spouse should tolerate the other's actions that negatively affect the relationships. Couples should strive to change negative behaviors for the good of the relationship or of the family.

Love and loyalty – Love and loyalty between spouses foster trust and respect. This involves the feeling of being loved by their spouse which creates also a feeling of confidence that they are able to keep the love and interest of their spouse. Love is what binds couples to a lasting and meaningful relationship.

Satisfying sexual relationship or sexual harmony – When done as an expression of love and care, sex serves as a powerful instrument of marital fulfillment and happiness.

- Sexual harmony happens when husband and wife recognize and appreciate each other's sexual needs, desires, and preferences. It also means the ability to give and receive sexual satisfaction from each other. Sexual harmony can be achieved through a loving relationship between husband and wife who communicate and respect each other.

Financial security – This pertains to the capacity of the couples to provide for the basic needs of the family to ensure not only their survival but their total well-being.

- Many conflicts and problems of couples stem from the lack of financial security. When there is financial security, couples can focus more on the positive aspects of married life, like spending more happy times together and spending quality time with their children.
- Wise budgeting and spending are necessary to support the financial needs of the family.

Spirituality – This involves putting the Supreme Being at the center of the couple's marital relationship. When God completes the relationship, the marriage/union is strengthened. The proverb that states "A cord of three strands is not easily broken" holds true in a God-centered relationship.

Mutual service – Married life is a life of mutual service and support. Spouses help each other through equitable division of labor, sharing of responsibilities, and complementing each other's roles in maintaining the home and raising the family. A loving companionship involves daily acts of support, encouragement and assistance.

2. Shared and mutual effort from both spouses is necessary to make these elements work.



SESSION 4: Other Related Laws On Marriage

Besides the New Family Code of the Philippines which defines and provides for the legal conditions and requisites of marriage in the country, there are other laws in the Philippines that preserve the institution of family, protect the rights of each spouse, and promote the safety and well-being of family members.

Among these are the Anti-Violence Against Women and Children Act of 2004, the Magna Carta of Women and the Anti-Rape Law. The recently passed Responsible Parenthood and Reproductive Health (RPRH) Law gives clear provisions on the rights of couples to decide and plan the size of their family, and the duty of the State to provide couples the means to realize this decision and the health care services needed by men and women to attain good reproductive health. The law is also explicit about the duty of the State to promote every person's "right to health, responsible parenthood, social justice, and full human development." The key provisions of these laws are discussed in this session.



TIME ALLOTMENT: Five (5) minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Identify and explain the factors that make a harmonious relationship and ways of strengthening and nurturing the marriage of a couple.
2. Explain the importance of maintaining good communication in marriage.



KEY MESSAGES AND DISCUSSION CONTENT

1. In the Philippines, there are laws that provide the legal basis for marriage as well as protect the individuals who go into the marital union. Couples, before they get married, should get familiarized with these laws so that they will know what their obligations are under the law and how the law protects them when they are married.
- The **1987 Philippine Constitution** and the **Family Code** recognize that marriage, as an inviolable social institution, is the foundation of the family and shall be protected by the State.
 - Further, **Republic Act 10354**, also known as the **Responsible Parenthood and Reproductive Health Law**, affirms the roles of the State in protecting the family. This law also promotes the rights of the couples to exercise their reproductive rights, particularly their right to have their desired number, timing, and spacing of children within the demands of responsible parenthood through universal access to reproductive health information and services, including family planning.
 - In addition, there are other laws in the Philippines that protect and nurture marriage, and which can be resorted to in case of violence or abuse in the home. Married couples should know and observe these laws.

Republic Act No. 9262: Anti-Violence Against Women and their Children Act of 2004 (Promulgated March 8, 2004)

- ♦ Violence against women and their children refers to any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty.
- ♦ The State recognizes the need to protect the family and its members, particularly women and children, from violence and threats to their personal safety and security.

Republic Act No. 9710: Magna Carta of Women (2009)

- ♦ The Magna Carta of Women provides for women's protection from all forms of violence, including those committed by the State and defense of women against gender-based violence (including domestic violence).
- ♦ It also provides equal rights in all matters relating to marriage and family relations. The State shall ensure the same rights for women and men to: enter into and leave marriages, freely choose a spouse, decide on the number and spacing of their children, enjoy personal rights including the choice of a profession, own, acquire, and administer their property, and acquire, change, or retain their nationality. It also states that the betrothal and marriage of a child shall have no legal effect.

Republic Act No. 8353: Anti-Rape Law of 1997 (September 1997)

- ♦ The law states that rape is committed by a man who shall have carnal knowledge of a woman and uses force, threat, or intimidation.
- ♦ The Supreme Court recognizes the lawmakers intended to include and penalize marital rape under the definition of rape. As such, forced sex between married couples is still rape and cannot be excused under the guise of marriage. (Acosta, 2015).

See Annex C for other laws related to marriage.



SESSION 5: Services Available For Nurturing Marriage

In case a couple needs help, whether in understanding laws or concepts that concern marriage, in enriching their relationship, or in resolving marital issues, there are a number of government services provided by the local government unit or national government agencies that they can avail of. In addition, there are also private, non-government and religious entities that have programs offering counseling for couples and family life enrichment activities.

Couples should find out where such services are available in their area, and not hesitate to avail of them when needed.



TIME ALLOTMENT: Five (5) minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify government services and programs they can avail of in regard to marriage and family.



KEY MESSAGES AND DISCUSSION CONTENT

Services and programs on enriching and nurturing marriage are provided by the local government unit, as well as by non-government and private organizations and some national government agencies.

Services/Programs	Sources of Services
a. Marriage counseling	<ul style="list-style-type: none"> • Municipal or City Social Welfare and Development Office (M/CSWDO)
b. Responsible Parenthood and Family Planning (RPFP) classes c. Classes on Male Involvement in RPFP and Gender Equality d. Parenting Education on Adolescent Health and Development	<ul style="list-style-type: none"> • M/CSWDO • Municipal/City Population Office (M/CPO) • Municipal/City Health Office (M/CHO) • Commission on Population and Development (POPCOM)
e. Services for victims of violence against women and children (VAWC)	<ul style="list-style-type: none"> • Barangay VAWC Desk • M/CSWDO
f. Pre-departure Guidance and Counseling Program (PDGCP) for Filipino spouses and other partners of foreign citizens, including former Filipinos	<ul style="list-style-type: none"> • Commission on Filipinos Overseas
g. Other family and marriage-oriented programs by the local government	<ul style="list-style-type: none"> • Local Government Unit



SYNTHESIS OF TOPIC ONE

Now we know more about marriage and the relationships that we need to nurture when we get married, which include not only our relationship with our spouse, but also with our spouse's family.

We learned that marriage, has legal requirements that we need to comply with, and legal implications that we have to observe over its duration. At the same time, the law also provides protection from abuse to each spouse and ensures the well-being of family members by making it the duty of the State to provide the services needed by the couple to achieve their plans for their family.

We were also given tips on how to prevent and handle marital issues, as no marriage is perfect and all couples are bound to encounter some conflict in the course of their married life. But with commitment, communication, understanding, cooperation, love and respect, we can maintain harmony in marriage, and live a rewarding married life.

Having learned what it takes to get married, in the next topic we will learn what it takes to be good and responsible parents, how to treat and manage our children and bring them up well.

TOPIC 2

RESPONSIBLE PARENTHOOD

Introduction

Responsible parenthood is about the capacity of parents to provide for the various needs of the family and to achieve their well-being and aspirations. It involves the capacity to decide jointly on the number of children that a couple can afford to support adequately and raise efficiently.

Being responsible parents also means that the children they will bring into the world will be healthy and well cared for. Thus, it is also part of responsible parenthood to make sure that the mother is physically ready to bear and give birth to a child, and that both parents are emotionally, mentally, physically and economically ready to raise the child.

Waiting for the right time to get married and have children will allow both the boy and the girl, or the man and the woman, more time to develop and achieve the capacities they will need to become better parents, like education, employment, economic stability, personal maturity, and self-confidence.

Responsible parenting comes with a lot of duties and responsibilities. These include not only taking care of one's children to keep them healthy, but also bringing them up well to be happy and responsible adults. This part of the manual lays down the duties and responsibilities needed by parents to have a healthy, happy, and economically stable family. It also provides us tips on how parents can relate well with their children, communicate with them, and handle issues they may encounter at various stages of their children's development. Lastly, Topic Two also gives pointers on how to manage the home and maintain a safe and wholesome home environment for the whole family.



SESSION 1: Responsible Parenthood

Responsible parenthood is the ability of a couple to raise a strong and stable family, and make the family a reliable source of emotional, mental, social, economic and moral support for the children. Part of responsible parenthood is the ability to provide for the needs of the children and support them to achieve their aspirations throughout their development. This includes keeping them healthy, well-educated, socially secure and well-adjusted.

Responsible parenting is a joint responsibility of a couple. This joint responsibility starts from the decision on how many children they want and when to have them up to the decisions and actions they take as they raise their children from babyhood to adulthood. The proper development of children depends a lot on how well parents perform their joint parenting responsibilities. This session discusses the definition and elements of responsible parenthood.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Explain the meaning of family, responsible parenthood, and responsible parenting.
2. Elaborate on the elements of responsible parenthood.



ACTIVITY: *Family Visioning*

Process	Materials
<ol style="list-style-type: none">1. Instruct each couple to create a vision for themselves and their family by listing three (3) to five (5) things that they want to have in the next five (5) to ten (10) years. Their list may contain the following: new house having children, productive employment, new business venture, etc.2. Have each couple create a visual representation of their vision for their family.3. Request one (1) or two (2) couple participants to share with the group what they have in their list and the visual image they have made.4. Process the activity by emphasizing the importance of responsible parenthood in their capacity to achieve the aspirations or their vision of their family.	<ul style="list-style-type: none">• Sheets of bond paper• Pens/pencils



KEY MESSAGES AND DISCUSSION CONTENT

1. The family is the basic unit of society. It is the wellspring of strength and stability of a community and nation.

- A family is traditionally seen as being made up of a father (husband), mother (wife), and their child or children.
- The family is a child's immediate environment and serves as the foundation for the child's physical, social, mental, emotional, and moral well-being.
- The family is the source of the child's sense of security and belongingness, and the source of nurturance for his/her emotional and economic growth.
- Couples who are not married and only living together are also considered as family because of their intense emotional bonds or affinity.
- Families are the cornerstone of our society. The quality of the family defines the quality of our nation.
- Family structures are changing because of socio-economic and cultural factors; as such, it needs to be protected from factors that may undermine their integrity, well-being, and harmony.

2. Responsible parenthood is the ability and shared responsibility of husband and wife to provide for and fulfill the aspirations of the children and the family. Planning the number and timing of having children to make sure that they will be healthy and well-provided for is part of responsible parenthood.

- Responsible parenthood is the will and ability to respond to the needs and aspirations of the family and the children. It involves the psychological preparedness and health status of both parents, as well as other sociocultural and economic concerns.
- It is the primary right and responsibility of parents to get actively involved in the promotion of their children's well-being through the provision of adequate care, attention, and affection.

The key elements of responsible parenthood are:

- ◆ Awareness and preparedness of duties and responsibilities of parents;
- ◆ Promotion and protection of the rights of the children;
- ◆ Nurturing parent and child relationship and observance of effective communication;
- ◆ Effective shared home management;

- ♦ Practicing family planning;
 - ♦ Promoting safe motherhood and child health and nutrition;
 - ♦ Fostering community involvement and participation;
3. Responsible parenting is the assumption of the joint responsibility by husband and wife in decisions about having and nurturing children, providing for the needs of the family and attaining family aspirations, and positively contributing to community development.
- Responsible parenting involves a series of decisions parents make to ensure the best possible life for themselves, for their children, and for the communities they belong to.
 - More than just making decisions, responsible parenting is a commitment to ensure the well-being of the family and to enable each member to fully develop one's capabilities and potentials. Responsible parenting includes the process of deciding how many children to have and when to have them.
 - The success of a family to provide a stable foundation for the development of children rests a lot on the ability of parents to practice responsible parenthood.
 - There are different parenting styles in the Philippines. They may be classified into the following:
 - ♦ Authoritarian: Parents have full authority over every aspect of their child's life.
 - ♦ Permissive: Parents do not set standards for their children.
 - ♦ Neglectful: Parents are not interested in their children's affairs.
 - ♦ Authoritative: Parents balance demands and discipline with responsiveness.



SESSION 2: Duties and Responsibilities of Parents

The New Family Code and the Child and Youth Welfare Code of the Philippines enumerate the duties and responsibilities of parents toward their children. It is important that, before getting married, couples know what these responsibilities are and be able to determine how ready they are to assume these responsibilities or what they need to do to prepare themselves for the task of parenting that lies before them.

It must be noted that these responsibilities are not confined only to taking care of the children's basic needs, like food, clothing, and shelter, but include also the development of their moral and spiritual values, their sense of responsibility and community, their social skills, and their ability to become productive members of society.

When couples decide on the number of children they want to have, they should be aware that they have responsibilities to every child, and as the size of their family increases, these responsibilities also increase. Thus, as they plan for the future of their family, they should also plan for providing time and resources to respond to each child's needs, and be ready to make necessary life improvements accordingly. The couple should be able to care for and relate well with their children as the members of the family increase. All of these parental responsibilities are discussed in this session.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify and explain the duties and responsibilities of parents.



ACTIVITY 1: *Throwback*

Process	Materials
<ol style="list-style-type: none"> 1. Ask each participant to think of an event during their childhood that they consider the happiest moment of their life as a child (for one (1) minute). 2. Then ask them to think of an event during their childhood which they consider as the saddest or lowest moment of their life as a child (1 minute). 3. Let them share their reflections with their spouse or partner. 4. Ask one (1) to two (2) volunteers to share their stories to the plenary. 5. Process the activity by asking them the following questions : 	<ul style="list-style-type: none"> • Sheets of paper (in case they need to take down notes)

Process	Materials
<ol style="list-style-type: none"> <i>What did you feel when you remembered the highest and lowest moment of your childhood?</i> <i>What did you learn about that experience in relation to your plan to be a parent yourself?</i> <ol style="list-style-type: none"> Further process the activity by pointing out the importance of responsible parenting to their children through the key messages. 	



ACTIVITY 2: *Duties and Responsibilities of Parents*

Process	Materials
<ol style="list-style-type: none"> Distribute metacards to the participants. Ask them to write their concept of parents' duties and responsibilities. Tell them to post their cards on the board. Process the outputs of the participants by clustering common ideas. Deepen the discussion by pointing out the key messages as they relate with the outputs of the group. 	<ul style="list-style-type: none"> Metacards Markers Masking tape



KEY MESSAGES AND DISCUSSION CONTENT

- Parents have enormous duties and responsibilities toward their children, as provided for by law. Knowing and understanding these duties and responsibilities enable parents to apply them towards their children today and in the future.
 - It is the right and responsibility of parents to get actively involved in the promotion of their children's well-being through the provision of adequate care, attention, and affection.
 - Parents have the following duties and responsibilities to their children:

Providing physical care, love and basic needs

- The quality of children's physical, mental, and emotional health depends on the quality of parental care they get from their parents and significant others as they grow. Caring for the child starts while the child is still in the womb.

- ♦ Parents should provide their children with basic needs such as clothing, adequate nutrition, a happy home environment, and health care.
- ♦ Parents need to ensure the health of their children, provide them affection and proper attention.

Inculcating in them the right values, good conduct, and discipline

- ♦ Parents should be the role models for their children.
- ♦ Children should be trained by parents to think, reason out, think critically, and distinguish between right and wrong.
- ♦ As early as one year old, children should be taught how to accept limitations, value freedom and responsibility, and understand the requirements of living well and peacefully with others.
- ♦ Parents should also teach their children the value of saving and wise use of money, frugality, and self-reliance. These can be taught to children early on as they budget and decide how to spend their allowance.

Teaching them their roles and responsibilities

- ♦ Parents should also be able to teach their children their responsibilities and roles towards their parents. The Family Code of the Philippines provides that: "*Children shall always observe respect and reverence towards their parents and are obliged to obey them as long as the children are under parental authority.*" (311a).
- ♦ Teach children responsible and productive use of modern information and communication technologies (ICT).

Developing their social competence

- ♦ Socially competent children are described as friendly, happy, self-confident, responsible, imaginative, alert and energetic. They enjoy work, have good communication skills, and are a good sport.
- ♦ Social competence can only be achieved if children have high self-esteem. This is developed by allowing them to do things on their own, think for themselves, and make decisions in accordance with their level of development.
- ♦ Self-confidence is an important component of social competence. This is developed by praising children for their efforts and congratulating them for their successes. If they fail, encourage them to try again.
- ♦ Scolding and shaming them can do more harm than good.

Education

- ♦ Parents are the children's first teacher, and the home, their first school. Suitable learning experiences must be provided in the home to hasten their mental development as early as infancy.
- ♦ Every child has the right to education. Parents are required to send their children to school and provide for their education.
- ♦ Parents are also duty-bound to discover and nurture their children's innate talents and abilities to the fullest extent possible.

Citizenship training

It is necessary to teach children a sense of nationhood and develop their commitment to their country. They are to be taught the value of order, cooperation, tolerance, sportsmanship, self-discipline and self-reliance through home and play experiences aside from the learning they get in school.

Educating children in age-appropriate aspects of human sexuality and gender sensitivity

Parents should provide correct information on responsible human sexuality with their children. It has been proven that children who are appropriately aware of their sexuality are more able to protect themselves and become well-adjusted and responsible adults.

Spiritual and value formation

Parents should guide their children to develop their spirituality based on their belief and religion. They should teach their children to have fear and reverence for their God. They should also be able to form the right values and principles that their children should adhere to as they grow up.



SESSION 3: Effective Parent-Child Communication

Communication between parents and children and other members of the family is a vital element of good family relationships. Communication between parents and children sometimes can be a bit more complicated considering the age gap and the differences in interests and orientations, and sometimes even in the language.

In the modern age, it often becomes difficult for parents to maintain constant communication with their children, especially during the adolescent years when children have gained more independence and have developed their own social circles. In recent years, there has also been a need to rethink how parents teach values and attitudes to their children, particularly in the face of other influencing factors like television, the Internet, and social media.

It is important for parents to maintain communication with their children. Verbal and non-verbal gestures, like hugging or kissing, sometimes can be even more effective than words in showing parental concern and approval. Listening is also a very important part of communication. This session discusses concerns about improving communication between parents and their children.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify the ways of communicating effectively with their children in order to develop good parent-child relationship.



ACTIVITY: *Greatest Love of All*

Process	Materials
<ol style="list-style-type: none"> Flash/play the song the "Greatest Love of All." Generate from the couples their reactions and let them write their reactions on the metacards/sheets of paper. Process the output of the participants by relating their responses to what and how parents can teach their children. 	<ul style="list-style-type: none"> Audio copy of the song "Greatest Love of All" LCD PowerPoint presentation Meta cards or sheets of paper Pentel pens Masking tape



KEY MESSAGES AND DISCUSSION CONTENT

1. Communication is very important in maintaining a harmonious relationship. As such, communication between parents and children is vital in guiding them through their growth and development.

• **Basic Principles of Good Parent-Child Communication.** Good communication is an important parenting skill. Parenting can be more enjoyable when positive parent-child relationship is established. Below are the basic principles of good parent-child communication:

- ◆ Let the child know that you are interested and involved and that you will help when needed.
- ◆ Give full attention when your child wants to talk to you.
- ◆ Unless other people need to be part of the discussion, hold conversations in private. The best communication between you and the child will occur when others are not around.
- ◆ Embarrassing the child or putting him on the spot in front of others will lead only to resentment and hostility, not good communication.
- ◆ Do not tower over your child. Physically get down to the child's level, then talk.
- ◆ If you are angry about a behavior or an incident, do not attempt to communicate until you regain your cool because you cannot be objective. It is better to stop, settle down and talk to the child later.
- ◆ If you are very tired, you will have to make an extra effort to be an active listener. Genuine active listening is hard work and is very difficult when your mind and body are already tired.
- ◆ Listen carefully and politely. Do not interrupt the child when he is trying to tell his/her story. Be as courteous to your child as you would be to your best friend.
- ◆ Do not ask why but do ask what happened. Do not be judgmental; let the child explain.
- ◆ If you have a knowledge of the situation, tell the child the information that you know or have been told. Then let him tell you his/her own version.
- ◆ Adult talking – “You’ll talk when I’m finished,” “I know what’s best for you,” “Just do what I say and that will solve the problem” – does not work. Keep adult talking, preaching, and moralizing to a minimum because they are not helpful in getting, and keeping communication open.
- ◆ Do not use put-down words (like dumb, stupid, lazy) or derogatory statements (like “Stupid, that makes no sense at all” or “What do you know, you’re just a child”).
- ◆ Assist the child in planning some specific steps to the solution.

- ♦ Show that you accept the child, regardless of what he/she has or has not done.
- ♦ Reinforce the child for keeping communication open. Do this by accepting him and praising his efforts to communicate.



SESSION 4: Rights of the Child

It is the main responsibility of parents to promote the welfare and rights of their children. Children, like every member of society, have human rights. All children are entitled to these rights without distinction as to legitimacy, sex, social status, religion, political background of parents, and other factors. Parents should foster these rights to enable their children to achieve their development tasks and aspirations. This session discusses the various human rights of the child.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify the rights of the child in preparation for their parenthood roles, as well as the ways to nurture these rights.



KEY MESSAGES AND DISCUSSION CONTENT

1. Children have rights and parents must respect and fulfill these rights. Adopted children enjoy all of the same rights as the couple's natural children. How the children live and develop depends highly on how parents make sure that they enjoy their rights.
 - All children are entitled to certain rights, regardless of whether they are boy or girl, legitimate or illegitimate, natural or adopted children, and whatever their parents' socioeconomic status, religion, regional origin, or political background are. Parents, with the enabling support of the government and community, must make sure that their children enjoy these rights.

According to the Convention of the Rights of the Child that was ratified by the UN, children have the following rights:

- ♦ *Children have the right to be born well once they are conceived.* Children are endowed with the dignity and worth of a human being from the moment of their conception, and therefore, have the right to be born well.
- ♦ *Children have the right to a wholesome family life.* Children have the right to a wholesome family life that will provide them with love, care and understanding, guidance and counseling, and moral and material security.
- ♦ *Children have the right to develop into a happy, useful and active member of society.* Children have the right to a well-rounded development of their personality so that they may become happy, useful, and active members of society. Gifted children shall have the right to develop their special talents.
- ♦ *Children have the right to a healthy and vigorous life.* Children have the right to a balanced diet, adequate clothing, sufficient shelter, proper medical attention, and all the basic physical requirements of a healthy and vigorous life.
- ♦ *Children have the right to enrich and strengthen their character through a moral and upright life.* Children have the right to be brought up in an atmosphere of morality and rectitude for the enrichment and strengthening of their character.
- ♦ *Children have the right to education and skills development.* Children have the right to an education commensurate with their abilities and to the development of their skills for the improvement of their capacity for service to themselves and to their fellowmen.
- ♦ *Children have the right to safe and wholesome recreational activities.* Children have the right to full opportunities to enjoy safe and wholesome recreational activities, individual as well as social, during their leisure hours.
- ♦ *Children have the right to be protected from anything that will negatively affect their development and growth.* Children have the right to protection against exploitation, improper influences, hazards, and other conditions or circumstances prejudicial to their physical, mental, social, and moral development.
- ♦ *Children have the right to live in an environment that will positively affect their growth and development.* Children have the right to live in a community and society that can offer them an environment free from harmful elements and conducive to the promotion of their health and the cultivation of their desirable traits and attributes.
- ♦ *Children have the right to the care, assistance, and protection of the State,* particularly when their parents or guardians fail or are unable to provide them with their fundamental needs for growth and development.
- ♦ *Children have the right to an efficient and honest government.* Children have the right to a government that will deepen their faith in democracy and inspire them with the morality of the constituted authorities both in their public and private lives.

- ♦ *Children have the right to grow up as free and responsible individuals.* Children have the right to grow up in an atmosphere of peace, understanding, tolerance and universal brotherhood, and with the determination to contribute their share in the building of a better world.
- ♦ *Children have the right to a name and nationality.* Article 7 of the Convention on the Rights of the Child states that a child must be registered immediately after birth and must be conferred with a name and nationality. A child who is not registered at birth is in danger of being shut out of society, denied the right to an official identity, a recognized name, and nationality. Furthermore, the birth certificate is a document of paramount importance in accessing a range of rights achieved through services offered by the government, like free basic education, PhilHealth, and other social protection programs in the country.



SESSION 5: Home Management

Part of being responsible parents is managing the home and the household. The home is the children's first and immediate environment. Before the school and the community, the home is where children first learn the values, discipline, and skills that will equip them for the rest of their lives. The home is not only where children get nutrition, shelter, and physical comfort, but is also their refuge in times of uncertainty and trouble. Therefore, it is very important that parents provide their children a home where they will be safe, healthy, at peace, and secure. This session discusses how couples can share in the management of the home.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify the ways they can practice shared home management so that they can provide a safe, healthy, pleasant, and secure home environment for their children and the family.



ACTIVITY: *Going to the Market*

Process	Materials
<ol style="list-style-type: none">1. Provide participants with paper and ball pens.2. Instruct them to prepare a family budget for 15 days.3. Ask them to compare their income for 15 days and their prepared budget.4. Ask them if there are savings and how much.5. Ask one (1) or two (2) participants to share their insights about their budget.	<ul style="list-style-type: none">• Sheets of paper• Ballpens



KEY MESSAGES AND DISCUSSION CONTENT

1. Home management is the process of planning, controlling and evaluating family resources to achieve family goals. It is a decision-making activity shared by the couple. It helps families and couples make maximum use of what they have to attain their goals and aspirations.
2. Proper and wise management of time, energy and family finances, and the ability to foresee and prepare for future eventualities are key elements to effective home management.
 - The couple not only shares the responsibility for managing and nurturing the family but the home and household as well. Among the things the husband and wife must attend to are:
 - ♦ Balancing income against expenses through budgeting in order to provide the basic needs of the family.
 - ♦ Building savings and investments.
 - ♦ Maintaining hygiene and sanitation in the house and its surroundings.
 - ♦ Maintaining a healthy lifestyle for the family.
 - ♦ Enrolling of the members of the family in social insurances offered by the government such as, but not limited to, PhilHealth and other social insurance.
 - ♦ Ensuring resiliency of the household in times of emergencies and preparation for actual disaster.



SESSION 6: Services Available for Responsible Parenthood

Responsible parenthood encompasses a wide range of concerns. There are many services provided by government and non-government organizations for these concerns. The Department of Health, the Department of Social Welfare and Development, and the Department of Education and their local counterparts at the city and municipal level, for example, have programs that can give parents information and services on family health, child welfare, youth development, and home management. Most LGUs also offer livelihood training and business opportunities for enterprising couples to help them augment their family income. In addition, there are a number of local organizations that parents may join to be able to participate in and avail of various programs that will help them improve their capacities to practice responsible parenthood.



TIME ALLOTMENT: Five (5) minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify government services and programs they can avail of in regard to responsible parenthood.



KEY MESSAGES AND DISCUSSION CONTENT

1. Services on responsible parenthood are available in every locality, provided by the LGU or non-government organizations. You only need to get in touch with your barangay or the local government offices in your locality to find out what programs and services are available.

Services/Programs	Sources of Services
<ul style="list-style-type: none"> a. Marriage counseling b. Parent Effectiveness Training (PET) and services c. Family Development Sessions (Pantawid Program) and Responsible Parenthood and Family Planning (RPFP) classes d. Classes on Male Involvement in RPFP and Gender Equality (e.g., ERPAT and KATROPA) e. Parenting Education on Adolescent Health and Development f. Services for victims of violence against women and children (VAWC) g. Health and Nutrition Program h. Other family and marriage-oriented programs by the local government 	<ul style="list-style-type: none"> • Municipal or City Social Welfare and Development Office (M/CSWDO) • Municipal/City Population Office (M/CPO) • Municipal/City Health Office (M/CHO) • Commission on Population and Development (POPCOM) • Barangay VAWC Desk • Local Government Unit



SYNTHESIS OF TOPIC TWO

Responsible parenthood is being able to provide for the needs of your children. These needs include not only the basic needs like food, health, nutrition, clothing, and shelter, but also the non-tangible needs, like the need for psychosocial support, need to develop their potentials and achieve their aspirations and the need to become better persons. Responsible parenthood also involves protecting and upholding the rights of every child, which include the right to develop fully in a wholesome, morally upright family environment, and to live a full life free from discrimination and abuse.

Responsible parenting is the assumption by both parents of this joint responsibility of becoming responsible parents to their children.

Practicing responsible parenthood begins not only when the child is born, but even before the child is conceived. Because responsible parenthood involves making sure that both parents will be ready and able to provide for the child's needs from the time he/she is born until he/she grows up. Thus, responsible parenthood begins with the proper planning of how many children they want to have and will be able to support, and when to have them.

Responsible parenting, therefore, entails a lot of duties and responsibilities. Performing these responsibilities requires not only time and resources on the part of the parents, but also a capacity to understand, listen to, and communicate effectively with their children.

When a couple decides to get married, they must not only be ready to be loving and caring spouses to one another but be prepared also to be responsible parents to their children. When they know that they are ready, only then can they go into birthing a child and making a family, which is what we will discuss in the next topic – planning the family.

TOPIC 3

PLANNING THE FAMILY

Introduction

Couples would want to get married primarily because they want to form a family. Forming a family, however, entails a lot of considerations in terms of the couple's preparedness and capacity to ensure the welfare and well-being of the family they want to form. It needs serious joint planning by the couple.

Overall, planning the family involves the conscious effort and determination to ensure the welfare and well-being of the family. As such, it includes shared decisions by the couple on the number, timing, spacing of their children and the means to achieve such family goals. These entail knowledge about one's sexuality and fertility as well as the various methods of family planning. It is also important for couples to be aware of the risks that come with sexual behavior, such as the risk of contracting HIV/AIDS and other sexually transmitted infections, so that they can take the necessary precautions to prevent them.



SESSION 1: Human Sexuality

Human sexuality is what differentiates a man from a woman, both in their physiological makeup, particularly their reproductive systems, and in their capacity for sexual attraction and behavior. A person's sexuality is mainly determined by the biological body construct with which he or she was born, but a person's life circumstances and exposure, which affect one's feelings and personality development, also come into play in determining a person's sexuality.

For a couple to have a satisfying relationship, each should understand and accept both his/her own sexuality and that of his/her partner. This will enable each to be responsive to the other's sexual needs and at the same time gain satisfaction from the relationship.



TIME ALLOTMENT: 15 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to:

1. Explain the basic concept of human sexuality.
2. Identify the gender dimensions of human sexuality.
3. Explain the importance of understanding human sexuality for married couples.

Services/Programs	Sources of Services
<ol style="list-style-type: none"> 1. Ask the participants to stand up and form two (2) lines – one (1) for females, one (1) for males. Quickly, ask the women to enumerate the characteristics (sexual, social, etc.) of the males. Then ask the men to enumerate the characteristics of females. 2. Process the responses by asking the participants to point out the differences in the characteristics they gave for the males and females. 3. Use the responses to introduce the discussion of male and female sexuality. 	<ul style="list-style-type: none"> • Metacards • Markers • Masking tape



KEY MESSAGES AND DISCUSSION CONTENT

1. Human sexuality is a function of both the biological body a person was born with, and his/her sexual feelings and preferences. There are differences between male and female sexuality that couples need to understand in order for them to satisfy each other's sexual needs and perform their respective roles in reproduction and family formation.

Definition of Human Sexuality

- Human sexuality is defined as the characteristics that make a man a man, or a woman a woman. This includes the man or woman's capability for sexual feelings and behavior. It also includes his or her total personality.
- Our sexuality is a product of what we are born with, as well as our own unique life experiences that have shaped our attitudes, feelings, and values toward ourselves and other people.
- Understanding the differences between male and female sexuality helps a couple determine each other's behavior and needs as sexual beings, as well as the role each one plays in, or one's contribution to, human reproduction (PMC Nurturing the Marriage and Family, POPCOM and DOH, 2009).

Basic Gender and Sex Concepts

- **Sex** pertains to the biologically determined characteristics of a male and a female. It includes the person's reproductive anatomy and physiology. There are two sexes – male and female. Men's sperm has two (2) types of chromosomes (X and Y) that determine the sex of the baby.
- **Gender** refers to the socially constructed expectations, characteristics, and roles of a man and a woman. It refers to the differences between males and females that are changeable over time and have wide variations within and between cultures. As opposed to biologically determined characteristics (sex), gender refers to learned behavior and expectations to fulfill one's image of masculinity and femininity. Gender is also a socioeconomic and political variable with which to analyze people's roles, responsibilities, constraints, and opportunities.

Sex	Gender
<ul style="list-style-type: none"> • Word associations: man–woman, boy–girl and male–female 	<ul style="list-style-type: none"> • Word associations: masculine–feminine
<ul style="list-style-type: none"> • Physiologically and biologically determined, or essentially, "a given" at birth 	<ul style="list-style-type: none"> • Socially constructed
<ul style="list-style-type: none"> • Highlights biological differences 	<ul style="list-style-type: none"> • Highlights the social conditioning of behaviors, attributes, and value systems
<ul style="list-style-type: none"> • Permanent and universal 	<ul style="list-style-type: none"> • Can be changed
<ul style="list-style-type: none"> • Constant across time cultures/ countries 	<ul style="list-style-type: none"> • Varied associations across time and culture

- **Gender identity** refers to a personal sense of identity as characterized by, among others, manner of clothing, inclinations, expressions, and behavior in relation to masculine and feminine conventions. It is the personal sense of one's own gender. Gender identity can correlate with assigned sex at birth, or can differ from it.
- **Gender roles** refer to the socially determined behaviors, tasks, and responsibilities for men and women based on socially perceived differences that define how they should think, act, and feel based on their perceptions of their sex. Prescribed gender roles, however, can be influenced and changed (RPFP Resource Manual, POPCOM and DOH, 2015).

- Couples should strive to achieve and promote gender equality between them and toward other members of the family, especially among their children.
 - ♦ Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally.
 - ♦ The right-based approach tells us they are the same humans. The difference is only biological. Both male and female spouse or children should be given equal opportunities, roles, and responsibilities.
- 2. Respect for one another's sexuality is part of sexual maturity, which is necessary for husbands and wives to communicate effectively and maintain sexual harmony. To achieve a happy, and healthy relationship, couples must recognize and accept their own and their partner's sexuality.

Importance of Understanding Human Sexuality and Gender Roles for Married Couples

- Understanding a man's and woman's basic characteristics and differences is necessary to achieve sexual harmony that makes and keeps a successful marriage. Sexual harmony happens when husband and wife recognize and appreciate each other's sexual needs, desires, and preferences. It also means the ability to give and receive sexual satisfaction from each other.
- Each spouse should be comfortable enough to discuss matters about their sexuality. For example, they should agree about the number of children they would like to have, etc. The kind of sharing and openness the couple have in their relationship will:
 - ♦ Make the couple more active, yet relaxed in achieving sexual pleasure.
 - ♦ Make the couple aware of their reproductive capacity and to control and regulate it as guided by their sense of responsibility.
 - ♦ Make the couple realize their respective roles as husband and wife and as children of their parents and as parents to their children.
 - ♦ Provide a sense of well-being, enhancement of life and feelings of oneself towards greater fulfilment in relationship with others.
- One's power to express sexuality lasts a lifetime – whether or not a person is in a sexual relationship with a loved one, or feels good about his or her body, or appreciates sensual pleasure that is given or taken.
- Couples can enjoy a wide range of intimate sexual expressions – from holding hands, hugging, kissing, massaging, dancing or doing the sex act. People touch people to express a simple expression, to communicate or to give sexual gratification.

- A sexual relationship is for the mutual satisfaction of both partners. The sex act is the most intimate form of communication between human beings. It is one of the means of strengthening the couple's relationship and their commitment to the well-being of their family. As such, each spouse should always consider the well being of their partner. Every sexual act should be mutually consented to by both partners.



SESSION 2: Fertility Awareness

A knowledge of fertility is necessary for a couple to understand their capacity to procreate children. Understanding how the husband's and the wife's reproductive systems work will enable them to better plan and prepare for having children. It is also important in their decision to choose which method they prefer, if they decide to use a family planning method.

This session will familiarize us with the male and female reproductive systems, and the factors that can affect a man's and a woman's fertility or ability to produce children. It will also show us the different stages of a woman's menstrual cycle, which are critical in whether or not a baby will be conceived during the sex act.



TIME ALLOTMENT: 15 minutes



OBJECTIVES OF THE SESSION

At the end of the session, the would-be married couples will be able to explain fertility, the male and female reproductive system, the menstrual cycle, and the process of fertilization and implantation.



ACTIVITY: *My Reproductive System*

Process	Materials
<ol style="list-style-type: none">1. Post the illustrations of the male and female reproductive systems on the board.2. From the cutout labels, ask the participants to pin or tape the appropriate name on the parts of the male and female reproductive systems. Ask each participant to state the name of the part as he/she affixes the label.3. This activity usually elicits laughter among the participants. Endeavor to make the participants realize that talking about sex should be a natural and wholesome exercise.4. Process the activity by discussing the key messages and discussion contents for this session.5. Throughout the discussion, try to be sensitive to the participants' personal inhibitions or reservations regarding some topics.	<ul style="list-style-type: none">• Flipchart, poster or Manila paper with illustrations of the male/female reproductive system• Cutouts or labels/ names of parts of the male/female reproductive system• Pins or masking tape



KEY MESSAGES AND DISCUSSION CONTENT

1. The male and female reproductive systems complement each other. Every part of the male reproductive system and of the female reproductive system is designed to perform a function for the purpose of producing an offspring, and of making the process of reproduction a pleasurable experience for both the man and the woman.
2. An understanding of these parts and functions will enable the couple to better appreciate the beauty and purpose of this experience that they are going through together.

Fertility Awareness Defined

- Fertility awareness pertains to one's knowledge of how his/her own reproductive system functions and the biological and sociological facts about human fertility.
- It refers to the recognition of the fertile and infertile phases of a woman's reproductive cycle. The woman or couple knows how to tell when the fertile time of her menstrual cycle starts and ends. It relies on the daily observation and interpretation of the changing signs to determine a woman's fertility status.
- It involves the knowledge and understanding of the basic information about fertility and reproduction including male and female reproductive systems and functions. It also concerns the appreciation of sexuality and procreative power of man and woman (POPCOM and DOH, 2015).

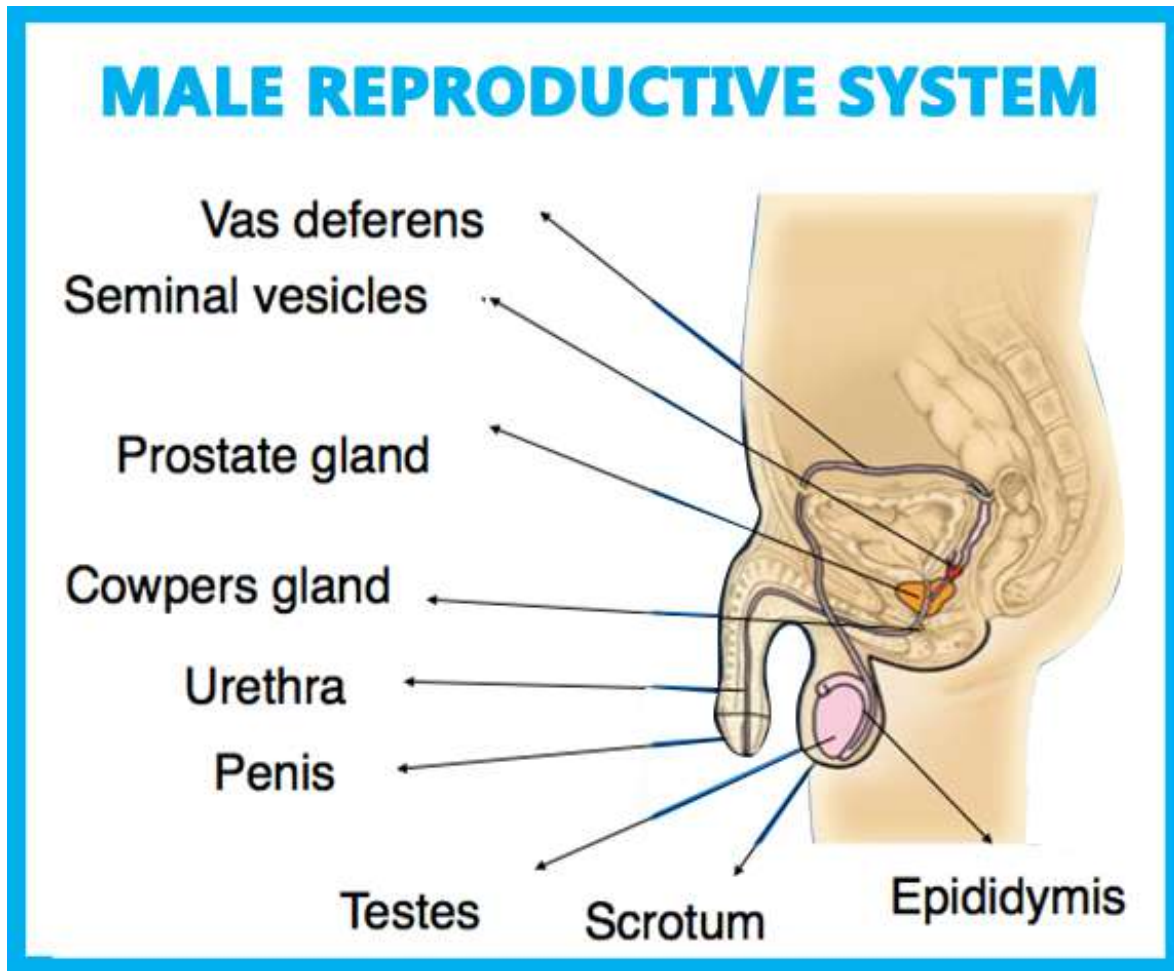
Why Is Fertility Awareness Necessary?

- Men and women are not only gifted with the ability to have children, but also with the intellectual ability and capacity to understand and fully appreciate their fertility. Their bodies are already equipped with the mechanisms for natural management of fertility. They can observe these systems at work in their own bodies when they know what signs, feelings, and experiences to watch out for.
- Knowing one's body and fertility empowers the person to make a truly healthy, informed, and responsible decision on his/her family life aspirations. This will enable Filipino families to fully benefit from the family planning services offered to both by the government and the private sectors (POPCOM, 2018).

What Is Fertility?

- Fertility is the ability of a person to conceive and bear children through normal sexual activity. It is necessary for both a man and a woman to be fertile in order for them to bear a child. It necessarily focuses on male and female fertility, not separately, but in joint or combined perspective.
- The human capacity to reproduce involves a man and a woman and their contributions in the conception of a child. A man contributes the sperm cell and the woman, the egg cell.

The Male Reproductive System



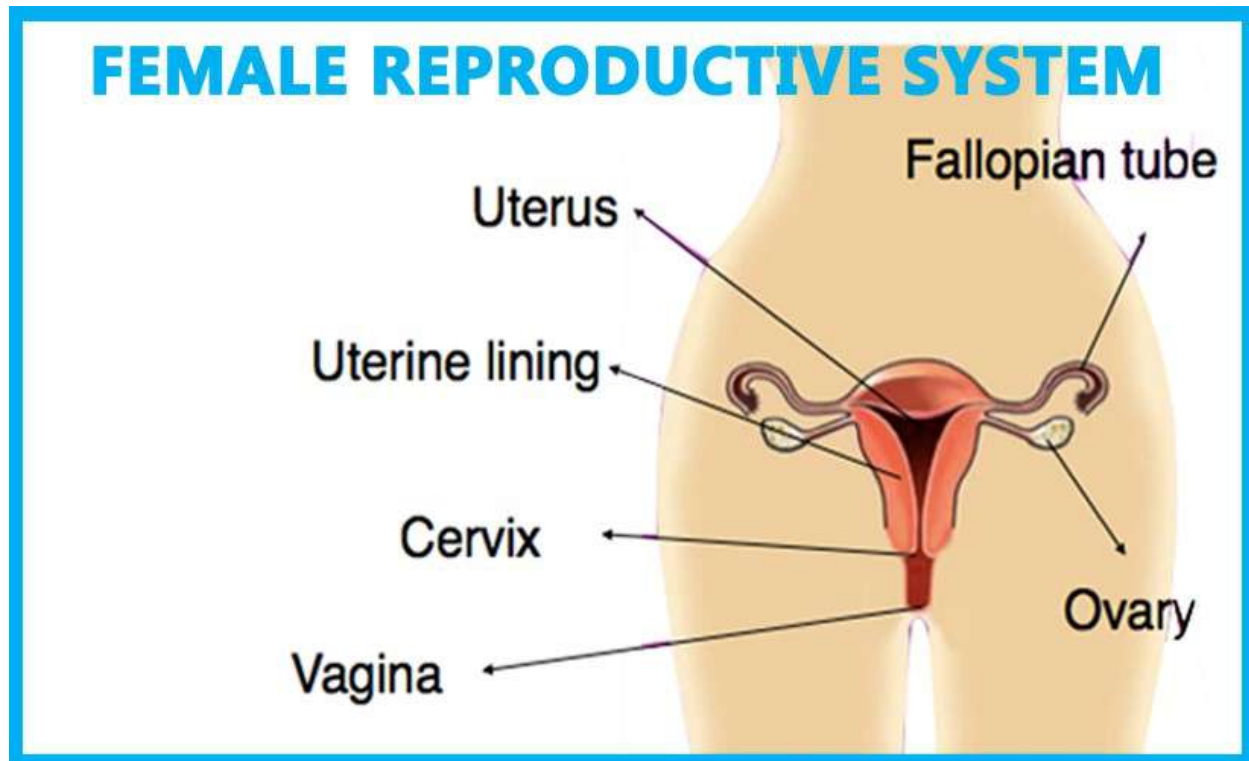
SOURCE: NFP MANUAL, 2019

- At around puberty, sperm cells begin to be produced in the testes.
- The male hormone testosterone directly influences sperm production or spermatogenesis. Testosterone is also responsible for the secondary male characteristics. A skin covering called the scrotum protects the testes.
- The sperm cells are stored and become mature in the epididymis. The sperm cells are then transported through the vas deferens.
- They are combined with fluids from the seminal vesicles and the prostate gland.
- Together, they form a milky white fluid called semen.
- The fluids nourish and assist the movement of sperms until they are released by the millions from the man's body in the process of ejaculation.
- Within minutes after ejaculation, sperms can reach the fallopian tube in the woman's body and can live up to five (5) days in the woman's body when she is fertile.



THREATS TO MALE FERTILITY

THREATS	EFFECTS	HOW TO DEAL WITH THREATS
Smoking	Low sperm mobility count and sluggish mobility	Avoid smoking
Drug or Substance Abuse (Long Term Use)	Low and abnormal sperm count	Avoid using prohibited drugs (e.g. Marijuana, Ecstasy, Shabu)
Chronic Alcoholism	Abnormal sperm cell	Avoid intake of alcohol
Excessive Exercise	Reduced sperm count	Ease up on exercise
Use of anabolic steroids (injectibles)	Testicular shrinkage and Infertility Erectile Dysfunction	Take only prescribed medication
Chronic exposure to certain chemicals, pesticides, fertilizers, ionizing radiation, heavy metals, organic solvents, lead	Lower sperm count	Stay clear of environmental poisons/ hazards
Certain jobs or work which exposes the scrotum to intense heat e.g. boilers, truck drivers	Reduced sperm count	<ul style="list-style-type: none"> ● Keep your scrotum cool ● Wear loose fitting underwear ● Avoid hot tubs, hot baths, sauna, hot work environment
Infections of Reproductive Tract (STIs- Orchitis, Epididymis)	Scarring of tubes, infertility, transmission of infection to partners	Abstain from pre-marital sex
Systemic and other Infectious Disease (Diabetic, Thyroid disease, Mumps)	Impotence, Inadequate sperm count	Regular medical check up with your physician
Malnutrition	Sperm count affected	Eat nutritious food



SOURCE: NFP MANUAL, 2019

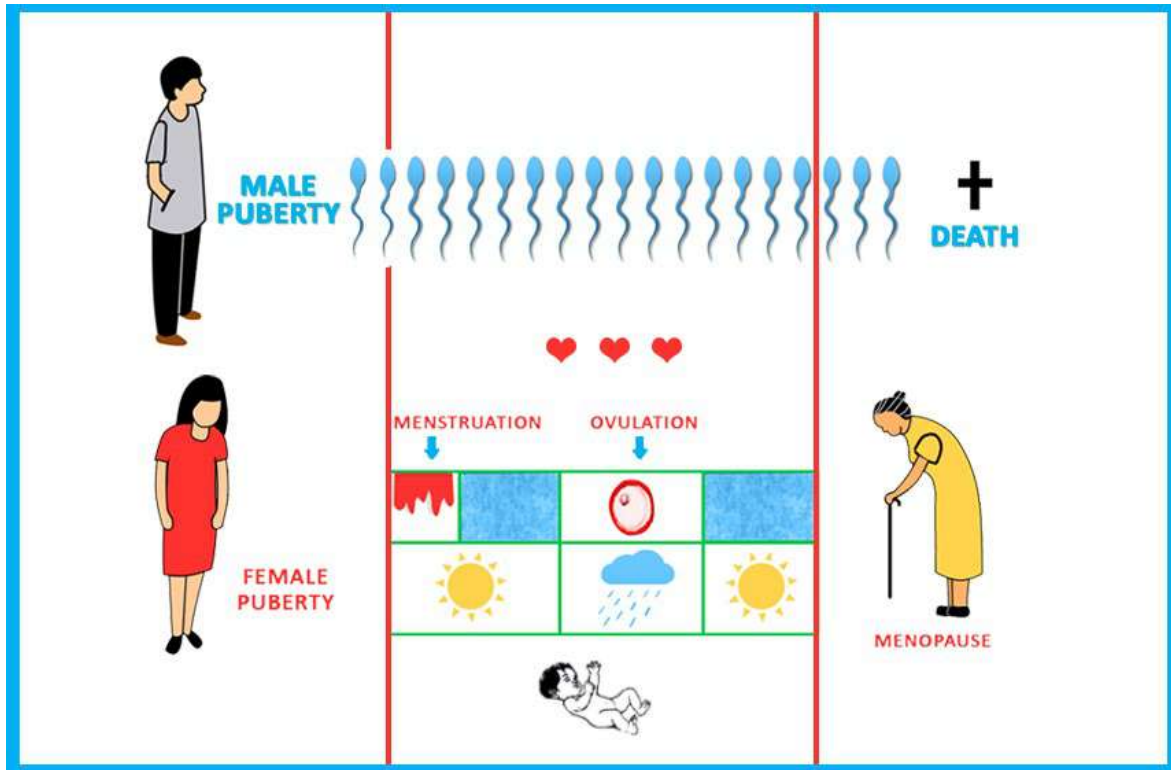
- The egg cell, on the other hand, grows and develops in the ovaries.
- When a baby girl is born, her ovaries already contain the number of egg cells she will carry to adulthood. At puberty, the eggs begin to mature. Once in every cycle, an egg cell fully matures and is released from the ovary into the fallopian tube. This process is called ovulation.
- The egg cell survives for about 24 hours in the fallopian tube. If a sperm cell is present after intercourse, fertilization is likely to occur.
- Fertilization is the union of the egg cell and the sperm cell.
- The fertilized egg journeys for around six days towards the uterus where it is implanted in the endometrial or uterine lining. Pregnancy takes place for a period of nine months and culminates with childbirth. The cervix, which is known as the neck of the uterus, dilates at childbirth to allow the emergence of the baby from the uterus through the vagina.
- If unfertilized, the egg cell disintegrates and is reabsorbed in the body. In about 10-16 days, the uterine lining is shed off in the form of menstruation.



THREATS TO FEMALE FERTILITY

THREATS	EFFECTS	HOW TO DEAL WITH THREATS
Teenage Pregnancy	High-Risk Pregnancy Abortion Sexually Transmitted Infection	Avoid pre-marital sex
Unsafe/ Several Abortions	Damaged Cervix Infections Hemorrhage/ Bleeding Death	Avoid intake of alcohol
Infection of the Reproductive Tract (e.g. Gonorrhea, Chlamydia) a. Infection of the Vagina b. Cervical Infection c. Chronic Pelvic Inflammatory Disease	a. Too Acidic Vaginal Secretion which weakens the sperm b. Too thickened cervical mucus limiting passage of the sperm to the uterus c. Scarring of the fallopian tubes obstructing the transport of egg	Avoid pre-marital sex Submit to early medical consultation and treatment
Illnesses (e.g. Tuberculosis, Goiter, Tumor of the Ovary)	Menstrual irregularities	Seek early medical consultation and treatment
Stress Decreased body-fat ratio e.g. Extremely thin Chronic or excessive exposure to x-ray or radioactive substance	Menstrual irregularities	Healthy Lifestyle/ Stress Management Avoid unnecessary exposure to radioactive substance

JOINT FERTILITY DIAGRAM



SOURCE: NFP MANUAL, 2019

Joint Fertility

Joint fertility involves the united and equal contribution of the male and female in the decision and ability to have a child. Although it is the woman who becomes pregnant and goes through childbirth, fertility involves contributions from both the male and female.

- The sperm and the egg meet through lovemaking or sexual intercourse.
- Lovemaking can occur anytime throughout the menstrual cycle of the woman.
- However, a baby results from lovemaking only during the woman's fertile days, when she releases an egg. The sperm unites with the egg to produce a baby.
- At other times, lovemaking will not result in pregnancy.
- It is also crucial to understand that aside from the male and female reproductive body parts, the brain is involved in the process of reproduction, not only physically but more so in the decision-making process.

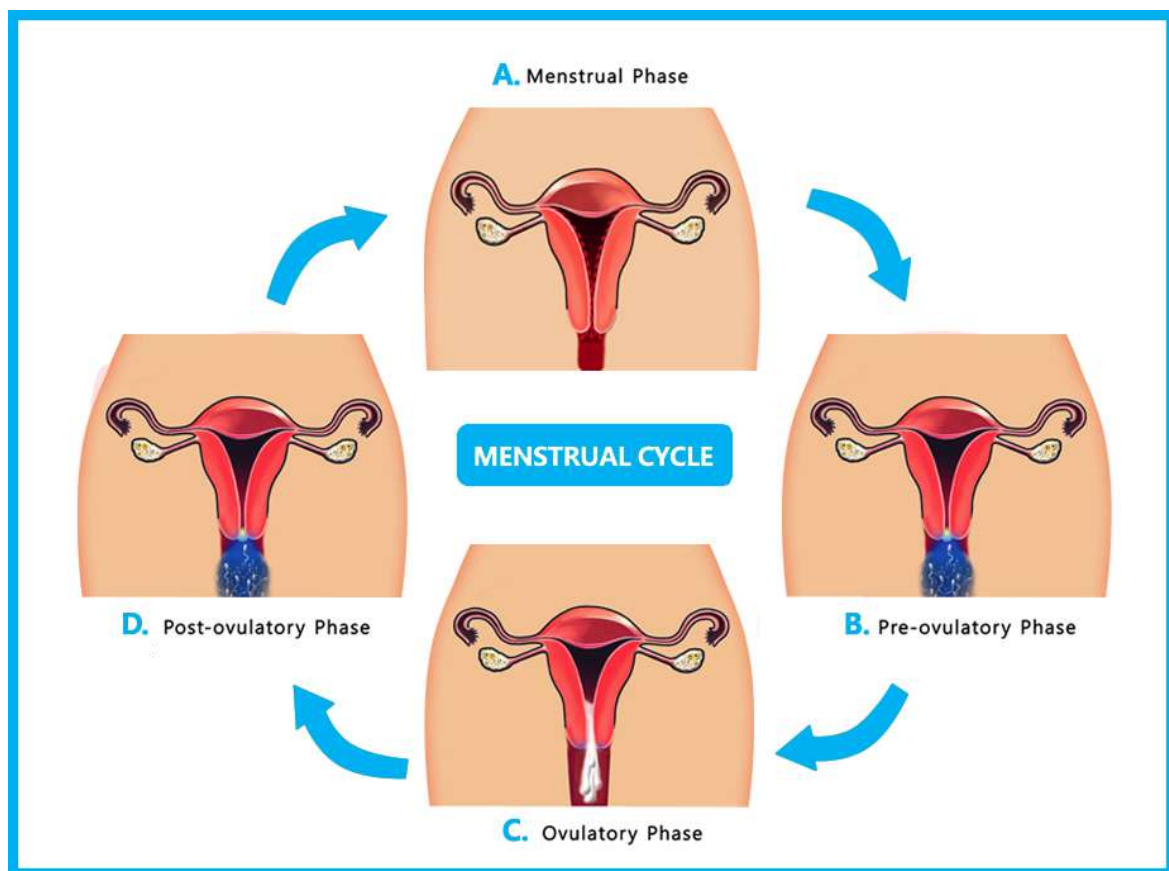
The Menstrual Cycle

- Menstruation and the menstrual cycle are part of a woman's reproductive functions.
- The menstrual cycle starts from the first day of the woman's menstrual period and ends on the day before she begins her next menstrual period.
- Since this happens regularly, it is called a cycle.
- The cycle includes the maturation and release of a mature ovum from the ovary up to the shedding off of the endometrium.

Length of the Menstrual Cycle

The length of the menstrual cycle varies for each woman.

For some women, the cycle is as short as 26 (or even fewer) days. For others, it is as long as 32 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all changes taking place in the body. However, on the average, a menstrual cycle usually lasts about 26-32 days.



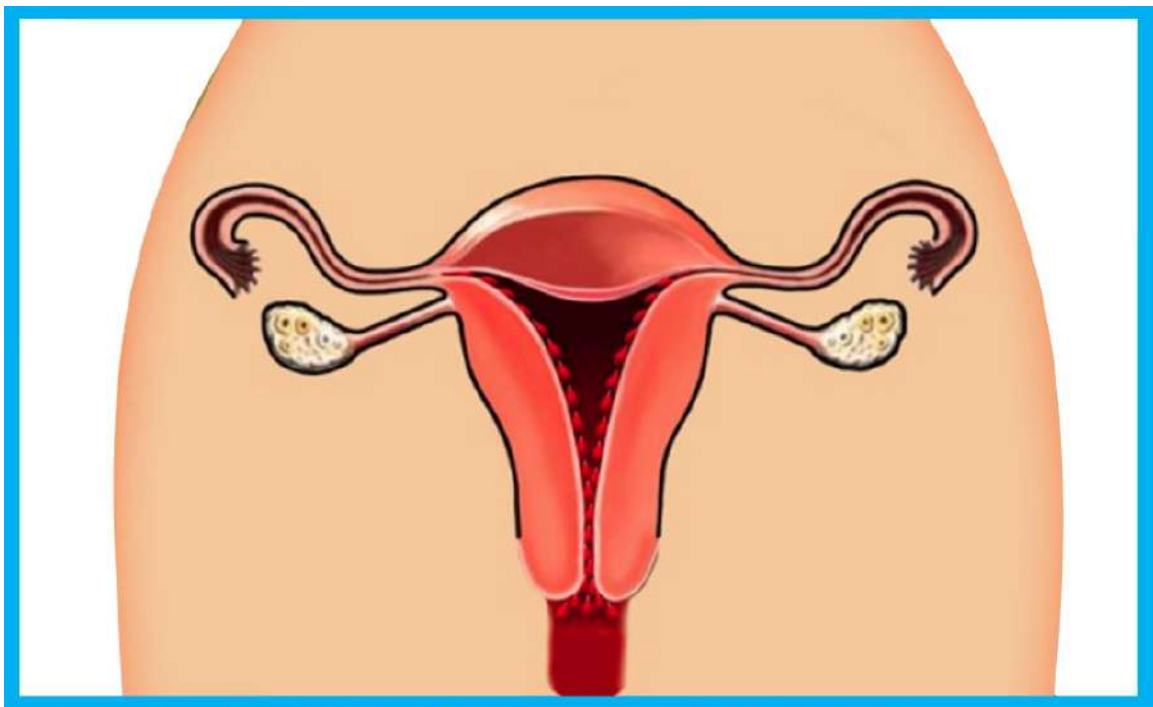
SOURCE: NFP MANUAL, 2019

Phases of the Menstrual Cycle

The menstrual cycle has four phases: Menstrual Phase, Pre-Ovulatory Phase, Ovulatory Phase, and Post- Ovulatory Phase.

Menstrual Phase

- Starts on first day of menses.
- Woman experiences bleeding.
- Bleeding comes from the shedding of the lining of uterus. It indicates that there is no pregnancy.
- Includes all days of menstrual bleeding, usually four (4) to six (6) days.
- Menstrual bleeding is normal and healthy. Bleeding does not mean the woman is sick.

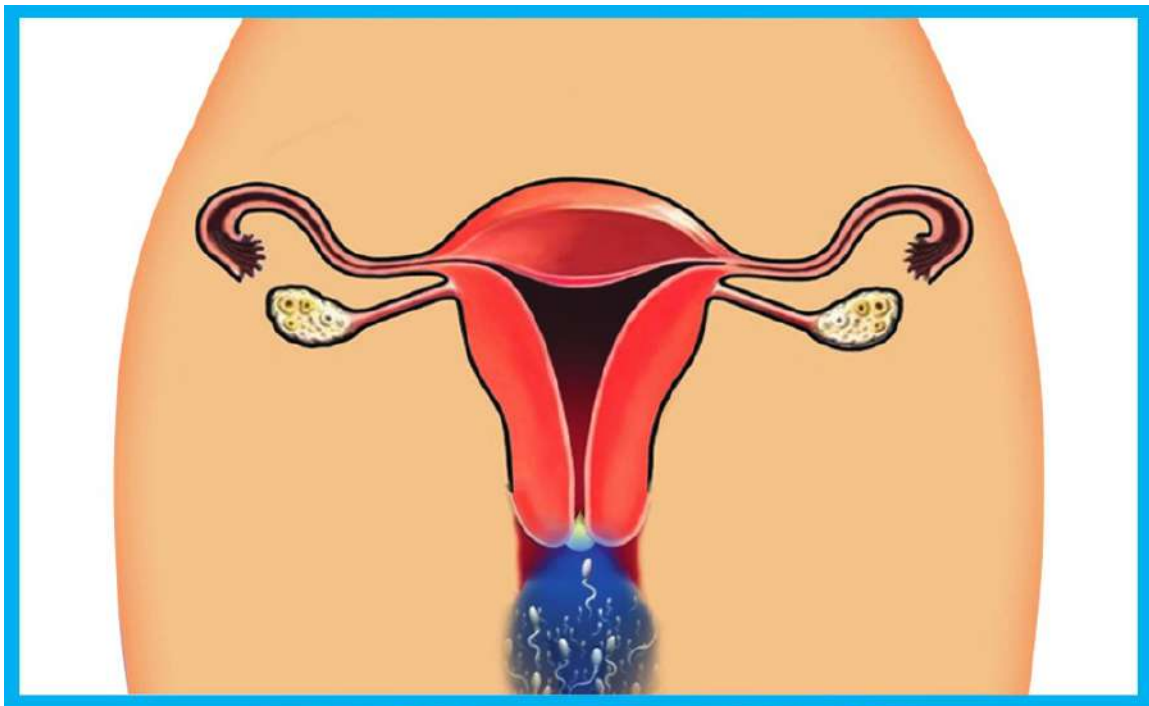


MENSTRUAL PHASE

SOURCE: NFP MANUAL, 2019

Pre-ovulatory Phase

- Bleeding has stopped.
- Egg cells begin to develop.
- Lining of the uterus starts to thicken.
- Mucus forms a plug preventing entry of sperms.
- Includes all dry days after menstrual bleeding stops.
- A woman experiences a dry feeling and no mucus.
- The pre-ovulatory phase is relatively an infertile phase.

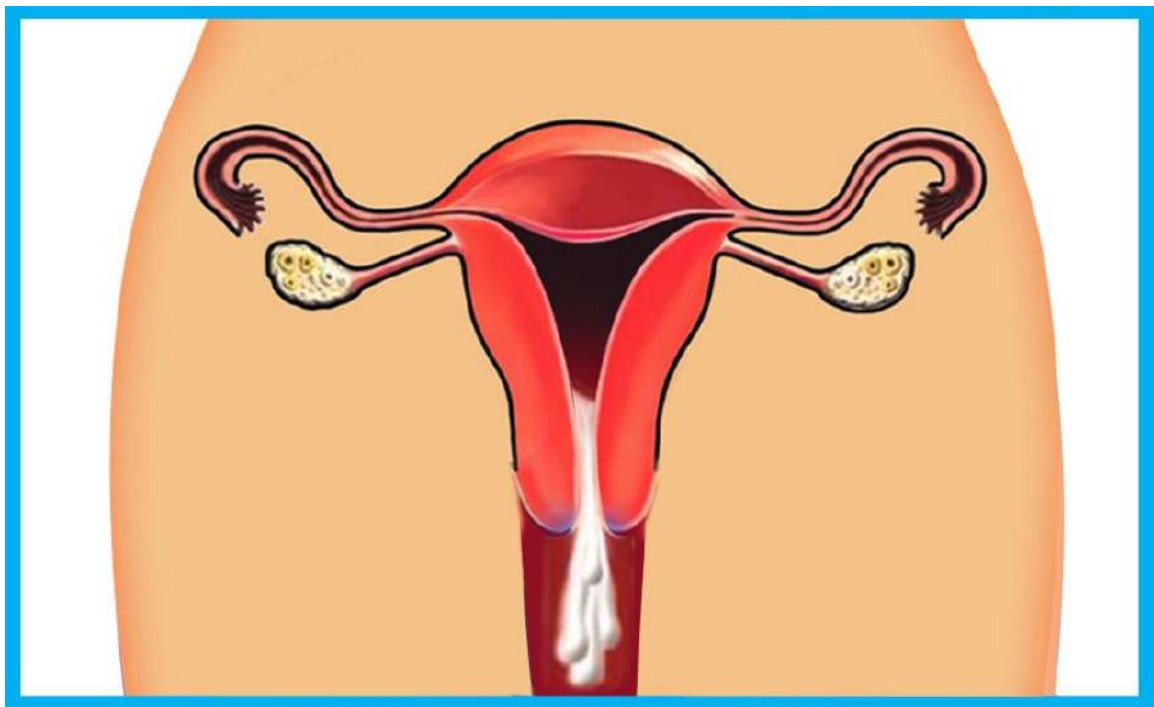


PRE-OVULATORY PHASE

SOURCE: NFP MANUAL, 2019

Ovulatory Phase

- The third phase of the cycle, called ovulatory phase, is the height of a woman's fertility.
- One mature egg is released and stays in the fallopian tube for about 24 hours.
- Endometrium becomes thick or heavy, downy velvet and has become soft and succulent in preparation for a possible implantation.
- The mucus plug is gone.
- The mucus becomes watery, stretchy, slippery and clear. It nourishes and provides channels that help the sperm to be transported to the egg.
- The mucus also filters abnormal sperms.
- If sperms are present at all this time, the woman can get pregnant.

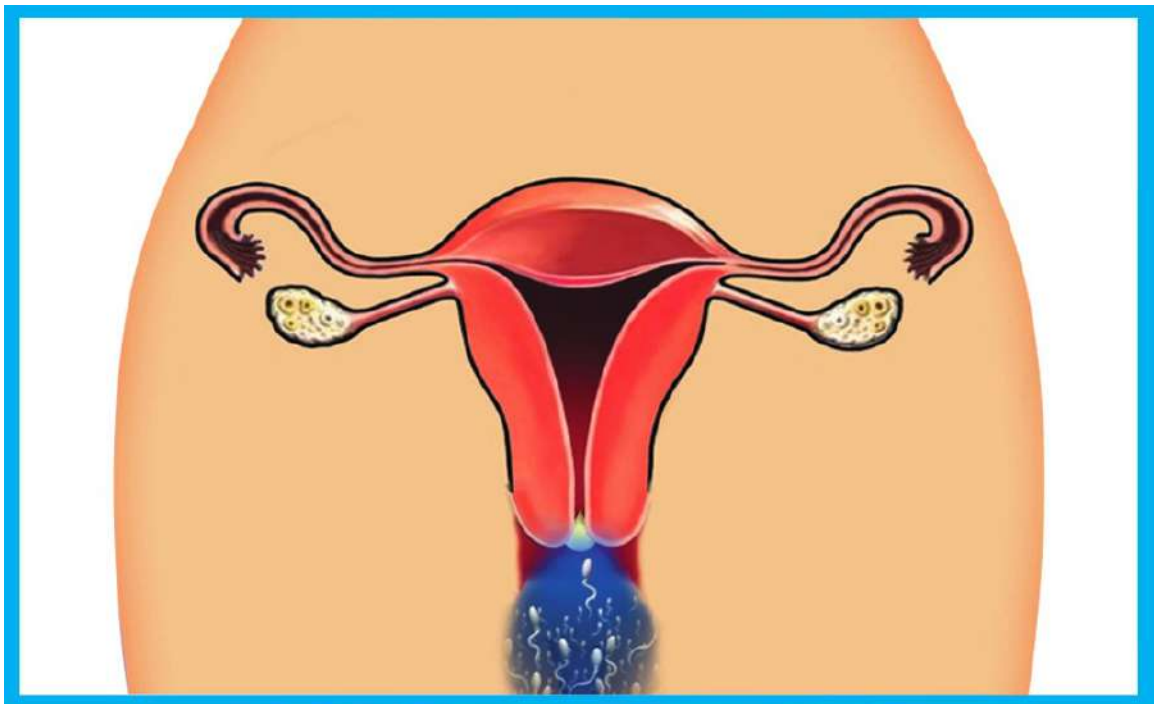


OVULATORY PHASE

SOURCE: NFP MANUAL, 2019

Post-ovulatory Phase

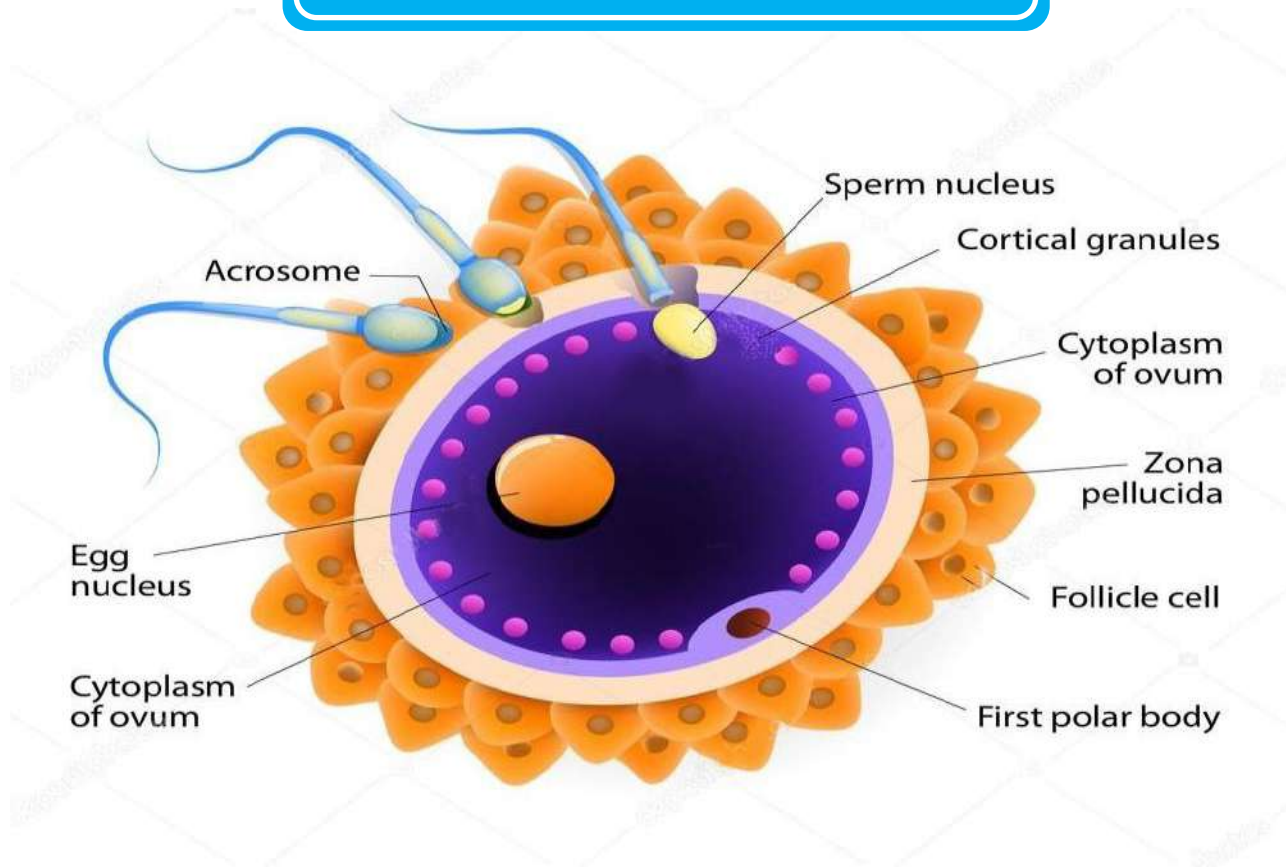
- No egg is present. Since there is no fertilization, the egg cell disintegrates and is reabsorbed by the body.
- The lining of the uterus continues to thicken.
- The mucus forms a plug again to prevent entry of sperms.
- Women experience a dry feeling with no mucus at all.
- The post-ovulatory phase is called the absolute infertile phase because there is no egg present.
- Blood vessels rupture, allowing blood to escape into the endometrial lining.
- Because there is no pregnancy, the woman will experience menstruation again and another cycle will begin



POST-OVULATORY PHASE

SOURCE: NFP MANUAL, 2019

FERTILIZATION

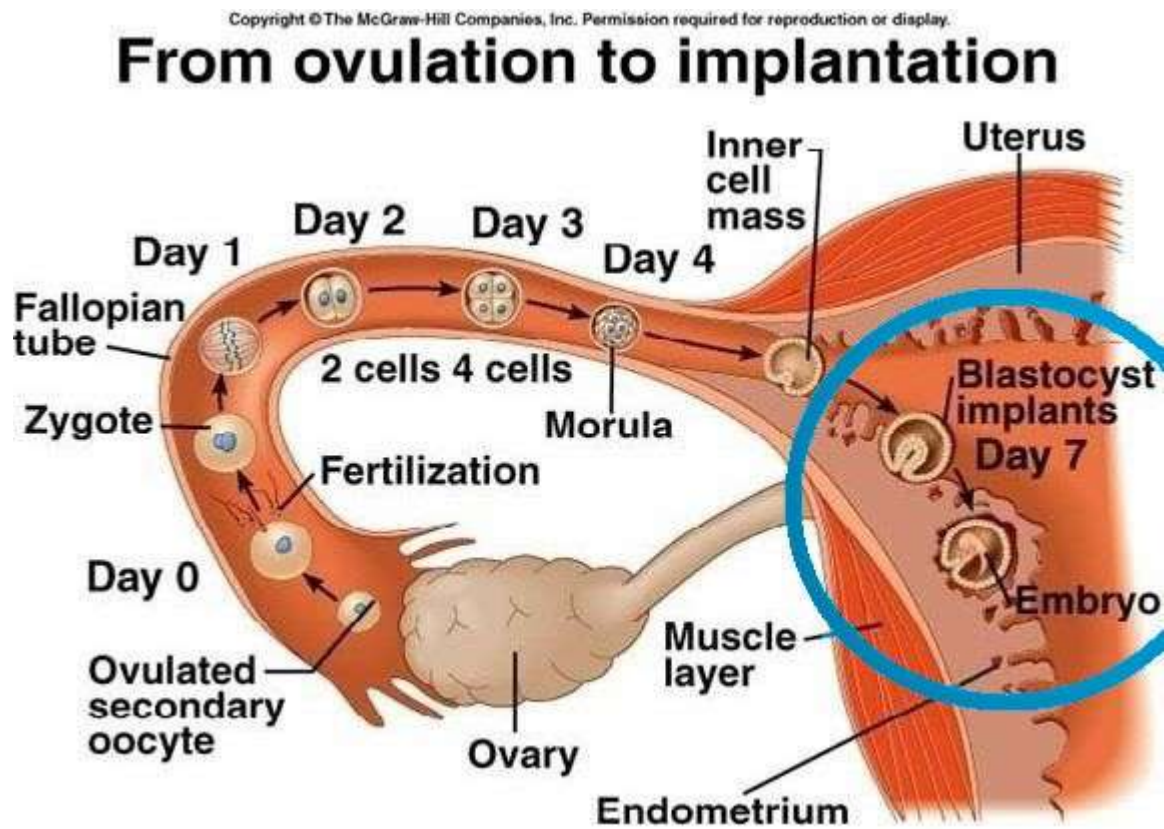


Fertilization

- The picture above illustrates the fertilized egg cell. At this point, the sperm cell and the egg cell have united, in the process called fertilization.
- A mature, viable egg is the ultimate indicator of female fertility while an adequate number of mature and motile sperms is the indicator of male fertility.
- The fertilized ovum is the most important, if not the ultimate indicator of human fertility.
- Before they unite, the sperm cells remain in the body of the man, and the egg cell, inside the woman's body.

Implantation

It takes about a week or two for the fertilized egg to reach the uterus where it will attach to the soft and spongy lining, specially prepared for it. The process of getting attached to the uterine wall is called implantation.



SOURCE: ([HTTP://WWW.FERTILITYCLINICMUMBAI.COM/FAQS;2/21/2018;9:45AM](http://www.fertilityclinicmumbai.com/faqs;2/21/2018;9:45AM))



SESSION 3: Family Planning

Family planning is what couples do when they decide and plan how many children they want to have, when to have them, and how to achieve this plan safely, responsibly, and voluntarily. There are many safe and legally acceptable ways, both natural and artificial, by which couples can achieve their desired number of children. They will make the choice together based on full information about the different methods, how they work, what their advantages and disadvantages are, and their possible side effects.

Family planning has a lot of benefits – to the mother, to the child, to the father, and to the whole family, in terms of health, personal development, quality time with the children, more resources for other needs, and other benefits. Couples are expected to weigh these benefits and decide what is best for them and their children. Once they have decided, the government is mandated to provide to the couple the services they need.



TIME ALLOTMENT: 20 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to explain family planning, its importance and benefits to the family and the various methods that couples can use to achieve their fertility intentions.



ACTIVITY 1: *My Reproductive System*

Process	Materials
<ol style="list-style-type: none">1. Show a picture of a "happy family" with four (4) family members (father and mother and their two children) and a "not so happy family" with too many children.2. Ask participants to describe how family size, and the timing and spacing of the children's births, affect household planning and family relationships.	



ACTIVITY 2: *The Boat is Sinking*

Process	Materials
<ol style="list-style-type: none">1. Instruct participants to form groups of the number of persons you will call out. Start with smaller numbers, then call increasingly larger numbers.2. Ask the participants to share their views about having to form small and big groups. What do they think are the advantages and disadvantages?	



KEY MESSAGES AND DISCUSSION CONTENT

1. The number of children is a significant factor in the development of the family and the community. In particular, large family size directly affects the population of the community (e.g. when families in a community have many children, the community population will expectedly increase).
2. Manageable population size is one of the major targets of national socioeconomic and human development.
3. Family planning saves lives, promotes family health and happiness, and work life balance.

Definition of Family Planning

Family planning is the voluntary and mutual or shared act of both couples to plan, decide, and take action on:

- What their aspirations are for their family and how to achieve them;
- How many children to have;
- When to have the next baby;
- What methods to use to achieve their desired number of children;
- How to seek help so they can have children (PMC Nurturing the Marriage and Family, POPCOM and DOH, 2009).

Family planning is not about contraceptives or limiting or spacing the number of children for its own sake. It is all about the effort of the couple to ensure that their family will have the quality of life they desire. This entails the need for couples to discuss how many children they can support since family size affects their capacity to provide for the welfare needs of their family, as well as their own personal aspirations and development goals.

The Four (4) Pillars of Family Planning

Responsible Parenthood

- This pertains to the will and the ability of parents to respond to the needs and aspirations of the family and children.
- It also refers to the series of decisions couples have to make to ensure the best possible life for the family and for the community they belong to.
- It includes the process of deciding how many children to have and when to have them.
- It entails a commitment to ensure the well-being of the family and to enable each member to fully develop one's capabilities and potentials.

Respect for Life

The 1987 Constitution protects the life of the unborn from the moment of conception. As such, based on the RPRH law, abortion should not be considered as a family planning method since it is a crime.

Family planning aims to prevent abortions by preventing unplanned or unintended pregnancies, thus saving the lives of both mothers/women and children.

Birth Spacing

Proper spacing of three (3) to five (5) years between pregnancies enables women to fully recover after the last pregnancy or childbirth.

Birth spacing improves the well-being of the mother, the health of the child, the relationship between husband and wife, and between parents and children.

Informed Choice and Voluntarism

Couples and individuals are fully informed on the different modern FP methods – the mechanisms of action, advantages, disadvantages and possible side effects of each – so they can effectively decide based on such information.

Family planning fosters and protects the right of couples to decide and choose the method that they want to use based on informed choice.

Importance and Benefits of Family Planning

Family planning is a way of helping the couple build a happy, healthy, and well-provided family. A planned family allows members more opportunities to enjoy each other's company with love and affection. It enables the family to build savings for the improvement of living standards and for use during emergencies. The benefits of family planning to the family's individual members are numerous.

Benefits of Family Planning to the Mother

- Family planning enables the mother to regain her health after delivery. It takes two (2) to three (3) years to fully recover her health after childbirth.
- It prevents young mothers (below 18 years old) and old mothers (over 35 years old) from getting pregnant because it is risky for them to bear children at their age.
 - ♦ Teenage mothers have a high tendency to have anemia, toxemia, and prolonged labor.
 - ♦ Old mothers are more likely to suffer hemorrhage because of the failure of the uterus to contract and uterine rupture. Also, they have a high tendency to develop hypertension (PMC Nurturing the Marriage and Family; POPCOM and DOH, 2009).
- Family planning provides the mother who may be suffering from chronic illnesses, such as tuberculosis, diabetes, heart disease, and anemia, enough time for treatment and recovery without fear of getting pregnant.
- It gives the mother enough time and opportunity to care for and give attention to herself, her husband, and children.
- It gives the mother time for personal advancement or development. It lightens her burden and responsibility in supporting her family since she will be providing only for the number of children she can afford to support.
- It enables the mother and her husband to provide their children quality time, good education, and a better future.

Benefits of Family Planning to the Father

- A well-planned family provides fathers who are suffering from chronic illnesses, such as tuberculosis, diabetes, anemia, etc. enough time for treatment and recovery.
- It lightens his burden and responsibility in supporting his family since he will be providing only for a few children that he can afford to support.
- It enables him to give his children a good home, good education and a better future.

- It gives him time for his own personal advancement.
- It allows his wife equal opportunity to develop herself by pursuing her career or personal goals making them more capable to jointly achieve their family aspirations.
- Well-planned children allow the father to earn extra resources and enough time to actively participate in community programs/projects.

Benefits of Family Planning to the Children

The practice of family planning will make the children:

- **Healthy** – A healthy mother can produce healthy children.
- **Happy** – The children will be brought up in a happy home where they are given all the love and attention they deserve.
- **Wanted and satisfied** – Well-spaced children in the family will allow time and opportunity for mothers and fathers to attend better to their growth and development.
- **Secure** – Well-spaced children in the family will provide more opportunities for adequate food, clothing, good education, and other needs.

Benefits of Family Planning to Community and National Development

- Family planning empowers families to achieve their aspirations so they can positively contribute to the development of the community and the country as a whole.
- It enables couples and individuals to achieve their fertility goals and eventually make them more capable of educating and ensuring the health of their children who will then become the future human resource of the country. With more educated and healthy human resource, the country's level of productivity can be improved.
- With more employed quality human resource, there will be more workers than economically dependent population.
- With increasing capacity of couples and individuals to support and invest for the development of a manageable family size, the intergenerational incidence of poverty would be reduced.
- With less unplanned pregnancies, women can contribute more to community and national development.

The Modern Family Planning Methods

- A couple can practice family planning through different methods depending on their family planning goal: to space the interval of their children; to limit the number of their children; and to have a child or more children.
- The Responsible Parenthood and Reproductive Health (RPRH) Law (Section 7) mandates all accredited public health facilities to provide a full range of modern family planning methods, which shall also include medical consultations, supplies, and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children.
- All couples intending to use family planning methods are required to go to health facilities or service providers to get accurate and comprehensive information about the available family planning methods so they can decide and choose what method to use before they are given any modern FP services.
- Modern family planning methods are categorized into artificial and natural methods.

Modern Artificial Methods. Among the modern artificial methods are the short-acting methods, the long-acting methods, and the permanent methods.

- **Short-Acting Methods.** The short-acting methods include the barrier methods like condoms, and the hormonal methods, like the pills and injectables.
 - **Condoms** – are rubber sheaths worn over the penis during sexual intercourse, thus preventing the sperm from entering the vagina. Condoms are the only contraceptive method that protects partners from sexually transmitted infections.
 - **Pills** – contain hormones in different proportions; comes in 21 or 28 pill packs taken daily. The pill prevents ovulation and thickens the cervical mucus, which prevents the sperm from entering the uterus.

Correcting Misinformation About Pills

- Pills do not cause abortion. Scientific researches on pills find that pills do not disrupt an existing pregnancy. They should not be used to try to cause an abortion because they simply cannot do so (World Health Organization, 2018).
- Pills do not cause birth defects. Good evidence shows that pills will not cause birth defects and will not otherwise harm the fetus if the woman becomes pregnant while taking pills or accidentally takes pills when she is already pregnant (World Health Organization, 2018).
- Pills do not cause cancers. Overall, the risk of developing cancer over a lifetime is similar among women who have used contraceptive pills and women who have not used pills (World Health Organization, 2018)

- Pills do not cause cancers. Overall, the risk of developing cancer over a lifetime is similar among women who have used contraceptive pills and women who have not used pills. (World Health Organization, 2018).
- **Injectable Contraceptive** – contains progestin like the natural hormone progesterone in a woman's body. It is given by injection into the muscle and slowly releases the hormone into the bloodstream. It may be administered every three months or monthly depending on the preparation. The injectable thickens the cervical mucus which prevents sperms from entering the uterus, stops ovulation and causes changes in the uterus and fallopian tubes, which prevent fertilization.

Correcting Misinformation About Injectable Contraceptives

- Injectables do not cause abortion. Scientific researches on injectables find that they do not disrupt an existing pregnancy. They should not be used to try to cause an abortion because they simply cannot do so (World Health Organization, 2018)
- Many studies show that injectables does not cause cancer. They actually help protect against cancer of the lining of the uterus (endometrial cancer) (World Health Organization, 2018)
- **Long-Acting Methods.** These include:
 - **Intrauterine Device (IUD)** - is a small, flexible plastic frame with copper sleeves or wire on it. A specially trained health care provider inserts the device into the uterus through the vagina and cervix. The IUD prevents sperm from meeting the egg by causing a chemical change that damages sperm and cell before they can meet.

Correcting Misinformation About IUD

- There is no minimum or maximum age limit for women who want to use the IUD. An IUD should be removed after menopause has occurred—within twelve (12) months after her last monthly bleeding (World Health Organization, 2018)
- Once properly inserted, the IUD does not travel to any part of the body outside the abdomen. The IUD stays within the uterus.

- **Subdermal Implant** - is a progestin-only implant that is inserted under the skin of the inner upper arm of women through a preloaded applicator under local anesthesia. This implant releases progestin at a controlled rate and thus provides very small doses to achieve the desired contraceptive effect. It suppresses ovulation and thickens cervical mucus, thus hindering sperms from passing through the cervical canal. Implants are effective from three (3) to five (5) years depending on the type of implant used.

Correcting Misinformation About Implants

- Implants do not cause cancer. Studies have not found increased risk of any cancer with the use of implants (World Health Organization, 2018).
- Evidence shows that implants will not cause birth defects and will not otherwise harm the fetus if a woman becomes pregnant while using implants or accidentally has implants inserted when she is already pregnant (World Health Organization, 2018)
- Bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help.

Permanent Methods of Family Planning

These are the methods that are more appropriate for couples who have already achieved or completed their desired number of children and have decided not to have any more pregnancies.

- **Bilateral Tubal Ligation (BTL) or Female Sterilization**– involves making a small incision in the abdomen to gain access to the fallopian tubes, which are then cut and tied so that eggs released from the ovaries cannot move down the tubes, and so they do not meet with the sperm. This surgical operation requires local anesthesia.

Correcting Misinformation About Female Sterilization

- It does not cause lasting pain in back, uterus, or abdomen.
- It does not remove a woman's uterus or cause to have it removed.
- It does not cause hormonal imbalance or heavier bleeding or change a woman's menstrual cycle.
- **Vasectomy (Non-Scalpel Vasectomy or NSV)** – is done through a puncture or small incision in the scrotum. The provider locates each of the two (2) tubes that carry sperm to the penis (vas deferens) and cuts or blocks them by cutting and tying them closed. The closed vas deferens keeps sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy.

Correcting Misinformation About Vasectomy

- Vasectomy does not remove the testicles. In vasectomy, the tubes carrying sperm from the testicles are blocked. The testicles remain in place.
- It does not decrease sex drive nor affect sexual function. A man's erection is as hard and lasts as long and he ejaculates the same as before.
- It does not cause a man to grow fat or become weak, less masculine, or less productive.
- It does not cause any diseases later in life.
- It does not prevent transmission of sexually transmitted infections, including HIV.

Natural Family Planning (NFP) or Fertility Awareness-Based (FAB) Methods

These are practices that help a woman know which days of the month she is most likely to get pregnant. A woman can learn when ovulation is coming by observing her own body and charting physical changes. She can then use this information to avoid or work out a pregnancy with her partner. The methods' effectiveness depends on the couple's ability to identify fertile and infertile periods and motivation to practice abstinence when required.

- *Billings Ovulation Method (BOM)* – is based on the daily observation of what a woman sees and feels at the vaginal area throughout the day. Cervical mucus changes indicate whether days are fertile or infertile and can be used to avoid or achieve pregnancy. With correct use, this method is 97% effective. However, with typical use, it is 80% effective.
- *Basal Body Temperature (BBT)* – is based on a woman's resting temperature (i.e. body temperature after three (3) hours of continuous sleep), which is lower before ovulation until it rises to a higher level beginning around the time of ovulation. Her infertile days begin from the third day of the high temperature reading to the last day of the cycle. All days from the start of the menstrual cycle up to the third high temperature reading are considered fertile days. With perfect use, this method is 99% effective while with typical use, its effectiveness is 80%.
- *Sympto-thermal Method (STM)* – is based on the combined technology of the Basal Body Temperature and the Billing Ovulation Method, i.e., the resting body temperature and on the observation of mucus changes at the vaginal area throughout the day together with other signs (i.e. breast enlargement, unilateral lower abdominal pain) which indicate that the woman is fertile or infertile. This method is 98% effective as correctly used.
- *Two-Day Method* – is another symptom-based method that involves the checking for cervical secretions every afternoon and/or evening, on fingers, underwear, or tissue paper, or by sensation in or around the vagina. As soon

as the woman notices any secretions of any type, color, or consistency, she considers herself fertile that day and the following day.

- **Standard Days Method (SDM)** – is based on a calculated fertile and infertile period for menstrual cycle lengths that are 26-32 days. Women who are qualified (i.e. with 26-32 days menstrual cycles) to use this method are counseled to abstain from sexual intercourse on days 8-19 to avoid pregnancy. Couples on this method use a device, the color-coded “cycle beads” to mark the fertile and infertile days of the menstrual cycle.
- **Lactational Amenorrhea Method (LAM)** – is based on the natural effect of breastfeeding on fertility. Frequent breastfeeding temporarily prevents the release of the natural hormones that cause ovulation. It works primarily by preventing the release of eggs from the ovaries (ovulation). However, this method requires three (3) conditions that must be met:
 - ♦ The mother's monthly bleeding or menstruation has not returned.
 - ♦ The baby is fully or exclusively breastfed (i.e. no other liquid including water or food) and is fed often, day and night.
 - ♦ The baby is less than six months old.



SESSION 4: STI/ HIV Prevention

Sexually transmitted infections (STIs) include a variety of bacterial, viral, protozoal, fungal and skin infections that are usually transmitted during sexual contact. The human immunodeficiency virus (HIV) which can lead to the acquired immune deficiency syndrome (AIDS) is one viral STI.

STIs, if not treated, can be life-threatening and can cause serious complications like infertility, sterility and impotency, miscarriage, cervical cancer, and pregnancy complications. For HIV and AIDS, proven effective cure has not been found until now.

That is why it is important for couples to take necessary precautions to avoid getting STIs and HIV/AIDS. Sticking to one's partner is foremost to avoid getting sexually transmitted infections. Other precautions a couple can take are avoiding having sexual intercourse with several partners, using a protective device (condom) when having sex, and not using drugs. Some basic information about STI and HIV and how to prevent getting infected are discussed in this session.



TIME ALLOTMENT: **10** minutes



OBJECTIVES OF THE SESSION

At the end of the topic, would-be married couples will be able to:

1. Define and differentiate STI, HIV and AIDS.
2. Explain how HIV is transmitted from one person to another.
3. Learn how HIV and AIDS can be prevented, as well as treated and managed.



ACTIVITY 1: *Types of STIs*

Process	Materials
<ol style="list-style-type: none"> 1. Briefly show the visuals of the different STIs and HIV and explain what they are. Flash the PowerPoint presentation if available. 2. Proceed with the discussion of the topics in the Discussion Content. 	<ul style="list-style-type: none"> • Visual aids • PowerPoint presentation








KEY MESSAGES AND DISCUSSION CONTENT

1. STI and HIV infections are diseases that do not only affect the health of an infected spouse but also the relationship between them and among members of the family. Knowledge about these diseases and how to prevent them is key to ensuring the health of the couple and their family.
2. To prevent STI and HIV infections, practice the ABCDE of prevention:
 - a. *Abstinence*: Do not engage in sex outside marriage.
 - b. *Be monogamous and keep loyal to your spouse*: Do not have multiple sexual partners.
 - c. *Correct and consistent condom use and safer sex practices*.

- d. Do not inject drugs.
- e. Education and early detection.

Sexually Transmitted Infections

- STIs are caused by bacteria and viruses spread through sexual contact. Infections can be found in body fluids such as semen, on the skin of the genitals and areas around them, and some also in the mouth, throat and rectum.
- STIs spread in a community when an infected person has sex with an uninfected person. The more sexual partners a person has, the greater his or her risk of either becoming infected with STIs or transmitting STIs.

COMMON STIs				
	VIRAL			SKIN PARASITES
BACTERIAL	Genital Herpes			Pubic Lice
Gonorrhea	Genital Warts			Scabies
Syphilis	Genital Molluscum			• Passed on by close body contact and do not require actual sexual penetrative intercourse
Chlamydia	HIV	PROTOZOAL	FUNGAL	
Chancroid	Hepatitis B	Trichomonas	Candidiasis	
				

- Some STIs cause no symptoms but all STIs can be life-threatening. If not treated, they can cause pelvic inflammatory disease, chronic pelvic pain, infertility, miscarriage, ectopic pregnancy and cervical cancer. STIs can also cause sterility and impotency in men. Some STIs can also greatly increase the chance of becoming infected with HIV.
- The common signs and symptoms of STIs are: pain on urination, itching in the genital area, foul-smelling genital discharge, and genital sores. However, most women do not usually experience symptoms, although the bacteria or the virus stays within the body, silently causing harm.

- Some 50-75% of individuals that acquired STIs are not manifesting symptoms. As a result, they may infect others without knowing it. Worse, before they learn about their infection, they may already be experiencing serious complications.
- The health centers provide STI diagnosis and treatment services. One must immediately consult a doctor if and when symptoms are experienced.

HIV/AIDS Infections

- AIDS (Acquired Immune Deficiency Syndrome) is a syndrome caused by the Human Immunodeficiency Virus (HIV). The disease alters the immune system, making people much more vulnerable to infections and diseases. This susceptibility worsens if the syndrome progresses.
- Since 1984, HIV infection that leads to AIDS has been found in the Philippines.
- HIV and AIDS are incurable. HIV and AIDS is a worldwide epidemic and the number of people getting infected with HIV is increasing in the Philippines. HIV infection has no signs and symptoms during the early stages. Anyone can be infected, but the good news is HIV and AIDS is preventable. Knowing about HIV and AIDS and avoiding behaviors that will put one at risk of HIV is the best way to protect oneself and his or her loved ones from the infection.
- The risk of HIV transmission can be reduced if individuals would change their risky sexual behavior and practices.
- HIV infection and AIDS are incurable, but preventable. Protect yourself, your spouse and future children against HIV and AIDS.

Modes of transmission of HIV

- Penetrative sexual intercourse with someone who has the virus
- Transfusion of infected blood
- Injection using contaminated syringe/needles or cut by contaminated instruments
- From the infected mother to her fetus or infant before, during or shortly after birth or through breastfeeding



SESSION 5: FP Services at Public Health Facilities



TIME ALLOTMENT: 5 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify government services and programs for family planning and other related services.



KEY MESSAGES AND DISCUSSION CONTENT

1. Services on family planning are available in every locality, provided by the LGU or non-government organizations. Barangay health workers or population volunteers are likewise doing house-to-house visits to check on the health needs of the household. Engage with them for Family Planning (FP) referral services.

Services/Programs	Sources of Services
a. Family Development Sessions (Pantawid Program)	<ul style="list-style-type: none">• M/CSWDO• Pantawid Program
b. Responsible Parenthood and Family Planning (RPFP) Classes (e.g. Usapan Strategy)	<ul style="list-style-type: none">• M/CSWDO• M/CPO• Local Health Centers• POPCOM
c. Classes on male involvement in RPFP and gender equality (e.g. ERPAT and KATROPA)	
d. FP counseling and services	<ul style="list-style-type: none">• M/CPO• M/CHO
e. Infertility management	<ul style="list-style-type: none">• Public hospitals
f. Management of gynecological diseases including Pap smear	<ul style="list-style-type: none">• Local Health Centers
g. Pap smear	
h. Maternal health services	



SYNTHESIS OF TOPIC THREE

Planning the family requires knowing about human sexuality and the differences between male and female sexuality, being aware of one's own and one's partner's fertility and how the male and female reproductive systems complement to produce a baby. Understanding these will enable a couple to decide how they can achieve the number of children they want, by choosing to use a method that is suitable to both of them, to their circumstances, and to their desired family size.

There are many family planning methods, and to be able to choose from them, the couple needs to have sufficient information on how each method works, and what their advantages/disadvantages, side effects, and benefits are. They can seek assistance – both information, counsel, and services – from the local health center or family planning or health worker.

Also part of planning the family is making an effort to stay safe from sexually transmitted infections that can jeopardize the couple's health and put the pregnancy at risk.

Having gained knowledge of these concerns and taken the needed steps of planning their family, a couple can now prepare for conceiving, giving birth, and taking care of and raising their baby which is what we will be talking about in the next topic: Pregnancy and Child Care.

TOPIC 4

PREGNANCY AND CHILD CARE

Introduction

Having a baby is a joint decision of the husband and the wife. Thus, seeing the baby through pregnancy and delivery, and taking care of the baby until he/she grows up are joint responsibilities of the husband and the wife. Although only the mother carries the baby in her womb during pregnancy and delivers him/her at birth, the father has a role to play and duties to perform during the entire process. While pregnancy and childbirth are usually welcomed as a joyous occasion for a couple, pregnancy and the road to delivery can be fraught sometimes with difficulties and complications. The mother, who carries the burden of pregnancy, needs all the support from her husband, physically, emotionally, and morally.

It is very important for the mother to go for regular prenatal checkups to ensure her health, and the health of her baby, as she goes through pregnancy. It is likewise important to deliver the baby in a health facility with a competent health service provider. There are also procedures that need to be performed with the baby during or immediately after delivery. After birth, the mother and the baby also need to go for post-natal checkups. The father can be an active part of all of these care procedures.

The couple should also be both involved actively in the care of their newborn baby. If they do this together hands-on, they will find this to be not only easy to learn but also a very gratifying activity. The baby also benefits from the care and attention that both parents are giving him/her.

Pregnancy, childbirth, and child care can be very trying and demanding for a couple. At times they can cause strain on a couple's relationship. But with a willingness to learn and to be good at the task, topped with the couple's love for one another and their baby, couples will be all the better for sharing these experiences, which can make their relationship stronger and their married life more blissful and rewarding.



SESSION 1: Safe Pregnancy and Pre-natal Care

From the first signs of pregnancy, it is best for the woman to go for a checkup, to confirm the pregnancy and to be given the needed advice on how to take care of her pregnancy. The first three (3) months of pregnancy are the most critical. A pregnant woman should go for at least four (4) prenatal checkups before she gives birth. The husband should give his wife extra understanding and support during this delicate period. Basic information on maternal, neonatal, and child health and nutrition are provided in this session.



TIME ALLOTMENT: 15 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to explain the concepts of pregnancy, male involvement, prenatal care, and the importance of building a family.



ACTIVITY: *Fetal Development*

Process	Materials
<ol style="list-style-type: none">1. Show a three (3) minute video on fetal development.2. Process the video by discussing the key messages.	<ul style="list-style-type: none">• Video presentation on fetal development



KEY MESSAGES AND DISCUSSION CONTENT

1. Pregnancy, also known as gestation, is the time during which one or more offsprings develop inside a woman. Childbirth typically occurs around 40 weeks from the last menstrual period (LMP).

Signs of Pregnancy

- **Tender, swollen breasts.** As early as two (2) weeks after conception, hormonal changes may make a mother's breasts tender, tingly or sore, fuller and heavier.
- **Fatigue.** During early pregnancy, levels of the hormone progesterone soar. In high enough doses, progesterone can put a woman to sleep. At the same time, lower blood sugar levels, lower blood pressure, and increased blood production may work together to sap the mother's energy during pregnancy.
- **Slight bleeding or cramping.** Sometimes a small amount of spotting or vaginal bleeding is one of the first symptoms of pregnancy. Known as implantation bleeding, it happens when the fertilized egg attaches to the lining of the uterus - about 10 to 14 days after fertilization. This type of bleeding is usually a bit earlier, spottier and lighter in color than a normal period and does not last as long. Some women also experience abdominal cramping early in pregnancy. These cramps are similar to menstrual cramps.
- **Nausea with or without vomiting.** Morning sickness, which can strike at any time of the day or night, is one of the classic symptoms of pregnancy. For some women, the queasiness begins as early as two weeks after conception. Nausea seems to stem at least in part from rapidly rising levels of estrogen, which causes the stomach to empty more slowly. Pregnant women also have a heightened sense of smell, so various odors – such as food, cooking, perfume or cigarette smoke – may cause waves of nausea in early pregnancy.
- **Food aversions or cravings.** A pregnant woman may be repulsed by certain foods, such as coffee or fried foods, or crave for other foods. Like most other symptoms of pregnancy, these food preferences can be chalked up by hormonal changes, especially in the first trimester, when hormonal changes are the most dramatic.
- **Headaches.** Early in pregnancy, increased blood circulation caused by hormonal changes may trigger frequent, mild headaches. (World Health Organization, 2019).

- **Constipation.** Constipation is another common early symptom of pregnancy. An increase in progesterone causes food to pass more slowly through the intestines, which can lead to constipation.
- **Mood swings.** The flood of hormones in a woman's body in early pregnancy can make her unusually emotional and weepy. Mood swings are also common, especially in the first trimester.
- **Faintness and dizziness.** As blood vessels dilate and blood pressure drops, a pregnant woman may feel lightheaded or dizzy. Early in pregnancy, faintness may also be triggered by low blood sugar.
- **Raised basal body temperature.** Basal body temperature is the oral temperature when a pregnant woman first wakes up in the morning. This temperature increases slightly soon after ovulation and remains at that level until her next period. The continued elevation for more than two (2) weeks may mean that a woman is pregnant.
- **Missed Period.** Perhaps the most obvious early symptom of pregnancy is when a woman misses her period. This sign of possible pregnancy is often what causes women to search for more details about the other pregnancy symptoms.

2. The first trimester (one (1) to three (3) months) is the most critical stage of pregnancy. A pregnant mother needs to get prenatal care to ensure safe and healthy pregnancy and childbirth.

Prenatal Visit Schedule

- Every pregnant mother has to visit the nearest facility for antenatal registration and to avail of prenatal care services. This is the only way to guide her in pregnancy care to make her prepare for child birth.
- The standard prenatal visits that women have to make during pregnancy are as follows:

PRENATAL VISIT	PERIOD OF PREGNANCY
1 st visit	From last menstruation up to three (3) months
2 nd visit	From four (4) to six (6) months
3 rd and 4 th visit	From seven (7) to nine (9) months

Maternal Nutrition

The ability of a mother to provide nutrients and oxygen for her baby is a critical factor for fetal health and survival. The consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy not only directly affects the women's health status, but may also have a negative impact on the baby's birth weight and early development. On the other hand, maternal overnutrition also has long-lasting and detrimental effects on the health of the offspring.

Micronutrient Supplementation

Micronutrient supplementation is vital for pregnant women. Micronutrients are necessary to prevent anemia, vitamin A deficiency, and other nutritional disorders. They are:

Vitamin A

Preparation	Dose	Duration	Remarks
10,000 International Unit (I.U.)	1 capsule/tablet of 10,000 I.U. twice a week	Start from the 4th month of pregnancy until delivery	Vitamin A 10,000 I.U. should NOT be given to pregnant women who are already taking prenatal vitamins or multiple micronutrients that contain vitamin A.

Iron

Preparation	Dose/Duration	Remarks
Tablet (preferably coated) containing 60 mg. elemental iron (EI) with 400 mcg. folic acid	1 tablet once a day for 6 months or 180 days during the pregnancy period or two (2) tablets per day (120 mg EI) if prenatal consultations are done during the 2nd and 3rd trimester	A dose of 800 mcg. is safe for pregnant women.

Iodine

Preparation	Dose/ Duration	Remarks
Iodized oil capsule with 200 mg. iodine	One (1) capsule a day for one (1) year	Pregnant women 15-45 years old should be given iodine supplementation.

- Among pregnant women, iodine deficiency may be associated with complications such as hypothyroidism, gestational abortion, increased first trimester abortions, abnormal fetal position, and stillbirths. Pregnant women should be given iodized oil, especially in identified iodine-deficient areas. Pregnant women given iodized oil (average age of gestation was 28 weeks) have showed significant increase in birth weights and infant survival.

(Reference: AO 2010-0010: Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups, AO No. 119, s. 2003)

What Should I Eat?

- Eating a balanced diet is important during pregnancy. Pregnant woman should be careful of the following foods and drinks during pregnancy:
 - *Meat, eggs, and fish.* Pregnant women should not eat more than two (2) or three (3) servings of fish per week (including canned fish).
 - *Fruit and vegetables.* Need to be washed properly before eating. Cutting boards and dishes should be kept clean.
 - *Dairy.* Eating four (4) or more servings of dairy each day is recommended for a pregnant woman. This will give her enough calcium for herself and her baby. Unpasteurized milk or unpasteurized milk products should not be taken. These may have bacteria that can cause infections.
 - *Sugar substitutes.* Some artificial sweeteners are okay in moderation.
 - *Caffeine.* Not more than one (1) or two (2) cups of coffee or other drinks with caffeine should be taken per day.

Reference: (<https://familydoctor.org/taking-care-of-you-and-your-baby-while-youre-pregnant>)

3. Pregnancy is a natural phenomenon and not a sickness.

Seven (7) Suggested Ways to Keep Intimacy During Pregnancy

To prevent unwarranted conflict or "sex slumps" during pregnancy, experts suggested the following:

- *Couples should not take each other or sex for granted.* Pregnant women often do not want to have sex because they think that it may harm the baby inside the uterus, but sex is a normal part of pregnancy. Intercourse movement or penetration does not harm the baby, but in the final weeks of pregnancy many doctors suggest avoiding sex as a safety precaution, since

hormones present in semen may stimulate contractions. Other than that, there is no reason to make changes in your sex life during pregnancy, unless your specialist advises, or you have a medical condition.

- *Revive the art of flirting.* To keep intimacy alive, couples should revive all the things they did to win each other over before marriage, like flirting with each other.
- *Have a "date night" at least once a week.* Couples must carve out a time for being together that focuses exclusively on each other, something which is important to continue to do even after the baby is born.
- *Add some mystery to your relationship and surprise your partner now and again.* Couples should continue to do things that spice up their relationship, including doing things that surprise their partner or something he or she did not expect. They should do something that is pleasurable to both of them and make it a surprise.
- *For Men: Court your pregnant wife.* Husband can treat his wife with the same kind of sensitivity he had when he first dated her. It may not make a big difference for him, but it can make a huge difference for her and help them both to stay close.
- *For Women: Keep him a part of your pregnancy.* It is important for a pregnant wife to share with her partner what is going on with her pregnancy. She can bring him to her appointments with the doctor and have him view the ultrasound.
- *For both husband and wife: Remain proactive about keeping intimacy alive.* Couples should not let the relationship slide even a little bit during pregnancy. If they feel the closeness slipping away, they should do something about it.

(Reference: <https://www.webmd.com/baby/features/pregnant-passions-keep-intimacy-alive#1> accessed on February 20, 2018)

4. Pregnancy is a shared responsibility: "We are pregnant." As such, it is important that the husband or male partner should be one with his spouse during her pregnancy.

- The pregnant woman needs appropriate care in order to ensure that she is free from harm and death while she carries a new life within her and delivers her baby.
- Pregnancy is not just a responsibility of the woman but also that of the husband.
- Some decisions made by the husband can, at times, affect the health of the pregnant wife.
- How the husband can support her wife during pregnancy and delivery:
 - ♦ *He can accompany his wife during prenatal checkup. During check-up, the husband can ensure the following are given to or performed on her:*
 - ◇ Health history and physical checkup
 - ◇ Blood pressure and weight
 - ◇ Laboratory checkup (e.g. urine and CBC)
 - ◇ Iron and folic acid supplements
 - ◇ Anti-tetanus vaccine
 - ◇ Advice for a healthy lifestyle together with the preparation of birth plan, breastfeeding, family planning/birth spacing, and fetal development.
 - ♦ *He can formulate a birth plan together with his wife. The birth planning includes actions or strategies that ensures the following, among others:*
 - ◇ How the wife can be immediately taken to the hospital when she experiences emergency signs such as bleeding, spotting, and other health-related risk factors
 - ◇ How the wife can give birth with the help of a health care service provider (e.g. midwife, nurse, doctor) in a health center, clinic or a hospital
 - ◇ How to cover the needed expenses during the delivery which would include ensuring that the wife is enrolled with PhilHealth to avail of its benefits and packages
 - ◇ How the pregnant wife can be transported to the nearest Philhealth-accredited facility within their area for convenience during delivery.
- ♦ The husband together with the wife can plan out beforehand when, where and how to safely travel to the accredited facility.
- ♦ They can also prepare together the important things the wife needs before, during and after pregnancy, including the needs of the baby.

- ♦ The husband and wife can start saving for hospital fees and other financial considerations that may be needed.
- ♦ *For immediate referral and treatment, the husband should know and learn the emergency signs of pregnancy, such as:*
 - ◇ Convulsions and/or faint
 - ◇ Severe headache with blurry eyesight
 - ◇ High fever and feeling weak
 - ◇ Severe abdominal pains
 - ◇ Difficulty in breathing/fast breathing
 - ◇ Rupture of the water bag
- ♦ The husband should also have available contact numbers of the service provider or facility in cases of emergency or due time for delivery.
- ♦ *The husband can also support his wife in maintaining a good and healthy pregnancy by encouraging and ensuring that she:*
 - ◇ Eats enough nutritious food.
 - ◇ Drinks 8-10 glasses of water a day.
 - ◇ Avoids salty foods.
 - ◇ Does light body exercises such as walking (as appropriate).
 - ◇ Maintains a clean body and dental hygiene.
 - ◇ Avoids smoking and drinking liquor.
 - ◇ Avoids taking medicines without a doctors' advice/prescription.



SESSION 2: Facility-Based Delivery

To ensure the efficient and professional management of birth delivery, especially those with complications, the government is now actively promoting facility-based delivery. In an accredited birthing facility, the mother can give birth under the attendance of professional doctors, nurses and midwives or trained birth attendants. These facilities are also equipped with the necessary equipment and supplies to handle complications and other medical emergencies that may arise and put mother and baby at risk if not properly managed.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to explain the importance of facility-based delivery.



KEY MESSAGES AND DISCUSSION CONTENT

1. Delivering the baby in an accredited birthing facility ensures more efficient attendance to the delivery and management of emergencies and complications, thus lessening the risk to the life and health of both mother and baby.
 - How can the husband support her wife during delivery or childbirth?
 - ◆ He can ensure that his wife delivers in a health facility such that:
 - ◇ Only experienced/trained doctors, nurses and midwives will assist her to avoid complications.
 - ◇ Birth attendants use complete and sterile supplies.
 - ◇ Only appropriate and immediate care and response will be given in case of emergencies.
 - ◇ BCG and Hepa B vaccines shall be given to the baby within 24 hours.
 - ◇ Timely referral is made for highly complicated delivery.
 - ◆ At the time of his wife's delivery, he should ensure that:
 - ◇ His wife has the liberty to choose whom she wants to be at her side during the delivery.
 - ◇ His wife is able to drink, walk, sit and stand whenever she wants to during labor.
 - ◇ After delivery, the baby is placed (in a lying position) on top of mommy's tummy (skin to skin), and a blanket is put on them.
 - ◇ Within an hour after the delivery, the baby is fed from the mother's breast milk for as long as the baby wants.

- ◊ The baby stays with his wife the whole time, except for medical procedures.
- ◆ Encourage the wife to breastfeed by telling her that:
 - ◊ Breast milk is still best for babies from birth to 6 months to make them healthy and smart.
 - ◊ Exclusive breastfeeding means no water and juices, no vitamins without doctor's prescription, and no bottled milk.
 - ◊ Exclusive breastfeeding avoids pregnancy within 6 months.
- ◆ Within 48 hours after delivery, in cases of emergency such as bleeding, high fever, and other health-related problems, the mother should be brought immediately to the health facility.
- ◆ After one week of giving birth, the husband should accompany his wife to the doctor for postnatal checkup.

(Reference: KATROPA Module: Pangangalaga sa asawa o katuwang para sa pagbubuntis)



SESSION 3: Post-Natal Care

The postpartum period begins immediately after the birth of a child and delivery of the placenta until about six weeks after. Postnatal care begins within 24 hours after delivery, during which important immediate after-birth procedures need to be performed, like newborn screening and BCG and Hepatitis B immunization. After the mother and the baby have gone home, they should still go back to the health facility for postnatal visits. These are necessary in order to check for any signs of possible complications, to maintain the micronutrient supplementation of the mother, to coach the mother on breastfeeding, and to counsel both parents on the proper care of the newborn baby. The decision of the couple to avail of family planning methods may also be discussed during these visits.

The father should accompany the mother during these postnatal visits, as he should be sharing with the mother the responsibility of taking care of the baby, as well as of the mother, especially at this time when she is still recovering from the extreme physical demands of pregnancy and childbirth.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to explain the importance of and specific activities for postnatal care.



KEY MESSAGES AND DISCUSSION CONTENT

1. During the postpartum period, which is the period beginning immediately after the birth of a child and delivery of the placenta until about six weeks after, the mother and the baby need to be seen by the doctor or health worker for needed postnatal care.

- **Birth Registration.** Registration of birth at the Local Civil Registry Office (LCRO) in the area must be accomplished by the parents or the health facility to ensure the child's right to be named and recognized is upheld. This is a compulsory for all births to enable the country to have proper data on its citizenry.
- **Postpartum Visit.** The postpartum visit is usually done within 72 hours of childbirth, ideally on the 7th day postpartum, to check for conditions such as bleeding or infections, to give the mother Vitamin A supplements, and give the couple counseling on family planning and other available services. The postpartum visit also includes maternal nutrition and lactation counseling for the mother and postnatal care of the newborn (*DOH MOP MNCHM*).
- **Postpartum Family Planning Service**
 - ♦ **Postpartum IUD (PPIUD)**
 - Immediate postpartum: within 10 minutes after placental expulsion in a normal vaginal delivery or during cesarean section (intra-Cesarean).
 - Early postpartum: within 48 hours postpartum after a normal vaginal delivery. If possible, it is best to perform the procedure within 24 hours postpartum.
 - PPIUD is 99.4% effective when used perfectly and 99.2% effective in typical use.
 - ♦ **Hormonal: Progestin-Only Method**
 - Progestin-only pill and injectable can be used both by breastfeeding and non-breastfeeding women. Many studies show that progestin does not have adverse effects on breast milk production, quality of milk produced, and infant health, growth and development.
 - ♦ **Single Rod Subdermal Implant**
 - For breastfeeding, partially breastfeeding and non-breastfeeding clients: the etonogestrel implant may be inserted immediately after delivery, before the mother is discharged from the birthing facility.
 - Later than 21 days, a client who is not on lactational amenorrhea method (LAM) is advised to use backup protection for 7 days after insertion. If the client is already sexually active and has not been using LAM, pregnancy should not be excluded, so the first natural period is awaited prior to insertion.

(Reference: Postpartum Family Planning: Supplement to The Philippines Clinical Standards Manual on Family Planning)



SESSION 4: Caring for the Baby

A frail newborn baby needs the utmost care. But caring for the baby is something that any loving parent can easily learn. The baby needs most of all the parents' loving touch. For nutrition, breast milk is all that the newborn baby will need. Ensuring the baby's complete nourishment thus also means proper nutrition for the mother so that she can provide all the nutrients the baby needs through her breast milk. Feeding the baby other foods to complement breast milk can begin only when the baby is about six months.



TIME ALLOTMENT: 10 minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to explain the importance and proper practice of breastfeeding.



KEY MESSAGES AND DISCUSSION CONTENT

1. Breast milk can supply all the nutrition the baby needs for the first six months. Start giving complementary foods only at six months but continue to breastfeed until the baby is two years old.
 - ♦ **Breastfeeding.** Breast milk is the best food for the baby. Through her breast milk, a well-nourished mother can provide all the nutrients and fluids an infant need. Encourage breastfeeding on demand, day and night, as often as the baby wants it.

- A baby should be breastfed immediately after birth to enable him/her to receive the colostrum, which contains antibodies that will protect the baby from common illness.
- A baby needs to be fed day and night, eight or more times in the 24 hours from birth. Only after a good feed may a full-term baby sleep many hours on the first day.
- For the first six months of life, the baby needs breast milk alone, meaning, exclusive breastfeeding.
- Discourage formula feeding; formula milk is not comparable to breast milk.

Benefits of Breastfeeding

- Breastfeeding provides optimum nutrition. Breastfed babies are less likely to be malnourished than bottlefed babies.
- Breastfeeding enhances the mother's health.
- Immediately after delivery, suckling of the breasts reduces the risk of postpartum hemorrhage. Suckling stimulates the release of hormones or substances which help milk flow and cause contraction of the uterus.
- Breastfeeding lowers the danger of at least two kinds of cancer: ovarian and breast cancer.
- Breastfeeding establishes bonding or closer relationship between mother and child.
- Breastfeeding protects baby from illness.
- Antibodies in the milk protect the baby from certain illnesses.
- Since the milk in the mother's breast is not contaminated, unlike bottled milk where possible contamination may occur during its preparation, breastfed babies are less likely to experience bouts of diarrhea than bottlefed babies.
- Breastfeeding saves money. Breastfeeding offers important economic advantages to families. Breast milk substitutes are expensive, bottle feeding requires purchase of special equipment, and it costs more to use milk formula than to just give food supplements to the mother.
- Breastfeeding promotes a temporary family planning method – called lactational menorrhea method (LAM) – based on the natural effect of breastfeeding on fertility that delays ovulation and menstruation.
- "Fully breastfeeding" includes both exclusive breastfeeding (the infant receives no other liquid or food, not even water, in addition to breast milk) and almost- exclusive breastfeeding (the infant receives vitamins, water, juice, or other nutrients once in a while in addition to breast milk).
- "Nearly fully breastfeeding" means that the infant receives some other liquid or food in addition to breast milk, but the majority of feedings (more than three- fourths of all feeds) are breast milk.

(Reference: World Health Organization, FP Global Handbook 2018)

- ♦ **Infant Nutrition.** Infant feeding from birth up to the first year of life influences an individual's whole life. It is common knowledge that breastfeeding is important for optimal infant feeding. Breast milk alone can be used to properly feed infants in the first six months of life, but from then on, complementary feeding is necessary. The nutritional adequacy of complementary foods is essential to the prevention of infant morbidity and mortality, including malnutrition and overweight.
- Complementary feeding is giving infants other foods or fluids to complement breast milk.

Ten Steps to healthy feeding of infants younger than two years old	
Step 1	Feed the infant exclusively with human milk up to six months. DO NOT offer water, tea or any other kind of food.
Step 2	After six months, gradually introduce other kinds of food. Keep providing human milk up to two years or longer.
Step 3	After six months, give complementary food (cereals, vegetables, meat, fruits) three times a day if the child is being breastfed, and five times a day if the child is no longer being breastfed.
Step 4	Complementary food must be offered on demand, always respecting the child's appetite.
Step 5	Complementary food must be thick and it must be offered with a spoon. At the beginning it should have a pasty consistency (porridge, mashed food); gradually, it should get thicker up to the time when the child is able to eat a family meal.
Step 6	Offer the child different kinds of food throughout the day. A varied diet can include foods that have different tastes and colors.
Step 7	Stimulate the daily intake of fruits and vegetables.
Step 8	Avoid sugar, coffee, canned food, fried food, soft drinks, candies, and treats in the first years of life. Use a moderate amount of salt.
Step 9	Make sure to wash your hands before handling food. Make sure the food is properly stored.
Step 10	Stimulate the sick child to eat. Offer the usual and favorite meals and respect the child's appetite.

Source: (http://www.scielo.br/scielo.ph/pid=SO002175572004000700004/pid=SO02175572004000700004&script=sci_art_text&tlng=en)



SESSION 5: Available Services for Pregnancy and Child Care



TIME ALLOTMENT: **Five (5)** minutes



OBJECTIVES OF THE SESSION

At the end of the session, would-be married couples will be able to identify government services and programs for maternal, newborn, and child health and nutrition (MNCHN).



KEY MESSAGES AND DISCUSSION CONTENT

1. Services for the mother and the baby are available in every locality, provided by the LGU or nongovernment organizations. Engage with them for pregnancy and childcare referral services.

Services/Programs	Sources of Services
a. Birth Plan b. Tetanus Toxoid Immunization c. Philhealth Maternity Benefits	<ul style="list-style-type: none">• Local Health Centers• Local Health Centers• Philhealth
a. Newborn Screening (Early Detection of Disabilities) b. Immunization	<ul style="list-style-type: none">• Facility where the baby is born i.e. hospital, lying in clinic etc.• Local Health Centers

* The discussion of the services above is contained in the Annex G.



SYNTHESIS OF TOPIC FOUR

Maternal, neonatal, child health and nutrition (MNCHN) concerns mainly the health and nutritional well-being of the mother and the baby, from the period of pregnancy when the baby is in the mother's womb, to the time the baby is already a small growing child.

A couple – both the husband and the wife – must be aware of the delicate condition that the mother and the baby are in during these periods, and the special care and nutrition they need in order to ensure that the pregnancy and childbirth will be safe, and both the mother and the baby will be healthy.

During pregnancy, the mother needs to go for prenatal checkups to monitor the progress of the pregnancy and promptly manage any irregularities. At the time of birth, the mother must deliver the baby in an accredited health facility under the care of a trained birth attendant. And after delivery, the mother and the baby need to go for postnatal checkups to check for any infections and other problems, and to give the baby needed immunizations. Postnatal visits are also occasion for the mother to receive micronutrient supplements and advice on breastfeeding, and for the couple to receive counseling regarding family planning.

It is important for couples to be aware of these conditions and care requirements before they get married.

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ANNEX A

The Marriage Expectations Inventory Form

Instruction. *This Marriage Expectations Inventory Form is designed to help you assess your expectations about marriage so you can engage each other in a dialogue to make your relationship stronger. Kindly check or provide your answer that corresponds to your level of agreement or disagreement.*

Statement	Agree	Neutral	Disagree	Reason/s
A. EXPECTATIONS ON MARRIAGE AND RELATIONSHIPS				
1. I feel loved when:				
• My partner gives me compliments or praises.				
• We do things together.				
• I receive gifts, flowers, small things, etc.				
• My partner willingly provides a helping hand.				
• My partner shows physical affection (e.g. holds my hand, embraces/ cuddles/kisses me)				
2. When we talk, I expect my partner to be sensitive/cautious to:				
• Tone of her/his voice				
• Words spoken				
• Gestures, body language, eye-to-eye contact				
• Listening with undivided attention				
3. I know well the strengths and weaknesses of my spouse.				
4. If we will have a conflict, as husband and wife, we will solve it by:				
• Talking it out				
• Writing letters				
• Ignoring the issue				
• Silent treatment				
• Third party mediation (in-laws, godparents, friends, counselors, etc.)				
5. I will allow my spouse or myself to give financial support to my in-laws/relatives.				

Statement	Agree	Neutral	Disagree	Reason/s
6. I will allow receiving financial support from my parents/ in-laws/ relatives.				
7. I am comfortable if my partner checks out my personal stuff such as mobile phone, wallet, social media account, etc.				
B. EXPECTATIONS ON RESPONSIBLE PARENTHOOD				
8. After getting married, we will live independently from our parents/ relatives.				
9. I will allow my spouse to work for a living.				
10. I believe that it is the husband who should make the major decisions on financial matters.				
11. Only the wife is in charge of the household chores.				
12. If we cannot have children, I will consider alternative parental care (e.g. adoption, foster care).				
13. Disciplining, nurturing and rearing our children is our shared responsibility as spouses.				
14. I believe in physical punishment in disciplining children.				
15. I believe that the children should observe their father's religion.				
16. If I will have a child with special needs, I will:				
• Send my child to school.				
• Put up my child for adoption/send to DSWD or similar facility.				
• Confine my child at home.				
17. For me, having a child is:				
• A gift or blessing from God				
• For continuity of lineage				
• Additional help in earning income				
• For taking care of us when we get old				

C. EXPECTATIONS ON PLANNING THE FAMILY				
18. I prefer to have less than three children.				
19. If we have problems in having children, I will submit myself to fertility tests/workout.				
20. I believe that the number and spacing of children is a shared decision of husband and wife.				
21. I believe that sex in marriage is:				
• A duty				
• My right				
• An expression of love				
• For procreation or reproduction purposes only (pagkakaroon ng anak)				
22. I believe that the wife may initiate sex.				
23. Husband's consent is necessary for the wife to use family planning methods.				
24. I will personally use or allow my spouse to access modern family planning methods to limit and space childbirth.				
D. EXPECTATIONS ON PREGNANCY AND CHILD CARE				
25. I believe that ensuring safe and healthy pregnancy is the responsibility of the wife.				
26. I believe that child care and nutrition are the responsibility of the wife.				
27. I will go to a birthing facility (clinic/lying-in or hospital) for the delivery of my baby.				
28. I want my newborn baby to be breastfed after delivery.				
29. I will subject my baby to newborn screening.				
30. For me, the husband's roles to ensure safe pregnancy and delivery are:				
• Accompany the wife during prenatal and postnatal checkup.				

Statement	Agree	Neutral	Disagree	Reason/s
• Formulate a birth plan with the wife.				
• Ensure that either husband or wife is enrolled with PhilHealth.				
• Know the nearest Philhealth-accredited facility within our place.				
• Prepare the important things the wife needs before, during and after pregnancy, including those of the baby.				
• Together with the wife, start saving for hospital fees and other financial considerations that may occur.				
• Know the emergency signs of pregnancy, and secure contact numbers of service provider.				
31. I believe in keeping intimacy during pregnancy by:				
• Going on a date once a week or more often.				
• Going out with friends.				
• Having sexual intercourse.				

ANNEX B1

JMC No.1 Series of 2018

Department of the Interior and Local Government
Department of Health
Department of Social Welfare and Development
Commission on Population
Philippine Statistics Authority

**Joint Memorandum Circular No. 1
Series of 2018**

To: All Provincial Governors, City/ Municipal Mayors, Civil Registrars, PMC Program Implementers and Parties to Intended Marriages

Subject: Revised Pre-Marriage Orientation and Counseling (PMOC) Program Implementing Guidelines of 2018

1.0. RATIONALE

Presidential Decree 965, the 1987 Family Code, the Local Government Code, and the Responsible Parenthood and Reproductive Health Act (RA 10354) require all contracting parties or would-be-couples applying for a marriage license to attend and participate in a Pre-Marriage Orientation and Counseling session before they are issued such license. This program has long been institutionalized in all local government units (LGUs). At present, however, there are as many models of implementation as there are LGUs. Moreover, based on the assessment of the program done by the Commission on Population in 2010, critical operational issues continue to beset the program significantly affecting the quality of information being disseminated through these sessions.

Within this context, there is a need to harmonize the implementation of existing policies on Pre-Marriage Orientation and Counseling (PMOC) and strengthen the objectives of the program to prepare contracting parties to effectively assume their roles as spouses and parents within the bounds of marriage. There is also a need to streamline and standardize processes in the conduct of the PMOC to optimize the true intention of the program. For this purpose, these guidelines are set for compliance of national implementing agencies and local government units.

2.0. DEFINITION OF TERMS

- a. Contracting parties – refers to the engaged or would-be-spouses who, in order to obtain a marriage license, are required to undergo the pre-marriage orientation and/or counseling.

Handwritten signature/initials

Page 1 of 16

- b. Pre-Marriage Orientation (PM Orientation) – in compliance to RA 10354, it refers to the session that all contracting parties must attend before the issuance of a marriage license regardless of the age of the parties. This session provides adequate instructions and information on responsible parenthood, family planning, breastfeeding and infant nutrition and marriage and relationship shall be provided to the contracting parties.
- c. Pre-Marriage Counseling (PM Counseling) – in compliance with the Family Code, it refers to the mandatory counseling session required to all contracting parties where one or both parties are 18-25 years old in addition to their attendance to the PM Orientation. Contracting parties above 25 years old may also avail of this service. The session provides assistance and guidance to the contracting parties towards an informed decision about their forthcoming married life.
- d. Certificate of Compliance – a certificate signed by the PMOC Team Members who conducted the PMO Session and issued by the Local Population Office to contracting parties who have completed the pre-marriage orientation session.
- e. Certificate of Marriage Counseling – a certificate issued by an accredited PM Counselor to contracting parties who have completed the pre-marriage counseling session.

3.0. CREATION OF NATIONAL AND REGIONAL PMOC TECHNICAL WORKING GROUPS (TWGs)

- 3.1. There shall be constituted a National PMOC TWG composed of representatives from the following national agencies/organizations:

Chairperson	Commission on Population
Vice-Chairperson	Department of the Interior and Local Government
Members	Department of Social Welfare and Development
	Department of Health
	Philippine Statistics Authority

The Commission on Population shall serve as and provide for Secretariat functions in the undertakings of the National PMOC TWG.

- 3.2. The National PMOC TWG shall have the following task and functions:
 - 3.2.1. Manage the review, modification, development, consolidation, recommendation of policies and strategies and provision of other technical inputs in relation to the effective operationalization of the PMOC program;

- 3.2.2. Coordinate and recommend the necessary resource allotment and actions of the agencies and organizations at the national level for the effective operationalization of the PMOC program;
- 3.2.3. Discuss and resolve arising issues in relation to the implementation of the PMOC program;
- 3.2.4. For the effective operationalization of the PMOC program, provide technical guidance through policy and program advisories directed to regional, and provincial PMOC TWGs as well as local PMOC teams;
- 3.2.5. Develop and adopt a PMOC manual with corresponding training program designs and periodically review and improve the same;
- 3.2.6. Set up a monitoring and evaluation (M&E) system for the implementation of the PMOC program that includes the preparation of annual report of implementation to be submitted to the National PMOC TWG member agency/organization principals;
- 3.2.7. Perform and act on any additional task as may be required in the effective implementation of the PMOC program;
- 3.2.8. Develop and implement regulations for the certification/accreditation of non-government institutions as training providers on PMOC-related trainings; and
- 3.2.9. Evaluate and certify the competency of non-government institutions – nationally based or those that cover more than one region as its area of operation – to provide PMOC-related trainings and subsequently issue their certificate of accreditation.

- 3.3. There shall be constituted a Regional PMOC TWG composed of representatives from the regional offices of the following agencies/organizations:

Chairperson:	Commission on Population - Regional Office
Vice-Chairperson:	Department of the Interior and Local Government
Members:	Department of Social Welfare and Development
	Department of Health
	Philippine Statistics Authority

The Commission on Population Regional Office shall serve as the Secretariat for the Regional PMOC TWG.

- 3.4. The Regional PMOC TWG shall have the following task and functions:
 - 3.4.1. Elevate to the National PMOC TWG all arising issues in relation to the effective implementation of the PMOC program, which, warrant policy and program intervention from the national level;
 - 3.4.2. Coordinate and recommend the necessary resource allotment and actions of the agencies and organizations at the regional level for the effective operationalization of the PMOC program;

- 3.4.3. Tackle and deliberate all arising issues in relation to the implementation of the PMOC program to come up with effective policy and program recommendations for the different regional agencies and organizations;
- 3.4.4. Disseminate policy and program advisories issued by the National PMOC TWG;
- 3.4.5. Assist the National PMOC TWG in the operationalization of the PMOC program M&E system through the gathering and submission of reports and data required;
- 3.4.6. Perform any additional tasks assigned by the National PMOC TWG and/or as may be required in the effective implementation of the PMOC program; and
- 3.4.7. Evaluate and certify the competency of non-government institutions, operating in their respective regions, to provide PMOC-related trainings and subsequently issue their certificate of accreditation.

4.0. IMPLEMENTING THE PMOC PROGRAM THROUGH TEAM APPROACH

- 4.1. **Team Approach.** The PMOC Program at the local level shall be implemented through a team approach where all concerned agencies/offices shall collectively and systematically plan, implement, and monitor the program to ensure its quality and effectiveness.
- 4.2. **PMOC Team.** There shall be constituted in every city and municipality a PMOC Team to be composed of:

Team Leader	Appointed or Designated City/Municipal Population Officer
Mandatory Members	Representatives from the: <ul style="list-style-type: none"> • City/Municipal Health and Nutrition Office • City/Municipal Social Welfare Development Office
Pre-Marriage Counselor	Any PMOC Member accredited by the DSWD as Pre-Marriage Counselor, who will provide pre-marriage counseling session pursuant to EO 209.
Optional Members	Representatives from the: <ul style="list-style-type: none"> • Local Civil Registrar's Office • Other relevant local offices such as but not limited to Agriculture, Education, GAD, etc. • Civil Society Organization

The PMOC team shall be comprised of a minimum of three (3) members coming from the designated team leader and mandatory offices set forth above through an issuance of an executive order by the Local Chief Executive. Provided that, the city/municipal mayor has the option to increase the team

188

membership as he/she deems fit for the effective implementation of the PMOC program. Provided further, that the city/municipal mayor shall ensure the timely replacement of mandatory team members in cases of retirement, resignation, or other forms of separation from the office of the latter.

4.3. Eligibility. The PMOC Team Members shall have the following qualifications and eligibility requirements:

- 4.3.1. The team leader and mandatory members of the PMOC team must have permanent status of appointments in their respective LGU offices;
- 4.3.2. The team leader, mandatory members, and optional members of the PMOC team must have undergone and completed the PMOC Training conducted by POPCOM in collaboration with other agencies in accordance with the training program developed by the National PMOC TWG; and
- 4.3.3. PM Counselors must be accredited by DSWD before they can provide PM Counseling.

4.4. Tasks and Functions. The PMOC Team shall have the following task and functions:

- 4.4.1. Develop and maintain a responsive mechanism to effectively implement the PMOC program in the city/municipality;
- 4.4.2. Ensure adequate number of trained PMOC members that can cover the prevailing number of marriage license applicants;
- 4.4.3. Advocate for the effective implementation of the PMOC Program to ensure adequate resources, logistics requirement, and policy support for the program;
- 4.4.4. Undertake preparatory activities for the PMOC sessions by:
 - 4.4.4.1. Disseminating information about the PMOC program through community assemblies, barangay meetings, and quad-media outlets;
 - 4.4.4.2. Posting schedules of PMOC sessions in the office of the Local Civil Registrar, offices of the mandatory members of the PMOC team, and other noticeable places in the city/municipal hall;
 - 4.4.4.3. Ensuring appropriateness, readiness and availability of a venue for PMOC sessions;
 - 4.4.4.4. Preparing schedules of PMOC sessions for mandatory team members to enable them to plan these activities; and
 - 4.4.4.5. Processing of the accomplished marriage expectation inventory (MEI) by contracting parties to take note of the specific areas of concerns needing emphasis at the actual conduct of the PMOC session;



- 4.4.5. Conduct the PMO session for not more than 15 couples at a time and the PMC session per couple or by group of not more than six (6) couples;
- 4.4.6. Conduct PMC session for selected couples based on the accomplished MEI, for contracting parties where one or both parties are 18-25 years old or as requested by couples;
- 4.4.7. Provide the Certificate of Compliance to contracting parties who have completed the PM Orientation to be signed by the PMOC Team Members who conducted the PMO Session and issued by the Local Population Office;
- 4.4.8. Provide the Certificate of Marriage Counseling to contracting parties who have completed the PM Counseling session to be issued by an accredited PM Counselor;
- 4.4.9. Regularly assess, resolve and/or elevate arising issues in the implementation of the PMOC program; and
- 4.4.10. Maintain a client satisfaction feedback survey and consolidate the result annually as a mechanism to monitor the quality of PMOC session provided as well as to serve as an additional basis in the renewal of the accreditation of PM counselors.

4.5. Local PMOC Secretariat. The City/Municipal Population Office or, in its absence, the Family Planning Unit/Coordinator of the City/Municipal shall provide secretariat support to the implementation of PMOC program. The PMOC Secretariat shall specifically perform the following functions:

- 4.5.1. Maintain the profile and electronic or hard database of couples;
- 4.5.2. Prepare the needed supplies, materials, and equipment for the conduct of the PMOC sessions;
- 4.5.3. Prepare and control the issuance of Certificate of Compliance and Certificate of Marriage Counseling; and
- 4.5.4. Prepare and submit reports to PMOC Regional TWG.

5.0. ROLES OF NATIONAL AND REGIONAL COORDINATING AGENCIES/ ORGANIZATIONS

Aside from their participation in the national and regional TWGs, within their respective agency/organization mandates, the agencies/organizations shall perform their roles and functions enumerated below. All concerned government agencies shall issue appropriate internal policies and guidelines to operationalize their roles and functions.

5.1. Commission on Population (POPCOM)

- 5.1.1. Issue POPCOM Board Resolution encouraging LGUs to provide PMOC Program as a basic service in consonance with the Local Government Code;

- 5.1.2.** In accordance with the PMOC training program developed and approved by the National PMOC TWG and their principals, the POPCOM shall:
- 5.1.2.1.** at the national level, conduct training of trainers on PMOC for Regional Implementers; and
 - 5.1.2.2.** at the regional level, conduct, in collaboration with the regional PMOC TWG members, and issue corresponding certification for the training of new local PMOC Team members;
- 5.1.3.** Conduct annual assessment of the PMOC Program;
- 5.1.4.** Advocate for the effective implementation of the PMOC program;
- 5.1.5.** Take the lead in the monitoring and evaluation of the PMOC program;
- 5.1.6.** Undertake researches as input to the PMOC policy development tools;
- 5.1.7.** Install and maintain a data bank for the PMOC regional program, including but not limited to development and maintenance of inventory of Pre-Marriage Counselors and those who conduct PM Orientation;
- 5.1.8.** Provide and certify relevant PMOC-related training as requirement for accreditation of counselors; and
- 5.1.9.** Provide updates to the National and Regional PMOC TWG regarding trainings provided.

5.2. Department of the Interior and Local Government

- 5.2.1.** Disseminate the Revised Pre-Marriage Orientation and Counseling Program Implementation Guidelines of 2018 to all Local Government Units nationwide;
- 5.2.2.** Disseminate all other subsequently issued policies and issuances in relation to the effective implementation of the PMOC program to all Local Government Units nationwide;
- 5.2.3.** Disseminate all program and policy advisories issued by the National PMOC TWG to all Local Government Units nationwide;
- 5.2.4.** Actively monitor compliance of LGUs in the implementation of their respective local PMOC programs. This can be made through the inclusion of PMOC program implementation indicators in the DILG's LGU performance assessment/evaluation tools and programs such as the Local Government Performance Measurement System (LGPMS), Seal of Good Local Governance (SGLG), etc.; and
- 5.2.5.** Encourage the leagues of local government specifically the Union of Local Authorities of the Philippines (ULAP), League of Municipalities of the Philippines (LMP) and League of Cities of the Philippines (LCP) for necessary support for the implementation of the PMOC Program.

5.3. Department of Social Welfare and Development

- 5.3.1.** Advocate for the effective implementation of the PMOC program;
- 5.3.2.** Provide technical assistance to LGUs and to the PMOC teams;
- 5.3.3.** Accredite the Pre-Marriage Counselors of the PMOC teams;
- 5.3.4.** Provide relevant PMOC-related training as requirement for accreditation of counselors; and

84B

5.3.5. Provide technical assistance in the training of PMOC teams.

5.4. Department of Health

5.4.1. Provide necessary evidence based policy guidelines and technical assistance for the effective implementation of the PMOC program at the national, regional, and local levels;

5.4.2. Advocate for the effective implementation of the PMOC program at the national, regional, and local levels;

5.4.3. Assist in the implementation of the monitoring and evaluation system of the PMOC program; and

5.4.4. Provide relevant PMOC-related trainings.

5.5. Philippine Statistics Authority

5.5.1. Disseminate PMOC -related policies and implementation guidelines to local civil registrars;

5.5.2. Provide technical inputs in the development of PMOC manual of the PMOC training program; and

5.5.3. Provide to Local Civil Registrars relevant information on PMOC matters such as statistical data on family planning, parenthood and marriage.

6.0. ROLES OF LOCAL GOVERNMENT UNITS

6.1. City and Municipal Level

6.1.1. The Local Government Unit through the City/Municipal Mayor shall:

6.1.1.1. Effect the implementation of the PMOC program particularly the issuance of executive orders/circulars/directives for an effective and responsive PMOC program implementation;

6.1.1.2. Include in his/her proposed annual budget for the Sanggunian an allotment for the effective operation of the PMOC team and the conduct of PMOC sessions;

6.1.1.3. Provide support for the PMOC implementation ensuring that resources would be made available for (1) the venue for the sessions, (2) supplies and materials, (3) basic and refresher training for PMOC team members, and (4) meals, transportation, and other incidental expenses necessary for the PMOC Team's performance of their duties and functions; and

6.1.1.4. Ensure that at least one (1) member of the PMOC team is an accredited PM counselor who will issue and sign the Certificate of Marriage Counseling.

6.1.2. The Local Government Unit through the Sangguniang Panglungsod/ Sangguniang Bayan shall pass ordinances in support of the PMOC

program including recurring annual budget for the PMOC team and their clients.

- 6.1.3.** The City/Municipal Population Office or designated officer shall:
- 6.1.3.1.** Serve as the focal office and secretariat of the PMOC team;
 - 6.1.3.2.** Maintain records and files of the PMOC program;
 - 6.1.3.3.** Prepare the necessary reports for submission to the Regional and Provincial PMOC TWGs in relation to the PMOC Program M&E system;
 - 6.1.3.4.** Submit PMOC program implementation reports to the Local Chief Executive annually and from time to time as may be required by the latter;
 - 6.1.3.5.** Organize and coordinate the conduct of training for their respective PMOC team members;
 - 6.1.3.6.** Ensure that the PMOC session is conducted using the team approach;
 - 6.1.3.7.** Ensure that contracting parties with unmet need for family planning are referred to appropriate health service providers; and
 - 6.1.3.8.** Ensure that contracting parties with demand for other health and social services are referred to appropriate health and social service providers.
- 6.1.4.** The City/Municipal Health Office:
- 6.1.4.1.** Serve as mandatory member of the PMOC Team;
 - 6.1.4.2.** Conduct PMOC sessions together with other mandatory members;
 - 6.1.4.3.** Collaborate with the mandatory members in ensuring that the PMOC Program is implemented efficiently and effectively; and
 - 6.1.4.4.** Address and provide the necessary family planning and health services needed by contracting parties identified with unmet need during PMOC sessions.
- 6.1.5.** The City/Municipal Social Welfare and Development Office:
- 6.1.5.1.** Serve as mandatory member of the PMOC Team;
 - 6.1.5.2.** Conduct PMOC sessions together with other mandatory members;
 - 6.1.5.3.** Collaborate with the mandatory members in ensuring that the PMOC Program is implemented efficiently and effectively; and
 - 6.1.5.4.** Address and provide the necessary social service need by contracting parties identified during PMOC sessions.
- 6.1.6.** The Local Civil Registrar's Office (LCRO) shall:
- 6.1.6.1.** Release the marriage license to the applicants upon presentation of the following: ✓

- 6.1.6.1.1. For contracting parties ages 18-25 - duly signed Certificate of Compliance and Certificate of Marriage Counseling or its equivalent certificate issued by other authorized solemnizing officer; and
- 6.1.6.1.2. For contracting parties ages 26 and above - duly signed Certificate of Compliance;
- 6.1.6.2. Regularly submit copies of the applications for marriage license to PSA for archiving.

6.2. Provincial Level

- 6.2.1. There shall be constituted a Provincial PMOC TWG composed of representatives from the following provincial offices/organizations:

Chairperson	Office of the Governor
Vice-Chairperson	Provincial Population Office
Members	Provincial Health Office
	Provincial Social Welfare and Development Office
	PSA-Provincial Office
	DILG –Provincial Office

The Provincial Population Office shall serve as and provide for secretariat functions in the undertakings of the Provincial PMOC TWG.

The Governor shall, with the recommendation of the PMOC TWG, have the authority to expand the membership of the body as may be necessary in the effective implementation of the PMOC program.

- 6.2.2. The Provincial PMOC TWG shall have the following task and functions:
 - 6.2.2.1. Elevate to the Regional PMOC TWG all arising issues in relation to the effective implementation of the PMOC program, which, warrant policy and program intervention from the regional level;
 - 6.2.2.2. Coordinate and recommend the necessary resource allotment and actions of provincial offices and local government units for the effective operationalization of the PMOC program at the local level;
 - 6.2.2.3. Tackle and deliberate all arising issues in relation to the implementation of the PMOC program to come up with effective policy and program recommendations for the different provincial offices and local government units;
 - 6.2.2.4. Disseminate policy and program advisories issued by the National PMOC TWG;

1417

- 6.2.2.5. Assist the Regional PMOC TWG in the gathering and submission of reports required by the PMOC program M&E system; and
- 6.2.2.6. Perform and act on any task as may be required in the effective implementation of the PMOC program.

6.2.3. The Local Government Unit through the Sangguniang Panlalawigan shall adopt an ordinance in coordination with component cities and municipalities in support of the PMOC program implementation in the entire province including provision of necessary resources.

7.0. PMOC SERVICE PROTOCOL

The PMOC Program Services shall be availed through the following procedures:

- 7.1. All contracting parties who are required to get marriage license must first apply for a marriage license at the Local Civil Registry Office (LCRO);
- 7.2. The LCRO subsequently refers the applicant contracting parties to the City/Municipal Population Office (*as PMOC focal and secretariat*);
- 7.3. The applicant contracting parties will personally register with the PMOC Secretariat and must accomplish the Marriage Expectation Inventory Form (MEIF);
- 7.4. All applicant contracting parties, except those marriages exempted from license requirement as provided in the Family Code of the Philippines must personally attend the PM Orientation to be conducted by the PMOC team on the designated schedule, session of which shall not be less than four (4) hours;
- 7.5. The pre-marriage counseling session, to be provided by an accredited pre-marriage counselor who is a member of the local PMOC, shall be conducted on the designated schedule, session of which shall not be less than three (3) hours;
- 7.6. The PM Orientation and PM counseling sessions should be conducted within the same calendar day;
- 7.7. All applicant contracting parties shall be given adequate instructions and information on responsible parenthood, family planning, breastfeeding and infant nutrition, and marriage and relationship;
- 7.8. After the PM Orientation, applicant contracting parties who are 18-25 years old are also required to attend a separate PM counseling session. If only one of the contracting parties is between the ages 18-25, the other party who is more than 25 years old must also be present at the Pre-Marriage Counseling Session. ✓

Contracting parties ages 18-25 who has a certificate issued by priest, imam or minister authorized to solemnize marriage will no longer need to undergo PM Counseling Session (Art.16, EO209);

7.9. A Certificate of Compliance shall be issued to contracting parties upon completion of the PM Orientation session which shall be signed by PMOC Team Members who conducted the orientation and issued by the Local Population Office;

7.10. For contracting parties who are required of parental consent and advice (18-25 years old) and have completed the Pre Marriage Counseling session, a Certificate of Marriage Counseling will be issued by an accredited PM counselor;

7.11. The contracting parties shall return to the LCRO and present the signed Certificate of Compliance and Certificate of Pre-Marriage Counseling (if necessary) to obtain the marriage license; and

7.12. The Certificates shall contain information as contained in Annex A (Certificate of Compliance) and Annex B (Certificate of Marriage Counseling) which are integral parts of this JMC.

8.0. CONFIDENTIALITY CLAUSE

Personal details of the contracting parties shall be stored and maintained confidentially by the PMOC Team. The PMOC Team must observe and respect the data privacy rights of the contracting parties.

The use of any personal information collected, stored, and processed under the PMOC Program shall be subject to the rules and regulations as provided for by the Data Privacy Act of 2012 or RA 10173.

9.0. TRAINING OF PMOC TEAM

9.1. All PMOC Team Members must undergo the PMOC Training Program prescribed by the National PMOC TWG;

9.2. The PMOC Training program will include:

9.2.1. The mandatory training on the PMOC Manual which has 2 parts: Module 1 on PM Orientation and Module 2 on PM Counseling for new PMOC Team members; and

9.2.2. The PMOC-related learning and development courses that will provide continuing education to PMOC team members. This is a listing of

training programs provided by both government and non-government institutions recognized by the National and Regional PMOC TWGs;

9.3. For new PMOC Team Members, they must undergo the Training on PMOC:

9.3.1. POPCOM shall lead the provision of the Training on PMOC Manual Module I. POPCOM may conduct the training or collaborate with other agencies for the conduct of the same; and

9.3.2. POPCOM shall issue a Certificate of Training Completion to all PMOC team members that have undergone said training. The Certificate will form part of the accreditation requirement for Pre-Marriage Counselors;

9.4. All new pre-marriage counselors who will conduct the PMC sessions, in addition to PMO training to be conducted by POPCOM, shall undergo pre-marriage counseling (focusing on marriage counseling skills) training to be led by the DSWD based on the module to be jointly developed by the members of the National PMOC Team; and

9.5. For continuous upgrading of skills and capacities and updating on related issues, PMOC team members are required to undergo refresher course and relevant trainings. PMOC Team members may select and go through any of the training programs listed under the PMOC Training Program prescribed and conducted by the National PMOC TWG and accredited non-government institutions.

10.0. ACCREDITATION OF PRE-MARRIAGE COUNSELORS

The accreditation of pre-marriage counselors shall be governed by a separate guidelines issued by the DSWD.

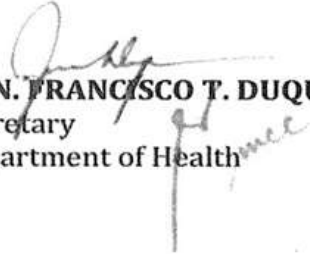
11.0. MISCELANEOUS PROVISIONS


11.1.Repeal – DILG-DOH-DSWD-POPCOM Joint Memorandum Circular No. 01 Series of 2010, and the Revised Pre-Marriage Counseling (PMC) Program Implementing Guidelines of 2002 is repealed in its entirety, and all other issuances inconsistent with the provisions of this joint memorandum circular is hereby repealed or modified accordingly. Any supplemental or amendatory policy in relation to this JMC shall be issued accordingly.

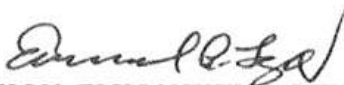
11.2.Interpretation and Construction – These guidelines shall be liberally construed to ensure and facilitate the effective implementation of the PMOC program, and conduct of PMOC sessions by competent and appropriately trained PMOC team members


11.3.Separability – If, for any reason, any part or provision of these guidelines is declared invalid or unconstitutional, any part or provision not affected thereby shall remain in full force and effect.


11.4.Effectivity – This Joint Memorandum Circular shall take effect immediately.


HON. FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health


HON. EDUARDO M. AÑO
Officer-in-Charge
Department of the Interior and
Local Government


HON. EMMANUEL A. LEYCO
OIC-Secretary
Department of Social Welfare
and Development


HON. LISA GRACE S. BERSALES, Ph.D.
Undersecretary
National Statistician and Civil Registrar
General
Philippine Statistics Authority


DR. JUAN ANTONIO A. PEREZ, III
Executive Director
Commission on Population


COMMISSION ON POPULATION

RECEIVED

Date: Sept. 10, 2018 Time: 2:00 PM

By: E. Valentin

CENTRAL RECORDS UNIT

 Page 14 of 16

CERTIFICATE OF COMPLIANCE

This is to certify that Mr. _____ and Ms. _____ have completed the Pre-Marriage Orientation (PMO) session, in accordance with Section 15 of R.A. 10354. This certificate will be valid until the issuance of the marriage license.

Conducted by: (PMOC Team Members who conducted the PMO only)

Name and Signature
Position/Designation

Name and Signature
Position/Designation

Name and Signature
Position/Designation

Issued by: *(Local Population Office or Family Planning Office, or by the Local Health Office in absence of a local Family Planning Office)*

Name and Signature
Position/Designation
Office *(Local Population Office or Family Planning Office or Local Health Office)*



CERTIFICATE OF MARRIAGE COUNSELING

This is to certify that Mr. _____ and Ms. _____ have completed the Pre-Marriage Counseling (PMC) session, in accordance with Article 16 of the New Family Code (EO 209). This certificate will be valid until the issuance of the marriage license.

Issued by: *(Must be an accredited PM Counselor)*

Name and Signature

Position/Designation

Accreditation No.: _____

Date of Accreditation: _____

18B

ANNEX B2

DILG MEMORANDUM CIRCULAR 2018-182



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
DILG-NAPOLCOM Center, EDSA corner Quezon Avenue, West Triangle, Quezon City
<http://www.dilg.gov.ph>



MEMORANDUM CIRCULAR
No.: 2018-182

October 26, 2018

TO : ALL PROVINCIAL GOVERNORS, CITY MAYORS, MUNICIPAL MAYORS, ARMM REGIONAL GOVERNOR, DILG REGIONAL DIRECTORS AND OTHERS CONCERNED

SUBJECT : ADOPTION OF REVISED PRE-MARRIAGE ORIENTATION AND COUNSELING (PMOC) PROGRAM IMPLEMENTING GUIDELINES OF 2018

DILG-DOH-DSWD-POPCOM-PSA Joint Memorandum Circular No. 1 Series of 2018 entitled, "*Revised Pre-Marriage Orientation and Counseling (PMOC) Program Implementing Guidelines of 2018*", was issued to harmonize the implementation of the PMOC Program in the LGUs as mandated by Presidential Decree 965, the 1987 Family Code, the Local Government Codes 1991 (RA 7160) and the Responsible Parenthood and Reproductive Health Act (RA 10354).

The JMC requires contracting parties or would-be-couples applying for marriage license to attend and participate in a Pre-Marriage Orientation and Counselling session before they are issued such license. Furthermore, this JMC provides information on how to streamline and standardize processes in the conduct of the PMOC to optimize the true intention of the program. It also serves as guidelines for relevant/concerned agencies and local government units to effectively implement the PMOC program.

In view of this, all Local Chief Executives and others concerned are hereby enjoined to adopt this Joint Memorandum Circular on the *Revised Pre-Marriage Orientation and Counseling (PMOC) Program Implementing Guidelines of 2018*. To download the electronic copy of the said JMC, please visit the <https://bit.ly/2I6d08f>.

All DILG Regional Directors are likewise directed to cause the widest dissemination of this issuance and extend the necessary assistance in the implementation of the program.

For the information and guidance of all concerned.


EDUARDO MAÑO
Officer-In-Charge, DILG



ANNEX C1

WHEN YOU FEEL BEING LOVED THE MOST (BLANK FORM)

The Five Love Languages by Gary Chapman

Direction: Rank the columns from 1 to 5 (with 1 being first and 5 being last) on how you feel being loved the most.

A	B	C	D	E
I look forward to compliments and verbal praise, making an effort to avoid criticism. I like it when my partner tells me that I am attractive or I look good. It uplifts and affirms my self-image and confidence.	I like to spend one-on-one time with my partner. Our time being together is the best way to show love to me. I look forward to doing things together and focusing on one another.	Gifts don't have to be expensive but it sends a powerful message of love to me whether these are purchased, found, or made.	I feel loved when my spouse does things to help me. What my partner does, including sincere efforts to provide practical help such as running errands and doing chores, home projects or tasks without being asked, matters to me more than what is actually being said. I know my partner loves me when he/she sincerely does things for me that he/she doesn't necessarily enjoy doing.	I feel loved when my spouse would hold my hand, give me hugs or unexpected kisses.
I like to receive regular notes and words of affirmation from my partner. I feel loved when he/she acknowledges me and the words of acceptance are important to me.	I deeply appreciate when doing meaningful activities together such as taking long walks or going places.	I like it when my spouse give me visible symbols of love (gifts) as these are always special to me.		It matters to me when my partner holds me in his/her arms or sits close to me, leaning on each other. I understand and respond better when my partner holds my hand.
I feel loved when my partner celebrates my birthday with meaningful words (written or spoken.)	Quality conversation matters to me. I appreciate it when my partner looks at me when we are talking, listening patiently and doesn't interrupt me. I would expect my spouse to give undivided attention and listen to me sympathetically, taking time to understand my feelings.	Several inexpensive gifts mean more to me than one large expensive gift.		I feel whole and secure when my spouse touches me, cuddles, or simply gives shoulder massages.
I feel encouraged when my partner is able to see the world from my perspective.		I feel loved when my spouse celebrate my birthday with a gift.		
I feel loved when my partner knows and recognizes what is important to me.		I appreciate it when my spouse remember special days with a gift.	I appreciate the many things my partner does for me. I feel loved when he/she enthusiastically does a task I have requested, knowing that he/she is concerned enough to help me.	
Kind words and tone of voice matter to me.		I know my spouse is thinking of me whenever you give me a gift. When I receive a gift for no occasion or presence alone during a crisis make me feel loved.		

ANNEX C2

WHEN YOU FEEL BEING LOVED THE MOST (RESPONSES)

LET US CHECK YOUR RESPONSES:

You feel most loved when you receive.....

SUMMARY OF LOVE LANGUAGE

WORDS OF AFFIRMATION

Compliments, praises or words of encouragement

QUALITY TIME

Partner's undivided attention, spending one-on-one time and doing activities together

GIFTS

Symbols of love, like flowers, chocolates, simple personally made gifts

ACTS OF SERVICE

Willingly provide a helping hand on household chores, home projects, running errands, walking the dog, or doing other small jobs.

PHYSICAL TOUCH

Sitting close together, holding hands, hugging, cuddling, holding hands, kissing, having sex

ANNEX D

MARRIAGE AND RELATIONSHIPS: ADDITIONAL READINGS

FAMILY CODE: REQUISITES OF MARRIAGE

No marriage shall be valid, unless these essential requisites are present:

- Legal capacity of the contracting parties who must be a male and a female; (any male or female of the age of eighteen years or upwards not under any of the impediments mentioned in Articles 37 and 38, may contract marriage); and
- Consent freely given in the presence of the solemnizing officer. (53a)

In Article 3 of the Family Code of the Philippines, the formal requisites of marriage are:

1. Authority of the solemnizing officer;
2. A valid marriage license except in the cases provided for in Chapter 2 of the Family Code of the Philippines, and;
3. A marriage ceremony which takes place with the appearance of the contracting parties before the solemnizing officer and their personal declaration that they take each other as husband and wife in the presence of no less than two witnesses of legal age. (53a, 55a)

The absence of any of the essential or formal requisites shall render the marriage void ab initio (from the very beginning), except as stated in Article 35 (2). A defect in any of the formal requisites shall not affect the validity of the marriage but the party or parties responsible for the irregularity shall be civilly, criminally and administratively liable. (n)

TIPS IN DEALING WITH IN-LAWS

In the Filipino Culture, when persons marry, they automatically become members of their spouses' families, hence, maintaining good and peaceful relationship with in-laws is perceived important in strengthening marriage and family relations/ties.

Here are tips and ways on how to deal with your in-laws:

1. Treat your in-laws as you would your parents.
2. Build mutual respect by observing traditions, special occasions, privacy and differing opinions/ideas.
3. Let your in-laws enjoy your kids as much as you let your own parents.
4. Be Mature.
5. Be Kind.
6. Communicate with them openly.
7. Be open to change.

TOP 10 POTENTIAL MARITAL ISSUES ACCORDING TO EXPERTS

1. Boundary Problems

- Checking out the personal stuff of your partner despite his/her being uncomfortable about it.
- Trying to change each other in the way you want your spouse to become, despite his/her disagreement.
- Game-playing or manipulation.

-Gina Holmes, author of Wings of Glass, March 2013

2. Talking vs. Communicating

- Assuming that more communication is the solution.
- Expecting your partner to read your mind.
- Giving in and not saying really what you want or think.
- Harping on (possible hopeless) issues
- Not considering things from other people's point of view.

-Viki Morandeira Tu, life Coach and the author of the book, ¿Qué le pasa a mi esposo?

*-Melanie Pinola, Five Communication Mistakes Almost Every Couple Makes
<https://lifehacker.com/five-communication-mistakes-almost-every-couple-makes-1535461741>*

3. Time Management

- Couples are feeling so busy and stressed by feeling pulled multiple directions that the quality of the marriage is declining.
- *Susanne M. Alexander, marriage educator and the author of Deciding in Unity: A Practical Process for Married Couples to Agree on Practically Everything*

4. Intimacy

- Lack of interest or opportunity to keep the couple's sexual connection alive.
- *Stephanie Manes, relationship therapist*

5. Turned Focus

- Once the baby arrives, the focus of the wife may turn to the child, and never returns to the relationship with the husband, leading to lack of intimacy.
- *David T. Pizarra, Esq., and author of A Man's Guide to Domestic Violence*

6. Emotional Infidelity

- Emotional affairs are not just about sex but about having an intimate relationship with someone outside the marriage.
- *Sue Brans CPC, ELI-MP, relationship coach*

7. Money

- Disagreements due to spending habits, budgeting and saving money e.i. the way bills get paid, prioritizing needs, not able to delineate needs from wants.
- *Jenny & Rufus Triplett, relationship experts, Surviving Marriage Tips*

8. Inability or Unwillingness to Forgive

- Having a "cold war" with your spouse.
- Bringing up past mistakes or issues encountered during a fight.
- *Zachary Hamilton, marriage and relationship coach at Better Path*

9. Lack of Appreciation

- Not giving back the affirmation your spouse deserves from the small or big efforts he/she exerts for the relationship to work.
- Taking your spouse for granted.
- *Bill Farr, relationship and wellness coach and author of The Power of Personality Types in Love and Relationships*

10. Allowing Technology to Interfere

- Distraction by technology in the guise of spending time together e.g. people are texting while they're at dinner, surfing the Internet in the evenings, and using their smartphones/gadgets constantly.

- Amy Morin, LCSW

- Devan McGuinness, specializes in parenting, relationships, and lifestyle trends; and the award-winning founder behind Unspoken Grief, editor of the lifestyle site by Devan.com.

- <https://www.babble.com/relationships/relationship-experts-share-the-10-most-common-issues-in-a-marriage/>

UNDERSTANDING COMMUNICATION IN MARRIAGE

1. Communication demands time

- Date nights, "couch time" before sleeping, meal times, etc.
- Quality time and quantity time.

2. Communication requires openness and honesty

- Be truthful.
- Be open about desires, dreams and visions as well as your needs, frustrations, feelings, fear etc.

3. Communication entails saying the right words at the right time with the right motive

♦ RIGHT TIME

- Timing is key.
- Be aware of your spouse's receptivity at any given time
- Be aware of the emotional climate of you and your spouse.

♦ RIGHT WORDS

- Communication should be positive and beneficial.
- Restate negative comment into a subtler and acceptable statements.
- It should be objective, encouraging and constructive.

♦ RIGHT MOTIVES

- Wrong motives are to manipulate, to force to agree, monopolize, and bring up past mistakes or to point the blame
- Right motive is always reconciliation and building up.

4. Communication necessitates listening

- Listen! God gave us two ears and one mouth- so that we will listen twice as much as we speak.
- Let your spouse know you are “emotionally present” by giving your full, undivided attention.
- No cellphones, no TV, no emails, no official business.

5. Communication involves non-verbal languages.

- Experts estimate that the message received is based 7% on the words you say, 38% on the tone of voice used, 55 % on the body language.
- Don't send double messages. Say what you mean.
- Love is communicated in various languages.

NURTURING MARRIAGE

All couples who entered marriage hoped that their relationship will work out and not end in divorce, separation or annulment. Here are some helpful tips we can learn from to nurture our marriage and increase lifelong satisfaction and happiness.

Husband and wife need to stay married as FRIENDS.

Face-to -face time.

- Getting to see each other, spending time.
- Date time should be long face-to-face conversation.

Reciprocal.

- They key to having a good friendship with spouse is to first be a friend.

Intimate.

- Sharing of each other's thoughts to bring about understanding and connection to each. (Intellectual intimacy)
- Sharing of feelings and emotions (joys and pains) for comfort and encouragement (Emotional Intimacy)
- Doing things together, spending time together whether doing work or trips or picnics build beautiful memories and experiences that bond the marriage. (Social Intimacy)

- Investing time and energy during time of togetherness. Holding hands, hugs, kisses, sex are all expressions necessary of physical and physiological beings. (Physical Intimacy)
- Praying together, joining in honest prayer. (Spiritual Intimacy)

Enjoyable

- Deliberately enjoy each moment.
- Find ways to together while you have the energy to enjoy doing things together.
- Eliminate hurry, activities that take time away from you.
- Create memory of laughter together.

Needed

- Both of you need each other.
- Serve each other.
- Both of you are helping each other. "It's better when he/she is here".
- I feel needed.

Devoted

- You are reserved to only one. Designed for one another.
- Lock your marriage just like the way we do in our doors, cars.
- Be wise to set boundaries.

Speak into my life

- Give each other the license to "speak into my life" allowing him/her to point the wrong things about you and pushing and reminding each other to be more productive and fruitful.

Space

- Recognizing and respecting that each has personal space for their own growth and self-fulfillment and self-reflection.

More Tips for Couples to Nurture and Reassure Each Other of their Love:

Closeness. "You have the right to your work, hobbies, but I need some time to hold hand, hug, be affectionate, be alone with you, laugh together, go for a walk, or jog".

Openness. "When you said you didn't want to spend time talking about my concerns that felt unloving to me. I know we don't always have the time to talk at length, but sometimes I need to feel reassured that everything is Okay."

Understanding. "When you gave me a quick solution trying to what I was trying to tell you, I know you were trying to be helpful, but I really need to feel your care and you can do that by listening and understanding."

Peacemaking. "When you tell me to "Drop it, let's forget it, it's over", that feels unloving. I know some things need forgetting, but first I need to know that you aren't angry anymore and that we really are at peace."

Loyalty. "When you look at another woman/man that feels unloving to me. I know temptations are real, but I need to know you have eyes only for me."

Esteem. "When you make negative comments about me, that means less loved. I know I'm not perfect but I need to hear from you when I do a good job, and I need your encouragement even when I don't."

OTHER LAWS RELATED TO MARRIAGE AND RELATIONSHIPS

Republic Act 10906 -Anti-Mail Order Spouse Act (July 21, 2016)

It is an act providing stronger measures against unlawful practices, businesses and schemes of matching and offering Filipinos to foreign nationals for purpose of marriage or common law partnership.

Republic Act 3815 -Revised Penal Code (December 8, 1930)

Pertinent provisions of the Penal code sanctions physical injury, humiliation, etc.

- Republic Act 8972 or the Solo Parent's Welfare Act provides for benefits and privileges to solo parents and their children
- Republic Act 9208 - Anti-trafficking of Persons Act of 2003
- Republic Act 10906 - Anti-Mail Order Spouse Act of 2016
- Republic Act 10354 – Responsible Parenthood and Reproductive Health Act of 2012

- RA 9262 – Anti-Violence Against Women and their Children Act of 2004 (Promulgated March 08, 2004)
- Republic Act 9710 – Magna Carta of Women (2009)
- Presidential Decree 603 – The Child and Youth Welfare Code
- Republic Act 7610 – Special Protection of Children Against Abuse, Exploitation and Discrimination Act.
- Presidential Decree 1202 (1974) – Reduction to four of paid maternity leaves
- Presidential Decree 965 (1976) – Requiring marriage applicants to receive instructions on family planning and responsible parenthood
- Convention on the Rights of the Child
- Republic Act 8187 (1996) – An Act granting Paternity Leave of Seven Days with Full Pay to All Married Male Employees in the Private and Public Sectors for the First Four Deliveries of the Legitimate Spouse with Whom He is Cohabiting and for Other Purposes
- Republic Act 8504 (1998) – Philippine AIDS Prevention and Control Act of 1998
- Republic Act 8552 (1998) – The Domestic Adoption Act of 1998

ANNEX E

RESPONSIBLE PARENTHOOD: ADDITIONAL READINGS

SIX (6) SPECIFIC TYPES OF FAMILY STRUCTURE

1. Nuclear Family

The nuclear family is the traditional type of family structure. This family type consists of two parents and children. The nuclear family was long held in esteem by society as being the ideal in which to raise children. Children in nuclear families receive strength and stability from the two-parent structure and generally have more opportunities due to the financial ease of two adults.

2. Single Parent Family

The single parent family consists of one parent raising one or more children on his own. Often, a single parent family is a mother with her children, although there are single fathers as well. The single parent family is the biggest change society has seen in terms of the changes in family structures. One in four children is born to a single mother. Single parent families are generally close and find ways to work together to solve problems, such as dividing up household chores. When only one parent is at home, it may be a struggle to find childcare, as there is only one parent working. This limits income and opportunities in many cases, although many single parent families have help from relatives and friends.

3. Extended Family

The extended family structure consists of two or more adults who are related, either by blood or marriage, living in the same home. This family includes many relatives living together and working toward common goals, such as raising the children and keeping up with the household duties.

4. Childless Family

While most people think of family as including children, there are couples who either cannot or choose not to have children. The childless family is sometimes the "forgotten family," as it does not meet the traditional standards set by society. Childless families consist of a husband and wife living and working together. Many childless families take on the responsibility of pet ownership or have extensive contact with their nieces and nephews as a substitute for having their own children.

5. Stepfamily

Some marriages end in annulment/legal separation, and many of these individuals choose to get remarried. This creates the stepfamily which involves two separate families merging into one new unit. It consists of a new husband and wife and their children from previous marriages or relationships. Stepfamilies are about as common as the nuclear family, although they tend to have more problems, such as adjustment periods and discipline issues.

Stepfamilies need to learn to work together and also work with their exes to ensure these family units run smoothly.

6. Grandparent Family

Many grandparents today are raising their grandchildren for a variety of reasons. One in fourteen children is raised by his grandparents, and the parents are not present in the child's life. This could be due to parents' death, addiction, abandonment or being unfit parents. Many grandparents need to go back to work or find additional sources of income to help raise their grandchildren.

DIFFERENT PERSONALITY TYPES OF PARENTS

a. The Popular Parent (Sanguine) "LET'S DO IT THE FUN WAY"

Character: light-hearted, bright-eyed, talks and laughs a lot, "life of the party", enjoys people, gets excited by project, dramatic and emotional

Could improve: by being more reflective, organized, time conscious, self-reliant at work, can learn to accept criticism and balance sense of humor

Depressions: funless life, seeming lovelessness or unresponsiveness by people

Dislikes people: who criticize, unresponsive to his/her humor, isn't charmed by him/her

Fears: being unpopular, bored, routinary life, keeping track of expenses

Likes people: who listen to, laugh with, praise and approve of him/her.

Self-worth: felt when praised and responded to by the people around him/her

Strengths: bubbling and engaging personality, optimistic, humorous, great story-teller, enjoys being with people, life of the people

Wants: fun activity, people's presence, attention, approval, affection, acceptance

Weaknesses: disorganized, can't remember details of names, exaggerates, not serious about anything, relies on others to do work, too gullible/naive

b. The Powerful Parent (Choleric) "LET'S DO IT THE MY WAY"

Character: fast moving, very self-confident, restless and over-powering; quick to grab leadership, take command or dominate any decision-making situations, business-like, fast phase, temperamental

Wants: to be in control

Strengths: can instantly take charge; makes fast and correct judgment

Weaknesses: too bossy, dictatorial, insensitive, impatient, will not delegate or give credit to others

Self-worth: felt when appreciated for all achievements; when there are leadership opportunities; when decision-making and control is needed

Depressions: life that he/she cannot control as others prefer to do things their own way

Fears: losing control of anything

Likes people: who are supportive and submissive; see things his/her way and obey right away and not minding if they are not recognized for work done

Dislikes people: who are lazy and not interested in working constantly; resists authority; independent minded; and whose loyalty to him/her cannot be ascertained

Could improve: by allowing others to make decisions; delegating authority; relaxing and accepting the fact the things can be done by also but not necessarily his/her way.

c. The Perfect Parent (Melancholic) "LET'S DO IT RIGHT AWAY"

Character: serious and sensitive in nature; clean, neat, and well-groomed; well-mannered, self-deprecating, compassionate, sincere, steadfast, well-behaved, creative, artistic, multi-talented, dedicated to making things perfect

Wants: to have things going right

Strengths: deeply analytical; able to organize and set long range goals; has high standards and ideals

Weaknesses: gets easily depressed; spends too much time in preparation and attention to details

Self-worth: feels need for sense of stability, silence and support

Depressions: when standards aren't met, life is disorderly or no one seems to care

Fears: making mistakes; standards being compromised; through feelings not being understood by anyone

Likes people: who are serious, intellectual, deep, carry on a sensible conversation

Dislikes people: who are insubstantial, superficial, disorganized, forgetful, late, unpredictable

Could improve: if he/she doesn't take life too seriously, not too much of a perfectionist specially as a parent

d. The Peaceful Parent (Phlegmatic) "LET'S DO IT THE EASY WAY"

Character: calm, kind, low key, relaxed, patient, easy to get along with, most eager to please, sympathetic, most agreeable and pleasant person

Wants: avoid conflict, keep peace

Strengths: balanced, even disposition; dry sense of humor; pleasing personality

Weaknesses: lack of enthusiasm and energy, lack of decisiveness

Self-worth: peace and relaxation, attention, praise, self-worth, loving motivation

Depressions: a life full of conflict, facing personal confrontations and facing the problem alone

Fears: having to deal major with personal problems and making major changes

Likes people: who will make decisions for them, recognize their strengths, respect and not ignore them

Dislikes people: who are too pushy, too loud and expect too much of them.

Could improve: if they set goals and become self-motivated; would be willing to do more and faster done expected; if they could face their own problems as they wish to help others

PARENTING STYLE IN THE PHILIPPINES

AUTHORITARIAN - Parents have full authority of their child's aspect of life

PERMISSIVE - Parents do not set standards for their children

NEGLECTFUL - Parents are not interested with their children's affairs

AUTHORITATIVE - Parents balance demands and responsiveness

Common Situations that give Rise to Conflict and Misunderstanding Between Parent and Child

Relating to one's child is also an important part of parent-child communication. Knowledge of the common sources of conflict and misunderstanding between the two is a step in appropriately communicating and relating. Sources of conflicts, when safe guarded and avoided, give opportunities for open communication. The table below depicts some of the common sources of conflict.

For Children 0-12	For adolescents and youth above 12
<ul style="list-style-type: none">• Wants vs. Needs• Tantrums• Influence of media• Inadequacy in devoting time and attention• Unrealistic expectations	<ul style="list-style-type: none">• Money or inadequacy in basic needs• Peer pressure and media influence• Addiction to vices like gambling, alcohol, smoking, drugs, computer games• Inadequacy in devoting time and attention• Unrealistic expectations

Our children are the hope of our nation. The quality of life they live now, in terms of health, education, family, environment and discipline, will greatly determine their ability to build a happy and healthy family of their own in the future.

RIGHTS OF THE CHILD (CATEGORIZED)

Survival and Development Rights

These are rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities and information about their rights. These rights require not only the existence of the means to fulfil the rights but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or indigenous groups.

Survival

- The right to be born, to have a name and a nationality.
- To have enough food, clothing and shelter.
- To have a healthy and active body.

Development

- The right to have a family to take care of him or her.
- To have a good education.
- To develop his or her full potential.
- To learn good manners and good conduct.
- To be given the opportunity to play and have leisure.

Protection Rights

These rights include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system.

Protection

- To be given protection against all forms of abuse, neglect, danger and violence.
- To live in a peaceful community.
- To be defended and assisted by the government.

Participation Rights

Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realization of all their rights and prepares them for an active role in society.

Participation

- To be able to express his or her views

ROLE AND INFLUENCE OF PARENT ON A CHILD'S FUTURE

Today's young people, our children, belong to the most promising generation in the history of the world. They stand at the summit of the ages. They also stand at the crossroads of two great paths. One is the broader, well-travelled path that leads to mediocrity of mind and character and to social decline. The other is a narrower, "less traveled" uphill path leading to limitless human possibilities—and the hope of the world. Every child can walk this latter path, if shown the way. But who will show them the way, if not you and me? Where will they learn how, if not in their home or at their school? When will it happen, if not now?

Parenting A Child

Helping your child through every stage of development (Erik Erickson, Stages of Psycho Social Development)

1. Infancy (0-1-year-old)

Trust should be developed during this stage of development. If this is not developed, a child grows up mistrusting people. Some activities to develop trust in infant are:

- Respond to temperament, needs, cues of each baby.
- Engage in one-on-one, face-to-face interactions with infants.
- Appreciate infant's crying as the beginning of communications. Crying and body movements are the infant's ways of expressing interest and level of tolerance for physical movement.
- Play some music, sing to and read to infant to acquaint him or her with such sounds and to see how he/she responds.
- Adjust your time to the infant's feeding and sleeping schedule and consistently respond to infant's need for love and comfort.

Basic Needs of Infant

- Protection or safety from physical danger
- Adequate nutrition. Breast milk is the most complete food for babies. Therefore, it is essential for mothers to breastfeed their babies until six (6) months to two years.
- Adequate health care. For infants, protection against serious diseases, parents should know what, when, where and how many times their infants should be immunized.
- Father-child bonding is also important to make the baby recognize and feel the father's love. Carrying the baby, singing lullabies, talking and playing with the infant are some of the ways to do it.

2. Toddler Stage (2-3 years old)

A toddler has to learn autonomy at this stage otherwise, shame and doubt is developed.

Signs of the Autonomy-Learning Toddler

- Physical and motor skills are starting to develop (handles fork and spoon, handles toys as instructed, develop toilet-training habits, tries drawing, writing, dancing, etc.)
- Ability to love is developed with the mother who mostly takes care of the toddler. Father's presence and involvement in caring for the child is encouraged to develop father-attachment.
- Recognition of authority figures such as mother and father enables the child to learn to obey or follow them.

- Begins to realize that he/she is a physically separate being from parent/s.

Needs of a Toddler

- Care for their health (teach washing of hand before and after meal, daily baths, etc.)
- Give foods that will make them go, grow and glow.
- Support learning new motor, language and thinking skills.
- Help them learn to control their own impulse, spoiled behavior and to focus on task.
- Give them a chance to develop independence and make simple decisions like choosing clothes to wear, toys to play and books to read.

3. Childhood Stage (4-12 years)

A child should develop initiative and industry at this stage otherwise, he would always feel inferior and guilty.

Needs of children at childhood stage

- To develop the sense of initiative by allowing them to make decisions like holding the spoon, brushing teeth and handling pen.
- To feel the sense of having the ability to do things like climbing, drawing, solving puzzles, etc.
- To expand their world like attending schools and meeting new friends outside of the family.
- To have a sense of idealism by having attachment to an admired parent, friend or relative.
- To have a sense of industry and responsibility by letting them do something that needs to be done like arranging toys after play and school-related activities after studying.
- To have a sense of being able to create and be successful at it like discovering their talents.
- To have the sense of being part of a society and enable them to survive and adjust in that society.

Parenting A Special Child

- The impact of a child with special needs on family members must be acknowledged
- We should adapt our policies and practices to support the needs of family members
- To provide effectively for young children with special needs, we should ensure that the needs of individual family members are also provided for
- Give adequate quality family time
- Use moderate behavior management style
- Use a loving parenting style
- Use positive and encouraging parenting style that boosts the confidence and self-esteem of their special children
- Provide nutritious diet and teach while practicing proper hygiene
- Provide basic needs like food, shelter and clothing
- Set realistic expectations from special children
- Be respectful in dealing with special children because they need to know and understand their value and worth as a person
- If problem arises, seek professional help

Parenting the Adolescent Child (Teenager)

Adolescent Sexuality and Fertility Behavior: Key facts

- Majority of today's young had their first premarital sex experience without use of condom or any other form of contraception to protect from pregnancy or sexually transmitted infections.
- Females 15-19 years' old who have begun child bearing increased from 6.3 percent in 2002 to 13.6 percent in 2013. Striking are the mothers aged 15-19 years' old who contribute to the 1.4 million teenage pregnancies. These girls were denied of basic human rights that caused them to stop schooling.
- Typical diet of young Filipino includes instant noodles, chips, grilled street foods and carbonated drinks.
- Level of current drug use, drinking alcohol and smoking among young aged 15-19 declined from 20.9 percent in 2002 to 19.7 percent in 2013

Parenting the teenager

Parenting the teenager presents a challenge that sometimes brings the best out of the parents and makes them better human beings. However, this is also a time that puts tremendous stress on the parents. Improper handling of adolescents can leave scars on the minds of the children that can adversely affect the lifetime relationship between parent and child and may trigger unhealthy behaviors by both parties. Hence, it is very important that parents take all requisite steps in the right direction.

Life with teenagers is an emotional rollercoaster. Parents sometimes feel overwhelmed by the stress of bringing up teens. Parents and teens can live together, more or less harmoniously, if parents know what to expect and are willing to make adjustments in the way they think and act.

To be effective, parents need to be involved in their children's lives. While this is important at each stage of development, parents need to be physically involved and concerned during adolescence, when teenagers are at crossroads of not being a child anymore and not yet being an adult.

This session provides guidelines, tips and practical suggestions on how parents can relate effectively with their teenagers, become highly effective parents, and communicate well with their teenagers.

To get involved in a teen's life with hands-on love and guidance will make a real difference in a teen's future.

Tips in Parenting Pre-Teens

It's typically between the ages of nine and twelve that our little children, once so willing to climb into our laps and share their secrets, suddenly want little or nothing to do with us. Your pre-adolescent is not the same person he/she was just a year or two ago. The child has changed—physically, cognitively, emotionally and socially. He/she is developing new independence and may even want to see how far he/she can push limits set by parents. What he/she may not know is that he/she needs you as much as ever, because a strong parent-child relationship can set the stage for a much less turbulent adolescence. But it won't be easy, because you as a parent need to respect your child's need for greater autonomy in order to forge a successful relationship with this "updated" version of your kid.

1. **Do not feel rejected by their newfound independence.** It's appropriate for kids this age to start turning away from their parents and relying more and more on friends, but parents can take their pre-teen's withdrawal as rejection.

2. **Set aside special time with your child.** It's often tough to get pre-teens to open up and talk. Spending quality time with your pre-teen (period of one-on-one time once or twice a week) and providing them your undivided attention (not working or texting at the same time) establish open communication and develop trust. In spending quality time with your child on a regular basis, you are also teaching him/her interpersonal skills, which will be crucial for him in the future.

3. **The indirect approach:** When they were younger you could ask direct questions. How was school? How did you do on the test? Now, at their pre-teens, these questions feel overwhelming and intrusive for them.

As parents of pre-teens, you have to take the opposite approach and position yourself as a listener to get the information about your child's life. This approach is more effective because it gives the message that "this is a place where they can come and talk, and they have permission to say anything that they are thinking or feeling." Sometimes you will be able to help and give advice—but do not try to step in and solve all their problems. Other times you will just be there to empathize with how hard it is to deal with whatever they are going through.

4. **Watch what you say and how you say it:** At this age, your children are watching you very carefully to hear your judgments. They are taking their cues on how you talk about other people's children especially children that get into trouble—how that girl dresses, or that boy has good manners or bad manners. And they are watching and deciding whether you are harsh or critical or judgmental.

5. **Watch what they watch.** Watching the stuff that your child wants to watch and being able to laugh at it and talk about it is an important way to connect and to be able to discuss subjects that would otherwise be taboo.

6. **Start team sports early.** Girls' self-esteem peaks at the tender age of nine and then drops off from there, but research shows girls who play on teams have higher self-esteem. Girls on sports teams also tend to do better academically and have fewer body image issues.

7. **Fathers: Do not treat your daughter like a "damsel in distress."** Sometimes fathers treat girls as though they are these fragile, helpless little beings. Instead, give her the opportunity and the tools—to change her own tire, to use her voice and speak up for herself, to play sports, to be able to brush herself off and get back up. I think it's a good measure to say, "If I would do it with my son, I should be prepared to do it with my daughter."

8. **Nurture your boy's emotional side:** One of the really hard things for boys at this age is the issue on their capacity for love, real friendships, and relationships. "They say that anything to do with real feelings like love, sadness and vulnerability is so girly, therefore bad." As parents, we should do everything to encourage boys to be sensitive and vulnerable at home, while at the same time, acknowledging the reality that those traits might not go over so well at school. Parents should tell boys this age that it is normal to show full range of their emotions, not to be afraid to cry, to be vulnerable, and to have close friendships.

9. **Do not be afraid to start conversations about sex and drugs:** The unfortunate reality is that kids are starting to experiment with drugs and alcohol as early as 9 or 10. Sexual development is a big part of this age. It is when we first start to see eating disorders arise so these are key years for parents to build a strong foundation and give developmentally appropriate information.

10. **Do not be the "scary," "crazy" or "clueless" parent.** The following parenting styles should be avoided at all costs:

- **The "scary" parent** is the overly harsh, judgmental parent who weighs in too intensely on other kids' behavior. When kids see their parents as being too critical, they're less likely to approach them when they need help or want to talk things over.
- **The "crazy" parent** is the mother or father who overreacts to a bad situation. The crazy parent amplifies the drama, throwing fuel on the pre-adolescent's already hyper-reactive flame. They make their kids more upset.
- **The "clueless" parent** is one who is unconcerned to kids. Finding just the right balance probably won't be the easiest parenting job you have ever had. It will take some trial and error, but keeping the channels of communication open during these years is well worth the work you will have to put in.

The role of parents and family is crucial in all stages of human development. As parents, we should do our part for the full development of our children to be a good person.

Adolescent Health and Youth Development (AHYD) Concepts

Knowing my Teen

1. Members of the family, particularly, the parents, should be the first "people" whom the adolescents should turn to in times of trouble. Parents play a major role in guiding their adolescent as he/she goes through the various stages of development.
2. During adolescence, the parents still serve as a source of social, economic and emotional support.
3. While adolescence is a time of great and dramatic physical and emotional changes, it does not need to be a time of misunderstanding and conflict between the parents and the adolescent.
4. Many of the challenging aspects of transition from childhood to adolescence are normal and sometimes stressful but these should not alarm parents. The more parents know what is happening to their adolescent, the better they can cope with the changes and transition that their adolescent is experiencing.

5. Adolescence is a crucial part of human development. One of the principles of human development is "Each stage of development has specific challenges, goals and tasks." These challenges, goals and tasks are called developmental tasks. They are like building blocks. They serve as the foundation of the adolescent's successful transition to adulthood, independence and maturity. Successfully meeting the challenges lead to a more satisfying life and paves the way for happiness for both the parents and the adolescent.
6. There are four Is, IDENTITY, INDEPENDENCE, INTIMACY, and INDIVIDUALITY that capture the essence of the developmental tasks within the adolescence stage.
 - a. **IDENTITY** – a set of attitudes and beliefs about who we are. It underlies and impacts on our relationship and interaction with others.
 - Identity becomes a central concern especially in middle adolescence. This is primarily due to puberty, which makes adolescents aware that they are changing and becoming a new person.
 - The developing intellectual capacity of adolescent allows them to start reflecting on themselves and on their future.
 - They can imagine being someone other than who they are now and living a life that is quite different from that of their parents or that which their parents imagine for them.
 - As they struggle to define their identity, they feel torn and pulled in two different directions. On one hand they need to feel unique and special; on the other hand, they want to belong or to fit in with their friends.
 - During this stage, adolescents want to **BECOME**. In general, this search for identity is seen in the following behaviors and actions, regardless of age.
 - b. **INDEPENDENCE**—a period where adolescents want to be able to make their own thoughts and dream their own dreams. Adolescents want and need to take charge of their own lives.
 - c. **INTIMACY**—a period where adolescents begin to develop intimate relations with others. Having a special friend makes them feel **IN**. Parents should be a little relaxed in dealing with their adolescents' crushes and puppy love. If adolescents see that their parents understand them in this aspect, parents will be in a better position to monitor the progress of any intimate relationship their adolescents get into.
 - d. **INDIVIDUALITY**—a period where adolescents no longer want to be seen as being like other people. They want to be recognized as a unique individual. They begin to move from the extreme clannishness and conformity that characterized early adolescence.

How to get along with your adolescents:

1. GIVE YOUR TIME

- Giving your time can mean going to a special event, sharing an activity you both enjoy, getting a job done together or just spending time together with no particular plans. You can also read books or watch TV together, and then enjoy a meaningful discussion.
- The important ingredient of time together is quality, not quantity. An hour of positive relationship is worth more than several hours of conflict.
- Parents should take time to attend to their adolescent's activities either in school or in the community. The presence of either one or both in these activities makes teenagers feel they are equally important and special.

2. KEEP TALKING. STAY CONNECTED

- Teenagers have bundles of emotion. The drama, mood swings, and emotional outbursts drive their parents crazy.
- Create opportunities to talk. Encourage them to express themselves by talking about their thoughts, feelings, ideas, goals and dreams.
- The teen years are like a roller-coaster ride. Hang on, scream, and be prepared to stare danger in the face but whatever you do, keep your communication lines open. Even if you have trouble understanding each other, be sure to make time for them to talk to you.
- Ask teenagers to share things from their life and listen with genuine interest. Let them know that their perspective is understood even though parents may not agree with it. Let teenagers know that they are still valued and cared for. This may lead to positive personality development of the teen.
- If your adolescent gets moody and does not want to talk, give him or her some room to be alone—for a while.
- Do not let silence go unchallenged for a long period.

3. BE CONSISTENT, FIRM AND FAIR

- Set fair boundaries and be consistent in enforcing them. Once a rule is made, get them to agree and follow it. After explaining the reasons, you open the floor for discussions. Once you are satisfied with the rule, you move forward with your agreement. Agree ahead of time to back each other up and follow through on what you say.
- Parents should remember that there is a difference between "negotiating" and "manipulating". Manipulation is taking with no legitimate giving. Negotiation is putting together differing points of view and coming up with one that is acceptable to both of you.

- Decide about rules and discipline in advance. Adolescents need clear rules and consistent enforcement to guide their behavior. Explain to them what constitutes right behavior, and why it is important to act justly.

4. USE POSITIVE DISCIPLINE

- Discipline is not the same as punishment.
- Studies have shown that physical punishments such as hitting, slapping, and verbal abuse are not effective. While such punishment may seem to get fast results, in the long term, it is more harmful than helpful.
- Instead of using punishment to correct behavior, adolescents need to learn what behavior is allowed and not allowed, and why. Parents should stress do's rather than don'ts.
- The purpose of positive discipline is to form values and teach your adolescents appropriate behavior. This will help them develop self-discipline and choose safe, healthy, positive options.
- In disciplining your teenagers, it is important to communicate the rules and limits clearly, calmly and consistently. You must also strive to be creative and to remain caring.

5. LIGHTEN UP

- You need not consider every conflict with your teenagers a cosmic battle between good and evil. Give your teens room to make some of their own choices.
- Keep a good sense of humor. There are plenty of times when things get heavy so seize the moments to laugh together.
- Remember when it comes to things, "a cheerful heart is a good medicine".

6. ADMIT MISTAKES

- Clear the air. If you are wrong, admit it to your teen and ask for forgiveness, and be specific. Do not just say "I'm sorry"; tell your adolescent what it is specifically that you are sorry for. By doing so, you are teaching them about mutual respect.
- Asking forgiveness will help restore good relationship with your teenager and nurture respect.

7. RECOGNIZE EFFORTS AND GOOD THINGS IN THEM

- Teens will only believe in themselves if they know that their parents have confidence in them. This will help boost their self-esteem.

8. COMMUNICATE VALUES

- Making one's beliefs known to teenagers provides a framework that enables them to absorb the parents' values for themselves. Teenagers need to see that one's values are matched with specific actions by the parents, so that deeds will match one's creeds. This will equip teenagers the capability to manage tough issues in life in a healthy and creative manner.

9. GUIDE THEM TO CHOOSE THEIR FRIENDS

- Much of the teenager's behavior will be influenced by their friends. Be proactive in helping them how to recognize other people's character. Explain the need to guide friendships. Teens whose parents know who their friends are and what they do in their free time are less likely to get in trouble.

10. PRAY, PRAY, PRAY!

- You will always find your authority challenged, your judgment questioned, and your instructions ignored. You need to pray. Pray for wisdom to know how to parent the child you have been given. Keep praying for/with your adolescent.

TALKING ABOUT PEER PRESSURE

Many parents of teenagers worry about the influence their children's friends can have and the effects of peer pressure. When children reach their teenage years, they seem to grow up very fast, shutting out their parents and wanting to spend more time with their friends. They believe that their teen mates and the media are more influential role models.

Ideas on how to equip teenagers in handling sensitive issues:

1. Try talking to children about a range of issues, including pre-marital sex and relationships early on. By the time they are teens, they are used to open chat with parents and are more likely to discuss their problems with their parents.
2. Try not to criticize or make fun of their friends as the barriers will go up at once and may make them more determined to keep a friendship or a relationship going, when it may have fizzled out anyway.
3. Help teens say no to peer pressure. Help them realize that they can have a mind of their own.
4. There may be problems at school because of friends and there may be bullying involved. Ask if they are in need of any help and assure them that they can always talk it out with you.
5. Talk openly to teens about peer pressure and discuss how they should handle situations that they do not feel comfortable with.

Try to get to know their friends too. Encourage them to bring their friends home for a meal, a play date or to hang around in order to know them in a casual and informal setting.

6. Try to get to know their friends too. Encourage them to bring their friends home for a meal, a play date or to hang around in order to know them in a casual and informal setting.

TALKING ABOUT ALCOHOL

Teenagers have easy access to alcohol—at parties, in friend's houses, in the corner sari-sari store and quite often they drink and get drunk. The number of teenagers trying to drink on their early teens is growing, often influenced by peer pressure and the media. Alcohol drinking has also been linked to risky teenage behavior such as smoking and pre-marital sex.

1. Talk openly about the potential dangers—from health to safety—in a practical way so they do not tune out.
2. Get the timing right. Try to find a relaxed time to talk about it.
3. Present the facts. Take time to talk about how alcohol can influence people's judgment and help them think through how it might feel to regret something they did because they were drunk, explore how alcohol affects people in different ways and how it can make some people aggressive and up for a fight. Talk of ways of keeping safe and walking away from trouble.
4. Check one's behavior. Remember that a parent's behavior will definitely influence their child's behavior.
5. Try not to take it personally or feel hatred if teenagers do not heed your advice. Sometimes teens have to make their own mistakes to realize that what was said to them was true.

TALKING ABOUT INTERNET AND COMPUTER ADDICTION

Teenagers have easy access to internet and other computer games. The Young Adult Fertility and Sexuality Study (YAFSS 4) undertaken by the University of the Philippine Population Institute in 2013 provided a glimpse of the preoccupation with the internet among the youth. For youth aged 15-24, the average internet use per week is at six hours while a significant 3.5 percent of such youth spends at least 35 hours per week. Such habit among youth is also connected to other risky behaviors. The same study revealed that, one out of four youth had sent or received a sex video through cellphone or internet and four out of 100 young adults had sex with someone they met online or through text messages.

TALKING ABOUT DRUGS

Drug use among teenagers is now alarming. Drugs, alcohol, and cigarettes, are easy to come by, are glorified by pop superstars, and are stuff that belong to certain "in-crowds."

Tips to say "no":

1. Know your teenager's friends, classmates, sport buddies, etc. In short, know everyone that has contact with them. Help your child identify weaknesses in their friend's character. Do not be afraid to voice out your concern about their friends if negative behavior was noticed.
2. Practice and promote self-control. A child who early on learns to control negative emotions caused by failure and pressure will be less likely to self-medicate dull painful feelings.
3. Be on guard. If a drug paraphernalia was found or when the teen's pupils are dilated, or manifested other signs of drug use, be on the side of caution and convince your child that both of you should see a doctor to ascertain the extent of drug abuse.
4. Help them understand that saying "no" is okay. They must be made to understand that the temptation to do drugs is normal yet they are capable of saying "no" to such temptation.

TALKING ABOUT DATING

At the adolescent stage, certain hormones begin carrying out their functions. This is the reason why teens begin to have a serious interest in the opposite sex. Teenagers aim to gain acceptance by the opposite sex.

The time when teenagers "fall in love" may be a complicated time as their behavior may create problems in the family such as the tendency to neglect their studies due to time spent with the "beloved," becoming depressed because of problems in such relationships and above all, refusing to listen to advice about relationships from their parents.

Tips that may help when teenagers "fall in love":

- "This too, shall pass." At the adolescents' stage, teenagers' point of view goes against reality. It is at this stage where feelings are still unstable and adolescents are in the stage of discovery. Parents need extra grace and patience, knowing that romantic relationships of adolescence rarely last for a long period of time.

- Communicate unconditional acceptance. It is necessary for parents to listen carefully without interrupting and let teenagers know they are loved no matter what. Parents should always supply assurance, comfort and guidance especially on matters of the heart.

TALKING ABOUT SEX

Psychological control is an important determinant in teen sexual activity. Knowing where and with whom the teens are and what they are doing communicates to them that parents care. Monitoring your children without being intrusive will most likely result in low-risk sexual behavior among teens.

If parent-teen connection is consistent, positive and characterized by warmth, kindness, love and stability, teens are most likely to flourish socially. They are more likely to respond to others positively and with greater empathy. They also struggle less with depression, have higher self-esteem and self-confidence.

A recent study has shown that teenagers who have high self-esteem are less likely to engage in pre-marital sex. Consequently, parents are the best sources of information on risks related to sexual activity.

ACTIVITIES MANAGEMENT

Management of the activities of the couple begins from the time they wake up to the time they go to bed. This management skill can allow them more time for themselves and their children and friends. It can possibly increase their performance and productivity at work and in the home. This will also help reduce stress.

The best place to start is to manage the couple's time better. Problems in activities management usually come from poor work habits. It is a good idea to keep track of how the couple spend their time for at least four days and after a while try to review and check for the causes of ineffective use of time. The couple may then ask themselves which tasks can be performed only by them or one of them, and which can be delegated to other members of the family or what tasks can be totally eliminated.

Tips for apportioning time for activities

1. List down the tasks to be done. Prioritize time by rating tasks by importance and urgency. Avoid unimportant commitments. Redirect time to those activities that are important and meaningful.
2. Consolidate or group similar tasks and do them simultaneously. This eliminates a lot of sporadic behavior.
3. Alternate the easy with the difficult task to minimize fatigue.
4. Deal with procrastination by using a daily planner, breaking large activities into smaller ones, and setting short-term deadlines.

5. Allocate enough time for exercise, recreation, rest and sleep.
6. Tackle the hardest tasks when the energy level is at its peak, not when fatigue is expected to set in.
7. Give each member of the family an assignment so that the burden of work is spread out. Break the do-it-yourself habit and let others learn to share responsibility in doing household chores. Doing this will give you more time for major tasks.
8. Aside from a flexible time schedule, energy and time may also be saved by arranging equipment and belongings so that they are well-arranged, readily accessible, and easily remembered. Exercise, recreation, rest, and sleep are essential in remaining physically and mentally fit.

BUDGETING

Budget is a plan by which the important needs of a family are met in a satisfactory way through a well-thought out system of priorities.

Budgeting should be a joint decision-making between husband and wife. It entails constant consultation and communication regarding matters that will affect them. Money matters must be handled carefully to prevent it from becoming a source of marital conflict.

Tips in Budgeting

1. Estimate the total income, which may come in the following forms:
 - a. Wages and salaries
 - b. Extra earnings
2. List down all items that the couple or the family has to spend on including estimates on each item.
3. Subtract fixed expenses such as rental, utilities, tuition and other similar expenditures.
 - a. rentals
 - b. taxes
 - c. light
 - d. water
 - e. tuition
4. The balance is divided for daily needs, such as food, clothing, transportation, health and recreation expenses, among others items.
5. As much as possible, set aside 5 percent to 10 percent of the balance for savings. This is essential so that the family has a reserve fund for emergency use. Keep your savings in the bank if possible where it is safer and earning

WISE BUYING

Wise buying is the art of getting goods that satisfy the needs at a minimum amount of time, energy and money. It is getting the most out of limited resources.

Tips in wise buying

1. Buy food that is cheap but nutritious. Take advantage of fruits and vegetables in season.
2. Always check the expiry date of the food item bought.
3. Buy clothes that can serve many purposes and can be used in many occasions
4. Buy household equipment that is within the family's means
5. Buy on sound credit terms. Pay off large down payments quickly. Advertising claims such as "No down payments" and "Long time to pay" means greater costs.
6. Buy soap and detergent in bulk.
7. Stay away from stores except when there is absolute need to buy. Avoid "just looking". Browsing can lead to buying. Make a list and stick to it.
8. Plan shopping with a purpose in mind. Use that list. Extras that are not really needed can add to the total at the cash register.
9. Limit the number of trips to the store or to the market.
10. Do not shop in a weakened condition. Shopping when one is hungry, tired or depressed can be a tendency to overspend. Before spending money, think through the decision-making process.
11. If deciding to buy, compare the prices of items.
12. Avoid buying cheap but sub-standard items.
13. Be patient. Learn to say "no" to:
 - items that do not rank high on the spending priority list
 - items that are too expensive for the budget, know the limits of the family's budget
 - the salesclerk who says it looks wonderful, when it really is not.
 - friends or relatives selling things. Do not buy just because of the feeling of being obligated.
14. Use feedback. Review the family's spending record for patterns of behavior.
15. Establish spending rules for the family to follow. Set spending limits. Do not spend more than what is in the plan.

Tips in Saving

- Buy wisely.
- Learn to say "no" to salespeople who encourage hulugan. Establish priorities and resort to hulugan only for very important items.
- Avoid smoking/drinking liquor/gambling/junk foods. Aside from helping you to keep healthy, you can also save money.
- Learn to recycle food, clothing, and other items.
- Walk instead of taking a ride when your destination is only a short distance away.
- Plant vegetables in your backyard/pots.
- Include savings in your budget items.

- Conserve energy and water.
- If you have a baby, breastfeed him/her.
- Learn to live within your means.
- Don't overcook food. It is a waste of fuel.
- In case of illness, get medical care on time to prevent complications.
- A fiesta, birthday or family reunion as an established tradition may be celebrated but not lavishly. Simple but attractive meals may be served.

STRESS MANAGEMENT IN THE HOME

Managing stress is very important to maintain harmony and peace in the home. The couple should communicate, set family rules, agree on expectations of each other, perform their respective roles and responsibilities and hone their skills in parenting.

Some situations at home could create stress and anxiety to the couple. Common causes of stress at home include:

- lack of money, food and other resources;
- lack of communication;
- conflict in relationships;
- lack of clear rules and agreement;
- neglect in the performance of roles and responsibilities;
- too high expectation among family members and in-laws;
- too much dependency on one's spouse; and
- lack of skills in parental responsibilities.

HEALTHY LIFESTYLE

Early on in the marriage, it is good to practice a healthy lifestyle. It is also good training for the children to come. Here are some tips for a healthy lifestyle:

1. Prepare and eat a well-balanced diet of nutritious foods, which may not necessarily be expensive.
2. Avoid vices like smoking, drinking and staying up late.
3. Avoid stress by exercising, listening to pleasant music, reading and similar hobbies.
4. Maintain cleanliness and sanitation in the home and surroundings.
5. Have a happy disposition.

10 Nutritional Guidelines for Filipinos (Kumainments)

The Kumainments is the popular version of the revised Nutritional Guidelines for Filipinos

1. Eat variety of foods every day to get the nutrients needed by the body.
2. Breastfeed infants exclusively from birth up to 6 months then give appropriate complementary foods while continuing breastfeeding for 2 years and beyond for optimum growth and development.
3. Eat more vegetables and fruits every day to get the essential vitamins, minerals, and fiber for regulation of body processes.
4. Consume fish, lean meat, poultry, egg, dried beans, or nuts daily for growth and report of body tissues.
5. Consume milk, milk products, and other calcium-rich foods, such as small fish and shellfish every day for healthy bones and teeth.
6. Consume safe foods and water to prevent diarrhea and other food and water-borne diseases.
7. Use iodized salt to prevent Iodine Deficiency Disorders.
8. Limit intake of salty, fried, fatty, and sugar-rich foods to prevent cardiovascular diseases.
9. Attain normal body weight through proper diet and moderate physical activity to maintain good health and help prevent obesity.
10. Be physically active, make healthy food choices, manage stress, avoid alcoholic beverages and do not smoke to help prevent lifestyle-related non-communicable diseases

(Reference: <http://www.nnc.gov.ph/40-10-kumainments/195-10-kumainments-collaterals-on-February-21,2018/>)

BACKYARD GARDENING, GREENING, AND CARING FOR THE ENVIRONMENT

1. Tend a small vegetable and herbal garden in available lot or space at home. This way, you may be able to ease your money worries. At the same time, you can improve the health of your family and provide them greater quantity of nourishing food.
2. Learn to construct and use a compost pit for dried leaves, animal wastes and other biodegradable wastes. Loam soil produced from decomposed wastes from the compost pit can be used as organic fertilizer.

3. Plant fruit bearing trees around the house. Trees will provide shade, absorb pollution and provide cool breeze especially during summer.
4. Do not catch endangered species, or collect endangered plants and animals.
5. Be aware of and protect your environment. It is the key to healthy and sustainable living.

DISASTER PREPAREDNESS

1. Avoid constructing your house in dangerous locations such as near the riverbank, in areas that can be reached by high tide, in flood prone areas, in areas near a very steep slope or ravine, in an earthquake fault line, near an electrical transmission line, and other similar areas.
2. Teach family members how to safely evacuate the house in case of fire or in case there are natural calamities such as floods and typhoons.
3. Parent should learn how to do first aid techniques in case of injury and know the locations of the nearest medical clinic or hospital when any of the family members need medical attention.

ENVIRONMENTAL PROTECTION

Cleaning and waste disposal management

A healthy family makes a habit of cleanliness. Make sure that the house is always clean, inside and outside. Here are some tips:

1. Do not allow solid objects to be washed down the kitchen sink. These can clog up the drain and render the sink unusable.
2. As much as possible, construct your toilet out of concrete. Install a sturdy toilet bowl and provide four walls and a roof.
3. Cement floor can be very slippery. Scrub them regularly to avoid accidents in the bathroom.
4. Clean the water container, water dipper, and soap containers regularly. Plastic containers tend to collect a slimy, slippery film. Regular scrubbing should prevent this.
5. Use soap and water, or toilet paper, in cleaning up after moving your bowels. Avoid using newspapers, shredded cardboard, or any other bulky material which can clog up the pipes.
6. Sprinkle water on the ground before sweeping to prevent the dust from swirling all over the place and into the house.
7. Cover all garbage cans inside and outside the house to keep out flies and rats.
8. Use weighted lids to prevent dogs and cats from spilling and scattering the garbage all over the place.

10. Reduce and dispose of safely all domestic wastes.
11. Avoid excessive use of plastic bags.
12. Segregate solid garbage that can be recycled and reused. Bottles and other empty containers may be reused for storing vinegar, liquid soaps, and cooking oil and for other household's uses. Reuse all items as much as possible to lessen garbage produced or repair them for longer use. Other materials that can be recycled such as newspapers, magazines, tin cans, glass bottles, and the like, may be sold to a junk shop.
13. In places where toilets are in the form of pit dug in earth, make sure that the excavation is deep enough. Provide a cover for the hole of the latrine, to prevent its infestation by flies, mosquitoes, cockroaches, and other creatures.
14. Scrub the toilet bowl regularly. Use muriatic acid or vinegar to remove the yellowish stains inside.
15. Preserve the environment. Do not cut trees.

Maintaining a Healthy and Safe House

The house should be a place where everybody in the family would feel safe and secure. Because of this, maintaining the house in safe and good condition is necessary.

The following are general reminders in maintaining a healthy and safe house:

1. Examine every part of the house periodically. If there are parts that need repair, do the repair immediately. Leaking faucets can lead to higher water bill. Defective electrical connections or convenience outlets can be dangerous as it can cause fire.
2. Watch out for signs of invasion of destructive insects such as termites and ants. Ant bites are bothersome. Termite attacks can strain the family budget on repairs.
3. Make sure that the house is always clean, inside and outside. Clean the floor regularly and always keep it dry to prevent accidents. Cover all garbage cans inside and outside the house to keep out flies and rats.
4. Be a responsible pet owner. Keep pets from annoying the neighborhood or staying into the street. They can also bring in a lot of germs, as well as vermin (fleas, bugs, and others). Dogs, for instance, should not be allowed to freely roam around as they might bite people and cause a lot of trouble to the owner.
5. Make sure that all medicines and drugs are locked away well, out of reach of children, and properly labelled.
6. Certain rooms are necessarily full of danger such as the kitchen, and should remain out of bounds or made safe by the use of safety devices. Check LPG tanks/gas stoves and accessories regularly.

Child Safety

Babies and young children learn about their world by exploring it. This means that as soon as they are able to, they will crawl, touch, and grab at whatever is in their line of sight. They are curious by nature and need careful and gentle guidance. Shouting at or smacking children will not teach them about safety.

Most accidents happen in the home so it is important to ensure that your home is safe especially for children. There are many situations in which children have overdosed on their parent's drugs and medicines.

1. Crawling and exploring are an essential part of their development. Keep an eye on your young children, especially near wires and sockets.
2. Small children should never be left alone with pets. Even trained and good-natured animals can turn on them.
3. Make sure that irons, saucepans, and hot drinks are kept out of reach of children. Scalding and burns are common and avoidable accidents.
4. Inhaling cigarette smoke is bad for children's health. Children will be affected by passive smoking and your smoking may encourage them to smoke when they get older. If a parent is a smoker, he may consider stopping the habit.
5. Check toys for safety marks. Ensure that your child does not play with toys that are not suitable for his or her age, especially if the pieces are small enough to choke on. Unsafe toys can be very dangerous.
6. Check electrical wiring periodically and regularly.
7. Keep matches, lighted candles, and hot liquids out of reach.
8. Keep away kerosene, medicines, caustics and insecticides from the child.
9. Never allow the child to play in the street.
10. Keep plastic bags away to avoid suffocation.
11. Keep sharp objects away.
12. Install safety locks on cabinet, drawers and wooden cribs.
13. Never allow the child near ponds and rivers without adult supervision.

Safety Measures Against Diseases

1. Always keep the kitchen neat, clean and orderly. The kitchen is a very important part of the house where the family prepares, cooks and stores food. Always keep it neat, clean, and orderly.
2. Cover all foodstuffs; protect them from flies.
3. Keep glasses, plates, forks, spoons, knives, and water dippers in a covered, secured place where cockroaches cannot reach them.

4. Clean the dining table with soaped rags to remove odors and stains that attract flies and other insects.
5. Clean water container (jugs, jars, pitchers, bottles) inside and outside, and keep them covered at all times.
6. Set aside a special dipper for stored drinking water in case you are using a big water jar.
7. The toilet and bathroom must be clean and it is very important that these are sturdily built.
8. Keep the yard clean and free of garbage, including the area outside your fence. Dirty surroundings breed diseases.
9. Clean up animal and human waste immediately. Waste matter can become the source of intestinal, skin, eye and lung infection, particularly among children who play in the yard.

ANNEX F

PLANNING THE FAMILY: ADDITIONAL READINGS

DEALING WITH RUMORS AND MISCONCEPTION: FREQUENTLY ASKED QUESTIONS (FAQS)

About Family Planning

Is family planning a form of abortion?

- No. Family planning is not abortion. Abortion is ending pregnancy, while FP prevents pregnancy through the use of contraceptives. FP prevents induced abortion by helping couples avoid unplanned pregnancies.

Are family planning methods harmful to health?

- No. All family planning methods are safe, and effective if properly used. Couples can choose the method that is best suited ("hiyang") for them depending on their needs and health condition. Couples can decide on the desired number and spacing of their children.

Are all family planning methods effective?

- Yes. The effectiveness of the different methods varies a lot depending on how the method is used by the couple or the individual.

Will using a contraceptive method increase or decrease sexual desire?

- Sexual desire varies from person to person. In general, use of contraceptive does not affect an individual's sexual desire. In fact, the use of contraceptives frees the couple from the fear of unplanned pregnancies. This enhances the couple's sexual relationship.

Are family planning methods expensive?

- Most family planning methods are reasonably-priced and available at drugstores. There are companies that provide family planning supplies to their employees. PhilHealth covers the cost of FP counselling, IUD and its insertion, bilateral tubal ligation, vasectomy, injectables, and the initial cycle of progestin-only-pills (POP), subject to the provisions of its benefit package for members and their dependents.

About Pills

If I do not wish to get pregnant, should I take pills only on days that I have sex with my husband?

- No. You must take your pills every day in order not to become pregnant.

Do pills cause cancer?

- No. Pills have been used safely by millions of women for over 45 years and have been tested more than any other drug. Studies show pills can protect women from some forms of cancer, such as cancers of the ovary and uterus. More clinical studies are currently being conducted to determine if there is any association of pill use with other forms of cancer.

Can pills cause infertility or make it difficult for me to become pregnant once I stop taking it?

- No. Studies have clearly shown that pills do not cause infertility. Also, they do not reduce your chances of becoming pregnant once you stop taking them.

Do pills cause abortion?

- No. Pills are taken to prevent conception not to cause abortion. They prevent ovulation (maturing and release of an egg) so that fertilization cannot occur. Therefore, if there is no fertilization, there can be no pregnancy. Abortion cannot occur without pregnancy.

Do pills cause vaginal dryness leading to painful sexual intercourse?

- No. There is no evidence showing that pills cause vaginal dryness which leads to painful sexual intercourse.

Will pills build up in my body after a few years? Will I need to stop taking the pill to give my body a "rest period"?

- No. Pills do not accumulate in your body. Pills dissolve and get absorbed in your body and excreted out just like any other medicines and food. You do not need a "rest period" from taking pills. You may use pills for as long as you do not want to become pregnant.

About Injectables

What is an injectable?

- The injectable is a modern, temporary and highly effective method of family planning. A woman can get pregnant again once the effects of the injectable wear off. It is injected into the upper arm or buttocks of the woman to prevent pregnancy.

The injectable prevent the meeting of the egg of the woman and the sperm of the man. It works by preventing the release of a mature egg from the ovary. It also thickens the cervical mucus in the neck (top) of the uterus, making it difficult for the sperm to pass through. So sperm and egg cannot unite and no pregnancy occurs. Using injectables facilitates early diagnosis and treatment of health problems because the woman regularly goes to health provider for her injections and check-up.

Do injectables cause permanent infertility?

- No. Studies show that, on the average, women get pregnant 9 to 10 months after their last injection of DMPA, or 1 to 2 months after their last injection of the CIC.

Do injectables cause cancer?

- No. Studies show that injectables do not increase the risk of ovarian and cervical cancers. In fact, injectables are associated with less chance of cancer of the lining of the uterus. International clinical studies find that there is a very small increased risk of breast cancer just after a woman begins using injectables, but there is no overall risk with long-term use.

Do injectables cause abortion?

- No. Injectables prevent pregnancy. If there is no pregnancy, abortion cannot occur.

Will I experience nausea or vomiting if I use injectables?

- No. it is uncommon for a woman who is using injectables to experience nausea and vomiting.

If I get pregnant while using injectables, will it harm my baby?

- No. Pregnancy during injectable use is very rare. In the rare event that a woman becomes pregnant while using injectables, there is no harm to the baby because the hormones in injectables are the same that women produce

during pregnancy.

Is my menstrual blood stored inside my uterus when I use injectables?

- No. Menstrual blood is not stored inside the uterus while using injectables. Though it is common for women using DMPA to stop having their periods for a long time, this is not harmful.

About Intrauterine Device

Does the IUD cause cancer for the uterus?

- No. Studies have shown that the IUD does not cause cancer of the uterus.

If a woman becomes pregnant while using IUD, will this become implanted inside her baby's body or brain?

- No. The IUD cannot be implanted in a baby's body or brain. It does not cause malformation of the fetus. It is very rare for a woman using IUD to become pregnant.

If I use IUD, will I still be able to have a baby?

- Yes. Almost all women who use an IUD will be able to bear children once it is removed.

Can the string of an IUD get entangled with the man's penis during sex?

- No. The very short string of an IUD cannot get entangled with the penis during sex. Once an IUD is inserted, the string becomes soft and coils within the vagina, behind the entrance of the uterus. So it is impossible for the IUD string to become entangled with the penis.

Does the IUD rot in the uterus after prolonged use?

- No. IUD is made of inert material which does not rot in the uterus even with prolonged use.

Can an IUD be pushed out of the uterus during sex and travel to other parts of a woman's body?

- No. An IUD cannot be pushed out of the uterus during sex. The IUD normally stays within the uterus until it is removed by a trained health provider. There is no passage from the uterus where it can possibly travel to other organs of the body. If ever expelled, it will only come out from the vagina.

Does the man's penis get into contact with an IUD during sex?

- The string of an IUD may get into contact with the penis during sexual intercourse. But the string of the IUD is so thin, soft, and fine that the man will not even feel it. Nor will it affect their sexual activity. In the rare cases where the man can feel the string, the woman can return to her FP provider where the problem can be remedied.

Will PhilHealth pay for an IUD and its insertion?

- Yes. If you are a member or a dependent, the IUD and its insertion are covered, subject to the provisions of PhilHealth's benefit package.

About Bilateral Tubal Ligation (BTL)

After ligation, will I become sick and be unable to work?

- No. After ligation you can resume regular activities as soon as you are free from post-procedure discomfort. The procedure will not make you sick; neither will it affect your ability to work. Usually, doctors advise the woman to take 2-3 days rest and avoid lifting of heavy objects for a week.

Does ligation shorten the life span of a woman?

- No. Ligation has been practiced for several generations, and there is no medical evidence that ligation shortens women's lives.

Does ligation cause early menopause?

- No. Ligation will not hasten menopause. After the procedure, you will continue to ovulate and menstruate normally (although you will no longer get pregnant) until you reach menopause.

Can ligation make me fat?

- No. There is no evidence that ligation causes women to gain weight.

Is ligation a painful and complicated procedure?

- No. New techniques have been developed, using local anaesthesia, which make ligation possible without a hospital stay. Discomfort felt after the procedure can almost always be relieved with basic medications like paracetamol, ibuprofen, and mefenamic acid.

Can I have a pregnancy outside the womb (ectopic pregnancy) after ligation?

- No. After ligation women face less risk of having an ectopic pregnancy than women who have not had ligation.

Does PhilHealth cover the cost of ligation?

- Yes. If you are a member or a dependent, the procedure is covered by PhilHealth, subject to the provisions of its benefit package.

About Vasectomy

Is vasectomy the same as castration?

- No. Vasectomy and castration are not the same. Castration is removal of the testes. Castration is done only to animals. When the testes are removed, it results in loss of masculinity because of the absence of male hormones (testosterone). Testosterone is produced in the testes. Vasectomy does not involve removal of the man's testes.

Will vasectomy cause me to become less macho or make me effeminate?

- No. Vasectomy does not make a man less macho or make him effeminate. It does not interfere with any normal body function, nor cause other types of changes. After a vasectomy, a man will continue to produce male hormones.

What happens to sperm that are not ejaculated during sexual intercourse? Will they accumulate in the scrotum and cause it to burst or cause other problems?

- No. The body absorbs sperm that is not ejaculated. Sperm cannot accumulate in the scrotum nor cause the scrotum to burst or harm the body in any way.

Does Vasectomy cause cancer?

- No. Clinical studies indicate that vasectomy does not cause prostate cancer or cancer of the testicles or any other long-term health problems.

Can vasectomy cause heart problems and harm the immune system?

- No. There is no evidence that vasectomy increases the risk of cardiovascular disease or immune system problems.

Kadalasang mga Tanong Tungkol sa mga Modern Methods ng Family Planning

Ang family planning ba ay isang uri ng aborsyon?

- Hindi. Ang aborsyon ay ang paglaglag ng ipinagbubuntis. Ang family planning naman ay ang pag-iwas sa pagbubuntis. Sa family planning, naiiwasan ang aborsyon dahil natutulungan ang mag-asawa na ma-iwasan ang wala sa planong pagbubuntis.

Nakakasama ba sa kalusugan ang family planning methods?

- Hindi. Lahat ng family planning methods ay ligtas at mabisa kung tama ang paggamit. Ang mag-asawa ay maaaring pumili ng paraan na hiyang sa kanilang katawan, at angkop sa kanilang pangangailangan at kalusugan. Sila ang magpapasiya sa nais nilang dami at agwat ng mga anak.

Ang pag-gamit ba ng Family Planning ay nakakabawas o nakakadagdag ng pagnanasa sa pakikipagtalik?

- Magkakaiba ang pagnanasa sa pakikipagtalik ng bawat tao. Sa kabuuan, ang pag-gamit ng contraceptives ay walang epekto sa pagnanasang makikipagtalik ng isang tao. Sa pag-gamit ng contraceptives, nawawala ang agam-agam ng mag-asawa na magkaanak ng wala sa plano. Dahil dito, mas malaya ang mag-asawa sa pagpapahayag ng pisikal na aspeto ng kanilang pagmamahal sa isa't-isa.

Magastos ba ang pag-gamit ng mga family planning methods?

- Ang karamihan ng mga family planning methods ay mabibili sa mga botika sa abot-kayang halaga. May mga kompanya naman na nagbibigay ng mga contraceptives sa kanilang mga empleyado.

Ang gastos sa pagpapa-ligate, pagpapa-vasectomy o papalagay ng IUD ay sakop ng "benefit package" ng PhilHealth.

Kadalasang mga Tanong Tungkol sa Pills

Maaari bang maging sanhi ng aborsyon ang pag-inom ng pills?

- Hindi. Ang pills ay iniinom upang makaiwas sa pagbubuntis, at di upang magkaroon ng aborsyon. Pinipigilan ng pills ang "ovulation" (o ang paglabas ng hinog na itlog mula sa obaryo ng babae) upang hindi magkaroon ng "fertilization" (ang pagsanib ng hinog na itlog ng babae at ng punlay ng lalaki) sa pagtatalik. Samakatuwid, kung walang "fertilization" wala ring magaganap na pagbubuntis. Hindi mangyayari ang aborsyon kung wala nangyayaring pagbubuntis.

Kung ayaw kong magbuntis, ang pills ba ay iinumín ko lamang sa tuwing kaming mag-asawa ay magsisiping?

- Hindi. Dapat mong inumin araw-araw ang pills upang hindi ka mabuntis.

Nakakanser ba ang pag-inom ng pills?

- Hindi. Ang pills ay ligtas na ginagamit ng milyung-milyong kababaihan sa buong mundo sa higit ng 45 taon. Wala nang gamut bukod sa pills ang dumaan sa napakaraming pagsusuri at pagsubok.

Ayon sa mga pagsusuri, ang pills ay maari pa ngang makapagbigay ng proteksyon sa mga kababaihan laban sa mga ilang uri ng kanser, gaya ng sa obaryo at sa bahay-bata. Marami pang pagsusuri ang isinasagawa sa ngayon upang malaman kung may kaugnayan nga ba ang pag-inom ng pills sa iba pang uri ng kanser.

Nakakapagpapatuyo ba ng ari ng babae ang pag-inom ng pills na siyang dahilan ng pananakit ng kanyang ari habang nakikipagtalik?

- Hindi. Walang ebidensyang nagpapakita na ang pills ay nagiging sanhi ng pagkatuyo ng ari ng babae.

Maiipon ba sa katawan ko ang pills pagkaraan ng ilang taon? Kailangan ko bang ipahinga ang katawan ko sa pag-inom ng pills?

- Hindi. Hindi naiipon ang pills sa iyong katawan. Natutunaw ang pills sa loob ng iyong tiyan at kusa itong inilalabas ng iyong katawan kagaya ng ibang gamut at pagkain. Hindi mo kailangan ng pamamahinga sa pag-inom ng pills. Maari mo itong gamitin sa buong panahong ayaw mo pang magbuntis.

Kapag huminto ba ako sa pag-inom ng pills ay maari akong mabaog o mahirapan nang manganak?

- Hindi. Malinaw na ipinakikita ng mga pagsusuri na kapag itinigil ng isang babae ang pag-inom ng pills, hindi ito nagiging dahilan upang siya ay mabaog o mahirapang manganak.

Kadalasang mga Tanong Tungkol sa Injectables

Ano ang injectable?

- Ang injectable ay isang moderno, mabisa at pansamantalang paraan ng family planning. Maaaring mabuntis uli ang isang babae makaraang lumipas na ang epekto ng injectable. Iniiniksyon ito sa braso upang hindi siya mabuntis.

Pinipigilan ng injectable ang pagtatagpo ng itlog ng babae at punlay (sperm) ng lalaki. Hindi naglalabas ng hinog na itlog mula sa obaryo at pinakakapal ang uhog sa kwelyo ng matris (cervical mucus) para hindi makapasok ang punlay. Kaya, walang pagbubuntis na magaganap.

Dahil ang pag-gamit ng injectables ay nangangailangan ng regular na pagpapainiksyon at check-up, ito ay nagbibigay-daan upang mabigyan ng maagap na lunas ang anumang problemang pangkalusugan ng babae.

Maaari bang maging sanhi ng aborsyon ang injectable?

- Hindi. Pinipigilan ng injectable ang pagbubuntis. Hindi mangyayari ang aborsyon kung walang nangyaring pagbubuntis.

Nakakabaog ba ang injectable?

- Hindi. Pinapatunayan ng mga pag-aaral na ang babae ay maaaring mabuntis 9 hanggang 10 buwan pagkatapos ng huling iniksyon ng DMPA, o 1 to 2 buwan pagkatapos ng huling iniksyon ng Combined Injectable Contraceptive.

Nakakakanser ba ang injectable?

- Hindi. Ayon sa mga pag-aaral, ang injectable ay hindi nakakadagdag sa posibilidad na magkaroon ng kanser sa obaryo at matris ang babaeng gumagamit nito. Sa katunayan, ang injectable ay ini-uugnay pa nga sa pagbaba ng posibilidad ng pagkakaroon ng kanser sa sapin ng bahay-bata (endometrium). Napatunayan man sa pandaigdigang pag-aaral namayroong napakaliit na posibilidad na magkaroon ng kanser sa suso ang isang babaeng nagsisimula pa lang gumamit ng injectable, napatunayan na rin na, sa kabuuan, walang panganib ang matagalang paggamit nito.

Makararanas ba ako ng pagkahilo o pagduduwal kapag gumamit ako ng injectable?

- Hindi. Karaniwan sa isang babaeng gumagamit ng injectable ang makaranas ng pagkahilo o pagduduwal.

Kung sakali bang mabuntis ako habang gumagamit ng injectable, makasasama ba ito sa sanggol na nasa aking sinapupunan?

- Bihirang-bihira na ang isang babae ay mabuntis habang siya ay gumagamit ng injectable. Sa bihirang pagkakataon na mangyari ito, wala itong masamang epekto sa sanggol.

Naiipon ba ang aking regla sa loob ng aking matris habang gumagamit ng Injectable?

- Hindi. Ang regla ay hindi naiipon sa loob ng matris habang gumagamit ng injectable. Kahit karaniwang humihinto ang pagrereгла ng mga babaeng gumagamit ng DMPA, hindi ito masama sa katawan.

Kadalasang mga Tanong Tungkol sa IUD

Ang IUD ba ay nagiging sanhi ng kanser?

- Hindi. Ipinakita ng mga pagsusuri na ang IUD ay hindi nagiging sanhi ng kanser sa matris o bahay-bata.

Kung sakaling mabuntis ang isang babae na gumagamit ng IUD, maari bang mabaon ito sa ulo o katawan ng sanggol?

- Hindi. Ang IUD ay hindi maaaring makapasok sa ulo o katawan ng sanggol na nasa sinapupunan ng ina. Bihira ang pagkakataon na nabubuntis ang isang babae na gumagamit ng IUD.

Kung ako ay gumagamit ng IUD, maari pa ba akong magkaanak?

- Oo. Halos lahat ng mga babaeng gumagamit ng IUD ay nagkakaanak kapag tinatangal na ang IUD sa kanilang matris.

Maaari bang pumulupot ang tali ng IUD sa ari ng lalaki habang nagtatalik?

- Hindi. Ang maikling tali ng IUD ay hindi maaaring pumulupot sa ari ng lalaki habang nagtatalik. Kapag ang IUD ay naipasok na sa matris, ang tali ay lumalambot at nakikidkid sa likod ng kwelyo ng matris, kaya't imposibleng pumulupot ito sa ari ng lalaki.

Nabubulok ba ang IUD sa loob ng matris sa matagal na pag-gamit?

- Hindi. Ang IUD ay gawa sa matibay at hindi nabubulok na sangkap, kaya, hindi ito mabubulok sa loob ng matris kahit sa matagalang pag-gamit.

Maaari bang matanggal sa matris ang IUD habang nakikipagtalik at mapunta ito sa ibang parte ng katawan ng babae?

- Hindi. Ang IUD ay hindi maitutulak palabas ng matris habang nagtatalik. Karaniwang nananatili ang IUD sa loob ng matris hanggang sa ito ay alisin ng isang sinanay na midwife o doctor. Wala ring butas sa loob ng matris kung kaya't hindi maaaring mapunta ang IUD sa ibang parte ng katawan ng babae. Kung sakali man lumabas ang IUD sa matris, ang tanging dadaanan nito ay ang pwerta ng babae.

Maaari bang madikit ang ari ng lalaki sa IUD habang nagtatalik?

- Ang maikling tali ng IUD ay maaaring sumagi sa ari ng lalaki habang nagtatalik. Subalit ang taling ito ay napakanipis, malambot at napakapino kaya't hindi ito mararamdaman ng lalaki. Hindi rin ito makaaapekto sa pagtatalik. Sa pambihirang pagkakataon na maramdaman ng lalaki ang tali, maaaring magbalik ang babae sa kanyang midwife o doctor upang ito ay malunasan.

Tutustusan ba ng PhilHealth ang pagbili ng IUD at ang bayad sa paglalagay nito?

- Oo. Kung ikaw ay isang kasapi o "dependent" ng isang kasapi, ang gastos sa pagbili ng IUD at ang bayad sa paglalagay nito ay tutustusan ng PhilHealth ayon sa takda ng kanilang mga benepisyo para sa kanilang mga kasapi.

Kadalasang mga Tanong Tungkol sa Vasectomy

Pareho ba ang vasectomy at kapon?

- Hindi. Hindi pareho ang vasectomy at kapon. Ang kinakapon ay tinatanggalan ng mga bayag; ito ay ginagawa sa mga hayop. Ang tinatanggalan ng bayag ay nawawalan ng pagkalalaki dahil nawawala ang "hormones" ng pagkalalaki (testosterone) na nanggagaling sa mga bayag. Hindi tinatanggal ang mga bayag ng lalaki nagpapavasectomy.

Ang lalaki bang nagpa-vasectomy ay nababawasan ang pagka-macho at nagiging binabae?

- Hindi. Ang vasectomy ay hindi nakababawas sa pagiging macho ng isang lalaki at hindi rin siya magiging binabae.

Ano ang nangyayari sa punlay ng isang lalaking nagpapavasectomy kung ang mga punlay na ito ay hindi na nailalabas sa pagtatalik? Ang mga ito ba ay naiipon sa bayag o di kaya'y nagiging sanhi ng iba pang problema?

- Hindi. Ang mga punlay ay hindi naiipon sa bayag. Nalulusaw sa sariling katawan ang mga punlay na hindi nailalabas at di ito nakapipinsala sa katawan sa anumang paraan.

Ang vasectomy ba ay nagiging sanhi ng kanser?

- Ayon sa mga pananaliksik, ang vasectomy ay hindi nagiging sanhi ng kanser sa bayag o anumang problemang pangkalusugan ng isang lalaki.

Ang vasectomy ba ay nagiging sanhi ng sakit sa puso o kaya ay nakapagpapahina ng resistensya laban sa sakit?

- Hindi. Walang ebidensyang nagpapakita na ang vasectomy ay nakakadagdag sa posibilidad na magkaroon ng sakit sa puso. Hindi rin ito nakapagpapahina ng laban sa sakit.

Maari pa ba akong gumawa ng mabibigat na trabaho pagkatapos magpavasectomy?

- Oo. Walang epekto ang vasectomy sa kabuuang kalusugan at pisikal na kakayahan ng lalaki. Matapos magpahinga ng 2 araw na walang mabigat na trabaho, maaari mo ng balikan ang mga dati mong gawain.

Tutustusan ba ng PhilHealth ang gastos sa vasectomy?

- Oo. Kung ikaw ay isang kasapi o "dependent" ng isang kasapi, ang gastos sa vasectomy ay tutustusan ng PhilHealth ayon sa takda ng kanilang mga benepisyo para sa kanilang mga kasapi.

Kadalasang mga tanong tungkol sa BTL

Ako ba ay magkakasakit o hindi na makapagtrabaho matapos magpaligate?

- Hindi. Pagkatapos ng ligation, maari mong gawin ang mga dating ginagawa, kung wala ka nang nararamdaman na kirot o anumang karamdaman na dulot ng operasyon. Ang ligation ay hindi nagiging sanhi ng sakit, at hindi rin ito makaaapekto sa iyong kakayahang magtrabaho. Kadalasan, pinapayuhan ng doctor ang babae na nagpa-ligate na magpahinga ng 2-3 araw at iwasan ang magbuhat ng mga mabibigat na bagay sa loob ng isang linggo.

Ang ligation ba ay masakit at kumplikadong operasyon?

- Hindi. Meron ng mga nalikhang mga makabagong pamamaraan ng pagsasagawa ng ligation na gumagamit lang ng "local anesthesia." Dahil hindi kumplikado ang operasyon, hindi na kinakailangang manatili sa ospital ang isang babae matapos magpaligate. Anumang kirot o karamdaman na dulot ng operasyon ay daliang nalulunasan ng mga karaniwang "pain-relievers" kagaya ng paracetamol, ibuprofen, at mefenamic acid.

Umiikli ba ang buhay ng isang babaeng nagpa-ligate?

- Hindi. Ang ligation ay matagal ng ginagawa sa loob ng maraming henerasyon. Walang ebidensyang pang-medikal na nagpapakita na umiikli ang buhay ng isang babae dahil sa ligation.

Maaari ba akong magkaroon ng pagbubuntis sa labas ng matris (ectopic pregnancy) pagkatapos magpa-ligate?

- Hindi. Mas malayo ang posibilidad na ikaw ay magkaroon ng ectopic pregnancy kung ikaw ay nagpa-ligate, kumpara sa babaeng hindi nagpa-ligate.

Hihinto ba ang aking regla kung ako ay magpa-ligate?

- Hindi. Ipinakita ng mga pagsususri na hindi tumitigil ang pagreregla ng babae matapos magpa-ligate.

Ako ba ay tataba sanhi ng ligation?

- Hindi. Walang ebidensya na ang ligation ay nakapagpapataba.

ANNEX G

PREGNANCY AND CHILD CARE: ADDITIONAL READINGS

SERVICES AVAILABLE FOR THE BABY

Newborn Screening (Early Detection Of Disabilities)

Newborn screening (NBS) is a simple procedure to find out if your baby has a congenital metabolic disorder that may lead to mental retardation or even death if left untreated.

Early diagnosis and initiation of treatment, along with appropriate long-term care, help ensure normal growth and development of the affected individual.

(Reference: <http://www.doh.gov.ph/newborn-screening>)

Why is it important to have newborn screening?

- Most babies with metabolic disorder look normal at birth.
- One will never know that the baby has the disorder until the signs and symptoms are manifested. By this time, irreversible consequences are already present.

When is newborn screening done?

- NBS is ideally done on the 48th to 72nd hour of life (first 2-3 days of life).
- It may also be done 24 hours after birth since some disorders are not detected if the test is done earlier than 24 hours from birth.

Immunization

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Vaccine	Preventable Diseases	Recommended Age of the Child					
		At Birth	1½ Mos	2½ Mos	3½ Mos	9 Mos	1 Yr
BCG	Tuberculosis	/					
Hepatitis B	Hepatitis B	/					
Pentavalent Vaccine (DPT- Hep B- HIB)	Diphtheria, Pertussis, Tetanus, Pneumonia, Meningitis		/	/	/		
Oral Polio Vaccine (OPV)	Polio		/	/	/		
Inactivated Polio Vaccine (IPV)	Polio				/		
Pneumococcal Conjugate Vaccine (PCV)	Pneumonia, Meningitis		/	/	/		
Measles, Mumps, Rubella (MMR)	Measles, Mumps, German Measles					/	/

(Reference: https://www.google.com.ph/search?tbm=isch&q=Child+immunization+schedule+World+Health+Organization&chips=q:child+immunization+schedule+world+health+organization,online_chips:epi&sa=X&ved=0ahUKEwjH15n7jbTZAhVIUrwKHSfHDT0Q4lYIJygC&biw=1536&bih=710&dpr=1.25#imgdii=PLxNoY-FjiNxyM:&imgsrc=lgZKaaUoL_gVxM!)

SERVICES AVAILABLE FOR THE MOTHER

Birth Plan

A birth plan is a written list of what a pregnant mother would like to be done when she is in labor and giving birth. It will help a pregnant mother be more involved in decisions in the course of her pregnancy. It will assist women and their partners and families to be adequately prepared for childbirth.

Tetanus Toxoid Immunization

Neonatal tetanus is one of the public health concerns that we need to address among newborns. To protect them from this deadly disease, tetanus toxoid immunization is important for pregnant women.

A series of two doses of tetanus toxoid vaccination must be received by a woman one month before delivery to protect her baby from neonatal tetanus. The three booster dose shots to complete the five doses following the recommended schedule provides full protection for both mother and child.

The mother is then called as a “fully immunized mother” (FIM).

PhilHealth Maternity Benefits

PhilHealth provides financial assistance to pregnant women, during and after pregnancy. The following are two packages that PhilHealth provides to help pregnant women and their family cope with pregnancy financially.

a. Maternity Care Package

The Maternity Care Package can only cover up to the fourth delivery, and it provides more specific packages according to the type of delivery.

b. Newborn Care Package

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