



Counseling Adolescents on Sexual and Reproductive Health

TRAINER'S MANUAL



পরিবার পরিকল্পনা অধিদপ্তর

Counseling Adolescents on Sexual and Reproductive Health

TRAINER'S MANUAL

USAID's Accelerating Universal Access to
Family Planning (AUAFP)/ Shukhi Jibon Project
2020

This manual is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of Pathfinder International and do not necessarily reflect the views of USAID or the United States Government.



Shukhi Jibon



Contents

Acknowledgements	1
Acronyms and Abbreviations	2
Notes to the Trainer	3
MODULE 0: Facilitation	11
Session 0-1: Introduction to Facilitation.....	12
Session 0-2: Participatory Facilitation.....	14
Module 0 Trainer's Tools and Handouts.....	16
MODULE 1: Introduction to the Training	23
Session 1-1: Introductions, Group Norms, and Pre-test.....	24
Module 1 Trainer's Tools and Handouts.....	27
MODULE 2: Values Clarification	34
Session 2-1: Factors Affecting Adolescent Health-seeking Behaviors.....	35
Session 2-2: Personal Values and Service Delivery.....	37
Module 2 Trainer's Tools and Handouts.....	39
MODULE 3: Adolescents as Clients	42
Session 3-1: Developmental Changes during Adolescence.....	43
Session 3-2: Adolescent Sexual and Reproductive Rights.....	46
Module 3 Trainer's Tools and Handouts.....	48
MODULE 4: Adolescent Sexual and Reproductive Health	51
Session 4-1: Key Adolescent Health and Development Concerns.....	53
Session 4-2: Reproductive Tract Infections and Sexually Transmitted Infections.....	55
Module 4 Trainer's Tools and Handouts.....	58
MODULE 5: Counseling Adolescents on Contraceptives	64
Session 5-1: Creating a Positive Service Environment.....	65
Session 5-2: Building Trust with Adolescents.....	68
Session 5-3: Counseling Different Adolescent Clients.....	69
Module 5 Trainer's Tools and Handouts.....	71
MODULE 6: Adolescent Contraceptive Options and Decision Making	79
Session 6-1: Rights-based Contraceptive Services.....	81
Session 6-2: Different Categories of Adolescent Clients.....	83
Session 6-3: Understanding Client Decision Making.....	85
Session 6-4: Supporting Client Decision Making.....	88
Module 6 Trainer's Tools and Handouts.....	90
MODULE 7: Conclusion	108
7-1: Concluding the Training.....	109
Module 7 Tools and Handouts.....	111

Acknowledgements

[will be added later]

Suggested Citation: Accelerating Universal Access to Family Planning (AUAFP) Project. *Counseling Adolescents on Sexual and Reproductive Health: Trainer's Manual*. (Dhaka: Pathfinder International, 2020).

Acronyms and Abbreviations

FP	Family planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HTSP	Healthy timing and spacing of pregnancy
IEC	Information, education, and communication
IUD	Intrauterine device
LAM	Lactational amenorrhea method
LARC	Long-acting reversible contraceptive
PPT	PowerPoint
RTI	Reproductive tract infection
SACMO	Sub-Assistant Community Medical Officer
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
USAID	United States Agency for International Development
WHO	World Health Organization

Notes to the Trainer

Purpose of the Training

This Counseling Adolescents on Sexual and Reproductive Health Training is designed to be a comprehensive adolescent sexual and reproductive health (SRH) counseling curriculum for service providers. It is not a clinical services training, but rather a training on how to provide SRH counseling to adolescents and young people. While there is some clinical information, this curriculum presumes a level of comfort with SRH terminology and clinical care among its users. It is designed to be used to train doctors, nurses, counselors, and midwives. Parts of the curriculum may be adapted for use with community-based health outreach workers, auxiliary workers, pharmacists, and anyone engaged in service delivery for adolescents.

All the units in this curriculum are designed to actively involve participants in the learning process. Alongside trainer presentations, sessions include case study discussions, roleplays, interactive activities, group work, and values clarifications activities.

Specific Learning Objectives

- Describe the impact of personal and social/environmental factors on adolescents' health-seeking behaviors.
- Identify one's personal values and explain how these can impact service delivery.
- Explain the rationale for undergoing special training on adolescent sexual and reproductive health.
- Describe the physical, cognitive, and social/emotional changes during adolescence.
- Identify barriers that might prevent adolescents from accessing health care services.
- Describe adolescent sexual and reproductive rights.
- Understand key adolescent health and development concerns (menstruation, wet dreams, hygiene).
- Describe and demonstrate key counseling topics for preventing, identifying, and treating reproductive tract infections (RTIs) and sexually transmitted infections (STIs) among adolescent clients.
- Identify strategies for building a positive service environment for adolescents.
- Explain effective and supportive approaches to counseling adolescent clients on contraception.
- List ways of building trust with and protecting confidentiality of adolescent clients.
- Demonstrate counseling for different types of adolescent clients.
- Define the rights to family planning services and informed and voluntary decision making.
- Describe different types of adolescent contraception clients.
- Identify the specific counseling needs of different types of adolescent contraception clients.
- Describe the factors influencing adolescent clients' decisions about contraception.
- Identify ways of supporting adolescent clients to make and implement decisions about contraception.

Overview of the Training

MODULE 0: FACILITATION*	
Session 0-1: Introduction to Facilitation	35 minutes
Session 0-2: Participatory Facilitation	55 minutes
Total Module Time	1 h. 30 min.
MODULE 1: INTRODUCTION TO THE TRAINING	
Session 1-1: Introductions, Group Norms, and Pre-test	60 min.
Total Module Time	1 h.
MODULE 2: VALUES CLARIFICATION	
Session 2-1: Factors Affecting Adolescent Health-seeking Behaviors	45 min.
Session 2-2: Personal Values and Service Delivery	1 h.
Total Module Time	1 h. 45 min.
MODULE 3: ADOLESCENTS AS CLIENTS	
Session 3-1: Developmental Changes during Adolescence	60 min.
Session 3-2: Adolescent Sexual and Reproductive Rights	30 min.
Total Module Time	1 h. 30 min.
MODULE 4: ADOLESCENT SRH	
Session 4-1: Key Adolescent Health and Development Concerns	110 min.
Session 4-2: Reproductive Tract Infections and Sexually Transmitted Infections	50 min.
Total Module Time	2 h. 45 min.
MODULE 5: COUNSELING ADOLESCENTS ON CONTRACEPTIVES	
Session 5-1: Creating a Positive Service Environment	60 min.
Session 5-2: Building Trust with Adolescents	45 min.
Session 5-3: Counseling Different Adolescent Clients	45 min.
Total Module Time	2 h. 30 min.
MODULE 6: ADOLESCENT CONTRACEPTIVE OPTIONS AND DECISION MAKING	
Session 6-1: Rights-based Contraceptive Services	40 min.
Session 6-2: Different Categories of Adolescent Clients	90 min.
Session 6-3: Understanding Client Decision Making	60 min.
Session 6-4: Supporting Client Decision Making	50 min.
Total Module Time	4 h.
MODULE 7: CONCLUSION	
Session 7-1: Concluding the Training	30 min
Total Session Time	30 min.
TOTAL TRAINING TIME	15 H. 30 MIN.*

*This session is designed to train the trainers and may not be appropriate/necessary for all trainings.

**This does not include time for lunch or other breaks.

Suggestions for Use

Planning the Training

The curriculum allows trainers/facilitators to formulate their own training schedule based on local time and training needs. Each unit can be used independently of each other, but the curriculum works best when used in its entirety. The units can also be lengthened or shortened depending on the level of training and expertise of the participants. As currently presented, the training content requires 15 hours 15 minutes (not including meals and breaks) and would be suitable for a 3-day training.

Participant Selection

This curriculum is meant for providers who already have skills and training in SRH but need training or a refresher on how to provide SHR counseling to adolescents. Clinic and program managers also need to have a clear idea of the goals, challenges, and resource requirements of providing adolescent- and youth-friendly services so that they can be supportive and appreciative of provider efforts. For this reason, inclusion of a member of management staff in the training or in key sessions of the training is highly desirable.

How to Use this Curriculum

Each module addresses 2–4 specific learning objectives. At the beginning of each module, you will find guidance on the materials needed, advance preparation required, and additional resources, as well as an overview of the sessions. Activities and content presentations are spread out throughout the modules. Content presentations and supplementary information are incorporated into trainer' instructions, while participant handouts and trainer's tools are included at the end of each module.

Guide to Symbols

Symbols are used throughout the unit to help guide and instruct trainers. These symbols include:



TOTAL SESSION/MODULE TIME

Estimated time needed for each module or session. All times listed are suggested and subject to change depending on participant learning needs.



LEARNING OBJECTIVES

What the participants are expected to learn from each module and session; what they are expected to be able to do as a result of the session/module.



TRAINING METHODOLOGIES

Training methods used in the module, for example, large group discussion or roleplay.



MATERIALS NEEDED

Materials needed to teach the module, for example, flipchart and markers.



RESOURCES

A list of guidelines, books, journals, websites, and other documents that may be useful to trainers/facilitators or participants who want more information on topics or issues related to a specific module's content.



ADVANCE PREPARATION

Planning and preparation for a session or exercise that should be undertaken in advance.

PowerPoint Presentation

The PowerPoint slide sets were developed to facilitate presentations and discussions throughout the training and are available as separate slide decks.

Evaluation

The pre-test/post-test is designed to assess knowledge gained as a result of the training. Both tests are exactly the same, except that the pre-test is administered before the start of the training and the post-test at the end of the training.

Participants do not need to write their names on either the pre- or post-test (i.e., it can be completed anonymously). However, as you will need to compare each participant's post-test score with his/her pre-test score, ask that each participant put a 3- or 4-digit number or code at the top of the pre-test. This can be any number or code, such as a favorite number (e.g. 777), year of birth (1962), or code (ABC*). It is very important that participants remember this number or code, as they will need to record the exact same number/code at the top of their post-test. When taking the pre-test, suggest that they write their number/code on the copy of the training schedule—this way they will not forget it.

Materials Needed

- Trainer's Manual and Participant's Manual
- PowerPoint (PPT) slides to accompany each module
- Laptop computer, projector, and screen to show PPT
- Flipchart paper, easel, and markers
- Materials needed for icebreakers and energizers
- Participant handouts and trainer's tools (located at the end of each module)

Preparatory Work

Each module in this curriculum has information about work to be done in advance for the sessions in that module. You—the trainer/facilitator or co-trainers/facilitators—should familiarize yourselves with all components of this curriculum well in advance of the training.

The Trainer's Manual was developed to support trainers/facilitators and co-trainers/facilitators to plan and implement the training. At the beginning of each module, you will find *Learning Objectives*, *Methodologies*, *Materials Needed*, *Resources*, *Advance Preparation*, and *Module/Session Time* (see icon table above). Each session and activity also includes the estimated amount of time required for that activity.

Before conducting the training, you should read through this introductory module carefully. Review the principles of adult learning, suggestions for trainers/facilitators, a description of the role of the trainer/facilitator, trainer/facilitator checklist, tips on managing time, managing difficult participants, and communicating effectively. Then, study each of the modules, read the technical content to ensure you understand it, review the exercises closely, take note of exercises that require advance preparation, and try to anticipate participant questions.

Advance preparation and practice will increase trainer confidence and will also help keep sessions to the recommended time.

- The exercises in each module include large group discussion, brainstorms, case studies, small group work, pair work, games, and roleplays. Instructions, including recommended timeframes, for each exercise can be found in the exercise instructions.
- Be flexible—be ready to change exercises or the order of the agenda to adapt to the needs of participants and the amount of time available.
- Become familiar with the PPT slides prior to the training by reviewing them several times and comparing them with the module content. You may even want to practice using the slides by presenting a session, or even a module, to colleagues or just on your own. The better you know the content, understand the learning methods, and master the computer equipment and projector, the more confident you will feel!
- Review the content, in particular the case studies and roleplays, to ensure local and contextual relevance.
 - Case studies can be removed or modified to reflect local content.
 - Names can and should be changed to reflect common local names.
 - Trainers/facilitators can add new case studies based on local statistics, cultural practices, social traditions, and common health issues.
- Review the PPT presentations and flow of the session.
- Print all participant handouts needed for the sessions.
- Gather any additional materials needed.
- For some sessions, trainers/facilitators may want to consider:
 - Preparing flipcharts with some information already written on them.
 - Rearranging chairs or the training space to allow room for particular activities.
 - Doing some additional research and preparation on local laws, policies, or context.

Participatory Training Methodologies

This curriculum is firmly grounded in a participatory approach to learning. The sessions benefit learning through interactive activities, discussions, small group work, and games. Participatory learning methodologies help learners build their knowledge and skills through shared reflection, critical analysis, and collective problem solving.

The role of the trainer/facilitator in a participatory session is one of guidance, not authority. This training should be considered a learning journey that participants and trainers/facilitators are taking together, not a one-off delivery of information from one source to a target audience. While there are content presentations included in this training curriculum, the trainer/facilitator should always strive for a conversational tone and a dialogue with participants.

Setting Ground Rules for SRH discussions

Participatory, discussion-based, and reflection-based methodologies are particularly important for learning about sexual and reproductive health because of the prevalent social assumptions, taboos, and stigmas that surround issues of sexuality and gender. In order to facilitate discussions in an open and nonjudgmental manner, trainers/facilitators should take some time before starting to:

- Consider your own assumptions and biases. Sometimes we are quicker to make assumptions or judgments about young people's sexual behavior and decision making than we would be with adults. Take time to consider your opinions about young people's sexuality and why you hold them.
- Practice using neutral language. This applies to language which lacks judgments about "right" or "wrong" behavior, as well as to gender-neutral language.
- Don't "Yuck" anyone's "Yum." Participants may have diverse experiences of sexuality and sexual desire, but should be discouraged from reacting negatively to any information shared in the sessions or by their fellow participants.

Service provider attitude is commonly listed by adolescents and youth among their top reasons for avoiding SRH services. This curriculum, in addition to providing clinical and practical information, strives to address attitudes about adolescents' SRH, sexuality, and human rights among participants. Participatory learning activities are important tools for clarifying values and changing attitudes.

At the beginning of the training, work with participants to agree to set of "ground rules" for discussion. Because of the sensitive nature of discussions on sexual and reproductive health and rights, the ground rules should emphasize:

- Privacy and or confidentiality for participants.
- Language used in the training room.
- Allowing space for reactions and emotions.
- Admitting when you do not know something.
- Treating each other with respect.
- Creating space for each other to speak.

It is good practice to leave the list of ground rules visible in the room for participants and revisit them at the beginning of each session.

Key Principles of Adult Learning Theory¹

- **Respect** – Adult students must feel respected and feel like equals.
- **Affirmation** – Adult students need to receive praise, even for small attempts.
- **Experience** – Adult students learn best by drawing on their own knowledge and experience.
- **Relevance** – Learning must meet the real-life needs of adults for their work, families, etc.
- **Dialogue** – Teaching and learning must go both ways, so that the students enter into a dialogue with the teacher.

¹ Partners in Health (PIH), Training of Trainers: A manual for training facilitators in participatory teaching techniques (Boston: PIH, 2011).

- **Engagement** – Adult students must engage with the material through dialogue, discussion, and learning from peers.
- **Immediacy** – Adult students must be able to apply the new learning immediately.
- **20-40-80 Rule** – Adult students typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.
- **Thinking, feeling, and acting** – Learning is more effective when it involves thinking, feeling (emotions), and acting (doing).
- **Safety and comfort** – Adult students need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ridiculed or belittled.

DOs and DON'Ts of Training:

The following should always be kept in mind by the trainer/facilitator in any learning session.

DO:

- ✓ Maintain good eye contact.
- ✓ Prepare in advance.
- ✓ Involve participants.
- ✓ Use visual aids where possible.
- ✓ Speak clearly, loudly, and slowly.
- ✓ Encourage questions.
- ✓ Admit when you do not know an answer and commit to revisiting it.
- ✓ Recap at the end of each session.
- ✓ Bridge one topic to the next.
- ✓ Encourage participation.
- ✓ Write clearly and legibly.
- ✓ Summarize.
- ✓ Reflect participants' reactions back to them.
- ✓ Use good time management.
- ✓ Give constructive and positive feedback.
- ✓ Be aware of the participants' body language and level of participation.
- ✓ Provide clear instructions.
- ✓ Check to see if your instructions are understood.
- ✓ Evaluate and adjust as you go.
- ✓ Be patient, understanding, and empathetic.

DON'T:

- ✗ Talk to the flipchart or slide presentation.
- ✗ Block the visual aids.
- ✗ Stand in one place—it's helpful to move around the room.
- ✗ Ignore participants' questions, comments, or feedback.
- ✗ Force anyone to participate.
- ✗ Shout at or criticize participants.
- ✗ Dismiss participant's beliefs or opinions.

- ✗ Let factually incorrect, biased, or judgmental statements go uncorrected.
- ✗ Let one strong participant dominate conversation.

Tips for Training as a Team

- When planning a module presentation with another trainer/facilitator or co-trainer, discuss the following questions to help clarify your roles:
- Which parts of the module would you like to be responsible for?
- Which parts would you like your colleague to handle?
- What is your teaching style? How does your teaching style differ from that of your colleague? What challenges might arise? How can you and your colleague ensure that you will work well together?
- What signal could be used by you and your colleague for interrupting when the other person is presenting?
- How will you handle staying on task?
- How will you field participant questions?
- How will you make transitions between each of your presentations?
- How will you get participants back from breaks in a timely manner?

Training Evaluation

You will ask participants to complete a training evaluation form at the end of the training. This evaluation form is an important source of feedback and provides much information on how the training could be improved in the future to better meet participant training needs.

Upon completion of the training, take at least a half hour to read through the training evaluation forms. Focus on the questions where the ratings were relatively low and think through how these areas can be strengthened in the future. Think of ways to address suggestions offered in response to *“How can we improve this training?”* particularly if mentioned by multiple participants.

MODULE 0

Facilitation

INTRODUCTION

It is often difficult for trainers/facilitators to keep participants constantly energized and attentive during trainings. This module therefore provides an opportunity for prospective trainers/facilitators to improve their ability to inspire and engage participants through good facilitation skills. The module imparts a variety of techniques and skills trainers/facilitators can use to overcome the challenges that they may encounter while delivering trainings.



TOTAL MODULE TIME

1h. 30 min.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- List characteristics of well-facilitated workshops.
- Explain participatory facilitation methods.



METHODOLOGIES

- Small group work
- Discussion
- Brainstorm
- Presentation



MATERIALS NEEDED

- Flipcharts and markers
- Presentation Slides for Module 0: Facilitation (Slides 1-19)
- Handouts 0-A, 0-B, 0-C, 0-D



RESOURCES/REFERENCES

- The International Save the Children Alliance, 2007. Advocacy Matters: Helping children change their world - An International Save the Children Alliance guide to advocacy - Facilitator's manual.
- Johnson LJ. Effective Facilitation [PowerPoint slides]. Retrieved from <https://www.slideserve.com/lucus/effective-facilitation>.
- "Facilitation skills 101 – introduction for beginners." Accessed at OBESSU Toolbox on 14 October 2019 www.obessu.org/toolbox
- Rita Larok Otim, 2013. Facilitation Skills Training Manual; A facilitator's handbook. SCORE Project
- South to South/ICAP, 2010. Psychosocial & Adherence Counseling Support Training Facilitator Manual.
- EGPAF, 2017. Adolescent and Youth-Friendly Health Services Modular Training Facilitator Manual. Lesotho.
- PSI, 2015. Training Health Providers in Youth-Friendly Health Services.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 0-1: Introduction to Facilitation	35 minutes
Session 0-2: Participatory Facilitation	55 minutes
Total Module Time	1 h. 30 min.

Session 0-1: Introduction to Facilitation



LEARNING OBJECTIVE

List characteristics of well-facilitated workshops.



35 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Introduction	10 min.	
Activity 2: Group work	10 min.	<ul style="list-style-type: none"> • Flipchart and markers
Activity 3: Presentation	15 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 0: Facilitation (Slides 1-13)
Total Session Time	35 min.	

Activity 1: Discussion (10 minutes)

Experiences with Facilitation

STEP 1

To prepare the environment for a session on facilitation, first ask about participants' experiences connected to facilitation. Ask the participants to share a personal story of a bad meeting/workshop they either led or attended. Ask them to reflect on the following questions:

- What made the meeting so bad?
- How was it facilitated?
- How did the participants behave and why?

Activity 3: Brainstorm (10 minutes)

What is Facilitation?

STEP 1

- Ask participants to form small groups and brainstorm in groups for about 10 minutes on the following question: *What is the difference between school teaching and facilitation?*
-
- Ask them to note down their ideas.
-
- While they are brainstorming, prepare a flipchart that is divided into 2 columns titled "School teaching" and "Facilitation."

STEP 2

Bring the group back together and ask each group to share their ideas as you input under each column.

Activity 4: Presentation (15 minutes)

Facilitation Basics

STEP 1

Present the slides for Module 0: Facilitation (**Slides 1-13**).

STEP 2

Ask if there are any questions.

Session 0-2: Participatory Facilitation



LEARNING OBJECTIVE

Explain participatory facilitation methods.



55 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Brainstorm	5 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Presentation	15 min.	<ul style="list-style-type: none"> Presentation Slides for Module 0: Facilitation (Slides 14-19)
Activity 3: Small group work	20 min.	<ul style="list-style-type: none"> Handouts 0-A, 0-B, 0-C, and 0-D
Activity 4: Discussion	15 min.	
Total Session Time	55 min.	

Activity 1: Brainstorm (5 minutes)

Facilitation Methods

STEP 1

Ask the participants to brainstorm the different facilitation methods that they are familiar with.

STEP 2

- Note these on flipchart paper.

Activity 2: Presentation (15 minutes)

Facilitation Methods

STEP 1

Introduce the session by presenting the slides from Module 0: Facilitation (**Slides 14-19**).

Activity 3: Small Group Work (20 minutes)

Facilitation Study Session

STEP 1

Distribute handouts:

- Handout 0-A:** Tips for teaching adults
- Handout 0-B:** Dos and Don'ts of Training

- **Handout 0-C:** Trainer Preparation Checklist
- **Handout 0-D:** Running the training

STEP 2

Ask participants to pair up (2 people per group).

STEP 3

Ask groups to read through the handouts together and ask for clarity on anything that might be unclear.

Activity 4: Discussion (15 minutes)

Wrap-up

STEP 1

The last part of the session is left for wrapping up, repeating what was learned, as well as answering any remaining questions.

Module 0 Trainer's Tools and Handouts

HANDOUT 0-A

Tips for Teaching Adults

Teaching adults is a challenging task that requires flexibility, excellent communication, and relationship-building skills. Ensure the following during training sessions to maximize effectiveness of learning:

1. Promote positive self-esteem of participants.

- Create a comfortable and safe learning environment and utilize methods that reassure trainees that their contributions will be received respectfully.
- Include small group activities to increase participation.
- Help trainees become more effective and confident through guided discussions and practice sessions.

2. Practical and problem-centered learning situations.

- Include real life scenarios, real cases, and case studies to link clinical theory to practice.
- Encourage trainees to contribute with their own cases and experience in their work.
- Discuss and help your trainees plan for and critique direct application of new information.
- Use content that they can make use of in their current contexts and point out the immediate usefulness of information presented.
- Anticipate problems applying knowledge acquired, and offer concrete and practical suggestions.
- Avoid being too theoretical—confirm which services, tests, and drugs that are locally available and familiar to the trainees.

3. Integrate new ideas with existing knowledge.

- Help your trainees recall what they already know from prior experience that relates to the topic being taught.
- Ask what else they would like to know about the topic.
- Suggest follow-up ideas and next steps for support and implementation after the training.

4. Be respectful of every trainee.

- Never “talk down” to a trainee.
- Validate and affirm their knowledge, contributions, and successes.
- Ask for feedback on your work and provide opportunities for input.
- Avoid being judgmental or overly critical.

5. Capitalize on their experience.

- Don't ignore what your trainees already know. Their experience and expertise are resources for you and for the whole group.

6. Plan alternate learning activities and choices.

- Allow trainees to adjust the process to fit their experience level (e.g., level of detail given, time spent explaining concepts, length of lectures).
- Create activities that draw on trainees' experience and knowledge.
- Assess trainees' learning needs and understanding before, during, and after training.

7. Allow choice and self-direction.

- Build your plans around the participants needs.
- Share your goals and assumptions and ask for input on them.
- Ask what they know already about the topic (their perceptions).
- Ask what they would like to know about the topic.
- Build in options within training plans so you can easily shift if needed.
- Allow time for planning their next steps related to training and ongoing education.

HANDOUT 0-B

Dos and Don'ts of Training

The following “dos” and “don'ts” should always be kept in mind by the trainer in any learning session.

Do:

- ✓ Maintain good eye contact.
- ✓ Prepare in advance.
- ✓ Involve participants.
- ✓ Use visual aids where possible.
- ✓ Speak clearly, loudly, and slowly.
- ✓ Encourage questions.
- ✓ Admit when you do not know an answer and commit to revisiting it.
- ✓ Recap at the end of each session.
- ✓ Bridge one topic to the next.
- ✓ Encourage participation.
- ✓ Write clearly and legibly.
- ✓ Summarize.
- ✓ Reflect participants' reactions back to them.
- ✓ Use good time management.
- ✓ Give constructive and positive feedback.
- ✓ Be aware of the participants' body language and level of participation.
- ✓ Provide clear instructions.
- ✓ Check to see if your instructions are understood.
- ✓ Evaluate and adjust as you go.
- ✓ Be patient, understanding, and empathetic.

Don't:

- ✗ Talk to the flipchart or slide presentation.
- ✗ Block the visual aids.
- ✗ Stand in one place: move around the room.
- ✗ Ignore participants' questions, comments, or feedback.
- ✗ Force anyone to participate.
- ✗ Shout at or criticize participants.
- ✗ Dismiss participant's beliefs or opinions.
- ✗ Let factually incorrect, biased, or judgmental statements go uncorrected.
- ✗ Let one strong participant dominate conversation.

HANDOUT 0-C

Trainer Preparation Checklist

✓	Complete the following before starting each module
	Read curriculum objectives, technical content, and teaching exercises.
	Prepare for each of the exercises according to the Trainer's Instructions.
	Obtain or develop and organize the materials needed.
	Read the content and the suggestions for facilitating group discussion. Add your own questions or tips that will help you engage participants and ensure that key messages are discussed.
	Review the PowerPoint slides and become familiar with their content. Practice using the computer and projector and practice presenting technical content using the slides. Practice on your own or find friends or colleagues who are willing to be "participants."
	Practice! It is not always easy to explain group exercises or to draw responses from an audience. Be prepared by thinking ahead and developing strategies. For complicated exercises or discussions, consider co-facilitation.
	Have a plan for monitoring time and keeping to the schedule.
	Have a plan for coping with difficult or disruptive participants.
	Choose a technique for creating small groups. If this is done multiple times during the day, choose a different method for each instance, unless it is specified that groups should remain the same.
	Learn what you can about participants before the training (for example, their worksite, roles, responsibilities, skills, and experience). This effort should continue throughout the training.

HANDOUT 0-D

Running the Training

Role of the facilitator

It is the responsibility of the facilitator to present each session's background material and activities as clearly as possible. The facilitator is also responsible for maintaining a comfortable learning environment for participants and for facilitating group dynamics and sharing. The facilitator needs to constantly assess the progress of the work and adjust the workshop as needed. Some of the skills needed for good facilitation include the following:

Non-verbal communication

- Maintain eye contact with everyone in the group when speaking.
- Try not to favor certain participants.
- Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you cannot be easily seen.
- React to what people say by nodding, smiling, or engaging in other actions that show you are listening.
- Stand in front of the group, particularly at the beginning of the session. It is important to appear relaxed and at the same time be direct and confident.

Verbal communication

- Ask open-ended questions that encourage responses. If a participant responds with a simple yes or no, ask: "What makes you say that?"
- Ask other participants if they agree with a statement someone makes.
- Be aware of your tone of voice. Speak slowly and clearly.
- Avoid using slang, jargon, or other specialized language.
- Be sure that participants talk more than you do.
- Let participants answer each other's questions. Say: "Does anyone have an answer to that question?"
- Encourage participants to speak and provide them with positive reinforcement.
- Paraphrase participants' statements in your own words. You can check your understanding of what they are saying and reinforce statements.
- Keep the discussion moving forward and in the direction you want. Watch for disagreements and jumping to conclusions.
- Reinforce statements by sharing a relevant personal experience. You might say: "That reminds me of something that happened last year..."
- Summarize the discussion. Be sure that everyone understands the main points.

Setting the learning climate

- Review all materials and activities before each training session so that you are fully comfortable with the content and process.
- Start on time and clearly establish yourself as the facilitator by calling the group together.

- Organize all the materials you need for the session and place them close at hand.
- Stay within the suggested time frames.
- Gain participants' attention and interest by creating a friendly and comfortable atmosphere between yourself and them.
- Prepare responses and examples to help move the discussion forward.

Starting each session

- Present the objectives as stated on the front of the session, and the session overview.
- Write these up on a flipchart.
- Provide a link between the previous session and the current one.

Leading the group exercises

- Introduce group exercises clearly and write instructions on a flipchart.
- Go around to each group to make sure they have understood the task and to stimulate discussion.
- Go around again 5 minutes before the end to remind them to finish on time or check if they need more time.

Discussing lessons learned from group exercises

- Ask participants to identify key points that emerged from the experience and the discussion.
- Encourage participants to briefly report back group work to the plenary.
- Make sure they receive feedback on their work from each other and from you.
- Guide discussion of the experience. Write up key points from plenary on a flipchart.
- Help participants draw general conclusions from the experience. Allow time for reflection.

Applying lessons learned to real-life situations

- In the experimenting part of each session you should encourage participants to discuss how the information learned in the activity will be helpful in their own work.
- Discuss problems participants might experience in applying or adapting what they have learned to their own or different situations.
- Discuss what participants might do to help overcome difficulties they encounter when applying their new learning.

Providing closure

- Briefly summarize the activities at the end of each session
- Refer to the objectives and discuss whether and how they were achieved.
- Discuss what else is needed for better retention or further learning in the subject area, or for putting it into practice for the advocacy strategy.
- Provide linkages between the session and the rest of the workshop.
- Help participants leave with positive feelings about what they have learned.

Covering all the details

- Prepare all training materials (resources for research, reference materials, handouts, visual aids, and supplies) and deal with logistics (venue, tea breaks, and audio-visual equipment) in advance.
- Clarify everyone's roles and areas of responsibility if other facilitators are helping to conduct the training. Meet with the co-facilitators daily to monitor the progress of the workshop and to give each other feedback.

Managing a range of experience and personalities

- Use participatory methodologies. Work in small groups of 3–4 people.
- The groups' composition could be changed during the workshop to bring in fresh ideas or provide a different mix of personalities.
- If there is a wide range of experience among participants, make sure each group has a mix of experienced and inexperienced people. Ask the more experienced people to share their experience, but also to act as facilitators, ensuring that others speak out.
- Ask participants with more experience if they would like to prepare and contribute an experience as a case story to illustrate a session.

Staying responsive to needs

- Ask participants to evaluate the training both daily and at the end of the workshop. This can be done by setting up 'home' groups of participants who meet half an hour before the end of each day to discuss what went well and what didn't, and then share their findings to facilitators.
- Facilitators should also discuss each day and revise their plan for the next day according to feedback.
- Try and keep to the planned schedule and don't let the sessions run over ('home' groups may act as timekeepers). Also, be flexible and sensitive to the specific needs of participants (for example, providing time to pray, or to spend longer on a particularly important or sensitive discussion).
- Be aware of participants' energy and concentration levels. If these are low, you may need an energizing activity. This could also possibly be a task for the 'home' groups.
- Invite one participant (or group of participants) to present a brief review of each day's learning at the beginning of the next day.
- Make sure they are warned in advance!
- Keep a record of key questions that are raised that do not fit into your planned sessions, (create a 'parking lot'). Make time to cover these before the workshop ends through discussion or presentation, as appropriate.
- Keep an eye on participants requiring translation. Check they can follow the discussions.
- Be aware of participants with special needs or disabilities and make accommodations to ensure they can access all the content and participate fully.

MODULE 1

Introduction to the Training

INTRODUCTION

The introductory module provides the overview of the training, including objectives and methodologies. It is also an opportunity to create an enabling environment for learning, respect, and active participation in the training. This module includes a pre-test. The purpose of the pre-test is not to evaluate the knowledge of the participants, but rather to enable facilitators to structure the sessions and their explanations accordingly. It also serves to measure the group's change in knowledge, when compared to the results of the post-test administered at the end of the training



TOTAL MODULE TIME

1h.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Get to know each other.
- Understand the overall content and structure of the training.
- Agree on ground rules and norms for training.
- Assess baseline knowledge via pre-test.



METHODOLOGIES

- Group activity
- Individual activity (pre-test)
- Presentation
- Discussion



MATERIALS NEEDED

- Flipchart and markers
- Presentation Slides for Module 1: Introduction to the Training (Slides 1-5)
- Index cards
- Copies of Tool 1A (Pre-test) and Handout 1A (schedule)
- Participant list
- Name tags



ADVANCE PREPARATION

- Prepare index cards for Session 1-1: Activity 3
- Review presentation slides.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 1-1: Introductions, Group Norms, and Pre-test	60 minutes
Total Module Time	1 h.

Session 1-1: Introductions, Group Norms, and Pre-test



LEARNING OBJECTIVES

- Get to know each other.
- Understand the overall content and structure of the training.
- Agree on ground rules and norms for training.
- Assess baseline knowledge via pre-test.



60 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Welcome	5 min.	<ul style="list-style-type: none"> • Name tags • Participant list
Activity 2: Presentation	10 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 1: Introduction to the Training (Slides 1-5) • Flipchart and markers • Copies of Handout 1A: Training Schedule
Activity 3: Discussion	10 min.	<ul style="list-style-type: none"> • Flipchart and markers
Activity 4: Group activity	20 min.	<ul style="list-style-type: none"> • Index cards and markers
Activity 5: Pre-test	15 min.	<ul style="list-style-type: none"> • Copies of Tool 1A: Pre-test
Total Session Time	60 min.	

Activity 1: Introductions (5 minutes)

Welcome and Introduction of Trainers

STEP 1

Ask each participant to sit in his/her designated space where his/her name tag has been placed.

STEP 2

Welcome the participants into the training room and introduce yourself and all facilitators to the participants.

Activity 2: Presentation (10 minutes)

Training Objectives and Outcomes

STEP 1

Present the objectives and expected outcomes of the training to the participants by presenting the slides from Module 1: Introduction to the Training (**Slides 1-5**).

Activity 3: Discussion (10 minutes)

Group Norms

STEP 1

Ask participants to brainstorm ground rules and group norms and write them on a flipchart. Then review the list and ask if everyone agrees to respect these group norms. Keep the paper displayed throughout the training.

STEP 2

Distribute **Handout 1A**: Training Schedule.

Activity 4: Group Activity (20 minutes)

Ice Breaker – Getting to Know Each Other

STEP 1

Split the index cards in 2 piles. For each index card in the pile, write a number or letter of the alphabet. Write the same numbers/letters in the second pile.

STEP 2

Give each participant one of the index cards.

At this point, each participant carries out 2 activities:

- S/he locates the person that has the same number or letter of the alphabet.
- S/he interviews the located participant and is in turn interviewed by him/her.

Each participant should record the following information about the person they interview:

- Name
- Place of work
- 2 expectations for the workshop
- 2 thoughts regarding counseling adolescents

STEP 3

Ask each participant to introduce the person they interviewed.

STEP 4

Record participant expectations and thoughts regarding counseling adolescents on flipchart paper and hang these papers in the training room

Activity 5: Individual Activity (15 minutes)

Pre-test Assessment

STEP 1

Distribute the pre-test (Tool 1A).

STEP 2

Inform the participants that the pre-test is not intended to evaluate the knowledge of the participants, but rather to enable facilitators to structure the sessions and their explanations accordingly.

NOTE: Participants do not need to write their names on either the pre- or post-test (in other words, it can be completed anonymously). However, as you will need to compare each participant's post-test score with his/her pre-test score, ask that each participant put a unique 3 or 4-digit number or code at the top of the pre-test. This can be any number or code, such as a favorite number (e.g. 777), or code (ABC*). It is very important that participants remember this number or code, as they will need to record the exact same number/code at the top of their post-test. When taking the pre-test, suggest that they write their number/code on the copy of the training schedule—this way they will not forget it.

Module 1 Trainer's Tools and Handouts

TOOL 1A

Pre-test Assessment

Date: _____. Venue: _____. ID code: _____

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question carefully and **circle the correct answer**.

1. Adolescents come under which age group?
 - a) 8-10 years
 - b) 8-15 years
 - c) 10-19 years
 - d) 19-35 years

2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above

3. What are the health-related concerns of adolescents?
 - a) Menstrual problems in girls and wet dreams in boys
 - b) Reproductive tract infections (RTIs) and sexually transmitted infections (STIs) - Hygiene
 - c) Teenage pregnancy
 - d) Drug/substance abuse/smoking
 - e) All of the above

4. How would you strike up a rapport with an adolescent client?
 - a) By not asking too many questions and not making eye contact
 - b) By friendly, warm, and nonjudgmental behavior with positive non-verbal cues
 - c) Frowning and stern behavior
 - d) None of the above

5. Adolescents do not utilize available health services because:
 - a) They fear the health providers will inform their parents
 - b) They do not recognize illness
 - c) They do not know where to go
 - d) All of the above
 - e) None of the above

6. What are the barriers to good communication?
 - a) Service provider uses difficult words and language
 - b) Client doesn't feel comfortable
 - c) Adolescents are unable to talk because of fear
 - d) Insufficient time to explain
 - e) All of the above

7. How would you categorize wet dreams for adolescent boys?
 - a) Normal behavior
 - b) Abnormal behavior
 - c) Shameful behavior

8. Which contraceptive methods are appropriate for newly married adolescents who want to delay their first birth?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

9. Which contraceptive methods are appropriate for married adolescents with one child who want to space their children?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

10. When providing appropriate counseling to adolescents, a counselor must:
 - a) Listen to them
 - b) Provide them adequate time
 - c) Ensure required privacy
 - d) All of the above

11. Which rights do adolescents have?
 - a) The right to information and education about sexual and reproductive health
 - b) The right to own, to control, and protect ones' own body
 - c) The right to sexual pleasure
 - d) The right to privacy and confidentiality when accessing health services
 - e) The right to choose one's sexual and romantic partners
 - f) All the above

12. What problems are caused by lack of menstrual hygiene?
 - a) Anemia, weakness, diarrhea
 - b) Malaria, worm infestation
 - c) Vaginal discharge, burning during urination, and genital itching
 - d) Weight loss

13. Lack of nutrition in adolescence can cause:
 - a) Protein-energy malnutrition
 - b) Stunting of growth
 - c) Anemia
 - d) All of the above

14. Which contraceptive methods are protective against pregnancy and STIs/HIV (dual protection)?
 - a) Condoms (Male and Female)
 - b) IUDs
 - c) Implants
 - d) Injectables

15. Which of the following aspects must be considered when counseling adolescent clients on contraception?
 - a) Risk of sexually transmitted infections
 - b) Effectiveness of method
 - c) Patient preference for a particular method
 - d) Availability and access to methods
 - e) Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreetness of the method
 - f) All of the above

16. If a person has no symptoms of an STI, he or she:
 - a) Cannot pass on an STI
 - b) Doesn't have an STI
 - c) Both of the above
 - d) None of the above

17. To lower the risk of getting an STI, adolescents need to:
 - a) Use a condom
 - b) Not have multiple sex partners
 - c) Delay having sex as long as possible
 - d) All of the above

18. Which of these is a health problem that can be caused by STIs in adolescent women?
 - a) Pelvic inflammatory disease (PID)
 - b) Ectopic pregnancy
 - c) Higher risk of cervical cancer
 - d) All of the above

19. Which of the following doesn't contain HIV?
 - a) Blood
 - b) Breastmilk
 - c) Sweat
 - d) Seminal and pre-seminal fluid

20. How many times can the same male condom be used?
 - a) More than once if they are washed
 - b) More than once if it is with the same person
 - c) Only once
 - d) More than once if dried in the sun after being used

PARTICIPANT'S OVERALL MARK = / 20

TOOL 1B**Pre-/post-test Answer Key**

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question carefully and **circle the correct answer.**

1. Adolescents come under which age group?
 - a) 8-10 years
 - b) 8-15 years
 - c) 10-19 years
 - d) 19-35 years

2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above

3. What are the health-related concerns of adolescents?
 - a) Menstrual problems in girls and wet dreams in boys
 - b) Reproductive tract infections (RTIs) and sexually transmitted infections (STIs) - Hygiene
 - c) Teenage pregnancy
 - d) Drug/substance abuse/smoking
 - e) All of the above

4. How would you strike a rapport with an adolescent client?
 - a) By not asking too many questions and not making eye contact
 - b) By friendly, warm, and nonjudgmental behavior with positive non-verbal cues
 - c) Frowning and stern behavior
 - d) None of the above

5. Adolescents do not utilize available health services because:
 - a) They fear the health providers will inform their parents
 - b) They do not recognize illness
 - c) They do not know where to go
 - d) All of the above
 - e) None of the above

6. What are the barriers to good communication?
 - a) Service provider uses difficult words and language
 - b) Client doesn't feel comfortable
 - c) Adolescents are unable to talk because of fear
 - d) Insufficient time to explain
 - e) All of the above

7. According to you, how will you rate wet dreams for adolescent boys?
 - a) Normal behavior
 - b) Abnormal behavior
 - c) Shameful behavior

8. Which contraceptive methods are appropriate for newly married adolescents who want to delay their first birth?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

9. Which contraceptive methods are appropriate for married adolescents with one child who want to space their children?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

10. When providing appropriate counseling to adolescents, a counselor must:
 - a) Listen to them
 - b) Provide them adequate time
 - c) Ensure required privacy
 - d) All of the above

11. Which rights do adolescents have?
 - a) The right to information and education about sexual and reproductive health
 - a) The right to own, to control, and protect ones' own body
 - b) The right to sexual pleasure
 - c) The right to privacy and confidentiality when accessing health services
 - d) The right to choose one's sexual and romantic partners
 - e) All the above

12. What problems are caused by lack of menstrual hygiene?
 - a) Anemia, weakness, diarrhea
 - b) Malaria, worm infestation
 - c) Vaginal discharge, burning during urination and genital itching
 - d) Weight loss

13. Lack of nutrition in adolescence can cause
 - a) Protein-energy malnutrition
 - b) Stunting of growth
 - c) Anemia
 - d) All of the above

14. Which contraceptive methods are protective against pregnancy and STIs/HIV (dual protection)?
 - a) Condoms (Male and Female)
 - b) IUDs
 - c) Implants
 - d) Injectables

15. Which of the following aspects must be considered when counseling adolescent clients on contraception?
- a) Risk of sexually transmitted infections
 - b) Effectiveness of method
 - c) Patient preference for a particular method
 - d) Availability and access to methods
 - e) Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreetness of the method
 - f) All of the above
16. If a person has no symptoms of an STI, he or she:
- a) Cannot pass on an STI
 - b) Doesn't have an STI
 - c) Both of the above
 - d) None of the above
17. To lower the risk of getting an STI, adolescents need to:
- a) Use a condom
 - b) Don't have multiple sex partners
 - c) Delay having sexual relations as long as possible
 - d) All of the above
18. Which of these is a health problem that can be caused by STIs in adolescent women?
- a) Pelvic inflammatory disease (PID)
 - b) Ectopic pregnancy
 - c) Higher risk of cervical cancer
 - d) All of the above
19. Which of the following doesn't contain HIV?
- a) Blood
 - b) Breastmilk
 - c) Sweat
 - d) Seminal and pre-seminal fluid
20. How many times can the same male condom be used?
- a) More than once if they are washed
 - b) More than once if it is with the same person
 - c) Only once
 - d) More than once if dried in the sun after being used

HANDOUT 1A

Training Schedule

DAY 1	DAY 2	DAY 3
<p>09:00-09:30</p> <ul style="list-style-type: none"> Registration <p>MODULE 1 09:30-10:30</p> <ul style="list-style-type: none"> Welcome Introductions Objectives of training Expectations Past experiences Pre-test 	<p>MODULE IV (cont.) 09:00-10:30</p> <ul style="list-style-type: none"> Adolescent Sexual and Reproductive Health (cont.) 	<p>MODULE VI (cont.) 09:00- 11:00</p> <ul style="list-style-type: none"> Adolescent Contraceptive Options and decision-making (cont.)
10:30 -10:45 TEA BREAK	10:30-10:45 TEA BREAK	11:00 – 11:15 TEA BREAK
<p>MODULE 0 11:00- 12:30</p> <ul style="list-style-type: none"> Intro to facilitation Participatory facilitation <p>MODULE II 11:45- 12:45</p> <ul style="list-style-type: none"> Values Clarification 	<p>MODULE IV (cont.) 10:45- 11:15</p> <ul style="list-style-type: none"> Adolescent Sexual and Reproductive Health (cont.) <p>MODULE V 11:15- 12:45</p> <ul style="list-style-type: none"> Counseling Adolescents on Contraceptives 	<p>11:15--12:30</p> <ul style="list-style-type: none"> Practice Session (case studies, roleplays e.g. counseling different adolescent FP clients) <p>12:30- 13:00</p> <ul style="list-style-type: none"> Action plan Post-test Training evaluation
12:30 -13:30 LUNCH	12:45 -13:30 LUNCH	13:00- 14:00 LUNCH
<p>MODULE II (cont.) 13:30-14:15</p> <ul style="list-style-type: none"> Values Clarification <p>MODULE III 14:15- 15:15</p> <ul style="list-style-type: none"> Adolescent as a client <p>MODULE IV 15:15-16:30</p> <ul style="list-style-type: none"> Adolescent Sexual & Reproductive Health 	<p>MODULE V (cont.) 13:30-14:30</p> <ul style="list-style-type: none"> Counseling Adolescents on Contraceptives <p>MODULE VI 14:30-16:30</p> <ul style="list-style-type: none"> Adolescent Contraceptive Options and decision-making 	
16:30 CLOSURE	17:15 CLOSURE	14:00 CLOSURE

MODULE 2

Values Clarification

INTRODUCTION

Many adolescents do not access the sexual and reproductive health (SRH) information, resources, and services that they want and need. There are many contributing factors to this problem, including deep-rooted cultural beliefs, attitudes, and norms about adolescent sexuality that put adolescents at risk for poor SRH outcomes. Health care providers are not immune to these long-held beliefs, attitudes, and norms. In fact, because providers are typically members of the communities they serve, they often uphold the values and norms of their communities. Some providers may be unwilling to serve unmarried young people, some may encourage newly married young women to have a child first before using contraception, etc. As a result, adolescent and youth health outcomes may be compromised. This module will better prepare health care providers to provide quality health counseling to all adolescent clients by clarifying and understanding personal values and how these can impact service delivery. They will also be able to conduct a values clarification session with colleagues in the workplace.



TOTAL MODULE TIME

1h. 45 min.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Describe the impact of personal and social/environmental factors on adolescents' health-seeking behaviors.
- Identify one's personal values and explain how these can impact service delivery.



METHODOLOGIES

- Brainstorm
- Presentation
- Values clarification activity
- Large group activity



MATERIALS NEEDED

- Flipcharts and markers
- Tools 2A, 2B, 2C
- Presentation Slides for Module 2: Values Clarification (Slides 1-13)



ADVANCE PREPARATION

- Prepare role cards for Session 2-1, Activity 1 (cut these from Tool 2B so each participant has a card).
- Prepare a flipchart with 3 columns labeled "Values", "Culture", and "Beliefs" (for Session 2-1, Activity 2).
- Prepare 3 signs for Session 2-2, Activity 1. Label one "Agree," one "Disagree" and one "Not Sure".
- Review presentation slides.



RESOURCES/REFERENCES

- Pathfinder International, FOCUS on Young Adults. 1998. Improving Interpersonal Communications Skills for Counseling Adolescents on Sexual and Reproductive Health. Lima, Peru: Pathfinder International.
- Heredia, A.L.S., Arocena, F.L., Gárate, J. V., 2004. Decision-Making Pattern, Conflict Styles and Self Esteem. *Psicothema*, Vol 16, No 1, pp 110-116. www.psicothema.com.
- Ministry of Health and Family Welfare. (2017). National Strategy for Adolescent Health 2017-2030.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 2-1: Factors Affecting Adolescent Health-seeking Behaviors	45 min.
Session 2-2: Personal Values and Service Delivery	1 h.
Total Module Time	1 h. 45 min.

Session 2-1: Factors Affecting Adolescent Health-seeking Behaviors



LEARNING OBJECTIVE

Understand the impact of personal and social/environmental factors on adolescents' health-seeking behaviors.



45 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Large group activity	30 min.	<ul style="list-style-type: none"> • Powerwalk statements (Tool 2A) • Powerwalk role cards (Tool 2B)
Activity 2: Brainstorm	15 min.	<ul style="list-style-type: none"> • Flipchart and markers • Labeled flipchart
Total Session Time	45 min.	

Activity 1: Large Group Activity (30 minutes)

Powerwalk

STEP 1

Introduce the module by reminding participants that:

- Establishing trust and a positive, nonjudgmental relationship between the provider and the client is vital.
- Being able to understand the perspective of the adolescent will enable the provider/counselor to respond appropriately.
- They can create a positive and effective service experience for adolescents who access services.

STEP 2

Identify a space where participants can walk forward over 10 meters. The space can be outside or inside, but must be big enough to accommodate all the participants standing next to each other in not more than two rows and allow them to step forward comfortably. Invite participants to stand as described above.

STEP 3

Give each participant a role card (from **Tool 2B**) and ask them to adopt the persona that is on the role card.

STEP 4

Tell participants that you will be reading statements. They should take a step forward for each description that applies to the “card identity” that they have. If the description doesn’t apply to their “card identity,” they should remain standing still.

STEP 5

Read each statement from **Tool 2A** one by one, giving participants time to move forward if the statement applies to them.

STEP 6

After the last statement, ask a few participants to reveal their “card identity” and tell the group why they did or did not move. Allow participants to express how the exercise made them feel when they realized that they were leaving others behind or were being left behind.

STEP 7

Close the activity by relating the differences of the “card identities” to the differences among adolescents. Highlight the need for individualized counseling and care for each adolescent. Emphasize that generalizations could lead to inferior quality care for adolescents. Ask participants to return to their seats and hand role cards back to a facilitator.

Activity 2: Brainstorm – Large Group Activity (15 minutes)

Values, Culture, and Beliefs

STEP 1

Direct participants' attention to the prepared flipchart with columns labeled "values", "culture", and "beliefs".

Ask the group to brainstorm definitions and general understanding of the terms "values", "culture", "beliefs". Note all inputs on the flipcharts. Ensure that terms are clarified and understood by all.

Ask how the values, culture, and beliefs could affect health-seeking behavior of adolescents.

Ask the group to identify 3 immediate actions that they will implement to change staff attitudes at their facilities (e.g., conducting values clarification type exercises at the facility, making sure that staff understand why adolescents need individualized counseling).

Session 2-2: Personal Values and Service Delivery



LEARNING OBJECTIVE

Identify one's personal values and explain how these can impact service delivery.



60 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Large group activity	40 min.	<ul style="list-style-type: none"> Signs with Prepare "Agree", "Disagree" and "Not Sure" posted around the room Tool 2C
Activity 2: Brainstorm	20 min.	<ul style="list-style-type: none"> Presentation Slides for Module 2: Values Clarification (Slides 1-13)
Total Session Time	60 min.	

Activity 1: Large Group Activity (40 minutes)

Values Clarification

STEP 1

Put up signs in different areas in the room labeled “agree”, “disagree”, and “not sure”.

STEP 2

Explain that participants should move to the sign that best describes their immediate reaction to the statements that the facilitator reads.

STEP 3

Read the statements from **Tool 2C** one by one, giving participants time to make their decision and move to the sign of their choice.

After each move, ask 1–2 individuals to explain why they moved to a particular sign. Reassure them there is no right or wrong answer—this is based on personal choice and values/opinions.

After the individuals have shared, ask if anyone would like to move to a different location. (They may or may not choose to move—either is fine.)

STEP 4

When all statements have been read and responses briefly discussed, ask participants to return to their seats.

STEP 5

Debrief with participants by asking them how they felt when they had to make a choice and act based on that.

NOTE: Remind participants that their choices are personal, and that no one in the room can judge anyone else for their values, culture, or beliefs. In the same way, adolescents who access health facilities have different values and providers need to recognize this and learn to not let their differences impact the provision of quality services.

Activity 2: Presentation (20 minutes)

Summary

STEP 1

Summarize the session by presenting the slides from Module 2: Values Clarification (**Slides 1-13**).

STEP 2

Invite questions and comments from participants on the topics covered.

Module 2 Trainer's Tools and Handouts

TOOL 2A

Powerwalk Statements

- I can read and write.
- I know where my next meal will come from.
- I can move from place to place easily and freely.
- I have had or will have opportunities to complete my education.
- I can find the time to read and keep up with news every day.
- I know and understand what changes are happening in my body as I get older.
- I have people in my life that I can talk to about my body and my sexual relationships.
- I know where I can find money when I need it.
- I can decide when to see a doctor and which doctor to see.
- I can leave my partner if s/he threatens my safety.
- If my sister or my friend gets pregnant, I know where to take her.
- I can ask my partner to use a condom or some other form of contraceptive.
- I have access to emotional support when I'm struggling to stay happy.
- I choose who I marry and when I marry.
- I decide how many children I have and when.
- I know how to protect myself against HIV and other sexually transmitted infections.
- I feel like I control my sexuality and future.
- If a crime is committed against me, I can count on the police to listen and help.
- I can walk down a street at night and not worry about sexual assault.
- I can find a new job easily.
- I am respected by most members of my community.

TOOL 2B

Powerwalk Role Cards

13-year-old girl living in a slum area	University student, male, 19 years old	14-year-old girl, in school	15-year-old girl, married, out of school
18-year-old boy, out of school, cultivates the land	Teenage girl living in a very religious or traditional family	Garment worker, female, 19 years, living in a slum	16-year-old male, living on the street
Married woman, 20 years, from minority ethnic group	Commercial sex worker, 21 years, female	Teenage boy living in a very religious or traditional family	Domestic worker, 15-years, female
Married women, 21 years, with 2 kids, working in a market	College student female, 18, living with physical disability	Girl, 14 years, living in a rural community	Student of English Medium School, male, 14 years
Rickshaw puller, 19 years, male	Male, 17 years, working in a garage	Unemployed male, 23 years, living in a slum	Medical student, 20 years, female

TOOL 2C**Values Clarification Statements**

1. Sex and contraception education can lead to early sex and/or promiscuity.
2. Young married girls who do not want to have children should not be allowed to use contraception.
3. Sex before marriage is acceptable.
4. Married people having extramarital relationships do not need to use condoms.
5. Unmarried women should be able to access contraceptive services at public sector facilities.
6. Young men should not be allowed in family planning facilities during the same hours as young women.
7. Family planning will always be more important for a young woman than a young man because she is the one who can get pregnant.
8. I feel very comfortable talking with my children about sexuality.

MODULE 3

Adolescents as Clients

INTRODUCTION

Adolescence is a stage of life defined by change and transition. The World Health Organization (WHO) defines adolescence as the period between the ages of 10 and 19, during which adolescents experience the physical, psychological, and social maturation process that marks the change of life from children to adults. For many adolescents, this is a process of exploring not only their changing bodies but also their changing emotions and thoughts, building their decision-making capacity and testing their boundaries and limits. Because adolescence is a period of such transition and can bring adolescents into more contact with health risks and social pressures around their sexuality, sexual and reproductive health, and gender roles, health care providers need to understand the stages of adolescence and be able to help adolescents attain a desired state of health and wellbeing. By the end of the module, participants will be able to apply the concept of evolving capacities to promote adolescent health and wellbeing.



TOTAL MODULE TIME

1h. 30 min.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Explain the rationale for undergoing special training on adolescent sexual and reproductive health.
- Describe the physical, cognitive, and social/emotional changes during adolescence.
- Identify barriers that might prevent adolescents from accessing health care services.
- Describe adolescent sexual and reproductive rights.



METHODOLOGIES

- Discussion
- Brainstorm
- Small group work



MATERIALS NEEDED

- Presentation Slides for Module 3: Adolescent as a client (Slides 1-24)
- Participant Handouts 3A, 3B, 3C
- Flipchart and markers
- Prestik



RESOURCES/REFERENCES

- Amnesty International. 2015. Respect My Rights, Respect My Dignity: Module 3 – Sexual and Reproductive Rights are Human Rights. London: Amnesty International.
- IPPF. 2011. Exclaim! Young People's Guide to Sexual Rights: An IPPF Declaration. London: IPPF.
- IPPF. 2012. Keys to Youth-Friendly Services: Understanding evolving capacity. London: IPPF.
- IPPF. 2012. Understanding Young People's Right to Decide 01: What is childhood and what do we mean by 'young person'.
- Sawyer, Susan M., Rima A. Afifi, Linda H. Bearinger, Sarah-Jayne Blackmore, Bruce Dick, Alex C. Ezeh, and George C. Patton. 2012. "Adolescence: A foundation for future health." *Lancet*; 379: 1630-1640.
- Stackpool-Moore, Lucy and Arushi Singh. 2015. Sexual and reproductive health and rights and HIV 101 workshop guide. East Sussex: International HIV/AIDS Alliance.



ADVANCE PREPARATION

- Prepare copies of Handouts 3A, 3B, 3C.
- Review presentation slides.
- Familiarize yourself with the local policies and regulations concerning adolescents' access to services, including age of consent, parental/spousal consent laws, and any regulations on services or commodities for adolescents.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 3-1: Developmental Changes During Adolescence	60 min.
Session 3-2: Adolescent Sexual and Reproductive Rights	30 min.
Total Module Time	1 h.

Session 3-1: Developmental Changes during Adolescence



LEARNING OBJECTIVE

- Describe the physical, cognitive, and social/emotional changes during adolescence.
- Explain the rationale for undergoing special training on adolescent sexual and reproductive health.



60 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Discussion and brainstorm	10 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Presentation	20 min.	<ul style="list-style-type: none"> Presentation Slides for Module 3: Adolescent as a Client (Slides 1-21) Handouts 3A and 3B
Activity 3: Small group work	25 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 4: Presentation	5 min.	<ul style="list-style-type: none"> Presentation Slides for Module 3: Adolescent as a Client (Slides 22-24)
Total Session Time	60 min.	

Activity 1: Brainstorm and Group Discussion (10 minutes)

Changes and Concerns During Adolescence

STEP 1

Ask the participants to name changes that happen during adolescence that they recall from their own clients, from their children, and from their own bodies as they were growing up.

Note the issues on a flipchart as participants brainstorm.

STEP 2

Ask participants to share some of the concerns that they come across from their adolescent clients with regards to these changes.

Ask participants if they think it is necessary to conduct training sessions on services for adolescents and youth and probe on reasons why.

Write these on the flipchart.

STEP 3

Share the **key points** below:

Adolescence as a stage is defined by the WHO and many countries, including Bangladesh, as the ages between 10 and 19. Adolescence is a stage of life characterized by changes in young people's physical, cognitive, and social and emotional development.

Activity 2: Presentation (20 minutes)

Key Changes During Adolescence

STEP 1

Present the slides for Module 3: Adolescent as a client (**Slides 1-21**).

STEP 2

Ask if participants have any clarification questions.

Activity 3: Small Group Work (25 minutes)

Key Changes During Adolescence

STEP 1

Divide the participants into 3 groups and give each group a sheet of flipchart paper and markers. Assign each group one of the topics below:

- **Group 1:** List the physical changes that occur during adolescence in boys and girls, and their implications.
- **Group 2:** List the mental (psychological) and emotional changes that occur during adolescence in boys and girls, and their implications.
- **Group 3:** List the social/behavioral changes that occur during adolescence in boys and girls, and their implications.

STEP 2

Give participants 10 minutes for discussion as a small group.

STEP 3

Ask each group to present their work to the whole group using their flipcharts for 5 minutes each.

Activity 4: Presentation (5 minutes)

Adolescents as Clients

STEP 1

Present the slides for Module 3: Adolescent as a Client (**Slides 22-24**).

STEP 2

Wrap up the session by making the following **key points**:

- Health care providers should understand changes during adolescence because they influence how adolescents behave and how adolescents respond to information that they are given.
- The implications for the different range of needs and capacity for different stages of adolescence.
- Health care providers of sexual and reproductive health services may be the adolescent's first point of entry into the health system.
- This may be the determinant of whether the adolescent client comes back or not.

Session 3-2: Adolescent Sexual and Reproductive Rights



LEARNING OBJECTIVE

Describe adolescent sexual and reproductive rights



30 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Presentation	5 min.	
Activity 2: Small group work	25 min.	<ul style="list-style-type: none"> Handout 3C
Total Session Time	30 min.	

Activity 1: Presentation (5 minutes)

Adolescents and Rights

STEP 1

Present the content below:

- Adolescents have a right to make well-informed, independent decisions with access to information about their sexuality and sexual and reproductive health and wellbeing.
- The WHO defines sexual health as: a state of physical, mental, and social wellbeing in relation to sexuality.
- The United Nations has defined reproductive health as a state of complete physical, mental, and social wellbeing, and not merely the absence of reproductive disease or infirmity.
- Adolescents have a right to guidance from a trained professional, and to sexual and reproductive health services.
- Sexual rights and reproductive rights come from established human rights principles and protections.

Activity 2: Small Group Work (25 minutes)

Barriers to Adolescents' Rights Realization

STEP 1

Distribute **Handout 3C** (Adolescent Sexual and Reproductive Rights).

STEP 2

Divide participants into small groups of 2–4 people each. Divide the rights listed on the handout according to the number of groups so that each group has a different set to discuss. In the small groups, ask participants to take 15 minutes to look at their rights and discuss the following questions:

- What are the obstacles or barriers that might prevent these rights from being fulfilled?
- What are some specific steps you can take in your clinic/service location to remove these barriers and obstacles?

STEP 3

Ask the small groups to report their ideas in plenary and discuss common or unique ideas with each other. (10 minutes)

Module 3 Trainer’s Tools and Handouts

HANDOUT 3A

Developmental Characteristics of Adolescence and Young Adulthood²

	Physical Development	Cognitive Development	Social and Emotional Development
Early Adolescence (10-14)	Puberty: growth of body hair; increased perspiration and oil production in hair and skin; physical growth (both height and weight); breast and hip development and onset of menstruation (girls); growth of testicles and penis, wet dreams, and deepening of voice (boys).	Growth in capacity for abstract thought; mostly interested in present with little thought for future; expansion of and increased importance placed on intellectual interests; deepening of moral thought.	Struggle with sense of identity; feel awkward about themselves and their body; worry about being ‘ normal’ ; developing critical lens of and heightened conflict with parents; increasing identification with peer group; increase in desire for independence; prone to mood swings; beginning to test rules and boundaries; increased interest in privacy; increased awareness of sexual desire.
Late Adolescence (15-19)	Physical growth slows for girls, continues for boys.	Continued growth in capacity for abstract thought; increased and evolving capacity for goal-setting and decision-making; interest in moral reasoning; growth in connection to peer group, community; questioning of faith, beliefs, and meaning of life; growing interest in social justice, equity, and fairness.	Intense self-involvement, alternating between high expectations and poor self-identity; adjustments to changing body and corresponding swings in self-esteem and confidence; worry about being ‘ normal’ and comparing self to others in peer group; occasionally fluid or rapidly changing understanding of sexuality and gender; heightened sense of justice and fairness; increased drive for independence with resultant distance from parents or other authority figures; increasing awareness of responsibilities to family and community; greater reliance on friendship networks and peer group; heightened capacity for emotional regulation; experience feelings of love and passion; increasing interest in sex.
Young Adulthood (20-24)	Young women are typically fully physically developed; young men continue to gain height, weight, muscle mass, and body hair.	Ability to plan ideas from beginning to end; increased ability to delay gratification; examination of inner experiences; increased concern for the future; deepening of moral reasoning.	Firmer sense of independent identity, including sexual identity; increased emotional stability and self-reliance; deeper connections to peers, community and family relationships; regrowth of interest in social and cultural traditions; development of serious romantic relationships.

² Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S.-J., Dick, B., Ezeh, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The Lancet*, 379(9826), 1630–1640.

HANDOUT 3B

Why Do Adolescents Need Special Services?

- Adolescents have varied and growing cognitive abilities and skills, requiring more time and counseling from service providers and other health professionals seeking to promote their health and wellbeing.
- Adolescents frequently lack the information they need to navigate their health decisions.
- Adolescents often face social stigma and shame based on their age, gender, sexuality, or other status which keeps them from seeking information and services.
- Adolescents and young people are navigating a minefield of social, legal, and structural barriers to come into a clinic seeking services.
- Adolescents form health behaviors and habits during their teen years that last their whole lives.
- Adolescents need to be met by capable and well-trained professionals who can help them make informed choices without judgment or discrimination.
- Service providers frequently want or need support in finding a balance between protecting and empowering adolescents.
- Providers need to understand the legal and policy requirements for working with adolescents.
- Providers are frequently asked to play a dual role of service provider and educator/counselor for adolescents in their care.
- Adolescents can be particularly vulnerable to sexual coercion, violence, and harmful traditional practices, which expose them to greater health risks.
- Providers of sexual and reproductive health services may be the adolescent's first point of entry into the health system.

HANDOUT 3C

Adolescent Sexual and Reproductive Rights

1. The right to decide freely and responsibly on all aspects of one's sexuality.
2. The right to information and education about sexual and reproductive health.
3. The right to own, control, and protect one's body.
4. The right to be free of discrimination, coercion, and violence in one's sexual and reproductive decisions and sexual life.
5. The right to expect and demand equality, full consent, and mutual respect in sexual relationships.
6. The right to quality and affordable sexual and reproductive health care regardless of sex, age, religion, race, ethnicity, marital status, sexual orientation, gender identity, HIV status, or location. This care includes:
 - Contraceptive information, counseling, and services
 - Postpartum and postabortion family planning services
 - Prenatal, postnatal, and delivery care
 - Health care for infants
 - Prevention, testing, counseling, and treatment of reproductive tract infections (RTIs) and sexually transmitted infections (STIs), including HIV
 - (Where legal) safe abortion services
 - Management of abortion-related complications
 - Prevention and treatment of infertility
 - Emergency services
7. The right to privacy and confidentiality when dealing with health workers and doctors.
8. The right to be treated with dignity, courtesy, attentiveness, and respect.
9. The right to express views on the services offered.
10. The right to gender equality and equity, and to safe expression of one's gender identity.
11. The right to receive sexual and reproductive health services for as long as needed.
12. The right to feel comfortable when receiving services.
13. The right to choose freely one's marital partner.
14. The right to refuse marriage.
15. The right to say no to sex within marriage.

MODULE 4

Adolescent Sexual and Reproductive Health

INTRODUCTION

This module focuses on the menstrual cycle, key menstruation-related disorders, sex and sexuality, sexually transmitted infections, and reproductive tract infections. Participants will understand the importance of promoting sexual and reproductive health of adolescents by discussing issues like premature ejaculation, masturbation, wet dreams, and related myths and facts. Menstrual disorders, their key characteristics, and the relevant support/help required will be discussed. Information will be shared on sex and sexuality. The module addresses issues providers should look at to improve access to SRH information and services for adolescents.



TOTAL MODULE TIME

2h. 45 min.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Understand key adolescent health and development concerns (menstruation, wet dreams, hygiene).
- Describe and demonstrate key counseling topics for preventing, identifying, and treating reproductive tract infections (RTIs) and sexually transmitted infections (STIs) among adolescent clients.



METHODOLOGIES

- Brainstorm
- Discussion
- Case studies
- Presentation
- Large group activity
- Small group work
- Roleplay



MATERIALS NEEDED

- Flipcharts and markers
- Handouts 4A, 4B, and 4C
- Tools 4A and 4B
- Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (Slides 1-20)



ADVANCE PREPARATION

- Prepare participant handouts
- Prepare case scenarios (Tool 4B)
- Review presentation slides
- Review training instructions and create co-training plan
- Prepare case studies and roleplays



RESOURCES/REFERENCES

- American Medical Association. 1995. Guidelines for adolescent preventive services. Implementation training workbook. Chicago: American Medical Association.
- Armstrong, K.A. and M.A. Stover. 1994. Smart start: an option for adolescents to delay the pelvic examination and blood work in family planning clinics. *Journal of Adolescent Health*. 15(5):389-95.
- Moeller, T., G. Bachman. 1995. Be prepared to deal with sexual abuse in teen patients. *Contemporary Adolescent Gynecology*. Winter: 20-25.
- Lane, C. and J. Kemp. 1984. Family planning needs of adolescents. *JOG Nursing*. Suppl., March/April: 61S-65S.
- Shapiro, K. and E. Israel. 2000. *Module 12: Prevention and management of reproductive tract infections*. Watertown, MA: Pathfinder International.
- Waszak, C.S. 1993. Quality contraceptive services for adolescents: focus on interpersonal aspects of client care. *Fertility Control Reviews*. 2(3):3-6.
- World Health Organization. 2010. Adolescent Job Aid: A handy desk reference tool for primary level health workers. Geneva: WHO.
- Rashtriya Kishor Swasthya Karyakram, India (2015). The training manual for Adolescent's Health Counsellors. Retrieved from https://nhm.gov.in/images/pdf/programmes/RKSK/Counsellors_Training_Manual/Facilitator_Guide_Counsellors.pdf

OVERVIEW OF SESSIONS

SESSION	TIME
Session 4-1: Key Adolescent Health and Development Concerns	115 min.
Session 4-2: Reproductive Tract Infections and Sexually Transmitted Infections	50 min.
Total Module Time	2 h. 45 min.

Session 4-1: Key Adolescent Health and Development Concerns



LEARNING OBJECTIVE

Understand key adolescent health and development concerns (menstruation, wet dreams, hygiene).



115 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Group Work	20 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Presentation	10 min.	<ul style="list-style-type: none"> Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (Slides 1-9)
Activity 3: Small group work	10 min.	<ul style="list-style-type: none"> Handout 4A Handout 4B
Activity 4: Brainstorm	10 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 5: Presentation	10 min.	<ul style="list-style-type: none"> Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (Slides 10-11)
Activity 6: Large Group Activity	15 min	<ul style="list-style-type: none"> Tool 4A
Activity 7: Case Studies	30 min.	<ul style="list-style-type: none"> 30 min.
Activity 5: Discussion	10 min.	
Total Session Time	115 min.	

Activity 1: Group Work (20 minutes)

Menstruation

STEP 1

Divide the participants into 2 groups and assign them the following group work:

- **Group 1:** Key menstruation-related disorders during adolescence and their management
- **Group 2:** Key preventive measures required in menstrual hygiene during adolescence

STEP 2

Give participants 10 minutes for group discussion.

STEP 3

Ask each group to present their work in plenary using their flipchart (5 minutes each).

Activity 2: Presentation (10 minutes)

Menstruation

STEP 1

Review menstruation content by presenting Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (**Slides 1-9**).

Activity 3: Small Group Work (10 minutes)

Menstruation Study Session

STEP 1

Distribute **Handouts 4A** and **4B**. Explain that the FAQs also provide information on how service providers can respond to the questions about menstruation.

STEP 2

Ask the participants to review the handouts in pairs and answer any questions that come up.

Activity 4: Brainstorm (10 minutes)

Adolescent Boys' Concerns

STEP 1

Ask the participants to brainstorm the concerns that adolescent boys might have.

Write these on a flipchart as they are named.

Activity 5: Presentation (10 minutes)

Adolescent Boys' Concerns

STEP 1

Summarize the session by presenting Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (**Slides 10-11**).

Activity 6: Large Group Activity (15 minutes)

Agree or Disagree

STEP 1

Ask the participants to stand at the back of the room. Read the statements from **Tool 4A** out loud. If participants agree with the statement, they should take a step forward. If they disagree, they should not move.

Discuss each statement once the participants take their stance (even if all the participants are in agreement or disagreement). Ask for several participants to explain why they agreed or disagreed after each statement.

Activity 7: Case Studies (30 minutes)

Responding to Adolescent Clients' Concerns

STEP 1

Divide the participants into 4 groups.

STEP 2

Given each group one of the 4 case studies from **Tool 4B** and ask them to discuss the case study and answer the questions. (10 minutes)

STEP 3

Ask each group to summarize their case study and present their thoughts to the plenary. (5 minutes each)

Activity 8: Discussion (10 minutes)

Wrap-up

STEP 1

End the session with a discussion.

Facilitators and participants can share their own experiences, challenges, and problems faced during the adolescent period.

Session 4-2: Reproductive Tract Infections and Sexually Transmitted Infections



LEARNING OBJECTIVE

Describe and demonstrate key counseling topics for preventing, identifying, and treating reproductive tract infections (RTIs) and sexually transmitted infections (STIs) among adolescent clients.



50 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Discussion	10 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Presentation	5min.	<ul style="list-style-type: none"> Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (Slides 12-13)
Activity 3: Roleplay	25 min.	
Activity 4: Presentation	10 min.	<ul style="list-style-type: none"> Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (Slides 14-20) Handout 4C
Total Session Time	50 min.	

Activity 1: Discussion (10 minutes)

Menstruation, RTIs, and STIs

STEP 1

Ask the participants the following questions and note the responses on a flipchart.

- What is the relationship between menstruation, RTIs, and STIs?
- What is the relationship between RTIs and STIs?

Activity 2: Presentation (5 minutes)

RTIs and STIs

STEP 2

Summarize the content by presenting the Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (**Slides 12-13**).

Activity 3: Roleplay (25 minutes)

Counseling Adolescents on RTIs and STIs

STEP 3

Ask for 2 volunteers for Roleplay 1, and 3 volunteers for Roleplay 2. Assign each a roleplay to act out in front of the group.

Roleplay 1

R, a 19-year-old adolescent male, comes to you with urethral discharge. He tells you that he has been suffering from this on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. You learn that he got married to a 16-year-old girl 3 months ago.

- How would you deal with this situation?

Roleplay 2

R, a 17-year-old married adolescent girl, comes to you with her mother. She complains of itching and genital discharge for the last 2 months. She reveals that her husband works in a different town. Two months ago, he came home to the village for 10 days. Her complaint started soon after his visit.

- How would you deal with this situation?

STEP 4

Once participants are ready, they should act out the roleplays in front of the whole group. After each roleplay, lead a group discussion.

Activity 4: Presentation (10 minutes)

Counseling Adolescents on RTIs and STIs

STEP 5

Summarize the session with Presentation Slides for Module 4: Adolescent Sexual and Reproductive Health and Rights (**Slides 14-20**).

STEP 6

Distribute **Handout 4C**.

STEP 7

Close the session by inviting questions and comments.

Module 4 Trainer's Tools and Handouts

TOOL 4A

Agree or Disagree Statements

1. Both boys and girls masturbate.
2. If an adolescent masturbates too much, their adult sex life is affected.
3. Dual protection protects against pregnancy and STIs.
4. Wet dreams are a great concern for boys.
5. People who masturbate too much when they are adolescents may, as a result, have mental problems when they get older.
6. Pre-menstrual syndrome is just a myth that girls make up to get out of school.
7. In young adolescents, erections may take place even in absence of sexual thoughts or stimulation.
8. Wet dreams are abnormal.
9. If boys masturbate continuously for a long time, their penis will bend.
10. Masturbation is a safe way in which adolescent boys and girls can deal with their sexual desire.
11. Sex and gender mean the same thing.

TOOL 4B

Case Studies

Case Study 1: Period Pain

R is a 15-year-old girl. For the last 3 years, she has been getting her period every month. They come with a lot of pain and heavy bleeding, which scares her a lot. B, her friend, says she does not have pain and heavy bleeding. R is very worried about her condition and has spoken to her mother about it. She gave R a concoction to drink but it did not help her. R thinks she has a deadly disease.

Discuss: What is R's problem? What can the service provider do for her?

Case Study 2: Missed Period

M is a 17-year-old girl. She has not been getting her period for the last 2 months. She is scared that she might be pregnant. M does not have the courage to tell her mother as she thinks that her mother will kill her if she finds out that M may be pregnant.

Discuss: What is the problem in this case? What additional information is required to better understand M's problem?

Case Study 3: Young Couple with FP Needs

B is an 18-year-old boy. He got married to S, a 16-year-old girl, due to a lot of family pressure. They do not want a baby for 3 years or so, but B's mother is keen that they become parents as soon as possible and 'settle down'. B and S are frustrated and are scared to have sex. They wish somebody would listen to them and understand their needs and tell them how they could postpone having their first baby.

Discuss: What is good about this case? What are the problems in this case? What can the service provider do to help B and S?

Case Study 4: First Period

S is a 12-year-old girl, living with 2 younger brothers and her parents in a small village. One day, S noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotted with blood. She was scared and did not know what was happening to her. She started crying.

Her mother asked her the reason for crying and when she told her condition, her mother signaled her to be quiet, sent her brothers to play outside the room, and gave her a piece of cloth to use. She told S: 'now you are a grown-up girl so this will happen to you every month. Don't tell anyone about your condition'. She said that from now on S should not mix with boys and must behave properly.

That night S went to bed with her mind in a whirl. She had many, many fears and questions about her condition but did not know who to ask. The next day the FWV came to the village. S wanted to ask her about her problem but as other women were standing nearby, she felt shy and was not sure how the FWV would react to her question.

Discuss: Why was S so unprepared for this important event in her life? What are the communication barriers in this case?

HANDOUT 4A

Facts about Menstruation

You can't get pregnant during your period.

Yes, you can get pregnant during your period. Ovulation cycles aren't always regular. If they are of a particularly short ovulation cycle and a particularly long period, sperm can fertilize an egg even during menstruation. Use of a condom is always recommended.

When you have your period, you need to avoid strenuous activity.

During your period, you can do any kind of activity you normally do on a regular basis. For some women and girls, taking a walk or getting some exercise may make them feel more comfortable before and during their period.

Avoid cold food and bare feet during your period because chilliness will make your cramps worse.

Females experience pain due to uterine contractions. It won't be affected because of the chilliness of feet.

You can't get pregnant while breastfeeding, as periods don't come during breastfeeding

Ovulation may restart at any point, even though the periods may not be regular for a while. However, care must be taken as the ovulation process may lead to pregnancy if precautions are not observed.

When you go through menopause, an extremely heavy flow for a few months is totally fine.

While slight shifts are normal during the hormonal changes of menopause, very heavy bleeding can indicate some serious health problems. A health review is recommended.

It's unhealthy to have sex during your period.

While some women may feel uncomfortable about having sexual intercourse during menstruation, it's perfectly healthy, and may even help relieve menstrual cramps.

Don't wash your hair when you're menstruating.

There is absolutely no reason for not washing your hair or taking a bath or shower during menstruation. In fact, a nice warm bath can do a lot to relieve menstrual cramps and pre-menstrual tension.

HANDOUT 4B

Frequently Asked Questions (FAQs) About Menstruation

My periods are not regular. Why?

Periods in the first few years after menarche may be irregular. This does not indicate any abnormality. The adolescent girl needs reassurance to be able to adjust to menstruation. She needs to be told that it will get more regular in the course of a few years. Emotional stress because of the cycles itself or otherwise needs to be addressed. The cycles are more likely to be longer than a month, but for some girls they can even be shorter or with no fixed pattern.

What if there is excessive or prolonged bleeding?

Sometimes adolescent girls may experience heavy bleeding, or it may last for a longer duration than the normal 4-5 days. This is likely to even out as the cycles become regular and are accompanied by maturation of the egg. Excessive loss of blood may lead to anemia, which can be prevented or treated by dietary counseling and, if required, iron supplements. Treating worm infestation (if a common problem in some area) can help in preventing aggravation of anemia.

Is scanty menstruation (a light flow) a matter of concern?

The amount of bleeding varies from girl to girl. Even a low menstrual flow is normal, especially if it is regular in occurrence and is not associated with any other problem. Reassuring the girl about her fertility is important.

How do I handle discomfort during periods?

Adolescent girls may face a few discomforts during menstruation. The usual discomforts are:

- Pain or cramps in lower abdomen
- Swelling of feet, breasts, and face
- Weakness and feeling exhausted
- Backache
- Breast tenderness or discomfort
- Itching in genital area

Weakness, feeling of exertion, tiredness, and headache may be due to lack of proper nutrition. Since adolescent girls are growing, they need a nourishing diet, especially rich in iron, to make up for blood loss during menstruation. Lack of iron intake/absorption leads to anemia. Itching may be due to lack of cleanliness. Daily baths, maintaining hygiene, and use of clean cloths should be encouraged. Explanation of the menstrual process, physical exercise, and reassurances are important aspects of management. If the pain interferes with a girl's daily routine and is not improving with the above-mentioned measures, she should be referred to a health facility where she may be given some pain killers.

Why do I feel so low few days before my periods begin?

Seven to ten days before menstruation girls may experience:

- Irritability, restlessness
- Gastrointestinal tract upset (constipation, colon spasm)
- Feeling of fullness in breasts, abdomen, face, and feet
- Some weight gain of 1 to 1.5 kg

Most girls will benefit by reduction of salt intake, regular exercise, and emotional support. Severe cases may need treatment and should be referred to a health facility.

Can I become pregnant?

An adolescent girl can become pregnant any time after she starts having her period. As a fully mature egg is not released in the first few years after menarche, the likelihood of her conceiving is lower. However, adolescent girls must know that even a single act of sexual intercourse can lead to pregnancy. It is important for all adolescents to know that sexual activity without the use of a contraceptive or condom carries with it the risk of getting pregnant (and risk of STIs including HIV).

In some parts of the country, girls are married before menarche and as soon as they attain menarche, the marriage is consummated, and they are expected to bear a child. This may not happen, as the earlier cycles are not producing a mature egg. The family of the married adolescent and she herself will need reassurance and counseling to tackle the related social pressures of proving her fertility. As the law states, girls should not be married before 18 years of age.

Is it normal to have discharge from the vagina?

A certain amount of discharge is normal during the middle of the cycle at the time of the release of the egg and a few days before the beginning of the periods. This discharge is clear or whitish and not foul smelling. It could be profuse and accompanied by itching if it is due to poor personal or menstrual hygiene. (Note that douching and putting soaps or perfumes inside the vagina should be avoided, as douching can cause an imbalance in the amount of “good” and “bad” bacteria in the vagina. Soaps that contain perfumes and other irritants should not be used. Bathe in warm water, as opposed to hot water, to avoid irritating the sensitive skin around the vagina.) Care should be taken to exclude STIs, if there is history of sexual activity.

HANDOUT 4C

Scenarios for Participants' Reference

Issue	Diagnosis	How to deal with it if such a case came to you?
K is a 14-year-old girl. She is worried because she hasn't yet started having her period.	There are no issues here. Her period will probably start soon.	Reassure her. Give her iron supplements if needed. Tell her to come back to the facility if she doesn't get her period by age 16.
L, a 16-year-old, has not started her period yet. She is very worried.	Primary amenorrhea	Refer her to a medical officer for investigation and treatment.
B is a 13-year-old girl who has a lot of thin white discharge from her vagina.	Normal white discharge	Reassure her that this is not an infection. Give her some supplements like multi-vitamin, calcium, iron, etc.
S is a 15-year-old unmarried girl who complains of foul dirty discharge from the vagina, accompanied by itching in the genital region.	RTI	Refer for treatment and counsel her on menstrual and genital hygiene.
F is a 12-year-old girl who has a lot of bleeding and abdominal pain during her period every month. She feels very weak.	This is common among girls when they start their period.	Reassure her that this is not a disease. Give her symptomatic treatment for bleeding and pain. Also give her an iron supplement.
K is 16 years old and she started her period 4 years ago. She is anxious as she has not had her period for the last 2 months.	Secondary amenorrhea or pregnancy	Ask about possible sexual activity. If positive, test for pregnancy. If not pregnant, refer for treatment of secondary amenorrhea.

MODULE 5

Counseling Adolescents on Contraceptives

INTRODUCTION

This module will prepare providers to communicate clearly and effectively with adolescents about sexual and reproductive health through understanding the adolescent's perspective and responding to their specific needs. The participants will be able to: understand and explain the importance of establishing a positive service environment that is welcoming to adolescent clients; identify strategies to establish trust with adolescent clients; explain the value of and demonstrate skills in counseling adolescents of all genders about sexuality; and demonstrate how to use positive and empowering counseling techniques with adolescents. Participants will also gain an appreciation for their potential impact on an adolescent, given that adolescents are typically reluctant to visit health facilities.



TOTAL MODULE TIME

2h. 30 min.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify strategies for building a positive service environment for adolescents.
- Explain effective and supportive approaches to counseling adolescent clients on contraception.
- List ways of building trust with and protecting confidentiality of adolescent clients.
- Demonstrate counseling for different types of adolescent clients.



METHODOLOGIES

- Brainstorm
- Small group work
- Presentation
- Discussion
- Case studies
- Roleplay (simulated skills practice)



MATERIALS NEEDED

- Presentation Slides for Module 5: Counseling Adolescents on Contraceptives, Slides 1-26
- Tools 5A and 5B
- Handouts 5A, 5B, 5C, 5D
- Flipcharts and markers



ADVANCE PREPARATION

- Prepare copies of handouts and tools
- Review presentation slides
- Review training instructions
- Review and prepare case studies (Tool 5A)
- Review and prepare adolescent client role cards (Tool 5B)



RESOURCES/REFERENCES

- Nare, C., K. Katz, and E. Tolley. 1996. Measuring access to family planning education and services for young adults in Dakar, Senegal. Triangle Park, NC: Family Health International.
- Rinehart, W., S. Rudy, and M. Drennan. 1998. *GATHER guide to Counseling*. Population Reports. Series J (48).
- Pathfinder International, FOCUS on Young Adults. 1998. Improving Interpersonal Communications Skills for Counseling Adolescents on Sexual and Reproductive Health. Lima, Peru: Pathfinder International.
- Senderowitz, J. 1999. *Making reproductive health services youth friendly*. Washington, DC: Focus on Young Adults/Pathfinder International.
- Your Life. *Counseling of adolescent women on contraceptive methods: Educational Slide Kit*, Module 1-3: Essentials for Counselling adolescents about contraception, 2015. <https://www.your-life.com/hcp>
- World Health Organization. 2015. *Medical eligibility criteria for contraceptive use*. 5th ed. Geneva: WHO.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 5-1: Creating a Positive Service Environment	60 min.
Session 5-2: Building Trust with Adolescents	45 min.
Session 5-3: Counseling Different Adolescent Clients	
Total Module Time	2 h. 30 min.

Session 5-1: Creating a Positive Service Environment



LEARNING OBJECTIVE

- Identify strategies for building a positive service environment for adolescents.
- Explain effective and supportive approaches to counseling adolescent clients on contraception



60 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Introduction	5 min.	
Activity 2: Presentation	20 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 5: Counseling Adolescents on Contraceptives (Slides 1-18)
Activity 3: Small group work	20 min.	<ul style="list-style-type: none"> • Handout 5A
Activity 4: Presentation	15 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 5: Counseling Adolescents on Contraceptives, (Slides 19-26) • Handout 5B
Total Session Time	60 min.	

Activity 1: Introduction (5 minutes)

Counseling Basics

STEP 1

Introduce the module by reminding participants that:

- Health care providers have a vital role to play in both educating adolescents and in facilitating responsible decision making.
- Establishing trust and a positive, nonjudgmental relationship between the provider and the client is vital.
- Clear and effective communication is the starting point.
- Being able to understand the perspective of the adolescent will enable the provider to respond appropriately, creating a positive and effective service experience.

Activity 2: Presentation (20 minutes)

Counseling Adolescents

STEP 1

Present the slides for Module 5: Counseling Adolescents on Contraceptives (**Slides 1-18**).

STEP 2

Make sure to emphasize the following **key points**:

- One of the best ways to ensure the service facility is friendly and welcoming to adolescent clients is to ensure that **ALL** the facility staff are friendly and welcoming to adolescent clients.
- While many health providers receive training in adolescent-friendly techniques, the provider is not the only person the adolescent client interacts with when they come into a clinic. The role of providers is to be leaders in helping all clinic staff better accept and help adolescents attain better health.
- According to the WHO no medical reason currently exists to deny any method based on young age alone.

- Draw on evidence-based tools and checklists to guide counseling of adolescents to ensure counseling is nonjudgmental and facilitates informed choice.

Activity 3: Small Group Work (20 minutes)

Verbal and Non-verbal Communication

STEP 1

Distribute **Handout 5A** (Verbal and Non-verbal Communication) to participants.

STEP 2

Explain that frequently, even when we're saying the "right" thing, our body language can give away negative feelings or concerns we may or may not know we have.

NOTE: *The activity can be done in pairs. The purpose is to demonstrate communication and review what was witnessed and advise on improved communication strategies.*

STEP 3

Ask participants to form pairs. In their pairs, explain that one person should talk to the other for 3 minutes about a personal problem or concern. The problem or concern can be real or fictional. The listening partner should attempt to communicate disinterest, lack of caring, or judgment in any way they wish to without speaking.

STEP 4

Have participants switch roles. This time, the partner who was listening before should speak for 3 minutes about a personal problem or concern, while the other partner should attempt to communicate interest, understanding, and a desire to help in any way they wish without speaking.

STEP 5

Discuss the handout with the participants. Ask if there are times when our verbal responses do not match our non-verbal messages. Ask for honesty and ensure a safe space.

STEP 6

Conclude the activity by asking participants for ways they think they can use this information to help create a friendlier environment for adolescent clients throughout their clinics.

Activity 4: Presentation (15 minutes)

Counseling and Adolescents' Rights

STEP 1

Summarize the session with the presentation slides for Module 5: Counseling Adolescents on Contraceptives (**Slides 19-26**).

STEP 2

Emphasize these **key points**:

- Adolescent women are at greater risk of unintended pregnancy than older women.
- Providers are responsible for fostering comfort and encouraging trust and rapport and ensuring privacy, respect, and confidentiality.
- Adolescents need full access to information and education about all contraceptives and SRH.
- The 3 key principles to ensuring adolescent SRH needs are met are: access to tailored, nonjudgmental services, assurance of confidentiality and privacy, and holistic SRH education.

STEP 3

Distribute **Handout 5B** (Counseling Essentials).

Session 5-2: Building Trust with Adolescents



LEARNING OBJECTIVE

Describe ways of building trust with and protecting confidentiality of adolescent clients



45 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Brainstorm	15 min.	<ul style="list-style-type: none"> • Flipchart and markers • Handout 5C
Activity 5: Case studies	30 min.	<ul style="list-style-type: none"> • Tool 5A
Total Session Time	45 min.	

Activity 1: Brainstorm (15 minutes)

Establishing Trust

STEP 1

Ask the group to brainstorm ways to establish and maintain trust. Give examples of personal trust that the participants can relate to and remind them that an adolescent has the same need of trust for them to make use of health services.

Note their responses on a flipchart.

STEP 2

Ask participants brainstorm a list of factors that may violate trust.

Make note of these on a flipchart.

STEP 3

Distribute **Handout 5C** (Communication skills – Counseling an Adolescent).

Activity 5: Small Group Work (30 minutes)

Building Trust Case Studies

STEP 1

Distribute copies of **Tool 5A**

STEP 2

Divide the participants into 3–4 small groups and assign each of them one of the two scenarios.

- **Scenario 1:** A newly married adolescent comes to the clinic asking for a contraceptive method.
- **Scenario 2:** A newly married adolescent comes to the clinic with her husband and mother-in-law. They want to know why the newly married adolescent is not getting pregnant.

STEP 3

Give the instructions:

- Ask the participant to present different procedures to reassure the adolescents that their concerns will remain confidential. Emphasize the procedures to follow and approaches to take to gain the adolescent client's trust.
- Ask the participants to present appropriate procedures to inform the adolescent what kinds of information will not be kept confidential, and why.
- Ask the participants to analyze what occurs in the country with regards to confidentiality considering existing norms and laws. List under what circumstances, if any, you as a provider are required to break the client's confidentiality and to whom you are legally obligated to report. Discuss the main obstacles (if any exist) to privacy in counseling sessions and how these issues have been addressed.

STEP 4

Ask the groups to report back to the whole group summarizing the above points for the 2 scenarios.

Session 5-3: Counseling Different Adolescent Clients



LEARNING OBJECTIVE

Demonstrate counseling for different types of adolescent clients.



45 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Roleplay	45 min.	<ul style="list-style-type: none"> • Tool 5B • Handout 5D
Total Session Time	45 min.	

Activity 1: Roleplays (45 minutes)

Practice Counseling Adolescent Clients

STEP 1

Distribute **Handout 5D** (Counseling Checklist).

STEP 2

Inform participants that they will be practicing counseling skills using the GATHER approach, as well as their ability to deal with vague or imprecise language, slang, or unforeseen challenges. They will also practice assessing counseling using a checklist (**Handout 5D**)

STEP 3

Ask for volunteers to play the part of the “adolescent client” and another one to play the part of the “provider” for each of the 4 roleplay scenarios. For Scenario #4, you will need a third volunteer to play the “client’s mother.” Tell the “adolescent” participants that they can “act out” their character as much as they wish.

STEP 4

Give each of the “actors” a copy of their scenario from **Tool 5B** (Role Cards – Adolescent Clients).

STEP 5

Give them ~5 minutes to prepare their roles and review the counseling checklist.

STEP 6

Ask each small group to perform their roleplay one by one (no more than 5 minutes each). The other participants should all use **Handout 5D** (Counseling Checklist) to assess and make notes on each other’s performance

STEP 7

After each roleplay, observers should provide constructive feedback to the provider. Each participant is expected to actively participate in the roleplay process, as both a player and an observer, and in the feedback process.

STEP 8

Close the session by summarizing any major points observed in the exercise and the **key points** below:

- As difficult and emotional as these conversations can sometimes be, the importance of high-quality counseling on sexuality and sexual and reproductive health is clear.
- Adolescents will occasionally make decisions that health care providers disagree with, or for reasons that are unclear. The provider’s role is *not* to decide for the adolescent, but to *help them to make their own decision* with as much information as is available.

STEP 9

Invite participants to share questions and feedback.

Module 5 Trainer's Tools and Handouts

TOOL 5A

Counseling Case Studies

Scenario 1

A newly married adolescent comes to the clinic asking for a contraceptive method.

Scenario 2

A newly married adolescent comes to the clinic with her husband and mother-in-law. They want to know why the newly married adolescent is not getting pregnant.

Discussion Questions

- What are different procedures to reassure adolescents that their concerns will remain confidential? Emphasize the procedures to follow and approaches to take to gain the adolescent client's trust.
- What are the appropriate procedures to inform the adolescent what kinds of information will and will not be kept confidential, and why?
- What actually occurs in practice with regard to confidentiality, considering existing norms and laws? List under what circumstances, if any, you as a provider are required to break the client's confidentiality and to whom you are legally obligated to report. Discuss the main obstacles (if any exist) to privacy in counseling sessions and how these issues have been addressed.

TOOL 5B

Role Cards – Adolescent Clients

NOTE: *The focus of the roleplay is on the interaction between the clinician and the client. The clinician needs to assess the client's knowledge and understanding of how her body functions, pregnancy, and family planning. S/he needs to help the client explore methods and assess the appropriateness of these methods for the client*

Role 1 (new client with no method in mind)

You are a 17-year-old girl. You are newly married. You want to have a baby, but you want to wait until your husband gets a job and can support you and the baby. You go to the clinic for a contraceptive method.

Role 2 (new client, wants to space births)

You are an 18-year-old married girl, who has one child. You want to wait 3 years before having another child and are approaching a health care worker for information about how to do this. You have never used family planning and know nothing about contraception.

Role 3 (repeat client wants to change method from pills to LARC)

You are a 22-year-old married young woman with 2 children. You have using the combined oral contraceptive (COC) pills for quite some time, but you've missed dosages several times recently. Now you want to switch to a long-term method.

Role 4 (unmarried adolescent seeking information on SRH)

A 14-year-old accompanied by her mother presents with complaints of nausea and vomiting for 2 weeks. After her mother leaves the room, she admits to being sexually active and tells you that she has had unprotected intercourse recently with her boyfriend and missed a period.

HANDOUT 5A

Communication with an Adolescent: Verbal and Non-verbal Communication

General info

- Need to explore the many different non-verbal and verbal behaviors when communicating with adolescents.
- Sometimes without realizing we communicate one message verbally, while communicating the opposite non-verbally.
- Non-verbal communication is a complex and often unconscious mixture of actions, behaviors, and feelings, which reveal the way we really feel about something.
- Non-verbal communication communicates to clients the level of interest, attention, warmth, and understanding we feel towards them.

Positive nonverbal cues

- Leaning toward the client.
- Smiling, without showing tension.
- Facial expressions which show interest and concern.
- Maintaining eye contact with the client.
- Encouraging supportive gestures such as nodding one's head.

Negative nonverbal cues

- Not making or maintaining eye contact.
- Glancing at one's watch more than once.
- Frowning.
- Fidgeting.
- Sitting with the arms crossed.
- Leaning away from the client.

Remember *ROLES* in communication

- **R = Relax** – assist the client to relax by using facial expressions showing interest.
- **O = Open up** – assist the client to open up by using a warm and caring tone of voice.
- **L = Lean** – towards the client, not away from him or her.
- **E = Establish** – and maintain **eye contact** with the client.
- **S = Smile**

HANDOUT 5B

Counseling Essentials



Essentials for the contraceptive counselling of adolescent women



The global CARE group is a panel of independent physicians from 13 countries with expert interest in sexual and reproductive health in adolescence

Formation of the CARE group and its ongoing work is supported by Bayer

ARE YOU WELCOMING?	HAVE YOU CHECKED?	WHAT TO TELL
<ul style="list-style-type: none"> Acknowledging her need for confidentiality and privacy (e.g. being able to ask an accompanying person to wait outside) Recognizing the need for a different approach (and language) for adolescent women versus older women Informing her that a pelvic exam is not needed to start or continue most methods of contraception Creating an open and empathetic environment 	<ul style="list-style-type: none"> Her awareness of methods and whether she already has a preference The accuracy of her knowledge, including her fears and concerns Methods matching her needs and expectations have been discussed The identified potential options are acceptable to her If cost is an issue – how she will pay for contraception Whether STI screening is appropriate If you think she is ready to make a decision, help her make an informed choice that matches her contraceptive needs and expectations as well as her lifestyle 	<ul style="list-style-type: none"> How the method works, how effective it is, how to take it correctly and consistently, and when to start How it will affect her menstrual cycle What the potential side effects are and what to do if they occur What the non-contraceptive benefits are (if relevant) When to return for a follow-up appointment
WHAT TO ASK		HAVE YOU REASSURED HER?
<ul style="list-style-type: none"> Her reproductive and sexual history, including previous and current use of contraception Her medical history, including any specific conditions and medication Her current relationships, partners and whether she has any concerns Her needs and expectations from a contraceptive method Her ability and motivation to use contraception regularly and correctly Her thoughts on using an injectable or long-acting reversible method The level of support she has at home, from the community and/or partner Whether she needs to hide her use of contraception 	<p>The global CARE group members are: Virginia Abalos (Philippines), Biran Affandi (Indonesia), Dan Apter (Finland), Johannes Bitzer (Switzerland), Amanda Black (Canada), Rogério Bonassi Machado (Brazil), Jeffrey Jensen (USA), Andrew Kaunitz (USA), Linan Cheng (China), Xu Ling (China), Ricardo Martin Orejuela (Colombia), Rossella Elena Nappi (Italy), Jung Ryeol Lee (Korea), Sven Skouby (Denmark), Larisa Suturina (Russia)</p>	<ul style="list-style-type: none"> For the majority of healthy young women, the benefits of modern contraceptive methods outweigh the risks That correct and continuous use is essential for best results and she should not stop her contraceptive method without first contacting a healthcare provider unless in an emergency She has taken the first step to an empowered, healthy, and safer sexual life And checked whether she has any remaining fears or concerns about her contraception

Whichever method she chooses...

You can check whether it matches her contraceptive needs and expectations as well as her lifestyle

HIGHLY EFFECTIVE METHODS (>99% EFFECTIVE WITH PERFECT USE) ¹	
USER-INDEPENDENT	
INTRAUTERINE CONTRACEPTION (IUC) <ul style="list-style-type: none"> Does she understand what IUC is and how it is inserted? Does this method fit with her short- and longer-term contraceptive needs? Would she benefit from a 'user-independent' method of contraception? How would she feel about potential changes in her menstrual pattern? 	IMPLANT <ul style="list-style-type: none"> Does this method fit with her short- and longer-term contraceptive needs? Would she benefit from a 'user-independent' method of contraception? How would she feel about potential changes in her menstrual pattern?
USER-DEPENDENT (EFFECTIVENESS DECLINES WITH TYPICAL USE)	
COMBINED ORAL CONTRACEPTIVE PILL <ul style="list-style-type: none"> Is she a good, consistent pill taker? Is she aware of the non-contraceptive benefits of combined oral contraceptives? How would she feel about potential changes in her menstrual pattern? Does she have any concerns about taking an oral contraceptive pill? 	INJECTION <ul style="list-style-type: none"> Is she willing to have an injection every 1-3 months? Is she aware that there may be a delay in the return to fertility after using an injectable method of contraception? How would she feel about potential changes in her menstrual pattern?
PATCH <ul style="list-style-type: none"> Would she be comfortable with the idea of wearing a small patch that might be visible to others (depending on where it is applied)? Does she feel that she would remember to change her patch weekly and after the patch-free interval? 	PROGESTOGEN ONLY PILL (POP) <ul style="list-style-type: none"> Is she a good, consistent pill taker? Does she understand the importance of taking it at the same time every day? How would she feel about potential changes in her menstrual pattern? Does she have any concerns about taking an oral contraceptive pill?
RING <ul style="list-style-type: none"> How comfortable is she with the idea of inserting the ring? Would it be an issue if her partner felt the ring when having sex? Does she feel that she would remember to remove the ring after three weeks and re-start with a new one after the ring-free interval? 	
OTHER, LESS EFFECTIVE METHODS ¹	
CONDOMS <ul style="list-style-type: none"> Will she and her partner be able to use a condom every time she has sex? How confident is she that her partner will be willing to use a condom? Is she aware that condoms also provide protection against sexually transmitted infections (STIs) and can be used with other methods of contraception? 	FERTILITY AWARENESS METHODS <ul style="list-style-type: none"> Would she be able to plan sexual activity around her least fertile days? Is she willing and able to monitor her reproductive cycle and keep track of the physiological changes on a daily basis?
SPERMICIDES <ul style="list-style-type: none"> Will she be able to carry spermicide with her so that it's readily available? Will she be able to time sexual activity with insertion of the spermicide (i.e. within one hour)? Is she aware of any allergy to spermicide? 	VAGINAL BARRIERS (E.G. SPONGE, DIAPHRAGM) <ul style="list-style-type: none"> Will she be able to insert a sponge or diaphragm before she has sex? Will she be able to carry it with her so that it's readily available? Is she confident that she will be able to use this method properly?

Consistent and correct use of the male latex condom reduces the risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) transmission, regardless of choice of contraceptive method

¹ Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:997-1004. 2. Centers for Disease Control and Prevention. *Condom Fact Sheet in Brief*. Available at: <http://www.cdc.gov/condoreffectiveness/brief.html>. Please note: All these contraceptive methods may not be available in every country. For further details regarding efficacy of individual methods, please refer to Family Planning A Global Handbook for Providers, Update 2011, available at http://apps.who.int/iris/bitstream/10665/44028/1/9789278856373_eng.pdf and Trussell J, Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Prictor M. *Contraceptive Technology*. Saunders Elsevier, Revised Edition, New York, NY: Academic Press, 2011. For Medical Eligibility Criteria for each method, please refer to World Health Organization. *Medical Eligibility Criteria for Contraceptive Use*, 5th Edition, 2015. User-friendly information for women regarding contraceptive methods is available at www.yourchoice.com. Approval Number: GPRCTWHFC.02.2016.08.99

GREET	Greet and make her feel welcome. Build a rapport by greeting her and making her feel comfortable.
ASK	Ask questions in a friendly manner using words that she will understand. Listen patiently, without being judgmental. Identify her needs by asking relevant questions about personal, social, family, medical and reproductive health including reproductive tract infections, STIs, family planning goals and past/current use of contraceptive methods.
TELL	Tell her the relevant information that will help her to make an informed choice regarding contraception method.
HELP	Help her to make a decision and provide other related information, for example, how to protect herself from STIs.
EXPLAIN	Explain about the contraceptive method in detail including about its efficacy and potential side effects, and check understanding of how it should be used.
RETURN	Return for advice, further questions or need for information or discussion around change in circumstances is encouraged.

HANDOUT 5C

Communication Skills – Counseling an Adolescent

Trustworthy Counseling

Several principles help assure effective counseling with adolescents:

- The provider must accept responsibility for leading the analysis.
- Encourage clients to explore and express their feelings.
- Avoid giving prescriptive advice and recipes/formulas for solving problems.
- Help the young person to evaluate their own behavior and the practical solutions to the problem.
- Respect the young person, encourage their ability to help themselves, to trust in themselves and to take responsibility for their decisions.
- Consider adolescents as individuals, emphasizing their qualities.
- Respect their rights as people, give them space to exercise their capacity to think and make decisions.
- Accept young persons and not judge them as good or bad.
- Help the adolescents to examine their conduct and make the changes they consider necessary. This will promote ownership of the decisions, greater self-confidence, and self-control.

Tips for Good Communication

The adolescent is going through dramatic biological and psychological changes in general. Seeking health care may be challenging and difficult. Each staff person who may interact with adolescents must understand these circumstances and feelings and must be prepared to assist in a helpful, nonjudgmental way.

- Be genuinely open to an adolescent's question or need for information.
- Do not be judgmental in words or in body language that suggest disapproval of their being at the clinic, of their behavior, or of their questions or needs.
- Be reassuring to make them feel more comfortable and confident.
- Ensure that conversations are not overheard.

Fostering Comfort

The more an adolescent client can be made comfortable, the more likely it is that they will talk openly.

The important aspects of comfort are:

- **Privacy:** relates to the facility and requires space where counseling and/or examination can take place without being seen or overheard and where you are free from interruptions.
- **Confidentiality:** relates to the provider and other health facility staff; requires assurance that all discussions and matters pertaining to the visit will not be transmitted to others. If there is a need to share information with another party, the counselor/provider should explain why it is important and explain to whom, when, and how the information will be shared.
- **Respect:** involves the way in which providers/counselors relate to the adolescent, requiring recognition of the client's humanity and dignity and right to be treated as capable of making good

decisions. Respect also assumes that one can be different and have varying needs that are legitimate and deserve a professional response.

Building Rapport

Important conditions for trust and rapport include:

- Allowing sufficient time for the adolescent client to become comfortable enough to ask questions and express concerns.
- Showing understanding of and empathy with the client's situation and concerns.
- Demonstrating sincerity and willingness to help.
- Exhibiting honesty and forthrightness.
- Admitting when you do not know the answer.
- Expressing nonjudgmental views about the client's needs and concerns.
- Exhibiting confidence and professional competence in addressing adolescent SRH issues.

HANDOUT 5D

Counseling Checklist

Skill	Specific Strategies, Statements, Behaviors	(v)
Use helpful non-verbal communication.	<ul style="list-style-type: none"> • Make eye contact. 	
	<ul style="list-style-type: none"> • Face the person (sit next to her/him) and be relaxed and open with your posture. 	
	<ul style="list-style-type: none"> • Use good body language (nod, lean forward, etc.). 	
	<ul style="list-style-type: none"> • Smile. 	
	<ul style="list-style-type: none"> • Do not look at your watch, the clock, or anything other than the client. 	
	<ul style="list-style-type: none"> • Do not write during the session. (Or, if you need to take notes to remember key points, explain this and reassure the client that the notes will be kept confidential in her/his medical file). 	
	<ul style="list-style-type: none"> • Other (specify) 	
Actively listen and show interest in the client.	<ul style="list-style-type: none"> • Use gestures that show interest (nod and smile) and use encouraging responses (such as “yes,” “okay,” and “mm-hmm”). 	
	<ul style="list-style-type: none"> • Clarify to prevent misunderstanding. 	
	<ul style="list-style-type: none"> • Summarize to review key points at any time during the session. 	
	<ul style="list-style-type: none"> • Other (specify) 	
Ask open-ended questions.	<ul style="list-style-type: none"> • Use open-ended questions to get more information. 	
	<ul style="list-style-type: none"> • Other (specify) 	
Reflect back what the client is saying.	<ul style="list-style-type: none"> • Reflect back or paraphrase. 	
	<ul style="list-style-type: none"> • Encourage the client to discuss further (“Let’s talk about that some more”). 	
	<ul style="list-style-type: none"> • Other (specify) 	
Empathize — show that you understand how the client feels.	<ul style="list-style-type: none"> • Demonstrate empathy: show an understanding of how the client feels by naming the emotion s/he has expressed. 	
	<ul style="list-style-type: none"> • Avoid sympathy. 	
	<ul style="list-style-type: none"> • Other (specify) 	
Avoid words that sound judging.	<ul style="list-style-type: none"> • Avoid judging words such as “bad,” “proper,” “right,” “wrong,” etc. 	
	<ul style="list-style-type: none"> • Use words that build confidence and give support (for example, praise what a client is doing what is right for her). 	
	<ul style="list-style-type: none"> • Other (specify) 	
Help your client set goals and summarize each counseling session.	<ul style="list-style-type: none"> • Work with the client to come up with realistic “next steps.” 	
	<ul style="list-style-type: none"> • Summarize the main points of the counseling session. 	
	<ul style="list-style-type: none"> • Set a next appointment date and discuss availability of clinic services outside of clinic visits. 	

MODULE 6

Adolescent Contraceptive Options and Decision Making

INTRODUCTION

This module will prepare providers to communicate clearly and effectively with adolescents about sexual health. This module is designed to prepare providers to counsel adolescents about their contraceptive options depending on the adolescent client's fertility intentions (e.g., wanting to delay childbearing or wanting to practice healthy spacing and timing of pregnancies). Participants will be able to counsel adolescents on the appropriate contraceptive options for them to achieve their fertility intentions. Providers will also be able to discuss contraceptives' common side effects and their impact on adolescent clients. Providers will be able to respond to misconceptions and rumors adolescents may have heard. They will learn to tailor counseling techniques based on whether the adolescent client is a new or returning client. In addition, this module prepares providers to counsel clients on the implications of discontinuing contraceptive methods. Furthermore, participants will be trained on counseling postpartum and postabortion adolescent clients.



TOTAL MODULE TIME

4h.



LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Define the rights to family planning services and informed and voluntary decision making.
- Describe different types of adolescent contraception clients.
- Identify the specific counseling needs of different types of adolescent contraception clients.
- Describe the factors influencing adolescent clients' decisions about contraception.
- Identify ways of supporting adolescent clients to make and implement decisions about contraception.



METHODOLOGIES

- Brainstorm
- Discussion
- Presentation
- Large group activity
- Small group work



MATERIALS NEEDED

- Handouts 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I
- Presentation Slides for Module 6: Adolescent Contraceptive Options & Decision Making (Slides 1-22)
- Flipcharts and markers
- Index cards



ADVANCE PREPARATION

- Prepare and study presentations.
- Copies of Handouts 6A–6J for all participants.
- Have 2 copies of Pathfinder's *Cue Cards for Counseling Adolescents on Contraception* ready for demonstration and observation by participants.
- Collect or ask participants to bring in existing information, education, and communication (IEC) materials on contraception from their clinics.



RESOURCES/REFERENCES

- Pathfinder International. 2016. Providing Reproductive Health Services to Young Married Women and First-time Parents: A Supplemental Training Module for Facility-based Health Care Providers. Watertown, MA: Pathfinder International.
- Pathfinder International. 2016. *Cue Cards for Counseling Adolescents on Contraception*. Watertown, MA: Pathfinder International. Accessed at: <https://www.pathfinder.org/publications/cue-cards-for-counseling-adolescents-on-contraception/>.
- Your Life. 2015. "Counseling of adolescent women on contraceptive methods, Educational Slide Kit, Module 3: Essentials for counselling adolescents about contraception." Accessed at: <https://www.your-life.com/hcp>
- FHI. 2008. Training Manual for the Providers of Youth Friendly Services.
- Engender Health/The ACQUIRE Project. 2008. Counseling for Effective Use of Family Planning – Trainer's Manual & Participant Handbook.
- The South African National Department of Health. 2017. Symptom-based integrated approach to the adult in primary care.
- National Department of Health. Standard Treatment Guidelines and Essential Medicines List for South Africa: Primary healthcare level 2018 Edition. 2018. 3.1-3.11. Population Council, 2015. *Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings; Trainer's Guide, Third Edition*. Washington, DC: Population Council.
- World Health Organization (WHO). 2015. *Medical Eligibility Criteria for Contraceptive Use*. Fifth edition. Geneva, Switzerland.
- WHO. 2014. *Adolescent Pregnancy: Factsheet*. Geneva: WHO. <http://www.who.int/mediacentre/factsheets/fs364/en/>
- WHO. 2010. Adolescent job aid: A handy desk reference tool for primary level health workers. Geneva: WHO.

OVERVIEW OF SESSIONS

SESSION	TIME
Session 6-1: Rights-based Contraceptive Services	40 min.
Session 6-2: Different Categories of Adolescent Clients	90 min.
Session 6-3: Understanding Client Decision Making	60 min.
Session 6-4: Supporting Client Decision Making	50 min.
Total Module Time	4h.

Session 6-1: Rights-based Contraceptive Services



LEARNING OBJECTIVE

Define the rights to family planning services and informed and voluntary decision making



40 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Discussion	10 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Presentation	10 min.	<ul style="list-style-type: none"> Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision-making (Slides 1-6)
Activity 3: Small group work	20 min.	<ul style="list-style-type: none"> Flipchart and markers Handouts 6A, 6B, and 6C
Total Session Time	40 min.	

Activity 1: Discussion (10 minutes)

Rights to Family Planning Services and Contraceptives

STEP 1

Lead a discussion on the “rights to family planning services and contraceptive methods,” asking the participants to reflect on what the term means to them.

Note the responses on flipchart paper.

STEP 2

Explain that much of the language related to rights to contraceptive services and methods focuses on the right to make decisions (***freely and responsibly, without coercion, discrimination, or violence***). Thus, one of the most concrete and significant ways in which we can support the rights associated with sexual and reproductive health is to ensure informed and voluntary decision making by individuals. These rights apply

to **ALL** individuals, regardless of age, gender, marital status, sexual orientation, or ethnic group. Providers should be aware of their own beliefs and values in this area so that they can consciously avoid imposing them on clients.

STEP 3

Ask the participants what they think is meant by the term “informed choice.” After a few responses, ask what they think is meant by “voluntary.”

Activity 2: Presentation (10 minutes)

Client Rights and Voluntary Decision Making

STEP 1

Present Slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slides 1-4**).

Activity 3: Small Group Work (20 minutes)

Supporting Adolescent Clients' Rights

STEP 1

Break the participants into small groups for the different staff cadres:

- Frontline and support staff (cleaners, guards, etc.).
- Providers (FWV, SACMO, FPI, FWA, etc.).

STEP 2

Ask the small groups to discuss how health care staff in each staff category can support informed and voluntary decision making for their clients. The small groups should note their responses on flipchart papers.

STEP 3

Once the group work is complete, post the flipchart papers on the walls and ask the participants to review and discuss them during their tea break.

STEP 4

Distribute **Handout 6A** (Supporting Clients' Informed and Voluntary Decision Making), **Handout 6B** (Informed and Voluntary Decision Making in Sexual and Reproductive Health), and **Handout 6C** (Clients' Rights).

Session 6-2: Different Categories of Adolescent Clients



LEARNING OBJECTIVE

- Identify different types of adolescent contraception clients.
- Identify the specific counseling needs of different types of adolescent contraception clients



90 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Brainstorm	10 min.	<ul style="list-style-type: none"> • Flipchart and markers
Activity 2: Presentation and discussion	20 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (Slides 5-8) • Flipchart and markers • Handouts 6D and 6E
Activity 3: Small group work	40 min.	<ul style="list-style-type: none"> • Flipchart and markers
Activity 4: Discussion	15 min.	<ul style="list-style-type: none"> • Flipchart and markers • Handout 6F
Activity 5: Presentation	5 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (Slide 9)
Total Session Time	90 min.	

Activity 1: Brainstorm (10 minutes)

Different Types of Adolescent Clients

STEP 1

Tell the participants that in this session you will examine different categories of clients and their different needs and expectations from counseling.

STEP 2

Ask the participants to quickly identify the category or categories in which a client might fit. This will help them streamline and tailor their counseling to meet their needs. In this way, providers can better address their needs and avoid spending time on unnecessary issues.

STEP 3

Ask the participants to describe the clients who seek FP services at their facility.

- What are the most common reasons that FP clients come to the health care facility?
- Write all answers on the flipchart and post it on the wall.

Activity 2: Presentation and Discussion (20 minutes)

STEP 1

Provide a summary of the categories of reasons for contraceptive clients' visits by using the Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slides 5-8**).

STEP 2

Explain that counseling would be different for each category of client described in the presentation.

STEP 3

Ask the participants what would be different in the counseling for each client category.

Note the responses on flipchart paper.

STEP 4

Highlight the fact that a client can belong to more than one category (e.g., an adolescent girl who has just given birth; a satisfied return client learning that she is HIV-positive; or a new client with no method in mind who wants to delay first pregnancy).

STEP 5

Ask the participants: Why do you think it may be important to know what kind of client you are counseling?

STEP 6

Distribute **Handout 6D** (Who Are Our Clients?) and **Handout 6E** (Increasing the Efficacy of Counseling).

STEP 7

Briefly review the handouts together and describe the content. (Do not ask them to read all the details at this stage.)

Activity 3: Small Group Work (40 minutes)

STEP 1

Tell the participants that they will work in small groups to identify the informational and emotional support needs of clients and what providers can do to support these needs.

STEP 2

Divide the participants into 4 groups by asking them to count off by 4. Assign each group one of the following groups:

1. Clients, by reason for visit
2. Clients, by population group
3. Clients, by fertility plan
4. Clients, by timing of previous pregnancy

STEP 3

Ask the participants to spend 20 minutes describing the counseling needs of the client categories assigned to their group, by answering the following questions:

- What are the special information needs of different types of clients?
- What are the special emotional needs of different types of clients?
- What can providers do to support clients during counseling?

Participants should consider the kind of situations that might affect each category of client.

NOTE: *Groups do not need to list informational or emotional needs that apply universally to all client types; rather, they should list those unique to their assigned client category.*

STEP 4

Invite the participants back into the larger group. Ask each group to present their results (20 minutes).

Activity 4: Discussion (15 minutes)

STEP 1

Facilitate a discussion on the counseling needs of each client group, focusing on similarities and differences and the need to tailor counseling to each client's needs.

STEP 2

Distribute **Handout 6F** (Providers' Role in Supporting Clients with Different Needs) at the end of the discussion.

Activity 5: Presentation (5 minutes)

STEP 1

Summarize the session using the Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slide 9**).

Session 6-3: Understanding Client Decision Making

**LEARNING OBJECTIVE**

Describe the factors influencing adolescent clients' decisions about contraception.



60 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Introduction	5 min.	<ul style="list-style-type: none"> Flipchart and markers
Activity 2: Large group activity	20 min.	<ul style="list-style-type: none"> Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (Slide 10)
Activity 3: Presentation and discussion	15 min.	<ul style="list-style-type: none"> Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (Slides 11-16)
Activity 4: Discussion	20 min.	<ul style="list-style-type: none"> Flipcharts with an age groups written on each (15–19, 20–24).
Total Session Time	60 min.	

Activity 1: Discussion (5 minutes)

Introduction to Decision Making

STEP 1

Invite several participants to share what they think the role of the counselor is in an adolescent client's decision-making process.

STEP 2

Explain that one of the counselor's main responsibilities is helping clients to reflect on their experiences, attitudes, and values to make well-considered decisions about their sexual and reproductive health.

STEP 3

Tell participants that they will now examine the factors that influence clients' contraceptive choices.

Activity 2: Large Group Activity (20 minutes)

Exploring the Factors that Influence Contraceptive Decisions

STEP 1

Start the activity by presenting the Slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slide 10**).

STEP 2

Distribute index cards, one per participant. Read each question on the slide out loud to the group, pausing to give them time to write their responses on the cards. They should write their responses to all 3 questions on the same card.

Tell the participants that when answering the questions on the slide, they can draw on their own experience or on the experiences of someone they know (friend, relative, or client).

STEP 3

While participants are working, make 5 columns on 2 sheets of flipchart paper taped side by side. At the top of column write one of the following:

- Individual Characteristics
- Community Influences
- Method Characteristics
- Service Factors
- Other Sexual and Reproductive Health Conditions.

STEP 4

Ask the participants to share responses from their cards. These responses represent the factors that influence the choice of whether to use contraception and which method to use. Each time a response is volunteered, ask the group which type of influence it is and record it accordingly.

STEP 5

Ask the participants to brainstorm other factors that influence clients' choice of a method. Write their responses on the same flipchart.

STEP 6

Add missing factors, making sure that the impact of individual methods on sexual relations is also listed.

Activity 3: Presentation and Discussion (15 minutes)

STEP 1

Present Slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slides 11-16**).

STEP 2

Ask the participants what they understand from the term “healthy timing and spacing of pregnancy.”

STEP 3

After taking a few answers, tell them that while helping clients to consider all the factors that affect their decisions on what method to use, the counselor should also inform clients about healthy timing and spacing of pregnancy (HTSP).

STEP 4

Lead a discussion by asking the following questions:

- Why is it important to consider a client's other reproductive or sexual health needs in addition to contraception?
- What are some possible effects of STIs on contraceptive choices?
- What are the effects of partner, family, and community on contraceptive decisions? (*Note: Probe as needed for partner support, power imbalances, and sexual coercion and abuse.*)
- How can the characteristics of an FP method affect decision making and method use? Link these issues to choosing and using a method and to the counselor's role in helping clients choose a contraceptive method.

STEP 5

Distribute **Handout 6G** (Contraceptive Methods and Sexual Practices) at the end of the discussion.

Activity 4: Group Discussion (20 minutes)

Changing FP Needs throughout the Lifecycle

STEP 1

Explain that participants will now examine how clients' (both men's and women's) physical condition and life situation change with time and how these changes affect a client's priorities, reproductive intentions, and contraceptive needs.

STEP 2

Start the discussion with the following questions:

- How do reproductive goals and FP needs (e.g., postponing or spacing pregnancy, ending childbearing) change throughout the lifecycle?
- What are some of the factors that affect reproductive goals and contraceptive needs?
- Post flipcharts with an age group written on each (15–19, 20–24).

STEP 3

Have the participants walk around the room and list circumstances of clients in each age group on the appropriate flipchart, referring to the factors listed above. They should consider the following questions:

- What are the clients' reproductive intentions?
- What are their sexual relationships like?
- What other SRH needs might clients have?

STEP 4

After completing the above step, tell the participants to stand in front of the flipcharts on the wall, and ask them:

- How do the clients' reproductive goals and contraceptive needs differ?
- What factors might affect the client's contraceptive choice (e.g., delaying or limiting childbearing, need for protection against STIs or HIV, need for a method that does not require partner cooperation)?
- What types of contraception might each one need/want considering each of these factors?

STEP 5

Conclude the session by asking participants: How do the issues we have just discussed relate to contraceptive counseling?

Emphasize the importance of exploring with the client all individual, service, community, method, and other SRH factors that could influence a client's decision and satisfaction with a chosen method. The client can make a well-informed decision only by taking into consideration all factors that might be relevant to her/his situation.

Session 6-4: Supporting Client Decision Making



LEARNING OBJECTIVE

Identify strategies for supporting adolescent clients to make and implement their decisions about contraception.



50 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Presentation	10 min.	<ul style="list-style-type: none"> • Presentation Slides for Module 6: Adolescent Contraceptive Options and Decision Making (Slides 17-22) • Flipchart and markers • Handouts 6H and 6I
Activity 2: Small group work	40 min.	<ul style="list-style-type: none"> • Flipchart and markers
Total Session Time	50 min.	

Activity 1: Introduction (10 minutes)

Helping Clients to Make or Confirm Decisions

STEP 1

Start the activity by presenting the slides for Module 6: Adolescent Contraceptive Options and Decision Making (**Slides 17-22**).

STEP 2

Distribute **Handouts 6H** and **6I** (Decision-making Steps in Counseling and Assisting Clients to Implement their Decisions). Tell the participants that they will be using the handouts for the next activity.

Activity 2: Small Group Work (40 minutes)

Helping Clients to Make Decisions and Overcome Barriers to Implementation

STEP 1

Break the participants into 4 small groups and give them the following questions to answer. (Give the groups to spend 20 minutes discussing the questions.)

- What basic information will your client need to implement her/his decision to use contraception?
- What are the questions you would ask your client to help her/him identify possible barriers to the implementation of her/his decision? List the actual questions.
- What are some possible strategies to develop and skills to impart to your client so that s/he can overcome those barriers?

STEP 2

Ask each group to present back to the larger group (5 minutes for each group).

Module 6 Trainer's Tools and Handouts

HANDOUT 6A

Supporting Clients' Informed and Voluntary Decision Making

- Rights to family planning services and methods are recognized by international conventions signed by most countries of the world and include the right to decide on the number, spacing, and timing of children; the right to decide whether to have children; the right to have the information to do so; the right to attain the highest standards of sexual and reproductive health; and the right to make these decisions without discrimination, coercion, or violence.
- Including women's "right to exercise control over their own sexuality" as a component of health rights is an important breakthrough. The right to decide about reproduction and the right "to attain the highest standard of sexual and reproductive health" have little meaning if women cannot decide whether, when, and with whom they will have sex.
- Rights to family planning services and contraceptive methods are only effective when people feel entitled to these rights and empowered to exercise them. Yet, everyday constraints—such as power imbalances between social groups, between men and women, or between health care staff and clients; physical and social accessibility of services; cost and quality of services; and quality of client-provider interaction—can pose barriers to the exercise of these rights.
- Individuals and couples have the right to make key decisions that significantly affect their health status in every area of sexual and reproductive health, including FP. The ability and means to make informed decisions in each of these areas is a fundamental expression of one's rights to sexual and reproductive health.
- At the same time, rights related to access to information and services regardless of age, sex, marital status, or ethnic group—for example, the right to contraceptive information for unmarried people or to SRH services for adolescents—must exist before individuals can make informed decisions and act on them.
- The clients' rights are a way to operationalize reproductive and sexual rights through the quality of services provided. They describe aspects of service delivery that are essential to ensuring quality of care.
- Many facility staff play a role in supporting clients' rights—or in undermining them. It is important to consider the impact of all people with whom the client comes into contact and to determine the role that each person can play in ensuring that clients' rights and needs are respected and addressed.

HANDOUT 6B

Informed and Voluntary Decision Making in Sexual and Reproductive Health

- Informed choice is an individual's well-considered, voluntary decision based on options, information, and understanding.
- When applied to decisions about FP, the concept of informed choice means that individuals freely choose whether to use a contraceptive method and which one, based on their awareness and understanding of accurate information about the methods.
- Although informed choice could apply to any SRH service, some providers have difficulty understanding informed choice in non-FP services, because often there is only one treatment option available (e.g., only one medication for syphilis) and thus no real choice to make, or an individual's medical condition might require the provider to make emergency decisions for the client (e.g., in emergency obstetric care). The concept of informed and voluntary decision making applies broadly to any health care decision and assumes that individuals have both the right and the ability to make their own health care decisions in a voluntary manner and with full information and understanding of the consequences of each option.
- How does this concept relate to other similar concepts, such as informed consent and informed choice? Informed consent is a medical, legal, and rights-based construct whereby clients agree to receive medical treatment, such as surgery for a permanent contraceptive method, or to take part in a study, as a result of the client's informed choice. Unfortunately, there are many instances in which a client signs an informed consent form without adequate information and without feeling that s/he has had any real choice in the matter. We use the term "informed and voluntary decision making" to underscore the importance of the decisions that individuals make in every area of SRH, even when options are limited, and their need is urgent. Examples of decisions that people make concerning their SRH include the following:
 - For contraception: whether to use contraception to delay, space, or end childbearing; which method to use; whether or not to continue using contraception when side effects occur; whether to switch methods when the current method is unsatisfactory; and whether to involve one's partner(s) in decision making about contraception.
 - For HIV and other STIs: whether to use a condom with every act of sexual intercourse; whether to use a dual-protection strategy (to prevent both unintended pregnancy and STIs); whether to limit the number of sexual partners; whether to seek treatment for apparent infection; whether to inform partner(s) if an infection is diagnosed; whether to delay sexual intercourse until the infection is completely treated; whether to use post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP) to prevent HIV; and whether to be tested for HIV.
 - For maternal health care: whether to seek antenatal care during pregnancy; whether to improve one's nutrition during pregnancy; whether and when to have sex during pregnancy; whether and when to go to a health care setting for assistance with delivery; whether to breastfeed exclusively and for how long; and whether and when to use contraception after delivery.
 - For postabortion care: whether and when to seek care following signs of spontaneous abortion; whether and when to seek care for complications of abortion; and whether to use contraception to prevent or delay future pregnancies.

Several conditions support informed and voluntary decision making in SRH, including:

- Service options being available
- A voluntary decision-making process
- Having all the appropriate information (i.e., understanding all options and their consequences)
- Good client–provider interaction, including counseling
- Respect for rights at the community and program level

HANDOUT 6C

Clients' Rights

- **Information:** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to sexual and reproductive health, sexuality, and health overall. Educational materials for clients should be made available in all parts of the health care facility.
- **Access to services:** Services must be affordable and available at times and places that are convenient to clients, without physical barriers to the health care facility, without inappropriate eligibility requirements for services, and without social barriers such as discrimination based on gender, age, marital status, fertility, nationality or ethnicity, belief or religion, social class, caste, or sexual orientation.
- **Informed choice:** A voluntary, well-considered decision that an individual makes based on options, information, and understanding represents her/his informed choice. The decision-making process begins in the community, where people get information even before coming to a facility for services. It is the provider's responsibility either to confirm a client's informed choice or to help her/him to reach one.
- **Safety of services:** Safe services require skilled providers, attention to infection prevention, and appropriate and effective medical practices. This right also refers to the proper use of service delivery guidelines, the existence of quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.
- **Privacy and confidentiality:** Clients have a right to privacy and confidentiality during delivery of services—for example, during counseling and physical examinations and in the way staff handle clients' medical records and other personal information.
- **Dignity, comfort, and expression of opinion:** All clients have the right to be treated with respect and consideration. Providers must ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, especially when their views differ from those of service providers.
- **Continuity of care:** All clients have a right to continuity of services and supplies, follow-up, and referral.

HANDOUT 6D

Who Are Our Clients?

- Providers need to quickly assess individual clients' needs so they can serve them in an efficient and effective manner.
- Understanding who the client is and what her/his needs are helps the provider tailor counseling accordingly.
- This reduces the provider's workload, optimizes the amount of information to be given to the client, and shortens the time needed for counseling. Client-centered counseling also reduces the number of return visits and the likelihood of discontinuation of contraceptive use that sometimes results from poor counseling, misunderstandings, or incorrect use of the chosen method.
- Different population groups (e.g., men, women, adolescent girls, adolescent boys, married people, unmarried people, people living with HIV) have different information and emotional support needs.
- Likewise, clients' informational and emotional support needs vary according to their fertility plans (wishing to delay, space, or limit their childbearing), the timing and outcome of their last pregnancy (e.g., postpartum, post-miscarriage, or postabortion), their medical history and condition, and their individual risk for HIV and other STIs.
- All these factors must be taken into consideration and have implications for counseling and the choices available to the client.

HANDOUT 6E

Increasing the Efficacy of Counseling

Clients can be categorized in several different ways that can facilitate your understanding of their needs and your ability to tailor counseling appropriately. For example:

- New versus returning clients
- Clients returning for resupply and/or routine follow-up versus those returning with problems
- Clients wishing to limit childbearing versus those wishing to space births
- Clients with special needs associated with a recent pregnancy (e.g., postabortion, postpartum)
- Special population groups (e.g., adolescents, men, people living with HIV)

Understanding who the client is in relation to these categories can help to guide the counselor in:

- Identifying needs and concerns
- Determining the knowledge clients have as well as any gaps in knowledge
- Ascertaining what information to elicit from the client and what information to impart to the client
- Providing reassurance and support
- Ensuring and instructing clients in correct method use

To facilitate good client-provider interaction, providers should rapidly assess clients' needs, tailor their counseling accordingly, and use their time efficiently. Taking these steps will allow more time for individuals who need help in choosing a method, resolving a problem, or addressing a concern.

New versus Returning Clients³

Clients face different kinds of decisions when they come for services. The table below shows one way to categorize the reasons for contraceptive clients' visits. It can be helpful in considering counseling needs.

Four Types of FP Clients and the Decisions they Face		
New Client	Method in mind	No method in mind
	Decision: Is this method the best choice and can s/he use it effectively	Decision: Which method to use
Returning Client	Concerns about method	No major concerns
	Decision: Should s/he continue to use the method or switch to a new method?	Decision: No decision to make

The provider's role in working with adolescent clients is to ensure that they understand all aspects of their chosen method, including correct use and possible side effects.

Fertility Plans

Clients have different plans at different stages of their lives regarding having children. Those who do not have any children and wish to delay their first pregnancies can be thought of as "delayers" (e.g., newly

³ Adapted from: Shelton, J., Kumar, J., and Kim, Y. 2005. "Client-provider interaction: Key to successful family planning." *Global Health Technical Briefs*. Baltimore: INFO Project.

married adolescent women). Similarly, clients who have a child and want to delay their next pregnancy can be thought of as “spacers” (e.g., first-time parents). These clients should be encouraged to wait 3 years between pregnancies to reduce maternal and child health risks. Finally, some clients do not want any (or any more) children; they can be considered “limiters.” Of course, there are also clients who want to get pregnant right away. Family planning counseling is a good opportunity to give clients key messages about the healthy timing and spacing of pregnancies.

Special Population Groups

In many FP programs, services focus on married adolescents. However, other individuals, including unmarried adolescents, also need and have the right to access FP information, and their needs must be considered and addressed.

FP Counseling Related to a Recent Pregnancy

To achieve the healthiest pregnancy outcomes, couples should wait at least 2–3 years after a live birth and at least 6 months after a miscarriage or abortion before trying to become pregnant again.

Postpartum and postabortion clients have needs related to initiation of contraceptive use, as well as emotional needs related to their personal circumstances (e.g., worries, stress, or pain they might be experiencing). The provider should assess the best timing for FP counseling for these clients.

The ideal time to initiate counseling for postpartum FP is during the antenatal period. Early counseling allows enough time for the clients to make their decisions without the stress associated with the delivery. It also helps to ensure that clients receive their method of choice immediately after giving birth (immediately postpartum), should they choose a postpartum intrauterine device (IUD). Counseling clients just before delivery is not appropriate. In such a case, sound decision making may be impaired by the stress the client is experiencing. With such clients, a provider has the responsibility to confirm that they are making an informed, voluntary, and sound decision. If there are signs of stress, the provider should postpone the client's counseling and decision making.

The next appropriate opportunity to counsel the client is after delivery but before she leaves the facility. At this point, it may be too late to provide the client's method of choice during or at the end of the delivery, but this may help ensure that the client gets her method of choice before discharge or that she returns later to get it at follow-up. Another consideration is the contraceptive methods that are appropriate at different times following delivery. For postpartum women, an important factor to consider is breastfeeding. Most methods can be used by breastfeeding women.

Providing contraceptive counseling and methods is a key element of postabortion care. The provider should decide about the best timing to initiate counseling for postabortion FP. For postabortion clients, counseling before the procedure can only be an option if the client is not under stress related to the procedure. This allows the client to receive her method of choice immediately after the procedure (immediately postabortion), should she choose a postabortion IUD. However, in this case, the stress that the client is experiencing may impair sound decision making. With such clients, the provider is responsible for confirming that they are making an informed, voluntary, and sound decision. If there are signs of stress, the provider should postpone the client's counseling and decision making.

The next appropriate opportunity to counsel such a client is after the procedure but before she leaves the facility. At this point, it may be too late to provide some methods (such as the IUD), but this may help ensure that a client gets her method of choice before discharge or returns later to get it at follow-up. Use of any contraceptive method can be initiated immediately postabortion.

HANDOUT 6F

Providers' Role in Supporting Clients with Different Needs

Cross-cutting Needs of All Types of FP Clients

INFORMATION NEEDS	EMOTIONAL SUPPORT NEEDS	PROVIDER'S ROLE
<ul style="list-style-type: none"> • Healthy timing and spacing of pregnancy (HTSP) • Need for protection against HIV and other STIs • Proper use, effectiveness, associated benefits (e.g., protection from HIV and other STIs) • Cost and side effects of various FP methods • Signs of possible health risks and complications 	<ul style="list-style-type: none"> • Understanding of individual circumstances • Encouragement to express needs • Trust • Feeling of being welcome • Confidentiality • Reassurance about concerns and doubts • Privacy • Respect 	<ul style="list-style-type: none"> • Eliciting client's circumstances • Medical and FP history • Preferences • Listening to client's concerns and questions • Providing correct information about methods and concerns • Correcting misperceptions • Answering any questions • Validating concerns/fears • Reassuring and referring as needed • Giving emotional support

Clients Categorized by Reason for Visit

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
<p>New client—no method in mind</p>	<ul style="list-style-type: none"> • Information on appropriate methods, including possible side effects, health benefits, and health risks • Method-specific information once client decides 	<ul style="list-style-type: none"> • Explore client's situation, intentions, and method preference • Discuss methods suited to the client's needs • Help client weigh options, considering implications of each option • Provide information on how to use method, cope with side effects, and when to seek care • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
New client— method in mind	<ul style="list-style-type: none"> • Information on chosen method • How to use • Common side effects • Warning signs of health risks and complications 	<ul style="list-style-type: none"> • Explore and confirm the client's decision by ensuring that it is well considered • Ascertain whether client wants to explore or consider other options • Quickly review alternatives, if the client is unsure about the chosen method and/or interested in exploring other options • Support client's choice • Provide information to help with using the method, coping with side effects, and knowing when to seek care • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use
Returning client— satisfied		<ul style="list-style-type: none"> • Confirm whether client is using method correctly • Check to be sure the client has no problems, health conditions, or concerns • Provide services or supplies • Ask about changes in circumstances that could affect risk for HIV and other STIs, the potential need for dual method use, or the appropriateness of the current method
Returning client— concerns or problem	<ul style="list-style-type: none"> • Information about side effects (causes, how long they might last, need to treat), whether the client's problem might be a sign of a complication • How to manage the side effect, complication, or problem 	<ul style="list-style-type: none"> • Explore concerns about method and confirm correct use • Help manage problems or side effects • Confirm correct method use • Assist the client in deciding whether to switch to another method • If desired, provide or refer client for a new contraceptive method • Ask about changes in circumstances that could affect risk for HIV and other STIs, the potential need for dual method use

Clients Categorized by Fertility Plans

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
Delayer (e.g., newly married adolescent woman)	<ul style="list-style-type: none"> • Information on long-acting reversible contraceptive methods (LARCs) • Information on method chosen, including side effects 	<ul style="list-style-type: none"> • Explore client's situation, intentions, and method preference • Discuss methods suited to the client's needs • Help client weigh options, considering the implications of each method • Provide information about method use, managing side effects, and when to seek care for problems • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use
Spacer (e.g., first-time parent)	<ul style="list-style-type: none"> • Information on all available contraceptive methods, including LARCs • Information on method chosen, including possible side effects, health benefits, health risks, and complications 	<ul style="list-style-type: none"> • Explore client's situation, intentions, and method preference • Discuss methods suited to the client's needs • Help client weigh options, considering the implications of each method • Provide information about method use, managing side effects, and when to seek care for problems • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use
Limitier	<ul style="list-style-type: none"> • Information on all contraceptive methods, with additional information on LARCs and permanent methods, including side effects, health benefits and health risks • Information on method chosen, especially if surgical, emphasizing that it should be considered permanent and irreversible 	<ul style="list-style-type: none"> • Explore and confirm that the client's decision is well considered • Discuss methods suited to the client's needs • Help client weigh options, considering the implications of each method • Provide information on method use, how to manage side effects, and when to seek care for problems • Help clients communicate, discuss, and negotiate with partner about use of the method • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
Wanting to get pregnant	<ul style="list-style-type: none"> Information on how to discontinue the contraceptive method (if the client is still using one) Information on recommended 3-year spacing between pregnancies (if applicable) Information on preconception care and antenatal care 	<ul style="list-style-type: none"> Explore if the client is aware of the recommended 3-year spacing between pregnancies (if applicable) Help client discontinue the method (if provider's help is needed) Provide information on preconception care and antenatal care

Clients Categorized by Population Group

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
Men	<ul style="list-style-type: none"> Concrete information on methods and reproductive physiology 	<ul style="list-style-type: none"> Willingness to talk in a convincing way, in concrete and actionable terms Explore information needs Affirm appropriate behaviors Ensure knowledge of how to use contraceptive method Do not make him feel ignorant
Unmarried adolescents	<ul style="list-style-type: none"> Reliable, factual information 	<ul style="list-style-type: none"> Serve as a reliable source of information Avoid being judgmental
Clients with high individual risk for STIs	<ul style="list-style-type: none"> Information on all methods and how they relate to individual risk for contracting STIs or are protective against STIs Information on condoms, dual protection Information on risk reduction 	<ul style="list-style-type: none"> Help client weigh options considering her/his situation Address need for protection against STIs, including dual method use (or dual protection) as an option
Clients living with HIV	<ul style="list-style-type: none"> Information on all methods and how they relate to presence of HIV Information on condom use Information on risk reduction 	<ul style="list-style-type: none"> Help client weigh options, considering her/his condition Address the client's need for protection against STIs, including dual method use (or dual protection) as an option

Clients Categorized by Timing of Last Pregnancy

TYPE OF CLIENT	SPECIAL INFORMATION NEEDS	PROVIDER'S ROLE
<p>Postabortion (also post-miscarriage)</p>	<ul style="list-style-type: none"> • Timing of return to fertility • Need to wait at least 6 months before getting pregnant again, for HTSP • Methods available for postabortion use 	<ul style="list-style-type: none"> • Explore underlying reasons for the miscarriage, abortion, or unwanted pregnancy (if applicable) to tailor counseling accordingly • Help client understand immediate return of fertility and consequent need for FP, if pregnancy is not desired • Help client weigh options (choose a method), considering her condition and situation • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use
<p>Postpartum</p>	<ul style="list-style-type: none"> • Timing of return to fertility • Need to wait at least 2–3 years before getting pregnant again, for HTSP • Issues related to contraceptive use and breastfeeding • Methods available for use in the postpartum period • Effect of contraceptive methods on baby and breastmilk 	<ul style="list-style-type: none"> • Help client understand the relationship between breastfeeding and contraception, including the lactational amenorrhea method (LAM) as an option for FP • Help client weigh options (choose a method) considering her condition and situation • Ask about circumstances that could affect risk for HIV and other STIs, the potential need for dual method use

HANDOUT 6G

Contraceptive Methods and Sexual Practices

- People use contraception because they are sexually active or plan to be.
- Clients' use of and satisfaction with contraceptive methods are often related to the real or perceived effect of contraceptives on their sexual practices and enjoyment.
- Clients must think about which contraceptive methods will meet their needs and which ones might cause problems for them. If problems occur, they might lead to discontinuation or incorrect and/or irregular use of the method. For example:
- If spontaneity is important, methods that are tied directly to intercourse, such as condoms or other barrier methods might not work as well.
- Women considering hormonal methods or the IUD should think about whether menstrual changes will cause problems for them or their partners.
- For some, frequency of sexual relations will be a factor in choosing contraceptives. Individuals who have sex occasionally or infrequently might prefer a method that can be used as needed, such as condoms, rather than a method like the pill that requires doing something every day.
- For clients whose partners will not cooperate with contraceptive use, methods like condoms and natural family planning might not be ideal choices.
- Clients who need to conceal their sexual activities (e.g., unmarried adolescents) or their use of contraception (e.g., clients whose partners do not approve) might want to consider methods that do not require obtaining supplies or daily use.
- More effective methods give some people a greater sense of security; without the fear of pregnancy, these people might enjoy sex more.
- Whether a client is at risk for or has HIV or another STI might affect the type of contraception s/he uses.
- Clients who strongly associate fertility with their sexuality or self-esteem may not be comfortable with permanent methods.

HANDOUT 6H

Decision-making Steps in Counseling

- Identify the decisions that need to be made or confirmed in the counseling session. Depending on the client's needs, there might be one or more decisions that need to be confirmed or made in this counseling session. Questions for new clients include:
 - Whether to use contraception
 - Which contraceptive method to choose
 - Whether it is necessary to reduce the risk of contracting HIV and other STIs
 - Whether to use a method that provides dual protection against pregnancy and STIs
- For some new clients this might be the first time that they have been faced with deciding about having another child. Other new clients might already have a method in mind; these clients need information, guidance, and support to confirm whether their decision is appropriate.
- Questions for returning clients include:
 - Whether or not to continue using their current contraceptive method
 - Whether to switch to another contraceptive method
 - Whether to come back for follow-up
- Naming these decisions in the decision-making phase helps the client focus her/his thoughts on the issue and implies that the client is expected to make her/his own decisions.
- Explore relevant options for each decision. This task should be done in an organized and logical way that responds to the expressed needs of the client.
- Provider should list (although not necessarily explain) all available options and then help the client eliminate those that are not relevant to her/his situation.
- Options for new clients include:
 - All available contraceptive methods that are appropriate for the client.
 - Dual-protection options, and other STI risk reduction options.
- New clients with a method in mind will need to confirm their decision. In these situations, the provider must give balanced information tailored to the particular method the client has in mind and make sure the client is making a well-considered decision by giving essential information on other methods that would be appropriate given the client's expressed need (the provider does not necessary need to provide all information about each method, just enough detail that the client could rule out the method).
- Returning clients need to be told about options such as those that will alleviate side effects, discontinuing the method, or switching to another method.
- Help the client weigh the benefits, disadvantages, and consequences of each option. The options need to be presented in a personalized way—that is, by relating them to the unique situation of the client and explaining what choosing that option would mean or imply for the client.
- For new clients with no method in mind, this might mean reviewing the detailed information about contraceptive methods, their side effects, health benefits, health risks, what it would mean or take

to obtain those methods, and how each option may contribute to reducing the risk of HIV and other STIs risk reduction.

- These same areas need to be covered also with new clients with a method in mind, but in this case the provider should put more emphasis on the preferred method of the client while giving enough information about the benefits, disadvantages, and consequences of other options to enable the client to eliminate options.
- After receiving this information, clients might opt for a method different than the one they originally had in mind. Returning clients come with an idea about the benefits and disadvantages of the method they have been using (or have used in the past). They need help understanding what other options would mean or require.
- Providers should personalize information on the benefits, disadvantages, and consequences of each option. What would discontinuation mean? When would the client need protection again? What are the family and social implications?
- Clients facing problems with their current contraceptive method need to consider whether to discontinue the method, switch to another method, or cope with the side effects they have been experiencing.
- This step also serves as a reality check for the client regarding the possible consequences of her/his choice. The counselor can help by asking questions about how the client would feel or what s/he might do in certain situations. Examples of such questions include “How would you feel about taking the pill every day?”; “What will your husband think of using a condom?”; “What might make it difficult for you to come back to the clinic every 3 months for the injection? What would you do about that?”
- Encourage the client to make her/his own decision. The counselor’s primary role is to help the client make and finalize her/his decision and to plan how to carry it out. The counselor should ensure that the client’s decision is a well-informed and appropriate choice. The counselor can reflect the decision by saying, “So, you have decided to.... ” or “What is your decision?”

HANDOUT 6I

Assisting Clients to Implement their Decisions

General Tips

- When a provider and a client work on a plan for carrying out a decision, the plan must be guided by the client's circumstances and choices.
- The provider's role is to help the client address key considerations—to be sure that the plan fits into the realities of the client's life and is one that s/he feels confident using.
- Another important role for the provider is to help the client anticipate the consequences of her/his decision(s) and implementation plan and to help strategize about how s/he will deal with them.
- Any plans involving behavior change must be specific.
- This means that when a client says that s/he will take a particular step to change a behavior, you need to ask questions that will enable the client to say out loud the specific steps that s/he will take and to think through the sequence. For example, talking to the partner about using the pill, taking a pill at the same time every day, placing the pill package near the toothbrush in order to remember to take it, coming back to the facility for resupply every 3 months, and so on.
- Skills and strategies that clients might need to develop if they are to implement their decisions include skills in communicating and negotiating with their partner(s), skills in using condoms, and knowledge and skills in using other contraceptive methods correctly.
- The client's decision about which method to use and how s/he will address any problems or concerns about the method of choice (be it a new method or one s/he is currently using) should guide the counseling session.
- This means that the counselor should not only give information about how to use the method but also help the client identify possible barriers to implementing their decision, assist the client to strategize how to overcome these barriers, and help the client build the skills necessary for overcoming those barriers.

Implementing the Decision—Steps in Detail

1. Assist the client in making a concrete and specific plan for carrying out the decision (including correct method use).
 - Be specific. The plan should include where and when to obtain the method; economic, family, and social implications; and how to use the method.
 - Asking a client, the question "What will you do next?" is important in helping her/him develop a plan. For example, if the client has decided to start using condoms, the provider should ask the following questions: "How often?" "Where will you get the condoms?" "How will you pay for them?" "How will you tell your partner that you want to use them?" and "Where will you keep them so you will have them with you when you need them?"
 - For the pill, the provider should ask how the client will remember to take it every day.
 - For injectables, the provider's questions should include how the client will remember to return for repeat injections at the appropriate time.

- If the client has chosen a method that is not immediately available or that requires booking later or referral to another facility, the provider should counsel the client and provide the client with another temporary method that the client can use in the interim.
2. Identify barriers that the client might face in implementing the plan.
 - Ask about possible consequences of the plan (like the partner's reaction to the decision) and what social supports are available to the client. Who in the client's life can help the client carry out the plan? Who might create obstacles? The questions to ask the client might include the following:
 - "How will your partner(s) (or any other person from the family or community) react?"
 - "Do you fear any negative consequences?"
 - "How will the plan affect relationships with your partner(s)?"
 - "Can you communicate directly about the plan with your partner(s)?"
 - "Would indirect communication be more effective at first?"
 - "What problems do you think you might have?" (Examples include returning to the facility for follow-up or resupply/reinjection, taking an oral contraceptive pill at the same time every day, and purchasing supplies at the pharmacy.)
 - "Do you think you might experience difficulties (such as transportation, cost or availability) in accessing needed services or a skilled provider?"
 3. Develop strategies to overcome the barriers identified.
 - Make sure that the client understands:
 - How to use the contraceptive methods s/he has selected (repeat basic information and encourage her/him to ask for clarification).
 - What to do if side effects arise.
 - What to do if warning signs of health risks or complications occur.
 - Provide the client with written information, if it is available.
 - Help the client think through what s/he can or wants to do if the partner does not agree with the choice of method.
 - Offer ideas for improving the client's skills in communicating and negotiating with her/his partner about FP, dual protection, condom use, or sexuality. For example, if a client feels that it might be difficult to negotiate condom use for STI prevention purposes, discuss whether it might be easier to introduce condoms as a means of preventing pregnancy.
 - Help the client practice communicating and negotiating by roleplaying situations that may occur.
 - Make a "Plan B"—that is, if the plan does not work, then what can the client do?
 4. Identify and practice skills that the client will need.
 - Make sure clients learn and practice the skills they need for use of specific contraceptive methods (e.g., male and female condoms, diaphragm, spermicides, and Standard Days Method).
 - Provide written information to the client, if it is available.
 5. Make a plan for follow-up and provide referrals, as needed.

- Invite clients back for a follow-up visit if they find they need ongoing support with decision making, negotiation, and method use.
- Explain the timing for medical follow-up visits and contraceptive resupply.
- Refer the client as needed for continued supplies, care, discontinuation (e.g., removal of an IUD), switching to another method, or another service (such as STI diagnosis and treatment).
- Ensure that all the client's concerns are addressed, and that the client understands all the information provided during the counseling session.

Essential Information on Method Use to Impart to Clients

- When to start using the method (for pills, male or female condoms, Standard Days Method, spermicides, lactational amenorrhea method [LAM]) or when to have the method inserted (for IUDs or implants), given (for injectables), or performed (for tubal ligation, vasectomy); also consider the circumstances of clients who have just given birth or just had a miscarriage or abortion and the guidelines for use specific to these cases.
- Where to obtain the method or supplies.
- How to use the chosen contraceptive method (pills, male and female condoms, spermicides, Standard Days Method, LAM) or how to obtain it (IUDs, implants, injectables, tubal ligation, vasectomy).
- Tips for remembering to use the method correctly (e.g., how to remember to take pills daily, when to return for repeat injections).
- Common side effects and how to deal with them.
- Warning signs of health risks and complications and what to do if they occur.
- How to prevent HIV and other STIs (including how to use condoms and where to obtain them).
- How to communicate with partner about use of contraception and/or condoms.
- When and where to return for resupply or follow-up.

MODULE 7

Conclusion

INTRODUCTION

This module will prepare providers to communicate clearly and effectively with adolescents about sexual health. This module is designed to prepare providers to counsel adolescents about their contraceptive options depending on the adolescent client's fertility intentions (e.g., wanting to delay childbearing or wanting to practice healthy spacing and timing of pregnancies). Participants will be able to counsel adolescents on the appropriate contraceptive options for them to achieve their fertility intentions. Providers will also be able to discuss contraceptives' common side effects and their impact on adolescent clients. Providers will be able to respond to misconceptions and rumors adolescents may have heard. They will learn to tailor counseling techniques based on whether the adolescent client is a new or returning client. In addition, this module prepares providers to counsel clients on the implications of discontinuing contraceptive methods. Furthermore, participants will be trained on counseling postpartum and postabortion adolescent clients.



TOTAL MODULE TIME

30 min..



LEARNING OBJECTIVES

1. Develop an action plan to apply knowledge gained on the job.
2. Assess the knowledge change as a result of training.
3. Assess the training.



METHODOLOGIES

- Individual exercise
- Evaluation



MATERIALS NEEDED

- Copies of Tools 7A and 7B for all participants
- Copies of Handout 7A for all participants.
- Tool 1B (Answer Key)

OVERVIEW OF SESSIONS

SESSION	TIME
Session 7-1: Concluding the Training	30 min.
Total Module Time	30 min.

7-1: Concluding the Training



LEARNING OBJECTIVE

- Develop an action plan to apply knowledge gained on the job.
- Assess the knowledge change as a result of training.
- Assess the training.



30 MINUTES

SESSION PLAN

ACTIVITY	TIME	MATERIALS
Activity 1: Individual exercise (action planning)	10 min.	<ul style="list-style-type: none"> • Handout 7A
Activity 2: Individual exercise (post-test)	15 min.	<ul style="list-style-type: none"> • Tools 7A and 1B
Activity 3: Individual exercise (training evaluation)	5 min.	<ul style="list-style-type: none"> • Tool 7B
Total Session Time	30 min.	

Activity 1: Individual Exercise (10 minutes)

Action Planning

STEP 1

Explain that we will end the training by beginning to plan for how we can apply what we have learned when we return to work.

STEP 2

Distribute **Handout 7A** (Action Plan) and ask the participants to spend 10 minutes completing the handout.

STEP 3

Ask a few volunteers to share some of their ideas from their plans.

Activity 2: Individual Exercise (15 minutes)

Post-test Evaluation

STEP 1

Distribute the post-test (**Tool 7A**).

STEP 2

Remind participants that the post-test is not intended to evaluate the knowledge of the participants as individuals, but rather to measure any change in knowledge of the whole group as a result of training. The goal is to assess the effectiveness of training. They should use the *same code* they used on their pre-tests.

NOTE: Use *Tool 1B (Pre-/post-test Answer Key)* to score the tests.

Activity 3: Individual Exercise (5 minutes)

STEP 1

Distribute copies of **Tool 7B** and ask the participants to complete the training evaluation, so that they can record their feedback on the training.

STEP 2

Explain that the process is anonymous and it is intended to help trainers and facilitators improve their techniques and the training itself.

STEP 3

After participants have completed the assessment, if you have additional time, invite them to share some of their feedback verbally (things that worked well, areas for adjustments).

STEP 4

Thank participants, co-facilitators, and organizers for their time, energy, and commitment!

Module 7 Tools and Handouts

TOOL 7A

Post-test Evaluation

Date: _____. Venue: _____. ID code: _____

NOTE: Answer all questions. Multiple choice questions have only one correct answer. Please read each question carefully and **circle the correct answer.**

1. Adolescents come under which age group?
 - a) 8-10 years
 - b) 8-15 years
 - c) 10-19 years
 - d) 19-35 years

2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above

3. What are the health-related concerns of adolescents?
 - a) Menstrual problems in girls and wet dreams in boys
 - b) Reproductive tract infections (RTIs) and sexually transmitted infections (STIs) - Hygiene
 - c) Teenage pregnancy
 - d) Drug/substance abuse/smoking
 - e) All of the above

4. How would you strike up a rapport with an adolescent client?
 - a) By not asking too many questions and not making eye contact
 - b) By friendly, warm, and nonjudgmental behavior with positive non-verbal cues
 - c) Frowning and stern behavior
 - d) None of the above

5. Adolescents do not utilize available health services because:
 - a) They fear the health providers will inform their parents
 - b) They do not recognize illness
 - c) They do not know where to go
 - d) All of the above
 - e) None of the above

6. What are the barriers to good communication?
 - a) Service provider uses difficult words and language
 - b) Client doesn't feel comfortable
 - c) Adolescents are unable to talk because of fear
 - d) Insufficient time to explain
 - e) All of the above

7. How would you categorize wet dreams for adolescent boys?
 - a) Normal behavior
 - b) Abnormal behavior
 - c) Shameful behavior

8. Which contraceptive methods are appropriate for newly married adolescents who want to delay their first birth?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

9. Which contraceptive methods are appropriate for married adolescents with one child who want to space their children?
 - a) Condoms
 - b) Oral pills
 - c) Injectables
 - d) Implants
 - e) All of the above

10. When providing appropriate counseling to adolescents, a counselor must:
 - a) Listen to them
 - b) Provide them adequate time
 - c) Ensure required privacy
 - d) All of the above

11. Which rights do adolescents have?
 - a) The right to information and education about sexual and reproductive health
 - b) The right to own, to control, and protect ones' own body
 - c) The right to sexual pleasure
 - d) The right to privacy and confidentiality when accessing health services
 - e) The right to choose one's sexual and romantic partners
 - f) All the above

12. What problems are caused by lack of menstrual hygiene?
- Anemia, weakness, diarrhea
 - Malaria, worm infestation
 - Vaginal discharge, burning during urination, and genital itching
 - Weight loss
13. Lack of nutrition in adolescence can cause:
- Protein-energy malnutrition
 - Stunting of growth
 - Anemia
 - All of the above
14. Which contraceptive methods are protective against pregnancy and STIs/HIV (dual protection)?
- Condoms (Male and Female)
 - IUDs
 - Implants
 - Injectables
15. Which of the following aspects must be considered when counseling adolescent clients on contraception?
- Risk of sexually transmitted infections
 - Effectiveness of method
 - Patient preference for a particular method
 - Availability and access to methods
 - Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreetness of the method
 - All of the above
16. If a person has no symptoms of an STI, he or she:
- Cannot pass on an STI
 - Doesn't have an STI
 - Both of the above
 - None of the above
17. To lower the risk of getting an STI, adolescents need to:
- Use a condom
 - Not have multiple sex partners
 - Delay having sex as long as possible
 - d)** All of the above

18. Which of these is a health problem that can be caused by STIs in adolescent women?
- a) Pelvic inflammatory disease (PID)
 - b) Ectopic pregnancy
 - c) Higher risk of cervical cancer
 - d) All of the above
19. Which of the following doesn't contain HIV?
- a) Blood
 - b) Breastmilk
 - c) Sweat
 - d) Seminal and pre-seminal fluid
20. How many times can the same male condom be used?
- a) More than once if they are washed
 - b) More than once if it is with the same person
 - c) Only once
 - d) More than once if dried in the sun after being used

PARTICIPANT'S OVERALL MARK = / 20

TOOL 7B

Training Evaluation Form

Instructions: Please evaluate the training by responding to the statements below. Kindly score each statement from 1 to 5, with 1 being the poor and 5 being excellent. Where the statement is not applicable to the session, please note N/A in the comments column. The final score should be indicated, with the exclusion of the statements marked as N/A. This is an **anonymous** process.

Province: _____ Venue: _____ Date: _____

Content Evaluation	1	2	3	4	5	Comments
The content was presented in a clear manner.						
The standard of the content presented was of a high quality.						
The content was relevant to the training.						
The information is up to date and well researched.						
I gained new knowledge and skills.						
The session that was of <u>most value</u> (give the session a score and write which session in the comments column).						
The session that was of <u>least value</u> (give the session a score and write which session in the comments column).						
Adequate time was allocated for all the sessions of the day.						
Presentation/Organization/Preparation	1	2	3	4	5	Comments
The training schedule was well prepared.						
The flow/transition between sections/topics was logical and easy to follow.						
All topics presented were linked to real-life situations/experiences/current events.						
Activities conducted were relevant to the topic and allowed participants to reflect on what was being discussed.						
Handouts were prepared and distributed when they were to be used.						

Delivery of content	1	2	3	4	5	Comments
The trainers/facilitators maintained a level of professionalism throughout in a non-threatening manner.						
The trainers/facilitators were confident about presenting the topics.						
The trainers/facilitators spoke clearly and projected their voice.						
All participants were engaged in the activities and listening.						
The trainers/facilitators encouraged participation throughout.						
The trainers/facilitators responded knowledgeably and appropriately to questions.						
The trainers/facilitators did a summary at the end of all sessions and activities.						
The session was concluded with a summary which reflected valuable information.						
Distractions and interruptions were managed appropriately.						
Overall rating of the training						
Overall time management rating:						

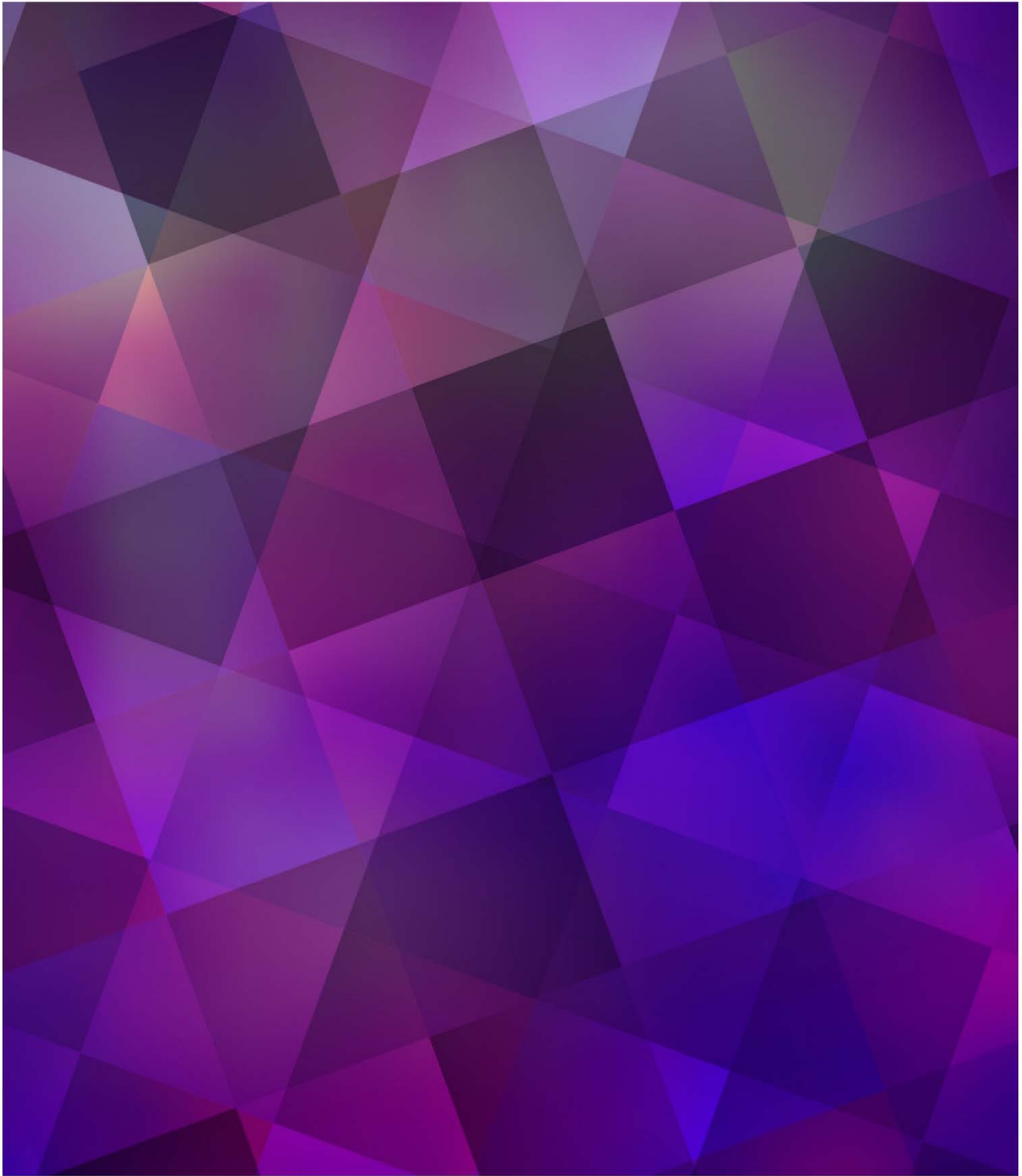
General comments on how to strengthen the training, if any:

HANDOUT 7A

Action Plan

- What will I do differently in counseling?
- What can I do to help make counseling more client-centered in my facility?

SPECIFIC CHANGES OR ACTIVITIES TO IMPLEMENT IMMEDIATELY	POSSIBLE CHALLENGES OR BARRIERS	STRATEGIES FOR OVERCOMING CHALLENGES



USAID
FROM THE AMERICAN PEOPLE

Shukhi Jibon



Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary