

Comprehensive
Reproductive Health and Family Planning
Training Curriculum

MODULE 3: COUNSELING FOR FAMILY PLANNING SERVICES

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NOTES TO THE TRAINER

PURPOSE

This training manual is designed for use as part of the comprehensive family planning and reproductive health training of service providers. It is designed to be used to train physicians, nurses, and midwives.

This manual is designed to actively involve the participants in the learning process. Sessions include simulation skills practice, discussions, clinical practice, using objective knowledge, attitude and skills checklists, and counseling cue cards.

At the end of this module, the participant will be able to provide effective general, method specific, and follow up counseling to family planning clients and their families and identify feelings and values and their significance and impact on the counseling process. The module explains factors that influence counseling-outcomes, describes the principles and elements of counseling, and enables counselors to respond to the myths and rumors raised by counselors and their families.

DESIGN

The training curriculum consists of 15 modules:

1. Introduction/Overview
2. Infection Prevention
3. Counseling
4. Combined Oral Contraceptives and Progestin-only Pills
5. Emergency Contraceptive Pills
6. DMPA Injectable Contraceptives
7. Intrauterine Devices
8. Breastfeeding and Lactational Amenorrhea Method
9. Condoms and Spermicides
10. Voluntary Surgical Contraception
11. MVA for Treatment of Incomplete Abortion
12. Reproductive Tract Infections
13. Postpartum/Postabortion Contraception
14. Training of Trainers
15. Quality of Care

Included in each module is a set of knowledge assessment questions, skills checklists, trainer resources, participant materials, training evaluation tools, and a bibliography.

SUGGESTIONS FOR USE

- The modules are designed to provide flexibility in planning, conducting, and evaluating the training course.

- *The curriculum is designed to allow trainers to formulate their own training schedule, based on results from training needs assessments.*
- The modules can be used independently of each other.
- The modules can also be lengthened or shortened depending on the level of training and expertise of the participants.
- In order to foster changes in behavior, learning experiences have to be in the areas of knowledge, attitudes, and skills. In each module, the overall objective, general, and specific objectives are presented in terms of achievable changes in these three areas.
- Training references and resource materials for trainers and participants are identified.
- Each module is divided into a *Trainer's Module* and *Appendix* section.
- The *Trainer's Module* presents the information in two columns:
 1. *Content*: which contains the necessary technical information.
 2. *Training/Learning Methods*: which contains the training methodology (lecture, role play, discussion, etc.) by which the information should be conveyed and the time required to complete each activity.
- This module is divided into two units. Unit 1 provides an overview of the IUD, while Unit 2 covers the clinical procedure. A training design section is included at the beginning of each unit. It includes the following: An Introduction to the unit, the unit training objectives, specific learning objectives, a simulated skills practicum section, clinical practicum objectives, the training/learning methodology, major references and training materials, resource requirements, evaluation methods, time required and what materials need to be prepared in advance.
- The *Appendix* section contains:
 - Participant handouts
 - Transparencies
 - Pre- & Post-tests (Participant Copy and Master Copy with Key)
 - Participant Evaluation Form
- The *Participant Handouts* are referred to in the *Training/Learning Methods* sections of the curriculum and include a number of different materials and exercises, ranging from recapitulations of the technical information from the *Content* of the module to role play descriptions, skills checklists, and case studies.
- The *Participant Handouts* should be photocopied for the trainees and distributed to them in a folder or binder to ensure that they are kept together as a technical resource after the training course has ended.
- Transparency masters have been prepared where called for in the text. These should be copied onto clear overhead sheets for display during the training sessions.
- The *Participant Evaluation* form should also be copied to receive the trainees' feedback in order to improve future training courses.
- The *Methodologies* section is a resource for trainers for the effective use of demonstration/return demonstration in training.

To ensure appropriate application of learning from the classroom setting to clinical practice, Clinical Practicum sessions are an important part of this training. For consistency in the philosophy of client's rights, the following should be shared with participants, in preparation for their clinical practicum experiences:

CLIENT'S RIGHTS DURING CLINICAL TRAINING

The rights of the client to privacy and confidentiality should be considered at all times during a clinical training course. When a client is undergoing a physical examination it should be carried out in an environment in which her/his right to bodily privacy is respected. When receiving counseling, undergoing a physical examination, or receiving surgical contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, individuals undergoing training, supervisors, instructors, researchers, etc.).

The client's permission must be obtained before having a clinician-in-training/participant observe, assist with or perform any services. The client should understand that s/he has the right to refuse care from a clinician-in-training/ participant. Furthermore, a client's care should not be rescheduled or denied if s/he does not permit a clinician-in-training/participant to be present or provide services. In such cases, the clinical trainer or other staff member should perform the procedure. Finally, the clinical trainer should be present during any client contact in a training situation.

Clinical trainers must be discreet in how coaching and feedback are given during training with clients. Corrective feedback in a client situation should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and clinician-in-training.

It can be difficult to maintain strict client confidentiality in a training situation when specific cases are used in learning exercises such as case studies and clinical conferences. Such discussions always should take place in a private area, out of hearing of other staff and clients, and be conducted without reference to the client by name (AVSC, "Tips for Trainers-8," September 1994; **NSV Trainer's Manual**).

DEMONSTRATION TECHNIQUE

The Five-Step Method of Demonstration and Return Demonstration is a training technique useful in the transfer of skills. The technique is used to make sure that participants become competent in certain skills. It can be used to develop skills in cleaning soiled instruments, high-level disinfection, IUD insertion, pill dispensing, performing a general physical examination, performing a breast or pelvic examination, etc. In short, it can be used for any skill which requires a demonstration. The following are the "five steps:"

1. **Overall Picture:** Provide participants with an overall picture of the skill you are helping them develop and a skills checklist. The overall picture should include why the skill is necessary, who needs to develop the skill, how the skill is to be performed, etc. Explain to the participants that these necessary skills are to be performed according to the steps in the skills checklist, on models in the classroom and practiced until participants become proficient in each skill and before they perform them in a clinical situation.

2. **Trainer Demonstration:** The trainer should demonstrate the skill while giving verbal instructions. If an anatomical model is used, a participant or co-trainer should sit at the head of the model and play the role of the client. The trainer should explain the procedure and talk to the role playing participant as s/he would to a real client.

3. **Trainer/Participant Talk-Through:** The trainer performs the procedure again while the participant verbally repeats the step-by-step procedure.

Note: *The trainer does **not** demonstrate the wrong procedure at any time. The remaining participants observe the learning participant and ask questions.*

4. **Participant Talk-Through:** The participant performs the procedure while verbalizing the step-by-step procedure. The trainer observes and listens, making corrections when necessary. Other participants in the group observe, listen, and ask questions.

5. **Guided Practice:** In this final step, participants are asked to form pairs. Each participant practices the demonstration with her/his partner. One partner performs the demonstration and talks through the procedure while the other partner observes and critiques using the skills checklist. The partners should exchange roles until both feel competent. When both partners feel competent, they should perform the procedure and talk-through for the trainer, who will assess their performance using the skills checklist.

DO'S AND DON'TS OF TRAINING

The following "do's and don'ts" should ALWAYS be kept in mind by the trainer during any learning session.

DO'S

- Do** maintain good eye contact
- Do** prepare in advance
- Do** involve participants
- Do** use visual aids
- Do** speak clearly
- Do** speak loud enough
- Do** encourage questions
- Do** recap at the end of each session
- Do** bridge one topic to the next
- Do** encourage participation
- Do** write clearly and boldly
- Do** summarize
- Do** use logical sequencing of topics
- Do** use good time management
- Do** K.I.S. (Keep It Simple)
- Do** give feedback
- Do** position visuals so everyone can see them
- Do** avoid distracting mannerisms and distractions in the room
- Do** be aware of the participants' body language
- Do** keep the group on focused on the task
- Do** provide clear instructions
- Do** check to see if your instructions are understood
- Do** evaluate as you go
- Do** be patient

DON'TS

- Don't** talk to the flip chart
- Don't** block the visual aids
- Don't** stand in one spot--move around the room
- Don't** ignore the participants' comments and feedback (verbal and non-verbal)
- Don't** read from curriculum
- Don't** shout at participants

TRAINER'S MODULE

MODULE 3: COUNSELING FOR FAMILY PLANNING SERVICES

INTRODUCTION:

Counseling is one of the critical elements in the provision of *quality* family planning services. Through counseling, providers help clients make and carry out their own choices about reproductive health and family planning. Good counseling leads to improved client satisfaction. A satisfied client promotes family planning, returns when s/he needs to and continues to use a chosen method.

MODULE TRAINING OBJECTIVE:

To prepare health workers to provide effective general, method-specific, and follow-up counseling to family planning clients and their families.

SPECIFIC LEARNING OBJECTIVES:

1. Participants will be able to identify their own attitudes, feelings, and values, as well as their significance and impact on the counseling process.
2. Define the terms *family planning counseling*, *interpersonal communication*, *motivation*, *informed choice*, and *informed consent*, and explain the concepts underlying each term.
3. Explain the reasons for family planning counseling and factors influencing counseling outcomes.
4. Describe the major principles of counseling.
5. Identify the characteristics and skills of an effective family planning counselor.
6. Describe the six steps of the counseling process using a standardized approach called *GATHER*.
7. Identify and respond to misconceptions and rumors raised by clients and their families.
8. Identify at least three forms of verbal and nonverbal behavior used when communicating and counseling, using the *ROLES* method.
9. Demonstrate the use of praise and encouragement when counseling clients, remembering to be *CLEAR*.
10. Explain the rights of the client.
11. Identify common side effects and their impact on family planning clients.
12. Identify several family planning methods and their relationship to sexuality.
13. Identify several ways to motivate men to make responsible choices.
14. Identify several ways to assess and adapt the counseling process appropriately taking into account cultural and environmental factors.
15. Apply principles and steps of counseling in role plays using the *GATHER* approach.

16. Demonstrate counseling skills in a clinical setting with actual clients, using counseling cue cards.

SIMULATED SKILL PRACTICE:

Through role plays and the use of counseling Learning Guides from the modules of the *Comprehensive Family Planning and Reproductive Health Training Curriculum*, as well as the Cue Cards designed for use with this module, participants will **practice and demonstrate** their interpersonal communication and counseling skills for speaking with potential family planning clients and their families. The simulated practice should include ways of addressing misconceptions and rumors; counseling mothers, mothers-in-law, and husbands or partners of clients; and provision of general family planning, method-specific, and follow-up visit counseling to clients for various methods.

CLINICAL PRACTICUM:

Having completed this Counseling Module and its simulated practice component, the participant will attend a clinic to provide actual counseling to family planning clients under the supervision of a trainer. Clinical practice hours for counseling have been incorporated into the COC, VSC, LAM, Condom, DMPA, RTI, and IUD modules. **Using the various Learning Guides and Cue Cards** for each method, participants are to provide general, method-specific, and return/follow-up counseling services to clients and their families while attending the MCH/FP clinic or other designated clinical training sites.

TRAINING/LEARNING METHODOLOGY:

- Required reading
- Trainer presentation
- Class discussion
- Group exercises
- Role play simulated practice
- Games

MAJOR REFERENCES AND TRAINING MATERIALS:

- AVSC International. *Family Planning Counseling: A Curriculum Prototype*. New York, NY: AVSC International, 1995.
- Hatcher RA, et al. *Contraceptive Technology: 1990-1992*. 15th rev. ed. New York: Irvington Publishers Inc., 1990.
- Huezco C, Briggs C. *Medical and Service Delivery Guidelines for Family Planning*. London, England: International Planned Parenthood Federation, 1992.
- Indian Medical Association/ Development Associates. *Family Planning Course, Module 2, Counseling for Family Planning Services*. 1994.
- Philippine Family Planning Program. *Basic/Comprehensive Course in Family Planning*. 1990.

- Planned Parenthood Federation of Nigeria. *Interpersonal Communication and Counseling for Family Planning*. 1991.
- Population Reports. *Counseling Makes a Difference*. Series J: 35, 1987.
- Population Reports. *Why Counseling Counts*. Series J: 36, 1990.

RESOURCE REQUIREMENTS:

- Overhead projector
- Flipchart
- Markers
- Paper Bag
- Counseling cue cards for each FP method

EVALUATION METHODS:

- Pre-/Post-test
- Observation and assessment during role play simulated practice
- Evaluation
- Direct verbal feedback

TIME REQUIRED:

- Workshop and simulated practice: 15-16 hours
- Clinical practicum: No specified number of hours

MATERIALS FOR TRAINERS TO PREPARE IN ADVANCE:

1. Transparencies on:
 - Module Objectives (Transparency #1)
 - Key Concepts (Transparency #2)
 - GATHER (Transparency #3)
 - CLEAR ROLES (Transparency #4)
2. Participant Handouts
3. Copies of the pre-test and post-test for each participant
4. Flipcharts on the following topics:
 - GATHER
 - Common side effects by method
 - Methods
 - Discussion of sexuality in relation to family planning methods
5. Slips of paper for exercises on GATHER and myths
6. Time for participants to practice counseling in a clinical setting

Note: *Trainers should read* Population Reports No. 35: *Counseling Makes a Difference*

before the training workshop begins.

Introduction

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Introduction</p> <p>Mastery of content/skills in this module is critical for the provision of family planning services and for clinical practice during all the modules in this series.</p> <p>Key Messages</p> <ol style="list-style-type: none"> 1. The decision to adopt family planning, choose a particular method, and stop or change a method is a client's right. 2. Family planning must be the voluntary and informed decision of the client. 3. Clients should have a variety of methods from which to choose and adequate information on each method. 4. Good client counseling is critical to every client-provider interaction, and good interpersonal communication skills are central to good counseling. 5. A satisfied client promotes family planning, returns, and continues to use the method. <p>Introductory Remarks</p> <ol style="list-style-type: none"> 1. There are many reasons for individuals and couples to practice family planning: <ul style="list-style-type: none"> • to prevent pregnancy • to postpone first pregnancy • to space children • for those who have all the children they want, to prevent future pregnancies • for health or economic reasons 	<p>Warm-Up (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Administer the Pre-test. • After reviewing the Px responses, note any objectives requiring extra attention. • Display <i>Transparency 1: Module Objectives</i>. • Discuss the objectives. • Answer and clarify any questions the Px have. • Be sure to discuss learning methods, simulated practice, and Px evaluation for workshop. <p>Trainer Presentation (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • List key words from messages on the flipchart as introduced. • Discuss each one and ask Px what they think is meant by each message. Do they agree /disagree? Why? Is counseling important in our work as health service providers? Is it important in FP services? Why? <p>(See <i>Px Handout #1</i>.)</p>

Introduction: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Remarks (cont.)</p> <p>2. These reasons are often related to the stages in a woman's reproductive life:</p> <ul style="list-style-type: none"> • single • newly married and before first child • after first child, but before last child • after last child <p>3. During each stage, contraceptive choices and needs vary. Within this context, family planning counselors can play a vital role in helping a woman (or couple) choose an appropriate method that matches her (or their) needs during her (or their) current stage of reproductive life.</p> <p>4. During counseling the client is given the opportunity to:</p> <ul style="list-style-type: none"> • explore the contraceptive options • obtain accurate and unbiased information about the methods • clarify her/his feelings and values about using contraception • identify her/his reproductive goals and concerns about safety, effectiveness, and reversibility. • come to her/his own decision 	<p>Trainer Presentation (5 min):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px why they think people practice family planning? • Provide examples of possible reasons such as: <ul style="list-style-type: none"> • A woman who already has the number of children she wants • A woman who wants to continue her education • A woman who is in an unstable marriage and doesn't want to risk another pregnancy • A woman who doesn't offer any reason at all • Highlight the fact that access to family planning is a right of all women.

Specific Objective #1: Participants will be able to identify their own attitudes, feelings, and values, as well as their significance and impact on the counseling process.

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Survey of Sexual Attitudes</p> <ol style="list-style-type: none"> 1. Women should be virgins when they marry. 2. Family planning should be available for married people only. 3. The average woman wants sex less often than the average man. 4. Family planning goes against this country's tradition. 5. Vasectomy should not be considered by a man who has only one or two children or who is under the age of 35. 6. Most people who contract STDs have had many sexual partners. 7. The choice of sterilization should always be voluntary. 8. Men enjoy sex without love more than women do. 9. Easy availability of family planning encourages sexual activity, especially among young people. 10. Using family planning methods is not a good idea before the wife has had her first child. 11. It is not unusual for people to be in love with more than one person at a time. 12. Couple should not marry until they have had sexual intercourse. 13. Parents should not allow their daughters as much sexual freedom as they allow their sons. 14. Marital infidelity is equally acceptable or unacceptable for both sexes. 15. A child should be given sex education at school. 	<p>Survey of Sexual Attitudes Game (20 min.):</p> <p>The trainer should:</p> <ol style="list-style-type: none"> 1. Tape papers labeled <i>Agree</i> and <i>Disagree</i> to opposite walls of the room. 2. Read aloud a statement from the <i>survey of sexual attitudes</i> sign that best represents their feelings about the statement. 3. Ask one Px from each group to explain why s/he agrees or disagrees with the statement. 4. Repeat for a few statements. 5. End the game by asking the Px: <ol style="list-style-type: none"> a. Did any of your responses surprise you? b. How did people respond to different statements? c. How did you feel about other peoples' responses? Why? <p>Possible responses for b and c:</p> <p>Defensive, judgmental, ambivalent, afraid to express opinion, angry.</p> <p>(See Px Handout #2.)</p>

Specific Objective #1: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Sexual Attitudes (cont.)</p> <p>16. Abortion is an acceptable form of family planning.</p> <p>17. Couples should only be allowed two children.</p> <p>18. Prostitutes provide a useful social service.</p> <p>19. STDs are more common among poor, illiterate people.</p>	<p>Survey (cont.)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Summarize the exercise by saying: <p><i>People's different experiences often lead them to different conclusions. We must first be aware of our own value systems to ensure that we do not impose our beliefs on our clients. We must learn to respect others' values and beliefs, especially when they come to us for counseling.</i></p>

Specific Objective #2: Define the terms *family planning counseling, interpersonal communication, motivation, informed choice, and informed consent*, and explain the concepts underlying each term.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Counseling</p> <p>The face-to-face, personal communication in which one person helps another to make decisions and then to act on them.</p> <p>In the context of family planning services, counseling is a process, which helps a client to decide if s/he wants to practice family planning. If s/he does, counseling helps her/him to choose a contraceptive method that is personally and medically appropriate and that s/he wants, understands how to use, and is able to use correctly for safe and effective contraceptive protection.</p> <p>Good family planning counseling procedures have two major elements and occur when:</p> <ol style="list-style-type: none"> 1. Mutual trust is established between client and provider. The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods. 2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning. 	<p>Trainer Presentation and Group Discussion (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into four groups. • Give each group a question to answer and present. • Write answers on a flipchart. <ol style="list-style-type: none"> 1. What is counseling? 2. What is interpersonal communication? 3. What is motivation? 4. What is informed choice? 5. What is Informed consent? • Px should also list examples of each. • Supplement the Px definitions from the content column, stressing key points regarding decision, respect, choice of method, how to use methods, etc. <p>(See <i>Px Handout #3.</i>)</p>

Specific Objective #2: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Types of Family Planning Counseling</p> <p><i>General Counseling</i></p> <ul style="list-style-type: none"> • Usually takes place on first family planning visit • Needs of clients discussed • Client concerns addressed • General information about methods/options given • Questions answered • Misconceptions/myths discussed • Decision-making and method choice begins <p><i>Method-specific Counseling</i></p> <ul style="list-style-type: none"> • Decision-making and method choice made • More information on method choice given • Screening process and procedures explained • Instructions about how and when to use method given • What to do if there are problems discussed • When to return for follow-up discussed • Client should repeat back key instructions • Client given handouts/information to take home when available <p><i>Return/Follow up counseling</i></p> <ul style="list-style-type: none"> • Problems and side effects discussed and managed • Continuing use encouraged unless major problems exist 	<p>Trainer Presentation and Group Discussion (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • List the types of counseling on a flipchart and briefly discuss each. • Point out that some clients will come with a choice in mind--for example, if a client previously used COCs and was satisfied. • It may not be necessary to go through the entire general counseling process with every client because counseling needs will vary among different clients and with the same client at different times. • Ask the Px to discuss whether group or individual (or a combination of both) counseling takes place in the settings in which they work. • Ask the Px to give examples of cultural factors which may influence the comfort levels of family planning clients in group or individual situations. For example, in some cultures or settings clients are more comfortable being counseled in groups, and privacy may be a Western value/concept that is not appropriate.

Specific Objective #2: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p><i>Return/follow-up counseling (cont.)</i></p> <ul style="list-style-type: none"> • Instructions should be repeated • Questions answered and client concerns addressed <p><i>Individual counseling</i></p> <ul style="list-style-type: none"> • Appropriate when privacy and confidentiality are necessary • Greet in a friendly manner • Listen to client's reason for coming • Ask about client's reproductive health and medical history • Ask client what they know about family planning and explain family planning methods, including advantages, disadvantages, and possible side-effects • Encourage questions and help client choose method • Explain to client how to use their chosen method • Ask client to repeat back key information • Schedule a return visit <p><i>Group counseling</i></p> <ul style="list-style-type: none"> • Appropriate when clients are more comfortable in a group situation or when individual counseling is not feasible • Greet clients in a friendly manner • Introduce benefits of family planning • Elicit and discuss rumors and concerns about family planning • Discuss family planning methods and encourage questions and group discussion • Discuss how to obtain appropriate methods 	

Specific Objective #2: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Interpersonal Communication</p> <p>Interpersonal communication is the face-to-face process of transmitting information and understanding between two or more people.</p> <p>Face-to-face communication takes place in two forms, verbal and nonverbal, and is both conscious and unconscious, intentional and unintentional.</p> <p>Types of Interpersonal Communication</p> <p><i>Verbal Communication</i></p> <ul style="list-style-type: none"> • Refers to words and their meaning • Begins and ends with what we say • Is largely conscious and controlled by the individual speaking <p><i>Nonverbal Communication</i></p> <ul style="list-style-type: none"> • Refers to actions, gestures, behaviors, and facial expressions which express, without speaking, how we feel • Is complex and largely unconscious • Often reveals to the observant the real feelings or message being conveyed <p>Body posture, eye contact, physical appearance, as well as the use of space (or desks and chairs), and too much time spent waiting in a doctor's office can all communicate a message nonverbally.</p> <p>Nonverbal communication can involve all our senses, while verbal communication is restricted to hearing.</p>	<p>Trainer Presentation (10 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Discuss the meaning of verbal and nonverbal communication. • Give examples of each. • Ask Px if they think that negative emotions or feelings can be transmitted during counseling. • Ask for specific examples. <p>Learning Exercise (20 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Give slips of paper with different emotions (defensiveness, anger, pride, fear, sadness, happiness, pain, impatience, disapproval, confusion) to volunteer Px. • Ask them to act out the emotion before the group. • They may use facial expressions and body language, but not words or verbal expressions. • Other Px should try to guess the emotion. • Ask Px which nonverbal cues or body language can be used to communicate understanding, support, or helpfulness.

Specific Objective #2: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Generally, verbal and nonverbal communication work together to convey and reinforce a message. If the verbal and nonverbal messages do not match, the message believed is the one conveyed nonverbally.</p> <p>Motivation</p> <ul style="list-style-type: none"> • Provision of information that encourages and eventually results in a behavioral change in an individual or group • Process based on an individual or group's felt need • If a person or group is persuaded that a change will benefit her/him/them, motivation will often lead to making that change • In the context of family planning, motivation encourages a client to seek more information regarding family planning methods, and based on the perceived benefits of the behavior (i.e., practicing family planning), it will often lead a client to adopt family planning. • Motivation should never be used to encourage a client to accept a specific method. The choice of an appropriate method must be the client's choice. <p>Informed Choice</p> <ul style="list-style-type: none"> • Is an integral part of the counseling process and means that a client has the right to choose any family planning method s/he wishes, based on a clear understanding of the benefits 	<p>Learning Exercise (cont.)</p> <ul style="list-style-type: none"> • Ask for volunteers and privately assign each of them one of the following emotions (anger, boredom, happiness, frustration, disinterest, impatience, and disapproval). • Ask each volunteer to read the same sentence using tone of voice to convey their emotion. • Other Px should attempt to guess the emotion. • Sentences which can be used are: <ul style="list-style-type: none"> • <i>Someone will see you soon.</i> • <i>Have you followed the instructions you were given on how to take the pill?</i> <p>Discussion (5 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Encourage Px to share their experiences or examples of motivation.

Specific Objective #2: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Informed Choice (cont.)</p> <p>and risks of all the available methods, including the option not to choose or adopt any method.</p> <ul style="list-style-type: none"> • In order to make a choice that is truly informed, the client needs to know: <ul style="list-style-type: none"> • The range of all methods available (this assumes that a variety of methods actually are available, or that an effort is made to obtain or refer) • Advantages/disadvantages of each • Possible side effects/complications • Precautions based on her individual medical history • Information on risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use • How to use the method chosen safely and effectively <p>Informed Consent</p> <ul style="list-style-type: none"> • Implies that a client has been counseled thoroughly regarding all the components described in the section on informed choice, and that based on this information, s/he has freely and voluntarily agreed to use the method s/he has chosen. • Informed consent is particularly important when a client chooses voluntary surgical contraception or any method that may have serious complications for a particular client (e.g., a woman over 35 who smokes and wants to use the COC). 	<p>Group Discussion (15 min.):</p> <p>Trainer Note:</p> <ul style="list-style-type: none"> • Even in the face of a precaution, a client's wish for a particular method must always be given serious consideration. Why? <i>(Because she is much more likely to stop using a method that was not her choice.)</i> • A clinician should carefully weigh the pros and cons of such a situation because a pregnancy may be far more dangerous for the woman's health than possible side effects of a method. • Ask the Px to discuss what they would do if a client has all the information about the risks and still wants a method that is not appropriate?

Specific Objective #2: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Key Concepts</p> <ol style="list-style-type: none"> 1. Counseling is a two-way communication process in which both client and service provider actively participate. 2. Counseling is an ongoing process and must be part of every client-provider interaction in health care delivery. 3. The decision to adopt a particular method must be a voluntary, informed decision made by the client. 4. It is the responsibility of the service provider to ensure that the client is fully informed and freely chooses and consents. 5. An informed client who has been given her method of choice is a satisfied client, who is more likely to continue with the method. 6. The sensitive nature of reproductive health/family planning requires that clients' right to privacy, confidentiality, respect, and dignity are always ensured. 	<p>Trainer Presentation (10 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px to state the key concepts of Objective 2. • Discuss any points that require clarification or explanation. • Display <i>Transparency #2</i>.

Specific Objective #3: Explain the reasons for family planning counseling and factors influencing counseling outcomes.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Reasons for Counseling</p> <p>1. When the client-provider interaction is positive and the client feels that s/he was actively involved in the choice of method, the chances are increased that s/he will:</p> <ul style="list-style-type: none"> • decide to adopt family planning • use the method correctly • continue to use the method • cope successfully with minor side effects • return to see the service provider • not believe myths or rumors and even work to counteract them among family and community <p>2. A well-informed, satisfied client also has advantages for the service provider due to:</p> <ul style="list-style-type: none"> • fewer pregnancies to handle • higher continuation rates • fewer time-consuming minor complaints and side effects • satisfied clients often promote family planning and refer other clients • increased trust and respect between client and provider 	<p>Discussion (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to discuss their ideas regarding: <ul style="list-style-type: none"> • Why counseling is a vital element of family planning services. • The advantages of a well-informed and satisfied client for service providers. • List all suggestions on a flipchart and elaborate as necessary from the content list. <p>(See <i>Px Handout #4.</i>)</p>

Specific Objective #3: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Factors Influencing Counseling Outcomes</p> <p>In every client-provider counseling session, many and various factors influence the outcome of the counseling. These factors should all be taken into consideration when conducting counseling.</p> <p><i>Service Provider Factors</i></p> <ul style="list-style-type: none"> • Provider attitudes and behaviors • Style of provider (mutual participation model vs. authoritarian or provider-controlled model) • Provider knowledge and skills (communication and technical) • Provider method bias • Provider's own value system • Differences in client-provider caste, social class, gender, or education <p><i>Client Factors</i></p> <ul style="list-style-type: none"> • Ability to obtain method of choice, or second choice if precautions exist • Level of trust and respect towards provider • Feels privacy and confidentiality are assured • Feels s/he is being treated with respect and dignity <p><i>Programmatic Factors</i></p> <ul style="list-style-type: none"> • Number of methods available • Reliability of method supply (especially in the case of COCs or DMPA) • Privacy and confidentiality of surroundings • Social/cultural needs are met • Overall image of professionalism conveyed by clinic and provider 	<p>Small Group Work & Class Discussion (25 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into 3 small groups and ask them to identify factors that influence counseling outcomes in family planning service provision. • Assign Group 1 to service-provider factors, Group 2 to client factors, and Group 3 to programmatic factors. • Give some examples of what is meant by a "factor" in order to help the groups understand their assigned task. • Have each group present the factors they have identified on a flipchart. • Fill in where necessary from factors in content column, and summarize the main points.

Specific Objective #4: Describe the major principles of counseling.

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Principles of Counseling</p> <ol style="list-style-type: none"> 1. Counseling should take place in a private quiet place where client and provider can hear each other, and with sufficient time to ensure that all necessary information, client's concerns, and medical requirements are discussed and addressed. 2. Confidentiality must be ensured, both in the process of counseling and the handling of client records. 3. It is essential that counseling take place in a non-judgmental, accepting, and caring atmosphere. 4. The client should be able to understand the language the provider uses (e.g., local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology). 5. Clinic staff must use good interpersonal communication skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems, and adopt a non-judgmental, helpful manner. 6. The client should not be overwhelmed with information. The most important messages should be discussed first (e.g., what the client must do to use method correctly and safely) and be brief, simple, and specific. Repeating critical information is the most effective way to reinforce the message. Repeat, repeat, repeat. 	<p>Group Discussion (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Elicit from the Px their ideas about counseling principles and list them on flipchart. • Relate principles to factors discussed in the group work exercise. • Initiate the discussion by asking the following questions: <ol style="list-style-type: none"> 1. What principles are currently followed, and which ones will need to be implemented? Do you see any problems implementing them? 2. What can a provider do when the clinic space does not allow for adequate privacy during counseling? 3. What are some ways to train clinic staff in counseling and interpersonal communication skills and in maintaining confidentiality? <p>(See Px Handout #5.)</p>

Specific Objective #4: Continued.

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Principles of Counseling (cont.)</p> <p>7. Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.</p> <p>8. Always verify that the client has understood what has been discussed. Have the client repeat back the most important messages or instructions.</p>	

Specific Objective #5: Identify the characteristics and skills of an effective family planning counselor.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Counselor Characteristics</p> <p>An effective counselor:</p> <ul style="list-style-type: none"> • believes in and is committed to the basic values and principles of family planning and client rights • is accepting, respectful, non-judgmental, and objective when dealing with clients • is aware of her/his own values and biases and does not impose them on clients • understands and is sensitive to cultural and psychological factors (such as family or community pressures) that may affect a client's decision to adopt family planning • always maintains clients' privacy and confidentiality <p>Counselor Skills</p> <p>An effective counselor possesses strong technical knowledge of contraceptive methods:</p> <ul style="list-style-type: none"> • knows all technical aspects of family planning methods thoroughly • is prepared to answer contraceptive and non-contraceptive questions comfortably on subjects such as myths, rumors, sexuality, STDs, reproductive and personal concerns • is able to use visual aids and explain technical information in language that the client understands • is able to recognize when to refer the client to a specialist or other provider 	<p>Group Discussion (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask Px what they think are the characteristics of an effective counselor. • Note them on a flipchart. • Fill in from the characteristics in the content column. • Explain that no matter how many of the characteristics of an effective counselor one has, a provider often must deal with personal bias or social pressure on clients. <p>Some examples might include:</p> <ul style="list-style-type: none"> • a provider who doesn't believe in abortion or in providing contraception to unmarried women • family pressure from a mother-in-law who wants more grandchildren • a client who doesn't want any children • a provider who thinks the IUD is the best method for illiterate women <p>(See Px Handout #6.)</p>

Specific Objective #5: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Counselor Skills (cont.)</p> <p>An effective counselor possesses and is able to apply good interpersonal communication skills, and counseling techniques:</p> <ul style="list-style-type: none"> • relates/empathizes • listens actively • poses questions clearly, using both open- and close-ended questions • answers questions clearly and objectively • recognizes and correctly interprets nonverbal cues and body language • interprets, paraphrases, and summarizes client comments and concerns • offers praise and encouragement • explains points in language the client understands in culturally appropriate ways 	<p>Brainstorm, Discussion, and Exercise (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to brainstorm for examples of effective counseling skills. • List responses on a flipchart. • Add to list as necessary. • Briefly discuss each skill, and give example of each. • Discuss each skill and ask Px to answer the following: <ul style="list-style-type: none"> • What is meant by relating/empathizing? • How does one phrase an open-ended question? A close-ended question? • What kind of response does an open-ended question invite? • What kind of response will you get if you ask a close-ended question? • What is an example of a nonverbal cue by a client? By a clinician? • What are some ways to question effectively? • What are some ways to listen effectively? • Ask each Px to formulate one open-ended and one close-ended question related to counseling a family planning client. • Have Px take turns reading open- and close-ended questions. • Have them critique and improve examples.

Specific Objective #6: Describe the six key steps of the counseling process using a standardized approach called GATHER.

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>The GATHER Approach</p> <p>GATHER is a useful memory aid to help us to remember the basic steps in the counseling process and to add structure to a complex activity. It can be adapted to meet each individual clients' needs.</p> <p>The following are elements of a successful counseling session:</p> <p>G = Greet client in a friendly, helpful, and respectful manner. A = Ask client about family planning needs, concerns, and previous use. T = Tell client about different contraceptive options and methods. H = Help client to make decision about choice of method s/he prefers. E = Explain to client how to use the method. R = Return: Schedule and carry out return visit and follow-up of client.</p> <p>Examples of Tasks Conducted Under Each Step</p> <p><i>Greet</i></p> <ul style="list-style-type: none"> • Welcome and register client. • Prepare chart/record. • Determine purpose of visit. • Give clients full attention. • Assure the client that all information discussed will be confidential. 	<p>Group Exercise (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Hand out a copy of <i>Dialogue Exercise</i> from <i>Px Handout #8</i> and ask each Px to answer, "Is this dialogue good or bad, and why?" • Discuss briefly. <p>Trainer Presentation (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Review each step in GATHER using a prepared flipchart or <i>Transparency #3</i> and provide examples of tasks typically conducted under each element/step. (See <i>Px Handout #7</i>.) <p>Group Exercise (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Prepare in advance slips of paper with one or two tasks listed in each step, as described in the content column for GATHER. (For example: Prepare chart or record, repeat information if necessary). • Distribute one slip of paper to each Px and ask them to read it out loud to the group.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Examples of Tasks Conducted Under Each Step (cont.)</p> <p><i>Ask</i></p> <ul style="list-style-type: none"> • Ask client about her/his needs. • Write down the client's: age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history and risk for STDs. • Assess what the client knows about family planning methods. • Ask the client if there is a particular method s/he is interested in. • Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions). <p><i>Tell</i></p> <ul style="list-style-type: none"> • Tell the client about the available methods. • Describe how each method works, the advantages and benefits and possible side effects and disadvantages. • Answer client concerns and questions. <p><i>Help</i></p> <ul style="list-style-type: none"> • Help the client to choose a method. • Repeat information if necessary. • Explain any procedures or lab tests to be performed. • Examine client. • If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method. 	<p>Group Exercise (cont.)</p> <ul style="list-style-type: none"> • Ask the Px under which GATHER step or letter the task on the slip of paper belongs. • For example: "The client is told about all available contraceptive methods," which pertains to the step <i>Tell</i>. • Provide additional examples not mentioned by the Px, if necessary. • Complete the exercise by explaining that all of the elements discussed are necessary for "successful" counseling. Successful counseling results in a well-informed decision and a satisfied client. Effective counseling takes knowledge, skill, sensitivity, and tolerance toward the needs and differences of all clients.

Specific Objective #6: Continued

<p style="text-align: center;">CONTENTS Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Examples of Tasks Conducted Under Each Step (cont.)</p> <p><i>Explain</i></p> <ul style="list-style-type: none"> • Explain how to use the method (how, when, where). • Explain to the client how and when s/he can/should get resupplies of the method, if necessary. <p><i>Return</i></p> <ul style="list-style-type: none"> • At the follow-up or return visit ask the client if s/he is still using the method. • If the answer is yes, ask her/him if s/he is experiencing any problems or side effects and answer her/his questions, solve any problems, if possible. • If the answer is no, ask why s/he stopped using the method and counsel her/him to see if s/he would like to try another method or re-try the same method again. • Make sure s/he is using the method correctly (ask her/him how s/he is using it). 	

Specific Objective #7: Identify and respond to misconceptions and rumors raised by clients and their families.

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Rumors are unconfirmed stories that are transferred from one person to another by word of mouth. In general, rumors arise when:</p> <ul style="list-style-type: none"> • an issue or information is important to people, but it has not been clearly explained. • there is nobody available who can clarify or correct the incorrect information. • the original source is perceived to be credible. • clients have not been given enough options for contraceptive methods. • people are motivated to spread them for political reasons. <p>A misconception is a mistaken interpretation of ideas or information. If a misconception is filled with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.</p> <p>Unfortunately, rumors or misconceptions are sometimes spread by health workers who may be misinformed about certain methods or who have religious or cultural beliefs pertaining to family planning which they allow to impact on their professional conduct.</p> <p>The underlying causes of rumors have to do with people's knowledge and understanding of their bodies, health, medicine, and the world around them. Often, rumors and misconceptions about family planning make rational sense to clients and potential clients. People usually believe a given rumor or piece of misinformation due to immediate causes (e.g., confusion about anatomy and physiology).</p>	<p>Trainer Presentation and Group Discussion (60 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to explain the differences between a rumor and a misconception. • Write their responses on the board and validate their answers. • Cite reasons why rumors and misconception might be believable. • Ask the Px to list some of the most common rumors they have heard about family planning in general; write their responses on the board. • Have Px identify the underlying and immediate causes of some of the rumors they have identified. • Hand out copies of the case study <i>Px Handout #10: Underlying and Immediate Causes Of Rumors</i>. • Ask the Px to answer the questions found at the end of the case study. • Give the Px examples of strategies to counteract rumors and misconceptions. • Explain to the Px the importance of knowing both immediate and underlying reasons for rumors and misconception. (See <i>Px Handout #9</i>.)

Specific Objective #7: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Methods for Counteracting Rumors and Misconception</p> <ol style="list-style-type: none"> 1. When a client mentions a rumor, always listen politely. Don't laugh. 2. Define what a rumor or misconception is. 3. Find out where the rumor came from and talk with the people who started it or repeated it. Check whether there is some basis for the rumor. 4. Explain the facts. 5. Use strong scientific facts about family planning methods to counteract misinformation. 6. Always tell the truth. Never try to hide side effects or problems that might occur with various methods. 7. Clarify information with the use of demonstrations and visual aids. 8. Give examples of people who are satisfied users of the method (only if they are willing to have their names used). This kind of personal testimonial is most convincing. 9. Reassure the client by examining her and telling her your findings. 10. Counsel the client about all available family planning methods. 11. Reassure and let the client know that you care by conducting home visits. 	<p>Group Exercise (20 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into groups. • Give each group one family planning method--COCs, IUD, DMPA, vasectomy, female VSC. Ask them to identify common rumors and misconceptions about the method and possible ways of combating these. • Have one of the groups present a rumor. • Ask the Px to identify what the immediate reason could be for its popularity, some of the underlying reasons for the rumor, and how to counteract them. • Distribute <i>Px Handouts 11 -16.</i> <p>Role Play (20 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask for two volunteers to role play one of the rumors. • Have one Px play a client concerned about the rumor; the other a health worker counteracting the rumor. • Have the Px discuss the role play. If time allows, ask other volunteers to role-play other rumors.

Specific Objective #8: Identify at least three forms of verbal and nonverbal behavior used when counseling, using the ROLES method.

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Verbal/Nonverbal Communication</p> <p>Health care providers need to explore the many different nonverbal and verbal behaviors they use when communicating with clients.</p> <p>Sometimes, without realizing it, providers communicate one message verbally, while communicating the opposite message nonverbally.</p> <p>Nonverbal communication is a complex and often unconscious mixture of actions, behaviors, and feelings, which reveal the way we really feel about something.</p> <p>Nonverbal communication is especially important because it communicates to clients the level of interest, attention, warmth, and understanding we feel towards them.</p> <p>Positive nonverbal cues include:</p> <ul style="list-style-type: none"> • 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 	<p>Verbal/Nonverbal Communication Exercise (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to form pairs. • One person should talk for five minutes about a personal problem or concern. • The other should try to communicate interest, understanding, and help in any way s/he wishes nonverbally (s/he may not speak). • Have the pairs switch roles and repeat the exercise for five minutes. • Stop and allow two to three minutes for the pairs to talk freely to each other. • Discuss the exercise with the entire group. Some questions to raise include: <ul style="list-style-type: none"> • How did it feel to talk for five uninterrupted minutes? • How did it feel to be prevented from talking? • Did you feel your partner understood you? How did you know? • Did anyone feel helped? Why or why not? • Why is silence so difficult to tolerate? <p>(See <i>Px Handout #17.</i>)</p>

Specific Objective #8: Continued

CONTENT Knowledge/Attitude/Skills	Training/Learning Methods (Time Required)
<p>Negative nonverbal cues include:</p> <ul style="list-style-type: none"> • not making or maintaining eye contact • glancing at one's watch obviously and more than once • frowning • fidgeting • sitting with the arms crossed • leaning away from the client <p>Providers should remember ROLES when communicating with clients:</p> <p>R = Relax the client by using facial expressions showing concern.</p> <p>O = Open up the client by using a warm and caring tone of voice.</p> <p>L = Lean towards the client, not away from them.</p> <p>E = Establish and maintain eye contact with the client.</p> <p>S = Smile</p>	<p>Verbal/Nonverbal Communication Exercise (cont.)</p> <ul style="list-style-type: none"> • Give examples of contradictory verbal/nonverbal messages. <ul style="list-style-type: none"> • What happens when nonverbal behavior does not match verbal messages? • Ask the Px, "Do we sometimes show negative emotions or feelings to clients during counseling sessions? In what ways?" • The objective of this exercise is to make participants aware of nonverbal ways of communicating, particularly when listening to clients, and to demonstrate the power of nonverbal communication.

Specific Objective #8: Continued

<p>CONTENT Knowledge/Attitudes/Skills</p>	<p>Training/Learning Methods (Time Required)</p>
	<p>Verbal/Nonverbal Communication Exercise: (cont.)</p> <ul style="list-style-type: none"> • Sometimes our actions speak louder than our words. Demonstrate as follows: <ul style="list-style-type: none"> • Ask the group to extend their right arms parallel to the floor. • Next, ask them to touch their thumbs and forefingers together to make a circle. • Demonstrate these actions. • Then continue, "Now bring your hand to your chin" (as you demonstrate this, bring your hand to your cheek, not your chin). Pause. (Most of the group will have done what you demonstrated, rather than what you said.) • Look around, but say nothing. • After a few seconds, a few will realize their error and move their hands to their chins. After a few minutes, more will join in. • Ask the following questions: <ul style="list-style-type: none"> • We all know actions speak louder than words. How can we use this knowledge when we communicate with our clients? • What actions can we use with our clients that communicate support? Understanding? Helpfulness?

Specific Objective #9: Demonstrate the use of praise and encouragement when counseling clients, remembering to be CLEAR.

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>The Importance of Using Praise and Encouragement</p> <p>Praise means the giving of approval.</p> <p>To give praise means to build on good behavior, to find the good things a client has done. For example:</p> <ul style="list-style-type: none"> • Compliment the client. • Show that you admire her and have concern for her well-being. • Look for something to approve of, rather than something to criticize. <p>Encouragement means the giving of courage and confidence.</p> <p>To give encouragement means to let the client know that you believe she can overcome her problems. For example:</p> <ul style="list-style-type: none"> • Point out hopeful possibilities. • Remind her that she is already helping herself by coming to the clinic. 	<p>Brainstorm (20 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to brainstorm the meaning of encouragement. Work their responses into a definition. • Ask the Px what encouragement means when counseling a troubled client? • Ask Px to brainstorm the meaning of praise. Work their responses into a definition. What does praise mean in a context of family planning counseling?

Specific Objective #9: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>The CLEAR Method of Verbal Communication</p> <p>Providers should always remember to be <i>CLEAR</i>.</p> <p>C = Use clear and simple language. L = Listen to what the client is saying. E = Encourage the client that they will be able to use the method with good results. A = Ask for feedback from the client and acknowledge that their concerns and opinions are valid. R = Have the client repeat back the key points that you have told them about using the method.</p> <p>The importance of using clear and simple language cannot be overemphasized.</p> <p>Remember to discuss the most important messages first and last with the client because the client will be more likely to remember them.</p>	<p>Trainer Presentation (10 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present the elements of the CLEAR acronym for keys to verbal communication. • Display <i>Transparency #4: CLEAR ROLES</i> or review a prepared flipchart on CLEAR. <p>(See Px Handout #18.)</p> <p>Role Play (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Have two of the Px do a role play of a difficult client being counseled by a provider who reacts to the client's behavior by criticizing her. • Discuss what happened during the role play. <ul style="list-style-type: none"> • Was it difficult to find something nice to say? • How do you think it made the client feel? • How do you think the counseling session will go now? Why? <p>After the discussion, repeat the role play, but this time have the provider demonstrate CLEAR in responding to the client.</p>

Specific Objective #10: Explain the rights of the client.

CONTENT Knowledge/Attitude/Skills	Training/Learning Methods (Time Required)
<p>Introduction to Rights of the Client</p> <p>There are many reasons why individuals and couples decide to start, continue, or stop practicing family planning:</p> <ul style="list-style-type: none"> • desire to delay the birth of a first child • to space the birth of children • to ensure only a certain number of children <p>Others may wish to use family planning services not so much for protection from unplanned or unwanted pregnancy, but for other reasons, including a desire to achieve pregnancy or for the protection of their reproductive and sexual health. Family planning today has as much to do with sexuality and health protection as it does with decisions relating to procreation.</p> <p>Any member of the community who is of reproductive age should be considered a potential family planning client.</p> <p>Family planning services are a type of preventive health service. Therefore, the rights of the family planning clients should be seen in the overall context of the rights of the clients of any health services.</p> <p>The primary goal of program managers and service providers should be the fulfillment of the rights of family planning clients. Quality of services and the availability of family planning information are key factors in protecting the rights of family planning clients.</p>	<p>Trainer Presentation (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Give a brief lecture on The Rights of the Client. The complete text, as written by IPPF, can be found in <i>Px Handout #19</i>. <p>Group Work and Presentation (45 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Divide the Px into groups or pairs, according to the area or clinic in which they work. • Provide each pair or group with <i>Px Handout #19: The Rights of the Client</i>. • Ask each pair or group first to identify the obstacles or barriers that might prevent each right from being fulfilled. • Ask them to list specific steps they can take in their clinic to remove each barrier or obstacle. • Ask each group to present.

Specific Objective #10: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>The following are the basic rights of all family planning clients:</p> <ol style="list-style-type: none"> 1. Information: The right to learn about the benefits and availability of family planning. 2. Access: The right to obtain services regardless of sex, creed, color, marital status, or location. 3. Choice: The right to decide freely whether to practice family planning and which method to use. 4. Safety: The right to be able to practice safe and effective family planning. 5. Privacy: The right to have a private environment during counseling or services. 6. Confidentiality: The right to be assured that personal information will remain confidential. 7. Dignity: The right to be treated with courtesy, consideration, and attentiveness. 8. Comfort: The right to feel comfortable when receiving services. 9. Continuity: The right to receive contraceptive services and supplies for as long as needed. 10. Opinion: The right to express views on the services offered. <p>(Source: International Planned Parenthood Federation. <i>Rights of the client</i>. London: 1991.)</p>	

Specific Objective #11: Identify common side effects and their impact on clients.

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Common Side Effects and Their Impact on Clients</p> <p>Most side effects from modern family planning methods pose no health risk to clients. However, providers should take them seriously because they can be uncomfortable, annoying, or worrisome to clients.</p> <p>For example: A woman who is using DMPA may not be menstruating (especially during the first three-to-six months). This woman may be worried that she will no longer be able to have children when she stops using the injection.</p> <p>Some women tolerate side effects better than others; it is a very individual matter (this includes pain and discomfort).</p> <p>For example: Some women may not be bothered by weight gain and other women may become very upset by a weight gain of even a few pounds (which may or may not be due to using a family planning method). Menstrual changes may be very worrisome to some clients and be seen as a benefit by others.</p> <p>Side effects are the major reason that clients stop using a method, therefore providers should:</p> <ul style="list-style-type: none"> • Treat all client complaints with patience, seriousness, and empathy. • Offer clients an opportunity to discuss their concerns. • Offer clients good technical and practical information, as well as good advice about how to deal with side effects. 	<p>Trainer Presentation and Group Discussion (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Present key points on counseling for side effects and common side effects by method using a flipchart. • Have the Px discuss their experiences with side effects and give suggestions on how they would counsel clients to deal with them. • List the suggestions on a flipchart and add suggestions, as necessary. <p>(See <i>Px Handout #20.</i>)</p>

Specific Objective #11: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Studies have shown that clients are more likely to continue to use a method if they have been prepared/know about possible side effects beforehand (i.e., have received good counseling).</p> <p>Counseling for Side Effects</p> <p>When counseling clients for side effects:</p> <ul style="list-style-type: none"> • Prepare clients for what might occur while using a method. • Tell the client about symptoms/side effects which probably or may diminish over time (e.g., lack of menses with DMPA). • Do not dismiss, but take seriously, any client's concern about side effects. • Provide reassurance and practical suggestions for coping with side effects. • Assist the client to switch to or choose another method if the client wishes to. <p>Common Side Effects by Method</p> <p><i>Weight Gain:</i> COCs, Injectables <i>Spotting:</i> COCs, POPs, Injectables, Implants, IUDs <i>Amenorrhea:</i> POPs, Injectables, Implants <i>Nausea:</i> COCs <i>Cramping:</i> IUDs <i>Heavier Menses:</i> IUDs, POPs, Injectables, Implants</p>	

Specific Objective #12: Identify several family planning methods and their relationship to sexuality.

CONTENT Knowledge/Attitude/Skills	Training/Learning Methods (Time Required)
<p>Methods Relationship to Sexuality</p> <p>Clients use family planning because they are sexually active or plan to be.</p> <p>Clients' continued use of and level of satisfaction is often related to the real or perceived effect of a method on their sexual practices and enjoyment.</p> <p>As in the case with minor side effects, what one client perceives as being a problem may be perceived as an advantage by another client.</p> <p>If spontaneity is a priority for a woman or her partner, then methods which take action immediately before intercourse may not be satisfactory for that couple (e.g., condoms or spermicides).</p> <p>For many clients, the frequency of sex will be a factor in choosing a method.</p> <p>Women who are considering hormonal methods or IUDs should consider whether they may be bothered by menstrual changes, if these occur.</p> <p>If effectiveness is a priority, then methods such as COCs, IUD, implants, and injectables will give the client a greater feeling of security during sex.</p>	<p>Trainer Presentation and Group Discussion (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Prepare a flipchart of methods. • Ask Px to discuss their relationship to sexuality • Review the information. • Lead a discussion with the Px about their experiences and opinions on how different methods impact on sexuality. <p>(See <i>Px Handout #21.</i>)</p>

Specific Objective #12: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>When a client is at high risk for STDs, including HIV/AIDS, then condoms should be considered.</p> <p>If a woman or her partner has HIV/AIDS they should be encouraged to use condoms AND an effective method to prevent pregnancy in order to avoid the risk of transmitting HIV/AIDS during a pregnancy.</p> <p>Method Impact on Sexuality</p> <p><i>COCs, POPs, Injectables, and Implants (hormonal methods)</i></p> <ul style="list-style-type: none"> • To use these methods a woman does not have to touch her genitals. • Menstrual changes from using these methods may make a woman or her partner uncomfortable about having sex when she is having bleeding or spotting. However, many women have less bleeding while using these methods, which may improve sex. • Hormonal methods generally do not interfere with spontaneity and are highly effective in preventing pregnancy. <p><i>Condoms</i></p> <ul style="list-style-type: none"> • To use a condom, a man or his partner must touch the erect penis to put the condom on. • Condoms may reduce sensation during intercourse for some men. 	

Specific Objective #12: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p><i>Condoms (cont.)</i></p> <ul style="list-style-type: none"> • Condoms may help prolong an erection and help prevent premature ejaculation which can benefit some couples. • Placing the condom on the erect penis may interrupt lovemaking for some couples, or be sexually exciting for others. • Protect against STDs. <p><i>IUDs</i></p> <ul style="list-style-type: none"> • To check if the string is there, a woman must touch her genitals and put her finger in her vagina. • IUD may cause longer or heavier menstrual periods or spotting between periods. • Some men complain about feeling the strings during intercourse. • Does not interfere with spontaneity and is highly effective in preventing pregnancy. <p><i>Spermicides</i></p> <ul style="list-style-type: none"> • To insert spermicide into the vagina the woman or her partner must touch her genitals. • Occasionally cause irritation for women or men, however, some men and women find the sensation of warmth pleasurable. • Provides additional vaginal lubrication which some couples dislike and others find pleasurable. 	

Specific Objective #12: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p><i>Spermicides (cont.)</i></p> <ul style="list-style-type: none"> • Must be inserted before the penis is placed in the vagina which may interrupt intercourse. • Not highly effective in preventing pregnancy and user dependent. <p><i>Natural Family Planning Methods</i></p> <ul style="list-style-type: none"> • Require that a couple be willing to practice periods of abstinence (no intercourse). • Not an appropriate method when the woman may be fearful of saying "NO" to her partner during fertile periods and/or when the woman or her partner are highly concerned about preventing pregnancy. • Couples may worry about correctly identifying the safe time during a woman's cycle, which may interfere with sexual pleasure. <p><i>Lactational Amenorrhea Method (LAM)</i></p> <ul style="list-style-type: none"> • Does not require periods of abstinence as with other Natural Family Planning methods. • Requires that a woman fully or nearly fully breastfeed as long as she practices LAM. • Does not interfere with spontaneity. • Vagina may be drier than at other times. • Very effective if all three LAM criteria are met: <ul style="list-style-type: none"> • fully or nearly fully breastfeeding • amenorrheic • less than six months postpartum 	

Specific Objective #12: Continued

CONTENT Knowledge/Attitude/Skills	Training/Learning Methods (Time Required)
<p><i>Female Sterilization and Vasectomy</i></p> <ul style="list-style-type: none"> • Do not interfere with spontaneity. • Not having to worry about an unwanted pregnancy may increase sexual pleasure. 	

Specific Objective #13: Identify several ways to counsel and motivate men to make responsible choices.

<p style="text-align: center;">CONTENTS Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Counseling and Motivating Men</p> <p>Men have special counseling needs and should receive special attention from providers to motivate them to make responsible choices regarding reproductive health practices. Just as women often prefer to talk to other women about family planning and sexual issues, men often prefer to talk to other men about these issues.</p> <p>Mens' Special Counseling Needs</p> <ul style="list-style-type: none"> • Men need to be encouraged to support women's use of family planning methods or to use family planning themselves (condoms or vasectomy). • It is important to talk to YOUNG MEN (14-18) about responsible and safe sex before they become sexually active. • Men often have less information or are more likely to be misinformed about family planning methods, male and female anatomy, and reproductive functions because they tend to talk less about these issues than women. • Men are often more concerned about sexual performance and desire than women. • Men often have serious misconceptions and concerns that family planning methods will negatively impact their sexual pleasure and/or performance. • Men are often concerned that women will become promiscuous if they use family planning. 	<p>Trainer Presentation, Roleplay and Group Discussion (40 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Use a flipchart to review men's special counseling needs with Px. • Divide the Px into two or three groups and have each group conduct a role play of a provider counseling a man (alone or with a woman partner). • Discuss with the Px the role plays, mens' special counseling needs and ask the Px to list ideas on how to motivate and counsel men. <p>(See Px Handout #22.)</p>

Specific Objective # 13: Continued

<p style="text-align: center;">CONTENTS Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Men's Special Counseling Needs (cont.)</p> <ul style="list-style-type: none"> • Many men do not know how to use condoms correctly. Providers should always demonstrate correct condom use, using a model, when possible. • Men are often not comfortable going to a health facility, especially if it serves women primarily. Providers should try to go to where men are to discuss family planning whenever possible (e.g., work places, bars, sporting events, etc.). 	

Specific Objective # 14: Identify several ways to assess and adapt the counseling process appropriately taking into account cultural and environmental factors.

<p style="text-align: center;">CONTENTS Knowledge/Attitude/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
<p>Adapting the Counseling Process</p> <p>Most providers will need to adapt the counseling process according to the area, culture, and physical environment they are working in.</p> <p>In some service delivery settings the demand for services is so high that physical, staffing, and time constraints prevent clients from being counseled privately. In other settings, clients actually prefer the group counseling situation due to cultural factors.</p> <p>The factors that a provider always has responsibility for and most control over are:</p> <ul style="list-style-type: none"> • tolerance, empathy, and supportive attitude • respect for clients • technical knowledge • use of a dynamic style of counseling which responds to individual client needs • belief in and knowledge that family planning saves lives and improves families' quality of life <p>Limitations due to lack of space, staff, and supplies must be addressed by providers creatively and with the health facility staff as a team. Cultural factors must always be taken into account and clients comfort levels and individual needs should be satisfied as much as possible by providers.</p>	<p>Brainstorm and Group Discussion (15 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask the Px to discuss the pros and cons of the health facility where they work related to the ability to effectively counsel clients about family planning, taking into account cultural factors (e.g., need for privacy versus group interaction, etc.). • Ask the Px to brainstorm about how they can adapt their own settings to better meet the needs of clients during the family planning counseling process. <p>Trainer Summary (30 min.):</p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Summarize and review the main content and objectives covered in the module. • Administer the post-test and the Participant Evaluation Form. <p>(See <i>Px Handout #23.</i>)</p>

Specific Objective #15: Apply principles and steps of counseling in role plays, using the GATHER approach.

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>Objectives of Role Play</p> <ol style="list-style-type: none"> 1. To enable Px to practice interpersonal communication skills and apply the principles and steps of counseling, using counseling Learning Guides. 2. To serve as a self-evaluation mechanism with which Px can assess her/his knowledge base of family planning methods and counseling skills. 3. To enable the trainer to assess objectively Px counseling skills and knowledge of family planning methods, using a Counseling Checklist. 	<p>Trainer Demonstration/Simulated Practice/Role Plays/Group Feedback and Discussion (2.5 hrs):</p> <p><i>Guidelines for Conducting Role Plays</i></p> <p>The trainer should:</p> <ul style="list-style-type: none"> • Ask another trainer to assist. The two trainers should use role play to demonstrate examples of what constitutes “bad” counseling and a “good” counseling process. • The demonstration of a <i>bad</i> procedure should come first, followed by analysis and feedback. • When performing the <i>good</i> counseling role play, apply the GATHER steps in correct sequence, so that Px can observe an example of how that approach should work. • Have Px use <i>Px Handout #25: Observer's Role Play Checklist for Counseling Skills</i>. • Ask Px to analyze the demonstration and provide feedback on what was positive or negative, what was missing, and whether there was wrong or incomplete information presented • After the trainer demonstration, the Px perform role plays, using role plays found in <i>Px Handout #24</i> and method-specific checklists from <i>Px Handouts #26 – 31 and Counseling Cue Cards, Handouts #32</i>.

Specific Objective #15: Continued

<p style="text-align: center;">CONTENT Knowledge/Attitudes/Skills</p>	<p style="text-align: center;">Training/Learning Methods (Time Required)</p>
	<p><i>Guidelines for Conducting Role Plays (cont.)</i></p> <ul style="list-style-type: none"> • Each Px should participate in two role plays as actors (more if the trainer feels a Px needs more practice). If there is time, ask Px to include the client instructions found on the back of each cue card in their role play. • Each Px is expected to participate actively in the role play process, as both a player and observer, and in group discussions and feedback. • Divide Px into two groups of equal size for simultaneous role play with one trainer per group. • Trainers should switch groups after first one or two role plays in order to get as many trainer observations of individual Px counseling skills as possible. • Each Px should play the role of counselor and client (or client's family member, depending on the role play). • Observe and assess each Px for both counseling content, process, and participation in the exercise. • Allow <i>actors/players</i> about 10 minutes to prepare, limit each role play to five or six minutes, and allow about 15 minutes for feedback and analysis of the process and content. • Encourage and guide the Px in constructive critique, in analyzing what was good about the way the counselor handled the counseling and suggest what could be improved.

Specific Objective #15: Continued

CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
	<p><i>Guidelines for Conducting Role Plays (cont.)</i></p> <ul style="list-style-type: none"> • Remind Px not to confuse the actual participant with the actor's role, and that feedback and critique must not be personalized. • The trainer's role during feedback/discussion should be to stimulate, guide, keep up discussion, and end it when time is up. • The trainer may wish to provide general feedback at the end of Px discussion. • Upon completion of role plays, the trainer will need to provide feedback to individual Px, discuss and sign off the Observer's Role Play Checklist with each. • Summarize the major points observed in the exercise and respond to Px questions with the entire group.

APPENDIX

Participant Handout #1: Introductory Remarks & Key Messages

Introduction

Mastery of content/skills in this module is critical for the provision of family planning services and for clinical practice during all the modules in this series.

Key Messages

1. The decision to adopt family planning, choose a particular method, and stop or change a method is a client's right.
2. Family planning must be the voluntary and informed decision of the client.
3. Clients should have a variety of methods from which to choose **and** adequate information on each method.
4. Good client counseling is critical to every client-provider interaction, and good interpersonal communication skills are central to good counseling.
5. A satisfied client promotes family planning, returns, and continues to use the method.

Introductory Remarks

1. There are many **reasons** for individuals and couples **to practice family planning**.
 - to prevent pregnancy
 - to postpone first pregnancy
 - to space children
 - for those who have all the children they want, to prevent future pregnancies
 - for health or economic reasons
2. These reasons are **often related to the stages in a woman's reproductive life**:
 - single
 - newly married and before first child
 - after first child, but before last child
 - after last child
3. During each stage, **contraceptive choices and needs vary**. Within this context, family planning counselors can play a vital role in helping a woman (or couple) choose an appropriate method that matches her (or their) needs during her (or their) current stage of reproductive life.
4. **During counseling the client is given the opportunity to:**
 - explore the contraceptive options
 - obtain accurate and unbiased information about the methods
 - clarify her/his feelings and values about using contraception
 - identify her/his reproductive goals and concerns about safety, effectiveness and reversibility.
 - **come to her/his own decision**

Participant Handout #2: Survey of Sexual Attitudes

1. Women should be virgins when they marry.
2. Family Planning should be available for married people only.
3. The average woman wants sex less often than the average man.
4. Family planning goes against this country's tradition.
5. Vasectomy should not be considered by a man who has only one or two children or who is under the age of 35.
6. Most people who contract STDs have had many sexual partners.
7. The choice of sterilization should always be voluntary.
8. Men enjoy sex without love more than women do.
9. Easy availability of family planning encourages sexual activity, especially among young people.
10. Using family planning methods is not a good idea before the wife has had her first child.
11. It is not unusual for people to be in love with more than one person at a time.
12. Couple should not marry until they have had sexual intercourse.
13. Parents should not allow their daughters as much sexual freedom as they allow their sons.
14. Marital infidelity is equally acceptable or unacceptable for both sexes.
15. A child should be given sex education at school.
16. Abortion is an acceptable form of family planning.
17. Couples should only be allowed two children.
18. Prostitutes provide a useful social service.
19. STDs are more common among poor, illiterate people.

Participant Handout #3: Key Definitions

Counseling

The face-to-face, **personal communication in which one person helps another to make decisions** and then to act on them.

In the context of family planning services, **counseling is a process which helps a client to decide if s/he wants to practice family planning.** If s/he does, counseling **helps her/him to choose a contraceptive method** that is personally and medically appropriate and that s/he wants, understands how to use, and is able to use correctly for safe and effective contraceptive protection.

Good family planning counseling procedures have **two major elements** and occur when:

1. **Mutual trust** is established **between client and provider.** The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods.
2. The **client and service provider give and receive relevant, accurate, and complete information** that enables the client to make a decision about family planning.

Types of Family Planning Counseling

General Counseling

- Usually takes place on **first family planning visit**
- Needs of clients discussed
- Client concerns addressed
- General information about methods/options given
- Questions answered
- Misconceptions/myths discussed
- Decision-making and **method choice begins**

Method-specific Counseling

- Decision-making and **method choice made**
- More information on method choice given
- Screening process and procedures explained
- Instructions about how and when to use method given
- What to do if there are problems discussed
- When to return for follow-up discussed
- Client should repeat back key instructions
- Client given handouts/information to take home when available

Participant Handout #3: Key Definitions (cont.)

Return/Follow up counseling

- Problems and side effects discussed and managed
- Continuing use encouraged unless major problems exist
- Instructions should be repeated
- Questions answered and client concerns addressed

Individual counseling

- Appropriate **when privacy and confidentiality** are necessary
- Greet in a friendly manner
- Listen to client's reason for coming
- Ask about client's reproductive health and medical history
- Ask client what they know about family planning and explain family planning methods, including advantages, disadvantages, and possible side-effects
- Encourage questions and help client choose method
- Explain to client how to use their chosen method
- Ask client to repeat back key information
- Schedule a return visit

Group counseling

- Appropriate **when clients are more comfortable in a group situation** or when individual counseling is not feasible
- Greet clients in a friendly manner
- Introduce benefits of family planning
- Elicit and discuss rumors and concerns about family planning
- Discuss family planning methods and encourage questions and group discussion
- Discuss how to obtain appropriate methods

Interpersonal Communication

Interpersonal communication is the face-to-face process of transmitting information and understanding between two or more people.

Face to face communication takes place in two forms, **verbal and nonverbal**, and is both conscious and unconscious, intentional and unintentional.

Participant Handout #3: Key Definitions (cont.)

Types of Interpersonal Communication

Verbal Communication

- Refers to **words and their meaning**
- Begins and ends with what we say
- Is largely conscious and controlled by the individual speaking

Nonverbal Communication

- Refers to **actions, gestures, behaviors, and facial expressions** which express, without speaking, how we feel
- Is complex and largely unconscious
- Often reveals to the observant the real feelings or message being conveyed

Body posture, eye contact, physical appearance, as well as the use of space (or desks and chairs), and too much time spent waiting in a doctor's office can all communicate a message nonverbally.

Nonverbal communication can involve all our senses, while verbal communication is restricted to hearing.

Generally, verbal and nonverbal communication work together to convey and reinforce a message. If the verbal and nonverbal messages do not match, the message believed is the one conveyed nonverbally.

Motivation

- Provision of **information that encourages and eventually results in a behavioral change** in an individual or group
- Process based on an individual or group's felt need
- If a person or group is persuaded that a change will benefit her/him/them, it will often lead to making that change
- In the context of family planning, **motivation encourages a client to seek more information regarding family planning methods**, and based on the perceived benefits of the behavior (i.e., practicing family planning), it will often lead a client to adopt family planning.
- Motivation **should never be used** to encourage a client to accept a specific method. The choice of an appropriate method **must be the client's choice**.

Participant Handout #3: Key Definitions (cont.)

Informed Choice

- Is an integral part of the counseling process and **means that a client has the right to choose any family planning method s/he wishes**, based on a clear understanding of the benefits and risks of all the available methods, **including the option not to choose** or adopt any method.
- In order to make a choice that is truly informed, the **client needs to know**:
 - The range of all methods available (this assumes that a variety of methods actually are available, or that an effort is made to obtain or refer)
 - **Advantages/disadvantages** of each
 - **Possible side effects**/complications
 - Precautions based on her individual medical history
 - Information on risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use
 - How to use the method chosen safely and effectively

Informed Consent

- Implies that a **client has been counseled thoroughly** regarding all the components described in the section on informed choice, and that based on this information, s/he has freely and **voluntarily agreed to use the method** s/he has chosen.
- Informed consent is **particularly important** when a client chooses voluntary surgical contraception or any method that may have serious complications for a particular client (e.g., a woman over 35 who smokes and wants to use the COC).

Key Concepts

1. Counseling is a two-way communication process in which **both client and service provider** actively participate.
2. Counseling is an **ongoing process** and must be part of every client-provider interaction in health care delivery.
3. The decision to adopt a particular method must be a **voluntary, informed** decision made by the client.
4. It is the **responsibility of the service provider to ensure** that the **client is fully informed and freely chooses** and consents.
5. An **informed client** who has been given her method of choice **is a satisfied client**, who is more likely to continue with the method.
6. The sensitive nature of reproductive health/family planning requires that clients' right to privacy, confidentiality, respect, and dignity are always ensured.

Participant Handout #4: Reasons for Counseling

1. When the client-provider interaction is positive and **the client feels that s/he was actively involved in the choice of method**, the chances are increased that s/he will:
 - decide to adopt family planning
 - use the method correctly
 - continue to use the method
 - cope successfully with minor side effects
 - return to see the service provider
 - not believe myths or rumors and even work to counteract them among family and community

2. A well-informed, satisfied client also has **advantages for the service provider** due to:
 - fewer pregnancies to handle
 - higher continuation rates
 - fewer time-consuming minor complaints and side effects
 - satisfied clients often promote family planning and refer other clients
 - increased trust and respect between client and provider

Factors Influencing Counseling Outcomes

In every client-provider counseling session, many and various factors influence the outcome of the counseling. These factors should all be taken into consideration when conducting counseling.

Service Provider Factors

- Provider attitudes and behaviors
- *Style of provider (mutual participation model vs. authoritarian or provider-*

- Provider knowledge and skills (communication and technical)
- Provider method bias
- Provider's own value system
- Differences in client-provider caste, social class, gender, or education

Client Factors

- Ability to obtain method of choice, or second choice if precautions exist
- Level of trust and respect towards provider
- Feels privacy and confidentiality are assured
- Feels s/he is being treated with respect and dignity

Programmatic Factors

- Number of methods available
- Reliability of method supply (especially in the case of COCs or DMPA)
- Privacy and confidentiality of surroundings
- Social/cultural needs are met
- Overall image of professionalism conveyed by clinic and provider

Participant Handout #5: Principles of Counseling

1. Counseling should take place in a **private quiet place** where client and provider can hear each other, and with sufficient **time** to ensure that all necessary information, client's concerns, and medical requirements are discussed and addressed.
2. **Confidentiality** must be ensured, both in the process of counseling and the handling of client records.
3. It is essential that counseling take place in a **non-judgmental, accepting, and caring atmosphere**.
4. The client should be able to understand the **language** the provider uses (e.g., local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology).
5. Clinic staff must use good **interpersonal communication** skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems, and adopt a non-judgmental, helpful manner.
6. The client should not be overwhelmed with information. The **most important messages should be discussed first** (e.g., what the client must do to use method correctly and safely) and be brief, simple, and specific. Repeating critical information is the most effective way to reinforce the message. **Repeat, repeat, repeat.**
7. Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.
8. Always **verify that the client has understood** what has been discussed. Have the client repeat back the most important messages or instructions.

Participant Handout #6: Characteristics and Skills of an Effective Family Planning Counselor

Counselor Characteristics

An effective counselor:

- believes in and is committed to the basic values and principles of family planning and client rights
- is accepting, respectful, non-judgmental and objective when dealing with clients
- is aware of her/his own values and biases and does not impose them on clients
- understands and is sensitive to cultural and psychological factors (such as family or community pressures) that may affect a client's decision to adopt family planning
- always maintains clients' privacy and confidentiality

Counselor Skills

An effective counselor possesses strong technical knowledge of contraceptive methods:

- knows all technical aspects of family planning methods thoroughly
- is prepared to answer contraceptive and non-contraceptive questions comfortably on subjects such as myths, rumors, sexuality, STDs, reproductive and personal concerns
- is able to use visual aids and explain technical information in language that the client understands
- is able to recognize when to refer the client to a specialist or other provider

An effective counselor possesses and is able to apply good interpersonal communication skills and counseling techniques:

- relates/empathizes
- listens actively
- poses questions clearly, using both open- and close-ended questions
- answers questions clearly and objectively
- recognizes nonverbal cues and body language
- interprets, paraphrases, and summarizes client comments and concerns
- offers praise and encouragement
- explains points in language the client understands in culturally appropriate ways

Participant Handout #7: The GATHER Approach

GATHER is a useful memory aid to help us to remember the basic steps in the counseling process and to add structure to a complex activity. It can be adapted to meet each individual clients' needs.

The following are elements of a successful counseling session:

- G = Greet** client in a friendly, helpful, and respectful manner.
- A = Ask** client about family planning needs, concerns, and previous use.
- T = Tell** client about different contraceptive options and methods.
- H = Help** client to make decision about choice of method s/he prefers.
- E = Explain** to client how to use the method.
- R = Return:** Schedule and carry out return visit and follow-up of client.

Examples of tasks conducted under each step

Greet

- Welcome and register client.
- Prepare chart/record.
- Determine purpose of visit.
- Give clients full attention.
- Assure the client that all information discussed will be confidential.

Ask

- Ask client about her/his needs.
- Write down the client's: age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history and risk for STDs.
- Assess what the client knows about family planning methods.
- Ask the client if there is a particular method s/he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions).

Tell

- Tell the client about the available methods.
- Describe how each method works, the advantages, benefits, possible side effects, and disadvantages.
- Answer client concerns and questions.

Help

- Help the client to choose a method.
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.
- Examine client.

Participant Handout #7: The GATHER Approach (cont.)

Help (cont.)

- If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method.

Explain

- Explain how to use the method (how, when, where).
- Explain to the client how and when s/he can/should get resupplies of the method, if necessary.

Return

- At the follow-up or return visit ask the client if s/he is still using the method.
- If the answer is yes, ask her/him if s/he is experiencing any problems or side effects and answer her/his questions, solve any problems, if possible.
- If the answer is no, ask why s/he stopped using the method and counsel her/him to see if s/he would like to try another method or re-try the same method again.
- Make sure s/he is using the method correctly (ask her/him how s/he is using it).

Participant Handout #8: Sample Dialogues

Dialogue 1

Client: I don't want any more children. A friend of mine has an IUD and she is very pleased with it, so I would like one too.

Provider: Yes, we have IUDs here. It's nice to have a client who knows what she wants. The nurse will see you soon to put it in.

Question: Is this dialogue good or bad? Why?

Dialogue 2

Client: I don't want any more children. A friend of mine has an IUD, and she is very pleased with it. So I would like one too.

Provider: You say you don't want any more children? Then I think you should have sterilization. That would be less trouble for you.

Question: Is this dialogue good or bad? Why?

Participant Handout #9: Rumors and Misconceptions

Rumors are **unconfirmed stories** that are **transferred** from one person to another **by word of mouth**. In general, rumors arise when:

- an issue or information is important to people, but it has not been clearly explained.
- there is nobody available who can clarify or correct the incorrect information.
- the original source is perceived to be credible.
- clients have not been given enough options for contraceptive methods.
- people are motivated to spread them for political reasons.

A **misconception** is a **mistaken interpretation of ideas or information**. If a misconception is imbued with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.

Unfortunately, rumors or misconceptions are sometimes spread by health workers who may be misinformed about certain methods or who have religious or cultural beliefs pertaining to family planning which they allow to impact on their professional conduct.

The **underlying causes** of rumors have to do with people's knowledge and understanding of their bodies, health, medicine, and the world around them. Often, rumors and misconceptions about family planning make rational sense to clients and potential clients. People usually believe a given rumor or piece of misinformation due to **immediate causes** (e.g., confusion about anatomy and physiology).

Methods for Counteracting Rumors and Misinformation

1. When a client mentions with a rumor, **always listen politely. Don't laugh.**
2. **Define** what a rumor or misconception is.
3. **Find out where the rumor came from** and talk with the people who started it or repeated it. Check whether there is some basis for the rumor.
4. **Explain the facts.**
5. **Use strong scientific facts** about family planning methods to counteract misinformation.
6. Always **tell the truth**. Never try to hide side effects or problems that might occur with various methods.
7. **Clarify information** with the use of demonstrations and visual aids.
8. **Give examples of people who are satisfied users** of the method (only if they are willing to have their names used). This kind of personal testimonial is most convincing.
9. **Reassure the client** by examining her and telling her your findings.
10. **Counsel** the client about all available family planning methods.
11. Reassure and let the client know that you care by conducting **home visits**.

Participant Handout #10: Immediate and Underlying Causes for Rumors

Dr. X went to work in a clinic in a small town. As an obstetrician-gynecologist, she was very interested in family planning. Dr. X was pleased to discover that her town had one of the highest pill-acceptance rates in the province. But when she talked to the midwives and nurses, she discovered that they were extremely busy delivering babies and that there were also large numbers of abortions being performed.

Dr. X decided to check the records of some of the women who came to the clinic. She found that many of the clients who had accepted family planning, and had been given COCs, were the same clients who were coming to the clinic for abortions or prenatal visits!

Dr. X decided to investigate the reason for this. She compiled a list of COC acceptors who had become pregnant while on the method. Then she asked several village health workers to interview these women to find out how they had been taking their pills. The village health workers reported that some of the women had taken the pill only after sleeping with their husbands.

Dr. X asked the village health workers to hold a series of health-education classes about the contraceptive pills. The village health workers did this. They explained that the pills did not work unless taken every day. They also explained that it was necessary to have a certain level of hormones circulating in the blood to prevent pregnancy. The health workers also explained what to do when one or two pills were missed.

Over the next several months, Dr. X monitored pregnancy rates and found no change! She was very frustrated!

One day while she was making a prenatal examination of a pregnant pill acceptor with pre-eclampsia, she asked the woman how she had taken her pills. The woman said that she had taken them only after having sex with her husband. Dr. X asked why she had taken them that way. The woman said that she didn't sleep with her husband every day, so why did she need pills every day? Dr. X asked her how she thought the pills worked. The woman said she didn't know, but she supposed they killed the man's "seed."

Dr. X explained that pills don't kill the "seed," they only prevent eggs from developing in a woman's ovaries. The woman said she didn't understand about eggs being in her ovaries; it was the first time she had heard anything like that--all she knew was that she was pregnant, although she had taken the pill.

Dr. X began to suspect that the woman did not have the medically correct idea about contraception. She asked the woman how she thought conception occurred. The woman said, "The woman is the vessel and the man plants the seed." Dr. X asked what the woman's role was. The woman said, "She is merely the place for planting."

Participant Handout #10: Immediate and Underlying Causes for Rumors (cont.)

Dr. X then realized the underlying reason for the village women's confusion and their subsequent failure to take the pills properly. They believed that they could become pregnant any time "the man's seed was planted" and that the pills worked only by killing the seed.

Dr. X began conducting classes for the health workers on counseling clients on the anatomy and physiology of reproduction. She also included information for them on how to counteract rumors and misinformation.

Questions:

1. Why didn't the explanation given by the village health workers convince the
2. How did Dr. X discover the underlying reason behind pill use after sex?
3. How would you go about finding the immediate and underlying reasons for non-acceptance of family planning in your locality?

Participant Handout #11: Rumors and Misinformation about COCs

<p style="text-align: center;">Rumor or Misinformation</p>	<p style="text-align: center;">Facts & Realities: Information to Combat Rumors</p>
<p>I only need to take the Pill when I sleep with my husband.</p>	<p>A woman must take her pills every day in order not to become pregnant. (The provider can use an analogy: ask her if someone can be a grandmother and a grandfather at the same time. When she says "no," tell her that pills are like that, too--it is either/or.) Either she takes them every day and she will not become pregnant, or she only takes them sometimes and may become pregnant. Pills only protect against pregnancy if she takes them every day. If she misses one pill, she should take two as soon as she remembers.</p>
<p>I am still protected from pregnancy when I stop taking the Pill if I have been using it long enough.</p>	<p>A woman is only protected for as long as she actually takes the pill every day. (Reinforce this by using an analogy or personal example.)</p>
<p>Pills make you weak.</p>	<p>Sometimes women feel weak for other reasons, but they are also taking the Pill, so they think it is the Pill that causes the weakness. If a woman feels weak, she should keep taking her pills every day and go to see a doctor. Pills do not make a woman weak. A doctor should be seen to try to find out what else is causing weakness in a woman. If a woman is feeling "weak", a pregnancy would almost certainly make her feel much worse than taking the Pill.</p>
<p>The Pill will build up in your body. Pill residues settle in the woman's uterus so that she has to have her uterus cleaned every year in order to prevent the formation of a lump.</p>	<p>It is not possible for pills to accumulate in the body. Pills are swallowed and dissolved in a woman's body just like other medicines and food. The substances in the Pill are absorbed by the digestive system and circulated throughout the body by the blood. (Demonstrate how a pill dissolves in a glass of water.)</p>

**Participant Handout #11: Rumors and Misinformation about COCs
(cont.)**

<p>Rumor or Misinformation</p>	<p>Facts & Realities: Information to Combat Rumors</p>
<p>The Pill is dangerous and causes cancer.</p>	<p>Numerous studies have disproved this rumor. The Pill has been used safely by millions of women for over 30 years and been tested more than any other drug. In fact, studies show that the Pill can protect women from some forms of cancer, such as those of the ovary, endometrium, cervix, and breast.</p>
<p>The Pill causes abnormal or deformed babies.</p>	<p>There is NO medical evidence that the Pill causes abnormal or deformed babies. There have always been incidences of abnormalities and birth defects, long before the Pill was invented. Birth defects are usually caused by genetic (e.g., Down Syndrome) or environmental factors (e.g., drugs, exposure to toxic waste and chemicals).</p>
<p>Taking the Pill is the same as having an abortion.</p>	<p>The Pill is taken to prevent conception, not to cause an abortion. The pill prevents ovulation so that fertilization cannot occur, preventing a pregnancy (and therefore any chance of an "abortion").</p>
<p>The Pill causes the birth of twins or triplets.</p>	<p>The Pill has no effect on the tendency toward multiple births. The tendency to have twins usually runs in families. That is, if there have been multiple births in either the man's or woman's family, then the chances of having twins are greater. Multiple births may also be triggered by fertility medication or by drugs taken to induce pregnancy.</p>
<p>The Pill prolongs pregnancy. A woman who took the pill before she got pregnant delivered almost two months after her expected date of delivery.</p>	<p>The pill does not prolong pregnancy in any way. An example such as this was probably a simple case of not calculating the date of conception correctly.</p>

Participant Handout #11: Rumors and Misinformation about COCs (cont.)

Rumor or Misinformation	Facts & Realities: Possible Ways of Combating Rumors
<p>Women who take the Pill for several years need to stop the Pill to give the body a "rest period."</p>	<p>A "rest period" from taking Pills is not necessary and a woman may use COCs for as many years as she wants to prevent a pregnancy. A rest period would not be beneficial and would disrupt the woman's preferred and successful method of contraception.</p>
<p>The Pill can't be used following an abortion.</p>	<p>COCs are appropriate for use immediately post-abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days postabortion, or anytime the provider can be reasonably sure that the client is not pregnant. Ovulation returns almost immediately postabortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated. Immediate use of COCs postabortion does not affect return to fertility following discontinuation of COCs.</p>
<p>The Pill causes infertility or makes it more difficult for a woman to become pregnant once she stops using it.</p>	<p>Studies have clearly shown that the Pill does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it.</p>

Participant Handout #12: Rumors and Misinformation about IUDs

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>The thread of the IUD can trap the penis during intercourse.</p>	<p>The strings of the IUD are soft and flexible, cling to the walls of the vagina and are rarely felt during intercourse. If the string is felt, it can be cut very short, (leaving just enough string to be able to grasp with a forceps). The IUD cannot trap the penis, because it is located within the uterine cavity and the penis is positioned in the vagina during intercourse. The string is too short to wrap around the penis and cannot cause injury to it. (For greater reassurance, use a pelvic model to show how an IUD is inserted or demonstrate with your fingers how it would be impossible for the IUD to trap the penis.)</p>
<p>A woman who has an IUD cannot do heavy work.</p>	<p>Using an IUD should not stop a woman from carrying out her regular activities in any way. There is no correlation between the performance of chores or tasks and the use of an IUD.</p>
<p>The IUD might travel inside a woman's body to her heart or her brain.</p>	<p>There is no passage from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it is accidentally expelled, stays there until it is removed by a trained health care provider. If the IUD is accidentally expelled, it comes out of the vagina, which is the only passage to the uterus. (Teach the client to feel the string, especially after menstruation, to confirm that it is in place.)</p>
<p>The IUD causes ectopic pregnancy.</p>	<p>There is no evidence that the use of an IUD increases the risk of an ectopic pregnancy. One study (Vessey, et. al., 1979) showed the risk of ectopic pregnancy to be the same for all women (with or without an IUD) at 1.2 cases per 1,000 women per year.</p>

Participant Handout #12: Rumors and Misinformation about IUDs (cont.)

Rumor or Misinformation	Facts & Realities Information to Combat Rumors
<p>A woman who was wearing an IUD became pregnant. The IUD became embedded in the baby's forehead.</p>	<p>The baby is very well-protected by the sac filled with amniotic fluid inside the mother's womb. If a woman gets pregnant with a IUD in place, the health provider should remove the IUD immediately due to the risk of infection. If for some reason the IUD is left in place during a pregnancy, it is usually expelled with the placenta or with the baby at birth.</p>
<p>The IUD rots in the uterus after prolonged use.</p>	<p>Once in place, if there are no problems, the IUD can remain in place up to 10 years. The IUD is made up of materials that cannot deteriorate or "rot", it simply loses its effectiveness as a contraceptive after 10 years.</p>
<p>An IUD can't be inserted until 12 weeks postpartum.</p>	<p>If health-care providers are specially trained, the IUD can be inserted immediately after the delivery of the placenta or immediately following a Cesarean section, or up to 48 hours following delivery. Expulsion rates for postpartum insertion vary greatly, depending on the type of IUD and the provider's technique. Current information indicates that expulsion rates may be higher during the period from 10 minutes to 48 hours after delivery, as compared with the first 10-minute period. To minimize the risk of expulsion, only properly trained providers should insert IUDs postpartum. Use of an inserter for IUD insertion tends to reduce the expulsion rate.</p> <p>After the 48 hour postpartum period, a Copper T may be safely inserted at four or more weeks postpartum.</p> <p>The withdrawal technique for Copper T insertion helps minimize perforations for inserting IUDs four to six weeks postpartum. Other types of IUDs may have different perforation rates.</p>

Participant Handout #13: Rumors and Misinformation about Condoms

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Using a condom is like taking a shower with a raincoat on.</p> <p>If a condom slips off during sexual intercourse, it might get lost inside the woman's body.</p> <p>There is too much danger of condoms breaking or tearing during intercourse.</p>	<p>Many couples are not bothered by condoms. Types of condoms vary widely and a couple should choose a brand that will suit them best and give them the most pleasure.</p> <p>A condom cannot get lost inside the woman's body, because it cannot pass through the cervix. If the condom is put on properly, it will not slip off. The condom should be rolled down to the base of the erect penis. (If it comes off accidentally, instruct the client to pull it out carefully with a finger, taking care not to spill any semen which may lead to an unwanted pregnancy.)</p> <p>Condoms are made of thin but very strong latex rubber and they undergo extensive laboratory tests for strength. (Demonstrate how strong the condom is by blowing it up like a balloon or pulling it over your hand and wrist.) Condoms are meant to be used only once. There is less chance that a condom will break or tear if it is stored away from heat and placed on the erect penis leaving enough space at the tip for the ejaculate. A condom is more likely to break if the vagina is very dry, or if the condom is old (past the expiration date).</p>

Participant Handout #14: Rumors and Misinformation about Female Sterilization

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>A woman who has been ligated loses all desire for sex (becomes frigid) or becomes a sex maniac.</p>	<p>Tubal ligation has no physiological effect on the woman other than that of preventing the egg from being fertilized by sperm. The ovaries will still release eggs and produce hormones, and the woman will still menstruate, but she will no longer get pregnant. The egg released during ovulation will disintegrate and become absorbed by the body. Tubal ligation does not cause a woman to lose or change any of her feminine characteristics.</p>
<p>A woman who has been ligated becomes sickly and unable to do any work.</p>	<p>A woman who has been ligated can resume regular activities as soon as she is free from post-surgical discomfort. It does not affect her ability to work or make her weak or "sick".</p>
<p>A woman who undergoes ligation has to be hospitalized.</p>	<p>There is no need for hospitalization with a female sterilization ligation. The procedure takes approximately 15 minutes. After the operation, the woman should rest for a few hours and then be allowed to go home in the company of a family member.</p>
<p>Ligation shortens the life span of a woman and may cause early menopause.</p>	<p>There is no medical reason for a ligated woman to have a shorter life span--just the opposite, her life will probably be prolonged by preventing unwanted pregnancies.</p> <p>Ligation will not hasten menopause. A ligated woman will continue to ovulate and menstruate (although she will no longer get pregnant) until she naturally reaches menopause.</p>

Participant Handout #15: Rumors and Misinformation about Vasectomy

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Vasectomy is the same as castration. A man who submits to vasectomy has his manhood taken away. He will become gentle and effeminate. He may even turn into a homosexual. Worst of all, he will no longer enjoy sex.</p>	<p>Vasectomy is not castration. In vasectomy, the vas deferens are cut and tied so that sperm cannot mix with the semen. The semen ejaculated during sexual intercourse no longer contains sperm and will no longer make a woman pregnant. Vasectomy does not interfere with any other physiological functions; neither does it cause any other types of changes. After a vasectomy a man will continue to produce male hormones, be "masculine" and heterosexual. Many men enjoy sex more after a vasectomy because they no longer need to worry about getting a woman pregnant.</p>
<p>Sperm that is not ejaculated during intercourse will collect in the scrotum and cause the scrotum to burst or will cause other problems in the body.</p>	<p>Sperm that is not ejaculated is absorbed by the body. It cannot collect in the scrotum or cause harm to a man's body in any way.</p>

Participant Handout #16: Rumors and Misinformation about DMPA

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>A woman who uses DMPA will never again be able to get pregnant.</p>	<p>Sometimes there is a delay of six to twelve months after the last injection for a woman's fertility to return to normal. In a study in Thailand, almost 70% of former DMPA users conceived within the first 12 months following discontinuation and 90% conceived within 24 months, a percentage comparable to pregnancy rates for the general population.</p>
<p>Injectable contraceptives cause cancer.</p>	<p>Research has clearly proven that DMPA does not cause cancer. In fact, it has been shown to protect against ovarian cancer.</p>
<p>DMPA causes nausea.</p>	<p>Nausea is not common with injectables. In fact, many women on injectable contraceptives find that their appetite becomes stronger.</p>
<p>A woman will not have enough breastmilk if she uses DMPA while breastfeeding.</p>	<p>Studies have shown that the amount of breastmilk does not decrease when breastfeeding women are using DMPA. DMPA also has no effect on the composition of breastmilk, the initiation or duration of breastfeeding, or the growth and development of the infant.</p>
<p>DMPA stops menstrual bleeding (amenorrhea) and that is bad for a woman's health.</p>	<p>Amenorrhea is an expected result of using DMPA, because women using DMPA do not ovulate. This kind of amenorrhea is not harmful. It helps prevent anemia and frees women from the discomfort and inconvenience of monthly bleeding.</p>

Participant Handout #16: Rumors and Misinformation about DMPA (cont.)

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Women need to stop using DMPA and have a "rest" after several injections.</p>	<p>There is no cumulative effect of DMPA and there is no limit to the number of years DMPA can be used without the need to give the body a "rest." Among healthy women, it can be given until menopause, when contraception is no longer needed. The time needed to clear the drug from the body is the same for multiple injections as for one.</p>
<p>DMPA causes abnormal or deformed babies.</p>	<p>There is no evidence that DMPA causes any abnormalities in infants. Studies done on infants who were exposed to DMPA while in the womb showed no increase in birth defects. These infants were followed until they were teenagers, and the research found that their long-term physical and intellectual development was normal. It is worth noting that in past years, DMPA was used in women to prevent miscarriage.</p>
<p>DMPA causes abortion.</p>	<p>DMPA prevents ovulation. If no egg is released, no fertilization takes place; hence, no pregnancy and no abortion.</p>
<p>DMPA causes amenorrhea, resulting in pregnancy or a tumor.</p>	<p>Amenorrhea is one of the signs of pregnancy, but not all amenorrhea means that a woman is pregnant. The amenorrhea experienced with DMPA use is due to the thinning of the endometrium and is not harmful in anyway.</p> <p>Amenorrhea sometimes is a sign of a tumor or cancer of the endometrium or ovary. However, DMPA amenorrhea is not only "normal," but there is evidence that DMPA may actually <u>help prevent</u> endometrial and ovarian tumors.</p>

Participant Handout #16: Rumors and Misinformation about DMPA (cont.)

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>DMPA causes irregular bleeding, resulting in anemia.</p> <p>DMPA causes masculine characteristics in females, such as facial hair.</p> <p>DMPA will result in retained menses, causing blood toxicity.</p> <p>DMPA will result in a decrease in libido.</p> <p>DMPA is still in the "developmental stage" and women shouldn't be experimented on.</p>	<p>During the first three to six months of DMPA use, irregular bleeding may be experienced in the form of spotting or minimal bleeding. This usually stops within a few months of continuous use of DMPA and rarely results in anemia.</p> <p>Studies have shown that the use of DMPA will not cause any masculinizing effect, such as facial hair.</p> <p>No menses lining is formed with DMPA use, since it results in an atrophic endometrium, so there is nothing to "retain" or cause a problem.</p> <p>DMPA sometimes has a slight effect on a woman's libido. However, the sense of security against the risk of pregnancy may increase the libido of the woman.</p> <p>DMPA was developed in the 1960s. Since then, it has been approved as a long-acting contraceptive method and is now marketed in more than 90 countries. To date, over 30 million women have used DMPA, over 100,000 have used it for more than 10 years, and between eight and nine million women currently rely on DMPA for contraceptive protection, without problems.</p>

Participant Handout #17: Verbal and Nonverbal Communication

Verbal/Nonverbal Communication

Health care **providers need to explore the many different nonverbal and verbal behaviors** they use when communicating with clients.

Sometimes, without realizing it, providers communicate one message **verbally**, while communicating the opposite message **nonverbally**.

Nonverbal communication is a complex and often unconscious mixture of actions, behaviors and feelings which **reveal the way we really feel** about something.

Nonverbal communication is especially **important because it communicates to clients the level of interest, attention, warmth, and understanding** we feel towards them.

Positive nonverbal cues include:

- 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 include:

- not making or maintaining eye contact
- glancing at one's watch obviously and more than once
- frowning
- fidgeting
- sitting with the arms crossed
- leaning away from the client

Providers should **remember ROLES** when communicating with clients:

R = Relax the client by using facial expressions showing concern.

O = Open up the client by using a warm and caring tone of voice.

L = Lean towards the client, not away from them.

E = Establish and maintain eye contact with the client.

S = Smile

Participant Handout #18: The Use of Praise and Encouragement

Praise means the **giving of approval**.

To give praise means to **build on good behavior**, to find the good things a client has done. For example:

- Compliment the client.
- Show that you admire her and have concern for her well - being.
- Look for something to approve of, rather than something to criticize.

Encouragement means the **giving of courage and confidence**.

To give encouragement means to **let the client know that you believe she can overcome her problems**. For example:

- Point out hopeful possibilities.
- Remind her that she is already helping herself by coming to the clinic.

The CLEAR Method of Verbal Communication

Providers should always remember to be *CLEAR*.

C = Use **clear** and **simple language**.

L = **Listen** to what the client is saying.

E = **Encourage** the client that they will be able to use the method with good results.

A = **Ask** for feedback from the client and acknowledge that their concerns and opinions are valid.

R = Have the client **repeat** back the key points that you have told them about using the method.

The importance of using **clear** and **simple language** cannot be overemphasized.

Remember to discuss the most important messages **first** and **last** with the client because the client will be more likely to remember them.

Participant Handout #19: Rights of Family Planning Clients

Introduction

There are various reasons why individuals and couples decide to start, continue, or stop practicing family planning. Some people may wish to delay the birth of their first child, others may want to space the birth of their children; yet others may want to ensure that they have only a certain number of children. Others may wish to use family planning services not so much for protection from unplanned or unwanted pregnancy, but for other reasons, including a desire to achieve pregnancy or for the protection of their reproductive and sexual health. **Family planning today has as much to do with sexuality and health protection as it does with decisions relating to procreation.** Any member of the community who is of reproductive age should be considered a potential of family planning client.

Family planning services are a type of preventive health service. **Therefore, the rights of of family planning clients should be seen in the overall context of the rights of the clients of any health services.**

The primary goal of program managers and service providers should be the fulfillment of the rights of family planning clients. This goal is directly contingent upon the availability and quality of family planning information and services.

The Rights of Family Planning Clients¹

1. Right to Information

All individuals in the community have a right to information on the benefits of family planning for themselves and for their families. They also have a right to know where and how to obtain more information and services for planning their families. All family planning programs should be active in disseminating information about family planning. This should be done not only at service delivery sites, but also at the community level.

2. Right to Access

All individuals in the community have a right to receive services from family planning programs, regardless of their social status, economic situation, religion, political belief, ethnic origin, marital status, geographical location, or any other group identity. This right means a right of access through various health care providers as well as service-delivery systems.

Family planning programs should take the necessary steps to ensure that services will reach all individuals who need them, even those for whom regular health services are not easily accessible.

¹ Huezco C, Briggs C. *Medical Service Delivery Guidelines for Family Planning*. London, UK: IPPF, 1992.

Participant Handout #19: Rights of Family Planning Clients (cont.)

3. Right of Choice

Individuals and couples have the right to decide freely whether or not to practice family planning. When seeking contraceptive services, clients should be given the freedom to choose their preferred method of contraception. Family planning programs should assist people in the practice of informed free choice by providing unbiased information, education, and counseling, as well as an adequate range of contraceptive methods. Clients should be able to obtain the method they have decided upon, provided there are no significant contraindications to their use of the method.

A client's concept of acceptability and appropriateness changes with circumstances. Therefore, **the right of choice also involves clients' decisions concerning method discontinuation and method switching.**

There is another aspect of choice that should be considered: as far as is practical, clients have a right to choose where to go for family planning services and the type of service provider with whom they feel most comfortable. Choosing where to go may involve a choice of physical location or a choice of service-delivery mode (e.g., community family planning or health worker, pharmacy or over-the-counter service, hospital, health center, or family planning clinic). **Governmental, non-governmental, and private sector providers should welcome the establishment of alternative service outlets.**

4. Right to Safety

Family planning clients have a right to safety in the practice of family planning. This right to safety implies the following:

- Although it is well recognized that the benefits to health from family planning outweigh the risks, clients have a right to protection against any possible negative effect of a contraceptive method on their physical and mental health.
- Since unwanted pregnancies may represent a risk to health, the right of the client to safety also includes the right to effective contraception.
- When receiving family planning services, clients also have a right to protection against other health risks that are not related to a method of contraception; for example, protection against the possibility of acquiring an infection from contact with a contaminated instrument.

Safety relates to the quality of service provision, including both the adequacy of the service delivery facility itself and the technical competence of the service providers. Ensuring the client's right to safety includes assisting the client in making an appropriate choice of contraceptive, screening for contraindications, using the appropriate techniques for providing the method (if applicable), teaching the client about the proper use of the method, and ensuring proper follow-up.

Participant Handout #19: Rights of Family Planning Clients (cont.)

The conditions in service delivery sites, together with the materials and instruments, should be adequate for the provision of safe services. Any complications or major side effects should receive appropriate treatment. If this treatment is not available at a particular service site, the client should be referred to another facility.

5. Right to Privacy

When discussing her/his needs or concerns, the client has a right to an environment in which s/he feels confident. The client should be aware that her/his conversation with the counselor or service provider will not be overheard by others.

Physical examinations should be carried out in an environment in which the client's right to bodily privacy is respected. The client's right to privacy also involves the following factors related to quality of services:

- *When receiving counseling or undergoing a physical examination, the client has the right to privacy. That is, each individual inside the room, besides those providing services, is playing (e.g., individuals in training, researchers, etc.). In cases when the presence of individuals undergoing training is necessary, the client should be informed and consent should be obtained.*

- A client has a right to know in advance the type of physical examination that is going to be undertaken. The client also has a right to refuse any particular type of examination if s/he does not feel comfortable with it, or to request that the examination be done by another provider.
- Any case-related discussions held in the presence of the client (particularly in training facilities) should involve and acknowledge the client as a participant and not simply treat her/him as a premise for discussion. It is, after all, the client's sexual and reproductive organs and functions that are under discussion.

6. Right to Confidentiality

The client should be assured that any information s/he provides or any details of the services received will not be communicated to third parties without her/his consent.

The right to confidentiality is protected under the Hippocratic Oath. Family planning services should be performed in conformity with both the local legal requirements and with generally understood ethical values.

Any breach of confidentiality could cause the client to be shunned by the community or could negatively affect the matrimonial status of the client. It may also lessen a target group's confidence and trust in the staff of a service delivery program. In accordance with the principle of confidentiality, service providers should refrain from talking about clients outside of the health facility and health team. Client records should be kept closed and should be filed immediately after use. Similarly, access to client records should be controlled.

Participant Handout #19: Rights of Family Planning Clients (cont.)

7. Right to Dignity

Family planning clients have a right to be treated with courtesy, consideration, attentiveness, and with full respect of their dignity, regardless of their level of education, social status, or any other characteristics which could single them out or make them vulnerable to abuse. In recognition of this basic right, service providers must be able to put aside their personal, gender, marital, social, or intellectual prejudices and attitudes while providing services.

8. Right to Comfort

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy of service delivery facilities and quality of services (e.g., service delivery sites should have proper ventilation, lighting, seating, and toilet facilities). The client should spend only the amount of time on the premises reasonably required to receive services. The environment in which the services are provided should be in keeping with the cultural values, characteristics, and demands of the community.

9. Right of Continuity

Clients have a right to receive contraceptive services and supplies for as long as they need them. The services provided to a particular client should not be discontinued unless this is a decision made jointly between the provider and the client. In particular, a client's access to other services should not depend on whether or not s/he continues the contraceptive services. The client has a right to request transfer of her/his clinical record to another clinical facility, and in response to that request the clinical record or a copy of it should be sent to that facility or given to the client.

Referral and follow-up are two other important aspects of a client's right to service continuity.

10. Right of Opinion

Clients have the right to express their views on the service they receive. Clients' opinions on the quality of services--whether in the form of thanks or complaint--as well as their suggestions for changes in service provision, can be very useful to a program's ongoing effort to monitor, evaluate, and improve its services.

Ideally, any new program or service delivery facility should involve clients at the planning stage. The aim should always be to satisfy the needs and preferences of would-be clients in ways that are appropriate and acceptable to them.

Participant Handout #20: Common Side Effects

Common Side Effects and Their Impact on Clients

Most side effects from modern family planning methods pose no health risk to clients. However, providers should take them seriously because they can be uncomfortable, annoying, or worrisome to clients. **For example:** A woman who is using DMPA may not be menstruating (especially during the first three-to-six months). This woman may be worried that she will no longer be able to have children when she stops using the injection.

Some women tolerate side effects better than others; it is a very individual matter (this includes pain and discomfort). **For example:** Some women may not be bothered by weight gain and other women may become very upset by a weight gain of even a few pounds (which may or may not be due to using a family planning method). Menstrual changes may be very worrisome to some clients and be seen as a benefit by others.

Side effects are the major reason that clients stop using a method, therefore providers should:

- Treat all client complaints with patience, seriousness, and empathy.
- Offer clients an opportunity to discuss their concerns.
- Offer clients good technical and practical information, as well as good advice about how to deal with side effects.

Studies have shown that **clients are more likely to continue to use a method if they have been prepared/know about possible side effects beforehand** (i.e., have received good counseling).

Counseling for Side Effects

When counseling clients for side effects:

- **Prepare clients** for what might occur while using a method.
- **Tell the client about symptoms/side effects** which probably or may diminish over time (e.g., lack of menses with DMPA).
- **Do not dismiss,** but take seriously, any client's concern about side effects.
- **Provide reassurance and practical suggestions** for coping with side effects.
- **Assist the client to switch** to or choose another method **if the client wishes to.**

Common Side Effects by Method

<i>Weight Gain:</i>	COCs, Injectables
<i>Spotting:</i>	COCs, POPs, Injectables, Implants, IUDs
<i>Amenorrhea:</i>	POPs, Injectables, Implants
<i>Nausea:</i>	COCs
<i>Cramping:</i>	IUDs
<i>Heavier Menses:</i>	IUDs, POPs, Injectables, Implants

Participant Handout #21: Relationship between Methods and Sexuality

Clients use family planning because they are sexually active or plan to be. Clients' **continued use of and level of satisfaction is often related to the real or perceived effect of a method on their sexual practices and enjoyment.** As in the case with minor side effects, what one client perceives as being a problem may be perceived as an advantage by another client.

If spontaneity is a priority for a woman or her partner, then **methods which take action immediately before intercourse may not be satisfactory** for that couple (e.g., condoms or spermicides). For many clients, the frequency of sex will be a factor in choosing a method.

Women who are considering hormonal methods or IUDs should consider whether they may be bothered by menstrual changes, if these occur.

If effectiveness is a priority, then methods such as COCs, IUD, implants, and injectables will give the client a greater feeling of security during sex.

When a client is at high risk for STDs, including HIV/AIDS, then condoms should be considered. If a woman or her partner has HIV/AIDS they should be encouraged to use condoms AND an effective method to prevent pregnancy in order to avoid the risk of transmitting HIV/AIDS during a pregnancy.

Method Impact on Sexuality

COCs, POPs, Injectables, and Implants (hormonal methods)

- To use these methods a woman does not have to touch her genitals.
- Menstrual changes from hormonal methods may make a woman or her partner uncomfortable about having sex when she is bleeding or spotting. However, many women have less bleeding while using these methods, which may improve sex.
- Hormonal methods generally do not interfere with spontaneity and are highly effective in preventing pregnancy.

Condoms

- To use a condom, a man or his partner must touch the erect penis to put the condom on.
- Condoms may reduce sensation during intercourse for some men.
- Condoms may help prolong an erection and help prevent premature ejaculation, which can benefit some couples.
- Placing the condom on the erect penis may interrupt lovemaking for some couples, or be sexually exciting for others.
- Protect against STDs.

Participant Handout #21: Relationship between Methods and Sexuality (cont.)

IUDs

- To check if the string is there, a woman must touch her genitals and put her finger in her vagina.
- IUD may cause longer or heavier menstrual periods or spotting between periods.
- Some men complain about feeling the strings during intercourse.
- Does not interfere with spontaneity and is highly effective in preventing pregnancy.

Spermicides

- To insert spermicide into the vagina the woman or her partner must touch her genitals.
- Occasionally cause irritation for women or men, however, some men and women find the sensation of warmth pleasurable.
- Provides additional vaginal lubrication which some couples dislike and others find pleasurable.
- Must be inserted before the penis is placed in the vagina which may interrupt intercourse.
- Not highly effective in preventing pregnancy and user dependent.

Natural Family Planning Methods

- Require that a couple be willing to practice periods of abstinence (no intercourse).
- Not an appropriate method when the woman may be fearful of saying "NO" to her partner during fertile periods and/or when the woman or her partner are highly concerned about preventing pregnancy.
- Couples may worry about correctly identifying the safe time during a woman's cycle, which may interfere with sexual pleasure.

Lactational Amenorrhea Method (LAM)

- Does not require periods of abstinence as with other Natural Family Planning methods.
- Requires that a woman fully or nearly fully breastfeed as long as she practices LAM.
- Does not interfere with spontaneity.
- Vagina may be drier than at other times.
- Very effective if all three LAM criteria are met:
 - fully or nearly fully breastfeeding
 - amenorrheic
 - less than six months postpartum

Participant Handout #21: Relationship between Methods and Sexuality (cont.)

Female Sterilization and Vasectomy

- Do not interfere with spontaneity.
- Not having to worry about an unwanted pregnancy may increase sexual pleasure.

Participant Handout #22: Counseling and Motivating Men

Men have special counseling needs and should receive special attention from providers to motivate them to make responsible choices regarding reproductive health practices. Just as women often prefer to talk to other women about family planning and sexual issues, men often prefer to talk to other men about these issues.

Mens' Special Counseling Needs

- Men need to be encouraged to support women's use of family planning methods or to use family planning themselves (condoms or vasectomy).
- It is important to talk to YOUNG MEN (14-18) about responsible and safe sex before they become sexually active.
- Men often have less information or are more likely to be misinformed about family planning methods, male and female anatomy, and reproductive functions because they tend to talk less about these issues than women.
- Men are often more concerned about sexual performance and desire than women.
- Men often have serious misconceptions and concerns that family planning methods will negatively impact their sexual pleasure and/or performance.
- Men are often concerned that women will become promiscuous if they use family planning.
- Many men do not know how to use condoms correctly. Providers should always demonstrate correct condom use, using a model, when possible.
- Men are often not comfortable going to a health facility, especially if it serves women primarily. Providers should try to go to where men are to discuss family planning whenever possible (e.g., work places, bars, sporting events, etc.).

Participant Handout #23: Adapting the Counseling Process

Most providers will need to adapt the counseling process according to the area, culture, and physical environment they are working in.

In some service delivery settings the demand for services is so high that physical, staffing, and time constraints prevent clients from being counseled privately. In other settings, clients actually prefer the group counseling situation due to cultural factors.

The factors that a provider always has responsibility for and most control over are:

- tolerance, empathy, and supportive attitude
- respect for clients
- technical knowledge
- belief in and knowledge that family planning saves lives and improves families' quality of life

Limitations due to lack of space, staff, and supplies must be addressed by providers creatively and with the health facility staff as a team. Cultural factors must always be taken into account, and client comfort levels and individual needs should be satisfied as much as possible by providers.

Participant Handout #24: Role Plays Counseling for FP Services

Purpose of Role Play Exercise:

To provide an opportunity for the participant to practice her/his skills in the process and content of counseling, before working with actual clients.

Instructions:

1. Every participant should be involved in the role-play exercise, either as a player or as an observer.
2. **Players** should meet for 10 minutes before the role play to assign roles, decide and agree on the message or main point the role play is to make, who is going to play what role, what each player is going to say, etc.
3. **Observers** are requested to use the observation form to record their observations. The form is an aid to record observations in a systematic and objective manner and to facilitate concise discussion and feedback following the role plays.
4. While players are preparing, observers are requested to familiarize themselves with the observation form.
5. Suggested time limits (may be changed by trainer to meet the time available):

Instructions:	5 minutes
Player preparation time:	10 minutes
Role play presentation:	5-10 minutes
Feedback and analysis:	15-30 minutes

Participant Handout #24: Role Plays Counseling for FP Services (cont.)

Role Play #1:

A 24 year-old woman with three children comes to see her clinician. She wants to practice some method of family planning. She is not sure about having any more children. She has heard that the IUD causes a lot of bleeding. How will the clinician respond?

Role Play #2:

A 20 year-old lactating woman, with a three month-old baby wants to postpone her next pregnancy. Her sister uses the COC and likes that method very much. She says she wants to use the COC. How will the clinician respond?

Role Play #3:

A couple in their mid-20s comes to see the clinician. The husband wants to have a male child. The wife wants to postpone her next pregnancy. How will the clinician respond?

Role Play #4:

A young couple, accompanied by the husband's mother, comes to see the clinician. The couple has three daughters and wants to postpone their next pregnancy. The mother-in-law insists that they should have another child as soon as possible in order to try for a son. How will the clinician respond?

Role Play #5:

A 19 year old, unmarried woman comes to see the clinician. She explains that she and her fiance are having sexual relations and she is worried about becoming pregnant before she is married. How will the clinician respond?

Participant Handout #25: Observer's Role Play Checklist for Counseling Skills

Instructions: Use the checklist to record your observations of the role play. Observe the counseling process as well as content. Note whether the doctor applies the steps in GATHER (as appropriate to the role play). Does the doctor address the problem adequately? Does s/he address the "client's" concerns? Is the information given correct and complete? What is the client's behavior? How does the "doctor" behave? What non-verbal messages are communicated by client or doctor?

Task	Performed	
	Yes	No
Doctor's Nonverbal Communication		
Friendly/welcoming/smiling?		
Non-judgmental/receptive?		
Listens attentively/nods head to encourage and acknowledge client's responses?		
Appears rushed/impatient?		
Doctor's Verbal Communication		
Phrases questions clearly and appropriately? Uses non-technical terms?		
Listens to client's responses closely?		
Answers client's questions?		
Uses language the client can understand?		
GATHER Process and Content		
Greets the client in a friendly and respectful manner?		
Asks client about self? <ul style="list-style-type: none"> • client's needs and concerns? • reproductive goals? 	_____ _____ _____	_____ _____ _____
Tells client about FP methods? <ul style="list-style-type: none"> • tells about all methods available? • asks which method interests client? • asks what client knows about method? • corrects myths/rumors/incorrect information? • describes how method works and its effectiveness? • uses A/V aids during counseling? • describes benefits and risks? • describes potential side effects? • answers client's questions clearly? 	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____

Participant Handout #25: Observer's Role Play Checklist for Counseling Skills (cont.)

GATHER (cont.)	YES	NO
Helps client to reach an informed decision? • asks if anything not understood? • asks "what method do you want?"	_____ _____ _____	_____ _____ _____
Explains how to use method? • explains clearly what client has to do to use method successfully? • instructions to client are complete and clear? • asks client to repeat back instructions? • reminds client of potential minor side effects? • reminds client of danger signs? • explains to client what to do if problems?	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Return visit planned?	_____	_____
Problem Solving		
Does "doctor" respond appropriately to the client's needs and problems?	_____	_____
Is "doctor" convincing in advice given?	_____	_____
Is advice given/method provided appropriate?	_____	_____
Does "doctor" treat client/family with respect?	_____	_____
Is the counseling • doctor-controlled? • client-controlled? • balanced?	_____ _____ _____	_____ _____ _____
Is "doctor" convincing in her/his role? Is "client" convincing in her/his role?	_____ _____	_____ _____

Source: Indian Medical Association/Development Associates. *Family Planning Course, Module 2: Counseling for Family Planning Services.* 1994.

Participant Handout #25: Observer's Role Play Checklist for Counseling Skills (cont.)

What did you learn from observing this role play?

Please record your comments/observations for feedback to participants (both positive and negative):

Participant Handout #26: Learning Guide for COC Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant's Name: _____

Clinical Site: _____

Clinical Trainer's Name: _____

TASK/ACTIVITY	CASES		
	1	2	3
INITIAL INTERVIEW			
1. Greets client in a friendly and respectful manner.			
2. Asks what MCH/FP service she is seeking and respond to any general questions she may have.			
3. Provides general information about MCH services and FP methods available.			
4. Explains what to expect during clinic visit.			
5. Helps client to make an informed choice: <ul style="list-style-type: none"> • ask client about reproductive goals--to space or limit births? • explore any attitudes or religious beliefs that may favor or rule out one or more methods • explain contraceptive choices available • explain benefits/advantages of each • explain risks/disadvantages of each • ask client if she has any questions and respond to these • ask client which method she prefers • help client to make decision about choice of method 			
METHOD-SPECIFIC COUNSELING			
6. Ensures necessary privacy.			
7. Obtains necessary biographical data (name, address, age, etc.).			
8. If client chooses COCs: <ul style="list-style-type: none"> • asks her what she knows about COCs. Correct any myths, rumors or misinformation she may express • asks if she has used COCs in the past. What was her experience? • gives client a package of COCs to look at and handle • explains advantages of the COC, including non-contraceptive benefits • briefly explains how the Pill works and the importance of taking it every day • explain potential common side effects of the COC. Stresses that she may experience some (or possibly none) of these and that they can all be managed: <ul style="list-style-type: none"> -amenorrhea/very scanty periods -spotting or breakthrough bleeding (BTB) 			

TASK/ACTIVITY	CASES		
-nausea -headaches -breast tenderness/fullness			

Participant Handout #26: Continued

TASK/ACTIVITY	CASES		
METHOD-SPECIFIC COUNSELING			
8. (continued) <ul style="list-style-type: none"> -mood changes/depression -breast tenderness/fullness -mood changes/depression -weight gain or weight loss -high blood pressure • reassures client that most side effects are not serious and will decrease or stop after about 3 months of use • responds to any questions or concerns the client may have • explains that she will ask her some questions and perform a minimal physical examination to be sure that the COC is medically appropriate 			

TASK/ACTIVITY	CASES		
<p>9. Screens client for COC precautions. Asks all questions on checklist and record responses.</p> <ul style="list-style-type: none"> • Do you think you are pregnant? • Have you had any bleeding between periods? • Bleeding after intercourse? • Any bleeding heavier than usual over the past 3 months? • What is your age? • Do you smoke cigarettes/use other tobacco products? • Do you have high blood pressure? • Do you have diabetes? • Have you ever had a blood clot in your legs, lungs, or eyes? • Have you ever had a stroke? • Have you ever been told you have heart disease? • Do you have severe chest pains and unusual shortness of breath? • Do you think you have heart disease? • Have you noticed a lump in your breast? • To your knowledge, do you have any liver disease now? • Have you ever been told you have had a tumor of the liver? • Did you develop yellow jaundice during any pregnancy? • Are you breastfeeding a child less than 6 months old at present? • Are you fully or almost fully breastfeeding (no solid food supplements or liquids)? • Have you had a menstrual period since your delivery? (Bleeding in the first 56 days following delivery is not considered a menstrual period.) • Have you ever had a severe pelvic infection with chills, fever, pain in your womb area, and a vaginal discharge? • Do you have any of these symptoms now? <p><i>Reassures client of confidentiality and use your judgment question:</i></p> <ul style="list-style-type: none"> • Do you or your husband/partner have other sex partners? • What medicines do you regularly take? • Are you taking any medicines for seizures/convulsions? Tuberculosis (Rifampin)? Other medications? <p>Manage or refer for follow-up any positive findings.</p>			

Participant Handout #26: Continued

TASK/ACTIVITY	CASES		
<p>10. Physical Exam:</p> <ul style="list-style-type: none"> • Explain procedure(s) you will perform and reassure client of their safety • Check blood pressure: Is BP elevated? <ul style="list-style-type: none"> - systolic over 190? <i>or</i> - diastolic over 110? <i>or</i> - BP on three occasions consistently over 160/90? • Check weight: • Cardiovascular: <ul style="list-style-type: none"> - Extreme shortness of breath observed? - Severe pallor or cyanosis observed? - Resting heart rate greater than 100, or markedly irregular? - Legs edematous? - Severe varicosities? • Breast: <ul style="list-style-type: none"> - Any suspicious lumps? • Is she jaundiced? • Does she have an enlarged or tender liver? • Record findings <p>Manages or refers for follow-up any positive findings as recommended by local guidelines and/or INTRAH <i>Guidelines</i>.</p>			
<p>11. If COC is appropriate for client:</p> <p>Using a package of the brand of pills the client will use (21- or 28-day packet):</p> <ul style="list-style-type: none"> • Shows her how to take the pill: <ul style="list-style-type: none"> - "If using 28-day package, take one pill every day. When package is finished, immediately start a new package the next day. Do not skip any days between packages. - "If using 21-day package, take one pill every day until package seven days later. - "Start the pill on first day of your next menstrual or use local guidelines for this instruction). "In the meantime, use menstrual period." • Shows the client the first pill and how the package should be <ul style="list-style-type: none"> - "Take the pill at the same time every day, at a time convenient for you. Try to associate it with something you do every day (evening meal, bedtime, early-morning tea)." 			

Participant Handout #26: Continued

TASK/ACTIVITY	CASES		
<p>12. Explain what to do if she misses any pill(s):</p> <ul style="list-style-type: none"> • if she forgets one pill, she should: <ul style="list-style-type: none"> -take the forgotten pill as soon as remembered -take the next pill at the regular time. (This means she may take two pills in one day). -use a back-up method for the next 14 days -continue to take one pill a day until the package is finished. • if she forgets more than one pill, she should: <ul style="list-style-type: none"> -take two pills as soon as remembered -after she takes the two pills, discard any of the remaining pills she forgot to take (e.g., if she forgot three pills, she should take two -use a back-up method or abstain from sex for the next 14 days continue to take one pill a day until the package is finished. <p>Cautions client that she may feel queasy or nauseated if she takes two pills in one day, but taking two pills reduces her chances of becoming pregnant.</p> <ul style="list-style-type: none"> • Shows client how to use spermicide if she has not previously used it. 			
<p>13. Explains other situations in which a back-up method is needed:</p> <ul style="list-style-type: none"> • <i>diarrhea/vomiting</i>: Start using a back-up method on the first day of diarrhea or vomiting, and use it for at least 7 days after the diarrhea/vomiting is over. Meanwhile, continue to take your pills as usual. • if taking certain medications used in the treatment of tuberculosis and seizures (rifampin, phenytoin, carbamazepine). <p>Stresses the importance of informing other doctors/health workers who may care for her, that she is using the COC.</p>			
<p>14. Asks client to repeat back in her own words instructions for when to start the Pill, which pill she will begin with, how she will take the second and subsequent pills, and what she will do if she misses a pill or pills.</p>			
<p>15. Explain in a non-alarming way the five early pill danger signs, stressing the rarity of these:</p> <p>A = Abdominal pain (severe) C = Chest pain (severe), cough, shortness of breath H = Headaches (severe), dizziness, weakness or numbness</p> <p>E = Eye problems (vision loss, blurring), speech problems S = Severe leg pain (calf or thigh)</p> <p>or if she develops depression, yellow jaundice, or a breast lump. Explains she must contact her doctor or clinic as soon as possible if she experiences any of these signs.</p>			
<p>16. Asks client a few questions to ensure that she understands and remembers</p>			

TASK/ACTIVITY	CASES		
key instructions.			

Participant Handout #26: Continued

17. • Prescribes or provides client with at least a three month supply of COCs. • Prescribes or provides client with at least a three month supply of spermicide. • Reassures client that she may change the pills or try another method if she does not like these COCs.			
18. Reassures client that s/he is available to see her if she has any problems or questions or needs advice.			
19. • Plans for a return visit and give client a definite return date. • Asks client to bring her pill packets with her on the return visit.			
20. Documents/records the visit according to local clinic guidelines.			
RETURN VISIT COUNSELING			
1. Asks client if she is satisfied with the COC.			
2. Asks if she is having any problems or experiencing any side effects. If yes, manage these as appropriate (see INTRAH <i>Guidelines</i>)			
3. Asks client how she is taking the COCs, and to demonstrate for you with the package she is using.			
4. Repeats the history checklist. If history suggests client has developed a precaution, does an appropriate physical examination to rule out or verify.			
5. Checks client's blood pressure.			
6. Briefly reviews key messages/instructions concerning missed pills, use of back-up method, and danger signs.			
7. Asks client to repeat these back.			
8. If she is satisfied with the COC, is tolerating the COC well, is not experiencing any serious side effects, and no precautions exist: • Prescribes/provides at least another three cycles of COCs (she may be provided with 13-18 cycles). • Provides her with a sufficient supply of spermicide.			
9. If client wants to discontinue the COC, helps her make an informed choice of another method.			
10. Encourages her to see you at any time if she has questions or problems.			

Comments: _____

Source: Indian Medical Association/Development Associates. *Family Planning Course, Module 3: The Oral Contraceptive Pill.* May 1994.

Participant Handout #27: Learning Guide for VSC Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant Name: _____

Clinical Site: _____

Clinical Trainer's Name: _____

TASK/ACTIVITY	CASES		
	1	2	3
INITIAL INTERVIEW			
1. Greets client respectfully and with kindness			
2. Asks what MCH/FP service s/he is seeking and respond to any general questions client may have			
3. Provides general information about MCH/FP services and FP methods available:			
4. Explains what to expect during clinic visit			
5. Helps client to make an informed choice: <ul style="list-style-type: none"> • asks client about reproductive goals--space or limit births • explores any attitudes or religious beliefs that may favor or rule out one or more methods • explains contraceptive choices available • explains benefits/advantages of each • explains risks/disadvantages of each • explains alternatives to VSC • inquires if client has questions and answer questions • helps client make decision about choice of method 			
METHOD SPECIFIC COUNSELING			
6. Assures necessary privacy			
7. Obtains necessary biographic data (name, address, age, etc.)			
8. If client chooses VSC, explains in clear and non-technical language <ul style="list-style-type: none"> • how female sterilization/vasectomy works and its effectiveness in preventing future pregnancies • explains the permanent nature of VSC and limited chances for reversal • explains the surgical nature of VSC • explains the small surgical risk and possibility of failure • explains that VSC offers no protection from STDs/HIV/AIDS 			
9. Responds to and discusses the client's needs, questions, concerns and fears in a thorough and sympathetic manner. Asks client what s/he knows or has heard about VSC. Probes for myths/rumors and clarifies these in a respectful manner.			
10. Screens client through questioning and history for <ul style="list-style-type: none"> • eligibility criteria • medical conditions that may cause problem during or after VSC surgery 			

Participant Handout #27: Continued

TASK/ACTIVITY	CASES		
<p>11. Assesses and discusses with client her/his decision and feelings about VSC:</p> <ul style="list-style-type: none"> • how long has client been thinking of having female sterilization/vasectomy? • is spouse in agreement with client's decision to have female sterilization/vasectomy? • how would client feel if her/his life situation changed, if spouse were to die or divorce, or existing children were to die? • is any pressure being put on client by someone else to have female sterilization/vasectomy? • are there any indications that client may later regret having had female sterilization/vasectomy (young age? marital instability? economic constraints/inducement? not entirely sure?) • asks client if s/he is absolutely sure of decision and document response 			
<p>12. Explains to client</p> <ul style="list-style-type: none"> • where to go to obtain female sterilization/vasectomy • writes referral letter/or make appointment for client at VSC Center • explains in general terms what to expect during and after VSC surgery 			
<p>13. Provides specific pre-operative instructions:</p> <ul style="list-style-type: none"> • fast from midnight (tubectomy) • light breakfast morning of surgery (vasectomy) • bathe and wear clean clothing • tubectomy clients should not wear nail polish, jewelry/hairpins • empty bowels morning of surgery • empty bladder just before surgery • have someone with her/him to accompany home after surgery 			
<p>14. Provides specific post-operative instructions:</p> <p><i>For Female Sterilization Client</i></p> <ul style="list-style-type: none"> • rest fully first day; avoid strenuous activity and heavy lifting for seven days • may bathe after 24 hours but must keep incision clean and dry • do not disturb/remove incision dressing • avoid intercourse for two weeks or use condoms until next menses • provide client with 20 condoms • return to doctor or VSC Center immediately if she experiences: <ul style="list-style-type: none"> • fever, bleeding, pus from incision • fainting or dizziness • abdominal pain which persists or gets worse • if no problems, return to doctor or VSC Center in 7 days for removal of sutures and check-up. 			

Participant Handout #27: Continued

TASK/ACTIVITY	CASES		
<p>15. Provides specific post-operative instructions:</p> <p><i>For Vasectomy Client</i></p> <ul style="list-style-type: none"> • rest fully first day; resume light work after 48 hours • avoid strenuous activity and heavy lifting for 7 days; may resume normal activities after 7 days including cycling • take all medications prescribed by VSC Center • may bathe after 24 hours but must keep incision clean and dry • do not disturb/remove incision dressing or sutures • abstain from intercourse for two weeks and then use condoms for 20 ejaculations. Explain why condoms are necessary. • provide client with one month supply of condoms • return to doctor or VSC Center immediately if he experiences: <ul style="list-style-type: none"> • fever, bleeding, pus from incision site • fainting or dizziness • excessive scrotal pain which persists or gets worse • excessive scrotal swelling or enlargement • if no problems, return to doctor or VSC Center in 7 days for removal of sutures and check-up unless this is not required (i.e., if the man has a no-scalpel vasectomy) 			
16. Asks client to repeat instructions back to you to ensure understanding			
FOLLOW-UP VISIT COUNSELING			
1. Inquires of client if there are any problems or complaints			
2. Examines incision to see if it is healing, remove sutures (if not done by VSC Center), and informs client of findings			
3. Reminds vasectomy clients of need to use condoms for at least 20 ejaculations			
4. Responds to any questions or concerns the client may have			
5. Reassures client there is no need to return to you or VSC Center unless client has problems or further concerns			

Comments:

Source: Indian Medical Association/Development Associates. *Family Planning Course Module 4: Voluntary Surgical Contraception*. May 1994.

Participant Handout #28: Learning Guide for LAM Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant's Name: _____

Clinical Site: _____

Clinical Trainer's Name: _____

Activity/Task	Cases		
	1	2	3
INITIAL INTERVIEW			
1. Greets client respectfully.			
2. Asks what MCH/FP service she is seeking and respond to any general questions she may have			
3. Provides general information about MCH services and FP methods available			
4. Explains what to expect during clinic visit			
5. Helps client to make an informed choice: <ul style="list-style-type: none"> • ask client about reproductive goals • explore any attitudes or religious beliefs that may favor or rule out one or more methods • explain contraceptive choices available • explain benefits/advantages of each • explain risks/disadvantages of each • explain each contraceptive's effect on breastfeeding • ask client if she has any questions and respond to these • help client to make decision about choice of method • ask client which method she prefers 			
METHOD-SPECIFIC COUNSELING			
6. Assures necessary privacy			
7. Obtains necessary biographic data			
8. If client has chosen LAM: <ul style="list-style-type: none"> • asks her what she knows about breastfeeding as a contraceptive method • corrects any myths/rumors/misinformation she may have • asks if she has used breastfeeding in the past for child spacing purposes? • asks what her experience was? • repeats advantages of breastfeeding for baby and mother • asks if she has any questions and answer these 			
9. If client is antenatal, explains in clear and non-technical way: <ul style="list-style-type: none"> • what LAM is and how it works to protect her from pregnancy after her baby is born • the three conditions required for LAM to work 			

Participant Handout #28: Continued

TASK/ACTIVITY	CASES		
10. Counsels client that she will need another method when any one of the three conditions are no longer met			
11. Counsels client about other FP methods that are compatible with breastfeeding			
12. Shows client how to prepare her breasts during the antenatal period for breastfeeding			
13. Asks client if she has any questions and responds to these			
14. Advises client to think about LAM and other methods she may wish to use after LAM is no longer effective for her, and discusses on her next antenatal checkup			
15. If client is postnatal: <ul style="list-style-type: none"> • asks if client is having any breastfeeding difficulties/problems and advises/treats as appropriate 			
16. Takes a history. Asks client: <ul style="list-style-type: none"> • have you had a menstrual period since the birth of your baby? <p>Note: <i>Spotting in the first 56 days is not considered menses.</i></p> <ul style="list-style-type: none"> • is your baby more than six months old? • has your baby regularly started taking solid foods or liquids (more than sips of water/ritual foods)? 			
17. If answer to all three questions is "no", discusses and teaches client the three conditions under which LAM provides effective contraceptive protection: <ul style="list-style-type: none"> • no menstrual period • baby is less than six months old • she is fully or nearly fully breastfeeding 			

Participant Handout #28: Continued

TASK/ACTIVITY	CASES		
18. Counsels client on optimal breastfeeding practices which include: <ul style="list-style-type: none"> • to breastfeed immediately after delivery, especially colostrum • breastfeed on demand, day and night • breastfeed on both breasts • avoid intervals of more than four hours between any two daytime feed and more than six hours between any two nighttime feeds • breastfeed exclusively for the first four to six months • when supplements are introduced, feed from breast first and then give supplement • avoid use of pacifiers/bottles/nipples • breastfeed even when mother or baby is ill • encourage her to maintain sound diet • if separated from baby, to express and correctly store milk • breastfeed as long as possible 			
19. Demonstrates correct position for mother to help mother put baby on breast: <ul style="list-style-type: none"> • have mother to sit/lie comfortably so that she is comfortable • hold baby so that baby is close to and facing the breast - baby's stomach should be against the mother's stomach • hold baby at back of shoulders - not head • mother should offer whole breast - not just nipple • mother should touch baby's cheek/upper lip to stimulate rooting reflex • wait until baby's mouth is wide open and quickly move baby well on to the breast 			
20. Demonstrates to mother correct position for good suckling: <ul style="list-style-type: none"> • baby's whole body facing and close to mother's body • baby's face is close to breast • baby's chin is touching breast • baby's mouth is wide open and completely covers nipple and much of areola • baby's lower lip is curled outward • more areola showing above baby's upper lip and less areola showing below lower lip • mother can see baby is taking slow, deep sucks 			
21. Discusses when to stop relying on LAM as sole contraceptive method - stresses when any one of these conditions occur, she is at risk for pregnancy: <ul style="list-style-type: none"> • when she has a menstrual period • when baby reaches six months of age • when she starts to give regular supplementary feedings 			
22. Discusses complementary FP methods for use when LAM no longer is effective, and asks her to think about this well in advance of when she needs it			
23. Asks client if she has questions and respond to these			
24. Asks client to repeat back to you the three LAM conditions and the most important optimal breastfeeding practices <ul style="list-style-type: none"> • corrects any misunderstandings 			
25. Reassures client you are available to see her if she has any problems,			

TASK/ACTIVITY	CASES		
questions or needs advice.			

Participant Handout #28: Continued

RETURN VISIT COUNSELING			
1. Asks if any problems or complaints and deal with these as appropriate			
2. Repeats optimal breastfeeding practices			
3. Discusses other FP methods complementary to breastfeeding			
4. Gives return appointment for checkup and eventual adoption of another FP method			

Comments: _____

Source: Indian Medical Association/Development Associates. *Family Planning Course Module 5: The Lactational Amenorrhea Method and Condoms.* May 1994.

Participant Handout #29: Learning Guide for Condoms Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant's Name: _____

Clinical Site: _____

Clinical Trainer's Name: _____

Activity/Task	Cases		
	1	2	3
INITIAL INTERVIEW			
1. Greets client in a friendly and respectful manner.			
2. Asks what MCH/FP services client is seeking, and respond to any general questions s/he may have.			
3. Explains what to expect during clinic visit.			
4. Helps client make an informed choice: <ul style="list-style-type: none"> • ask client about reproductive goals--to space or limit births? • explore any attitudes or religious beliefs that may favor or rule out one or more methods • explain contraceptive choices available • explain benefits/advantages of each • explain risks/disadvantages of each • ask client if s/he has any questions and respond to these • help client to make decision about choice of method • ask client which method s/he prefers 			
METHOD-SPECIFIC COUNSELING			
6. Ensures necessary privacy.			
7. Obtains necessary biographical data (name, address, age, etc.).			
8. If client chooses condoms: <ul style="list-style-type: none"> • asks what client knows about condoms, if s/he has ever used in the past, and what was her/his experience • corrects any myth, rumors or incorrect information 			
9. Provides basic facts about condoms: <ul style="list-style-type: none"> • how they work and their effectiveness • repeat advantages of using condoms, alone or with another method • ask if client or partner has any allergies to latex • counsel on talking with partner about the use of condoms • where to obtain/cost • ask if client has any questions and respond to these 			
10. Provides specific instructions on how to use condoms correctly: <ul style="list-style-type: none"> • use at every act of intercourse • use with spermicide whenever possible • do not "test" condoms by blowing up or unrolling • put on when penis is erect 			

• put on before penis is near or introduced into vagina			
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Participant Handout #29: Continued

Activity/Task	Cases		
METHOD-SPECIFIC COUNSELING	1	2	3
11. Demonstrates how to put on condom correctly by using a model, banana, or two fingers: <ul style="list-style-type: none"> • caution client not to unroll condom before putting on • show how to place rim of condom on penis and how to unroll up to the base of penis • instruct on how to leave half-inch space at tip of condom for semen and to make sure space is not filled with air, as it may burst • show how to expel air by pinching tip of condom as it is put on • caution about tearing accidentally with fingernails or rings 			
12. Counsels client on what to do if condom breaks during intercourse: <ul style="list-style-type: none"> • see doctor or clinic where woman can be assessed for emergency contraception, where available. 			
13. Has client practice putting on condom, using the model/banana/fingers. Corrects any technique errors.			
14. Counsels client on how to remove penis from vagina with condom intact and no spillage of semen: <ul style="list-style-type: none"> • hold on to rim of condom while withdrawing • be careful not to let semen spill into vagina when penis is flaccid 			
15. Discusses use of lubricants and what not to use: <ul style="list-style-type: none"> • no petroleum-based products (mineral/vegetable/cooking oil, vaseline, baby-oil, margarine/butter, etc.) • advise, if lubricant is needed, to use a spermicide or glycerin oil • advise client how to dispose of condoms--by flushing, burning, or burying 			
16. Repeats major condom messages to client: <ul style="list-style-type: none"> • be sure to have condom before you need it • use condom with every act of intercourse • do not use a condom more than once • do not rely on condom if package is damaged, torn, outdated, dry, brittle or sticky 			
17. Provides client with at least a three month supply (about 30-40 condoms).			
18. Reassures client that s/he should return at any time for advice, more condoms or when s/he wants to use another method.			

Comments:

Source: Indian Medical Association/Development Associates. *Family Planning Course Module 5: The Lactational Amenorrhea Method and Condoms*. May 1994.

Participant Handout #30: Learning Guide for DMPA Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant's Name: _____

Clinical Site: _____

Trainer's Name: _____

TASK/ACTIVITY	CASES		
	1	2	3
INITIAL INTERVIEW			
1. Greets client respectfully			
2. Asks what MCH/FP service she is seeking and respond to any general questions client may have			
3. Provides general information about MCH/FP services and FP methods available			
4. Explains what to expect during clinic visit			
5. Helps client to make an informed choice: <ul style="list-style-type: none"> • Explore attitudes or religious beliefs that may favor or rule out one or more methods • Ask client about reproductive goals -- space or limit births • Explain contraceptive choices available • Explain benefits/advantages of each • Explain risks/disadvantages of each • Inquire if client has questions and answer questions • Help client make decision about choice of method 			
METHOD-SPECIFIC COUNSELING			
6. Assures necessary privacy			
7. Obtains necessary biographic data (name, address, age, etc.)			
8. If client chooses DMPA: <ul style="list-style-type: none"> • Asks her what she knows about DMPA. Corrects any myths/rumors or misinformation • Explains how DMPA works and its effectiveness in preventing pregnancy • Explains the potential side effects of DMPA <ul style="list-style-type: none"> - changes in menstrual periods (irregular/spotting/no periods) - possible delay in return to fertility of on average four months - she may gain weight - she may feel some depression • Explores with client how irregular or increased bleeding may affect her daily life, and if a delay in return to fertility is important to her • Explains what to expect regarding injection, frequency of return visits • Asks client if she has any questions and respond to them 			
9. Screens client for precautions using DMPA Screening Checklist <ul style="list-style-type: none"> • Asks all questions on history checklist • Checks weight and blood pressure 			

• Records findings			
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Participant Handout #30: Continued

TASK/ACTIVITY	CASES		
	1	2	3
METHOD-SPECIFIC COUNSELING (continued)			
<p>10. If no precautions, prepares and administers DMPA injection according to following steps/procedure:</p> <p>Step 1: Washes hands Step 2: Checks vial for contents/dosage Step 3: Gently shakes DMPA vial Step 4: Opens sterile package Step 5: Attaches needle to syringe Step 6: Draws DMPA into syringe Step 7: Wipes site of injection Step 8: Allows antiseptic to dry Step 9: Administers 150 mg deep IM in deltoid/gluteal Step 10: Does not massage site of injection Step 11: Washes hands</p>			
<p>11. Repeats important instructions to client:</p> <ul style="list-style-type: none"> • DMPA injections take effect immediately if given between day 1 - 7 of menstrual cycle. Otherwise, client must use back-up method or abstain from intercourse for 24 hours following first injection. • Return for next injection in three months. Client may be up to 2 weeks late in returning and still be protected from pregnancy. However, it is better for client to return on time. • Reminds client of menstrual changes she may experience and possibility of weight gain • Reminds client to inform other health care providers she is on DMPA • Reassures client she may return at any time if she has questions or concerns 			
<p>12. Discusses with client returning immediately if she has any of the following problems:</p> <ul style="list-style-type: none"> • Heavy vaginal bleeding • Excessive weight gain • Headaches • Severe abdominal pain 			
13. Has client repeat back to you important instructions			
14. Gives DMPA card with next appointment (time and date)			
15. Document/records the visit according to local clinic guidelines			

Participant Handout #30: Continued

TASK/ACTIVITY	CASES		
	1	2	3
RETURN VISIT			
1. Asks if any problems or complaints			
2. Repeats the history checklist			
3. Checks blood pressure and weight			
4. If client is more than one month late, checks for pregnancy			
5. If client has developed any precautions, or wants to discontinue DMPA, helps her to make an informed choice of another method			
6. If client is satisfied with DMPA method, no precautions exist, and she wishes to continue, gives DMPA injection (observing steps/procedure listed in no. 10 above.)			

Comments:

Source: Indian Medical Association/Development Associates. *Family Planning Course Module 6: Progestin-only Contraceptives: DMPA and a Review of Norplant.* May 1994.

Participant Handout #31: Learning Guide for IUD Counseling Skills

Instructions: Place a checkmark in the "Cases" column if each step is performed adequately during counseling role play or clinical practicum, as appropriate.

Participant's Name: _____

Clinical Site: _____

Trainer's Name: _____

TASK/ACTIVITY	Cases		
Counseling (Insertion)			
Initial Interview (Client Reception Area)			
1. Greets client in friendly and respectful manner.			
2. Establish purpose of the visit and answer questions.			
3. Provide general information about family planning.			
4. Explain what to expect during the clinic visit.			
5. Ask client about her reproductive goals (does she want to space or limit births).			
6. Explore any attitudes or religious beliefs that either favor or rule out one or more methods.			
Method Counseling (Counseling Area)			
7. Assure necessary privacy.			
8. Obtain biographic information (name, address, etc.).			
9. Give the woman information about the contraceptive choices available and the risks and benefits of each: <ul style="list-style-type: none"> • Show her a sample IUD and where and how it is used • Discuss the advantages and disadvantages • Explain how it works and its effectiveness • Explain possible side effects • Explain benign nature of the most common side effects 			
10. Discuss client needs, concerns, and fears in a thorough and sympathetic manner.			
11. Help client begin to choose an appropriate method.			

Participant Handout #31: Continued

TASK/ACTIVITY	Cases		
If she chooses an IUD:			
12. Screen client carefully to make sure there is no medical condition that would be a problem (completes Client Screening Checklist).			
13. Review potential side effects and makes sure that they are fully understood.			
Pre-Insertion Counseling (Examination/Procedure Area)			
14. Review Client Screening Checklist to determine if the client is an appropriate candidate for the IUD and if she has any problems that should be monitored while the IUD is in place.			
15. Inform client about required physical and pelvic exams.			
16. Check that client is within seven (7) days of last menstrual period.			
17. Rule out pregnancy if beyond day 7 (refer if non-medical counselor).			
18. Describe the insertion process and what the woman should expect during and afterwards.			
Post-Insertion Counseling			
19. Complete client record.			
20. Teach client when and how to check for strings.			
21. Discuss what to do if the client experiences any side effects or problems.			
22. Explain the warning signs of potential complications <ul style="list-style-type: none"> • Abnormal bleeding • Abnormal discharge • Pain (abdominal or pain with intercourse) • Fever • Strings missing, shorter or longer 			
23. Remind client of effective life of IUD just provided to her (check IUD package insert for life of that particular IUD).			
24. Assure client she can return to the same clinic at any time to receive advice, medical attention, and, if desired, to the IUD removed.			
25. Ask client to repeat instructions.			
26. Answer client questions.			
27. Observe client for at least 15 minutes before discharge			

Participant Handout #31: Continued

TASK/ACTIVITY	Cases		
Counseling (Removal)			
Pre-removal Counseling (Client Reception Area)			
1. Greet client in a friendly and respectful manner.			
2. Establish purpose of visit.			
3. Ask client her reason for removal and answer any questions.			
4. Ask client about her present reproductive goals (does she want to continue spacing or limiting births)			
5. Describe the removal process and what she should expect during removal and afterwards.			
Post-Removal Counseling			
6. Discuss what to do if client experiences any problems (e.g., prolonged bleeding or abdominal or pelvic pain.			
7. Ask client to repeat instructions.			
8. Answer any questions.			
9. Review general and method-specific information about family planning methods if client wants to continue spacing or limiting births.			
10. Assist client in obtaining new contraceptive method or provides temporary method (barrier) until method of choice can be started.			
11. Observe client for 5 minutes before discharge.			

Comments:

Source: Indian Medical Association/Development Associates. *Family Planning Course Module 9: Intrauterine Contraceptive Devices: Providing Services*. May 1994.

Participant Handout #32: Counseling Cue Cards

Combined Oral Contraceptives (COCs)

What are they?

COCs are tablets containing the hormones estrogen and progestin. A woman takes one tablet daily to prevent pregnancy.

How effective are they?

Typically, among one hundred women using COCs for one year, eight become pregnant. If taken every day, COCs are highly effective. If taken irregularly the risk of pregnancy is much higher.

How do COCs work?

COCs work by preventing the release of the egg from the ovary. Without an egg, a woman cannot become pregnant.

Advantages

- ◆ safe
- ◆ effective and easy to use
- ◆ lighter, regular periods with less cramping
- ◆ can become pregnant again after stopping the pill
- ◆ don't interfere with sex
- ◆ decrease risk of cancer of the female reproductive organs

Disadvantages

- ◆ have some side effects
- ◆ must be taken every day
- ◆ don't protect against sexually transmitted diseases, such as HIV

Possible Side Effects

Most women experience no side effects. Occasionally, women may experience nausea, weight gain, breast tenderness, headaches, unexpected bleeding or spotting, depression, or dizziness.

Participant Handout #32: Counseling Cue Cards

Combined Oral Contraceptives (COCs)

Client Instructions

1. Show the client the pill packet and explain how to take the pills.
 - ◆ *Take the first pill on the first day of period or on any of the next four days.*
 - ◆ Take one pill every day, at the same time of day.
 - ◆ If the client has a 28-day packet, when she finishes one packet, she should take the first pill in the next packet on the next day. If the client has a 21-day packet, she should wait seven days, and then begin the next packet.
2. Explain to the client that if she forgets to take her pills, she may become pregnant. If she forgets to take her pills, she should do the following:
 - ◆ If she misses one pill, the client should take it as soon as she remembers. Take the next one at the regular time.
 - ◆ If she misses two pills, the client should take two pills as soon as she remembers. She should take two pills the next day, and use a backup method for the next week. The client should finish the packet normally.
 - ◆ If she misses more than two pills, the client should throw away the packet, and start a new one, **and** use a back-up method for the next week.
3. Review possible side effects. Most women have no side effects. Occasionally, women may experience nausea, weight gain, breast tenderness, headaches, unexpected bleeding or spotting, depression, or dizziness.
4. Review the reasons why she should return to the care provider:
 - ◆ chest pain or shortness of breath
 - ◆ severe headaches (with blurred vision)
 - ◆ swelling or severe pain in one leg
5. Tell the client to return anytime she has a problem and in time for resupply.
6. Have the client repeat this information.

Participant Handout #32: Counseling Cue Cards

Intrauterine Device (IUD) *(information is for the TCu 380A IUD)*

What Is It?

An IUD is a small plastic and copper device that is inserted into the uterus to prevent pregnancy.

How effective Is It?

If one hundred women use IUDs for a year, typically one will become pregnant.

How does the IUD work?

The IUD works by preventing sperm from joining with the egg.

Advantages

- ◆ safe, effective, and long-acting (10 years)
- ◆ easy to remove if the client wants to become pregnant
- ◆ doesn't interfere with sex
- ◆ doesn't interfere with breastfeeding

Disadvantages

- ◆ client may feel slight pain during the first few days after IUD insertion
- ◆ heavier and/or longer periods, which normally decrease during the first and second years
- ◆ doesn't protect against STDs
- ◆ not suitable for women with multiple sexual partners or whose partner has other sexual partners

Possible Side Effects

Side effects of the IUD may include: cramping and some pain during and immediately after insertion, heavier and longer menstrual flow for the first few months, increased vaginal discharge, and possible infection.

Participant Handout #32: Counseling Cue Cards

Intrauterine Device (IUD) *(information is for the TCu 380A IUD)*

Client Instructions

1. Show the client the IUD and explain how it is inserted.
2. Explain to the client how to check for the strings.
3. Review possible side effects. Side effects of IUD use may include: cramping and some pain during and immediately after insertion, heavier and longer menstrual flow for the first few months, increased vaginal discharge, and possible infection. Heavier and longer bleeding is normal and expected, especially in the first few months. Bleeding usually decreases during the first and second years of IUD use.
4. Explain the warning signs of potential complications:
 - ◆ abnormal bleeding
 - ◆ abnormal discharge
 - ◆ pain (abdominal or pain with intercourse)
 - ◆ fever
 - ◆ strings missing, shorter, or longer
5. Tell the client to return any time she has a problem. Remind her that the IUD can stay in for up to 10 years.
6. Have the client repeat this information.

Participant Handout #32: Counseling Cue Cards

DMPA: The Injectable Contraceptive

What is it?

DMPA is an injection containing the hormone progestin. The injection is given every three months.

How effective is it?

DMPA is highly effective if the injections are given every three months. If one hundred women use DMPA regularly for one year, typically only one of them might become pregnant.

How does DMPA work?

DMPA works by preventing the release of the egg from the ovary. Without an egg, a woman cannot become pregnant.

Advantages

- ◆ safe and effective
- ◆ lasts for three months
- ◆ periods become very light and often disappear after a year of use
- ◆ completely reversible, can become pregnant again after stopping DMPA, although there might be a delay of several months
- ◆ can be used while breastfeeding
- ◆ doesn't interfere with sex
- ◆ may improve anemia

Disadvantages

- ◆ menstrual pattern will probably change
- ◆ increased appetite may cause weight gain
- ◆ typically a four-month delay in getting pregnant after stopping DMPA
- ◆ doesn't protect against sexually transmitted diseases

Possible Side Effects

Most women initially experience irregular spotting or prolonged light to moderate bleeding. Later, bleeding is likely to be lighter, less frequent, or stop altogether. Some women also experience weight gain or headaches.

Participant Handout #32: Counseling Cue Cards

DMPA: The Injectable Contraceptive

Client Instructions

1. Show the client the vial of DMPA.
2. Explain the use of DMPA.
 - ◆ DMPA is given by injection every three months. The client should never be more than two weeks late for her repeat injection. If the client knows that she may not be able to come at the appointed time, she may come up to four weeks early.
 - ◆ The injection will take effect immediately if it is given between day one and day seven of her menstrual cycle.
 - ◆ If the injection is given after day seven of her cycle, a back-up method should be used for 24 hours.
3. Review possible side effects. Most women initially experience irregular spotting or prolonged light to moderate bleeding. Later bleeding is likely to be lighter, less frequent, or stop altogether. Some women also experience weight gain or headaches.
5. Review the reasons why she should return to the care provider:
 - ◆ heavy vaginal bleeding
 - ◆ excessive weight gain
 - ◆ headaches
6. Tell the client to return anytime she has a problem and in time for her next injection.
7. Have the client repeat this information.

Participant Handout #32: Counseling Cue Cards

Condoms

What are they?

The condom is a thin sheath worn over the erect penis when a couple is having sex. Contraceptive jelly or foam can be used with the condom for added protection against pregnancy.

How effective are they?

Condoms are effective if used consistently and correctly. If one hundred couples used condoms for one year, typically twelve to fifteen of the women might become pregnant. If contraceptive foam or jelly is used with the condom then fewer women would become pregnant.

How do Condoms work?

The condom catches the man's sperm so that no sperm can enter the vagina. When a spermicide is used it actually kills the sperm.

Advantages

- ◆ safe
- ◆ doesn't require a prescription or medical examination
- ◆ effective and easy to use
- ◆ helps protect partners from sexually transmitted diseases

Disadvantages

- ◆ interrupts the sex act
- ◆ may decrease sexual sensitivity in some men and women
- ◆ a new condom must be used each time the couple has sex
- ◆ a supply of condoms must be available before sex occurs

Possible Side Effects

Most men and women have no side effects. Occasionally a condom may break or slip off during intercourse. Some men or women may have an allergic reaction to latex.

Participant Handout #32: Counseling Cue Cards

Condoms

Client Instructions

1. Show the client the condom and explain how to use it.
 - ◆ Open the package carefully so the condom doesn't tear.
 - ◆ Don't unroll the condom before putting it on.
 - ◆ Place the unrolled condom on the tip of the hard penis.
 - ◆ Hold the tip of the condom with the thumb and forefinger.
 - ◆ Unroll the condom until it covers the penis.
 - ◆ Leave enough space at the tip of the condom for the semen.
 - ◆ After ejaculation, hold the rim of the condom and pull the penis out of the vagina before it becomes soft.

2. Explain about the care of condoms.
 - ◆ Don't apply oil-based lubricants (like baby oil, cooking oil, petroleum jelly/vaseline, or cold cream) because they can destroy the condom. It is safe to use contraceptive foam or jelly, clean water, saliva, or water-based lubricants.
 - ◆ Store condoms in a cool, dry place. Don't carry them near the body because heat can destroy them.
 - ◆ Use each condom only once.
 - ◆ Use contraceptive foam or jelly to make them more effective.
 - ◆ Don't use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
 - ◆ Take care to dispose of used condoms properly.

3. Review possible side effects. Most men and women have no side effects. Occasionally men or women can be allergic to condoms or spermicides. If itching, burning, or swelling develop, the client(s) should return to the clinic to discuss another method.

4. Tell the client to return to the clinic:
 - ◆ any time there is a problem
 - ◆ in time for resupply
 - ◆ if either partner is unhappy with the method
 - ◆ if either partner thinks she or he may have been exposed to an STD

1. Have the client repeat the instructions.

Participant Handout #32: Counseling Cue Cards

Vasectomy

What is it?

Vasectomy is a minor procedure for men that is done by a doctor. It is permanent sterilization for men who do not want any more children.

How effective is it?

Vasectomy (male sterilization) is very effective. If one hundred men are sterilized only one or fewer of them will cause a pregnancy during the first year after the procedure.

How does it work?

The doctor makes a tiny puncture or cut in the scrotum and then cuts the tubes that carry the sperm from the testes to the penis. After the procedure the man still produces semen, but there are no sperm in it.

Advantages

- ◆ very safe and simple procedure that takes about 15-30 minutes by a trained doctor
- ◆ very effective
- ◆ permanent
- ◆ does not interfere with sex

Disadvantages

- ◆ may cause some discomfort during and following the procedure
- ◆ is not effective immediately
- ◆ another method of family planning must be used for several weeks after the procedure until all of the sperm in the tube are expelled
- ◆ it is permanent and difficult and expensive to reverse

Possible Side Effects

Side effects are unusual following vasectomy. Occasionally men have swelling and discomfort of the scrotum, bleeding or infection.

Participant Handout #32: Counseling Cue Cards

Vasectomy

Client Instructions

1. Discuss the client's decision to be sterilized. How long has he considered it? Has he discussed it with his wife or partner? How would he feel if circumstances change in his life such as divorce or death of a child or spouse? Does he understand that the method is permanent?
2. Give the client instructions before the procedure.
 - ◆ Eat a light breakfast the morning of the procedure.
 - ◆ Bathe the day of the surgery and wear clean clothes.
 - ◆ Empty bowels the morning of surgery and urinate just before the procedure.
 - ◆ Ask someone to accompany client home after the procedure.
3. Give the client instructions after the procedure.
 - ◆ Rest for a day or two.
 - ◆ Don't lift anything heavy or do heavy work for one week after the procedure.
 - ◆ Take all of the medicine given at the clinic.
 - ◆ Keep the incision clean and dry.
 - ◆ May bathe after 24 hours.
 - ◆ May notice bruising in the area of the stitches, this is normal.
 - ◆ The stitches will dissolve and don't have to be removed (**note: these instructions must be modified if non-absorbable sutures are used or no sutures at all**).
 - ◆ Avoid intercourse for 2-3 days and then use condoms for 20 ejaculations.
4. Review possible side effects. Return immediately to the doctor or clinic if there is fever, bleeding, or pus from the incision, dizziness, excessive scrotal pain which persists or gets worse, excessive swelling of the scrotum.

Note: *if semen analysis is available, offer to have sperm analyzed after 15-20 ejaculations*

Participant Handout #32: Counseling Cue Cards

Female Sterilization

What is it?

Female sterilization is a safe and simple procedure that provides permanent contraception.

How effective is it?

Female sterilization is very effective. If one hundred women are sterilized, only one of them might become pregnant within two years.

How does it work?

The doctor makes a very small cut in the woman's abdomen and then cuts the tube through which the egg passes to get from the ovary to the uterus. This prevents the woman's egg from meeting the man's sperm.

Advantages

- ◆ very safe and simple procedure that takes only 15-30 minutes by a trained doctor
- ◆ very effective
- ◆ permanent
- ◆ does not interfere with sex

Disadvantages

- ◆ may cause pain at the incision site and lower abdomen for a few days after the procedure
- ◆ leaves a small scar
- ◆ impossible to reverse

Possible Side Effects

Side effects are unusual following female sterilization. Occasionally, women have bleeding or a wound infection following the procedure.

Participant Handout #32: Counseling Cue Cards

Female Sterilization

Client Instructions

1. Discuss the client's decision to be sterilized. How long has she considered it? Has she discussed it with her husband or partner? How would she feel if circumstances change in her life, such as divorce or death of a child or spouse? Does she understand that the method is permanent?
2. Give the client instructions before the procedure.
 - ◆ Don't eat or drink anything after midnight the night before the surgery.
 - ◆ Bathe the day of surgery and wear clean clothes.
 - ◆ Ask someone to bring client home after procedure.
 - ◆ Ask a friend or family member to care for children.
 - ◆ Don't wear jewelry, nail polish or hairpins.
3. Give the client instructions after the procedure.
 - ◆ Rest for a day or two.
 - ◆ Don't lift anything heavy or do heavy work for one week after the procedure.
 - ◆ Keep the incision clean and dry.
 - ◆ May bathe after 24 hours.
 - ◆ Expect to feel a little pain in the lower abdomen.
 - ◆ May notice bruising or discoloration in the area of the procedure, this is normal.
 - ◆ Return to the clinic in one week to have the stitches removed (**note:** the instructions should be modified where absorbable sutures are used).
3. Review possible side effects. Return immediately to the clinic if client experiences fever, bleeding, pus from the incision, or abdominal pain which doesn't go away or gets worse.

Participant Handout #32: Counseling Cue Cards

Emergency Contraception Pills (ECPs)

(information is for low-dose combined pills)

What are they?

ECPs are a hormonal method of contraception that can be used to prevent pregnancy following an act of unprotected sexual intercourse.

How effective are they?

After a single use, pregnancy occurs in about two percent of women who use ECPs correctly.

How Do ECPs Work?

ECPs are thought to prevent ovulation and fertilization. They are not effective once the process of implantation of a fertilized ovum has begun.

Advantages

- ◆ safe and readily available
- ◆ reduces risk of unwanted pregnancy and need for abortions
- ◆ appropriate for use after unprotected intercourse (including rape or contraceptive failure)
- ◆ can be used by young adults, who are less likely to prepare for a first sexual encounter
- ◆ provides a bridge to the practice of regular contraception
- ◆ drug exposure and side effects are of short duration

Disadvantages

- ◆ don't protect against transmission of STDs and HIV
- ◆ don't provide ongoing protection against pregnancy
- ◆ must be used within 72 hours of unprotected intercourse
- ◆ may change the time of the woman's next period
- ◆ inappropriate for regular use (high cumulative pregnancy rate)

Possible Side Effects

Side effects may include nausea, vomiting, spotting, breast tenderness, headache, dizziness, and fatigue.

Participant Handout #32: Counseling Cue Cards

Emergency Contraception Pills (ECPs)

(information is for low-dose combined pills)

Client Instructions

1. Show the client the pills and explain how to use them.
 - ◆ Swallow four tablets as soon as convenient, but no later than 72 hours after having unprotected sex.
 - ◆ Swallow the second four tablets 12 hours after the first dose.
 - ◆ **Important:** if more than 72 hours have passed since client had unprotected sex, do not use ECPs.
 - ◆ If client vomits within two hours of taking a dose, she should take two tablets as soon as possible. If the vomiting occurs after the first dose, client will still need to take a second dose 12 hours later. (Provider can give client extra pills) To reduce nausea, take the tablets after eating or before bed.

Instruct the client **not to take any extra emergency contraceptive pills unless vomiting occurs.** More pills will **not** decrease the risk of pregnancy further.

2. Review possible side effects. ECPs often cause temporary side effects such as nausea and vomiting. Sometimes they can cause headaches, dizziness, cramping, or breast tenderness. These side effects generally do not last more than 24 hours.
3. Review what to expect after using ECPs. Women will not see any immediate signs showing whether the ECPs worked. The menstrual period should come on time (or a few days early or late). Tell the client that if her period is more than a week later than expected, or if she has any cause for concern that she should return to the clinic
4. Instruct the client to return to the clinic when she has her period if she wishes to use a contraceptive method to prevent future pregnancies.
5. Have the client repeat this information.

Transparency #1: Module Objectives

1. Participants will be able to identify their own attitudes, feelings, and values, as well as their significance and impact on the counseling process.
2. Define the terms *family planning counseling*, *interpersonal communication*, *motivation*, *informed choice*, and *informed consent*, and explain the concepts underlying each term.
3. Explain the reasons for family planning counseling and factors influencing counseling outcomes.
4. Describe the major principles of counseling.
5. Identify the characteristics and skills of an effective family planning counselor.
6. Describe the six steps of the counseling process using a standardized approach called *GATHER*.
7. Identify and respond to myths and rumors raised by clients and their families.
8. Identify at least three forms of verbal and nonverbal behavior used when communicating and counseling, using the *ROLES* method.

Transparency #1: Module Objectives (cont.)

9. Demonstrate the use of praise and encouragement when counseling clients, remembering to be *CLEAR*.
10. Explain the rights of the client.
11. Identify common side effects and their impact on family planning clients.
12. Identify several family planning methods and their relationship to sexuality.
13. Identify several ways to motivate men.
14. Identify several ways to assess and adapt the counseling process appropriately taking into account cultural and environmental factors.
15. Apply principles and steps of counseling in role plays using the *GATHER* approach.
16. Demonstrate counseling skills in a clinical setting with actual clients, using counseling cue cards.

Transparency #2: Key Concepts

1. Counseling is a two-way communication process in which **both client and service provider** actively participate.
2. Counseling is an **ongoing process** and must be part of every client-provider interaction in health care delivery.
3. The decision to adopt a particular method must be a **voluntary, informed decision** made by the client.
4. It is the **responsibility of the service provider to ensure** that the **client is fully informed** and **freely chooses** and consents.
5. An **informed client** who has been given her method of choice **is a satisfied client**, who is more likely to continue with the method.
6. The sensitive nature of reproductive health/family planning requires that clients' right to privacy, confidentiality, respect, and dignity are always ensured.

Transparency #3: GATHER

G = Greet client in a friendly, helpful, and respectful manner.

A = Ask client about family planning needs, concerns, and previous use.

T = Tell client about different contraceptive options and methods.

H = Help client to make decision about choice of method s/he prefers.

E = Explain to client how to use the method.

R = Return: Schedule and carry out return visit and follow-up of client.

Transparency #4: CLEAR ROLES

C = Use **clear** and **simple language**.

L = **Listen** to what the client is saying.

E = **Encourage** the client that they will be able to use the method with good results.

A = **Ask** for feedback from the client and acknowledge that their concerns and opinions are valid.

R = Have the client **repeat** back the key points that you have told them about using the method.

R = **Relax** the client by using facial expressions showing concern.

O = **Open up** the client by using a warm and caring tone of voice.

L = **Lean** towards the client, not away from them.

E = Establish and maintain **eye contact** with the client.

S = **Smile**

**COUNSELING FOR FAMILY PLANNING
PRE-/POST-TEST**

Participant Name _____

Instructions: Circle the letter or letters corresponding with the correct answer (some questions may have more than one correct answer).

1. For most clients, the best family planning method is:
 - a. the one that the health provider thinks is best for a particular client.
 - b. the one that is most effective.
 - c. the one that is most convenient for the provider.
 - d. the one that the client chooses after learning about all the available methods.
 - e. all of the above.

2. The family planning counseling process may be described as:
 - a. a two-way communication process actively involving both the client and the health provider.
 - b. a one-way communication process in which the provider asks the questions and the client answers questions.
 - c. a one-time process in which a client learns everything about the family planning method chosen.
 - d. a process that enables a client to be informed about different methods, ask questions, make an informed choice of a method, and leave the clinic feeling confident about how to use the method correctly.
 - e. an ongoing communication process that takes place at every health and family planning service encounter.

3. **Informed choice** means that a family planning client:
 - a. has been informed about all methods and agrees to use the contraceptive method the provider recommends.
 - b. has been informed about the side effects of the method she has chosen.
 - c. has informed you of the method she wants.
 - d. has the right to choose any method she wants based on full information about the benefits and risks of all the methods available (including the right not to use any method), and has been counseled on all aspects of the method chosen.

4. An informed consent form signed by the client is required by many institutions for:
 - a. COCs
 - b. IUD
 - c. DMPA
 - d. VSC
 - e. all of the above

5. Which of the following elements should be incorporated into each counseling session?
 - a. Privacy
 - b. Confidentiality
 - c. Provider method bias
 - d. Accepting and non-judgmental clinic staff attitude
 - e. Technical jargon
 - f. Insufficient time

6. Detailed information about a particular method is usually discussed with a client during:
 - a. general FP counseling.
 - b. method-specific counseling.
 - c. follow-up counseling.
 - d. all of the above.

7. If a client is unsure about or reluctant to choose a FP method, a service provider should:
 - a. tell the client which method the provider thinks is best.
 - b. not mention a method for which the client is known to have a precaution or one that involves action on part of client.
 - c. counsel the client on all the methods available and suggest she think about it and return when she has made a decision.
 - d. explore with the client what method would best fit into her daily life, her present family situation, present and future reproductive plans, and her partner's preference, and guide her in her final decision.

8. Which is the best way to correct a rumor about a FP method?
 - a. Laugh at the client for believing such a silly rumor.
 - b. Politely tell the client the rumor is not true, and lightly brush off the comment.
 - c. Politely explain that the rumor is not true and why it is not true.
 - d. Ignore the comment.
 - e. None of the above.

9. Which of the following are examples of open-ended questions?
 - a. Do you want to use the Pill?
 - b. How would you feel about using the Pill?
 - c. What have you heard about the IUD?
 - d. Have you heard of the IUD?
 - e. Do you remember what to do if you miss one pill?
 - f. Tell me what you will do if you miss one pill.
 - g. How would you feel about not having any more children?
 - h. You realize that female sterilization is permanent?

10. List 5 (positive or negative) nonverbal communication cues that may be given by a client:

1. _____
2. _____
3. _____
4. _____
5. _____

11. Which of the following are characteristics of **active listening**?

- a. Occasionally paraphrasing or summarizing what the client has said
- b. Looking at the client while s/he is talking
- c. Thinking about what you will say next to the client
- d. Writing or reading notes while the client is speaking
- e. Asking specific questions related to what the client has told you
- f. Interrupting the client
- g. Nodding your head and making encouraging sounds while client is speaking
- h. Filing papers

12. Which of the following are characteristics of **effective questioning**?

- a. Asking more than one question at a time
- b. Asking one question and waiting for an answer
- c. Asking questions that begin with **why**
- d. Phrasing questions to avoid **yes** or **no** answers
- e. Using a tone of voice that indicates interest and concern
- f. Using words to encourage client to keep talking, such as "oh?" and "then?"
- g. Asking leading questions

13. The word **GATHER** is a memory aid to help us remember the steps of the counseling. What does each letter stand for?

- G = _____
- A = _____
- T = _____
- H = _____
- E = _____
- R = _____

14. A client will better understand a method s/he has chosen and remember important instructions on its correct use if:
- a flipchart, model or other visual aid is used.
 - she is given general information during counseling and a detailed pamphlet to read at home.
 - the instructions are given to her mother-in-law or husband.
 - she is able to handle and/or look at the method chosen (e.g., IUD sample, pill package, DMPA vial)
 - technical **medicalese** language is used.
 - she is encouraged to ask questions.
15. A client has had an IUD in for three months and now wants to have it removed. What would be the best counseling response?
- Explain that it sometimes takes more than three months to get used to the IUD and try to persuade her to keep it for another three months.
 - Don't ask any questions; remove it and help her choose another method.
 - Ask her why she wants it removed. If it is to become pregnant, remove the IUD. If not, discuss her reasons and concerns. If she still wants it removed, do so and help her choose another method.
16. A client who has been on the COC for five months has missed at least one pill out of every cycle. She has forgotten to take two pills in her current cycle. She does not want a pregnancy. Would you counsel her to:
- devise a system to help her remember to take her pill?
 - speak with her husband or mother-in-law?
 - help her choose another effective method which is not so client-dependent?
 - lecture her on possible consequences and repeat instructions about using a back-up method?
 - not counsel her: sympathize and do nothing? (After all, it's her life.)
17. **TRUE or FALSE.** Indicate whether the statement is true or false.
- ___ a. A good counseling session is one in which the service provider leads and controls the discussion.
- ___ b. It is not particularly important to discuss myths and rumors, because you will be giving the client correct information about the method she will use.
- ___ c. A spouse or mother-in-law should be encouraged to participate in FP counseling sessions, even if the client does not seem eager to involve them.
- ___ d. It is acceptable for a provider to persuade a client to use a method that the provider genuinely thinks is better for the client.
- ___ e. Counseling is more important when the client is illiterate than when the client is highly educated.
- ___ f. It is only important to use A/V aids when the client is illiterate.
- ___ g. Brief, simple, specific messages which are repeated often are a good way to provide instructions for method use.
- ___ h. The decision to use a particular method must be a voluntary, informed decision made by the client.

COUNSELING FOR FAMILY PLANNING PRE-/POST-TEST

Participant Name _____

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 - d. **Accepting and non-judgmental clinic staff attitude**
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 - b. **How would you feel about using the Pill?**
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 - d. Have you heard of the IUD?
 - e. Do you remember what to do if you miss one pill?
 - f. **Tell me what you will do if you miss one pill.**
 - g. **How would you feel about not having any more children?**
 - h. You realize that female sterilization is permanent?

10. List 5 nonverbal communication cues that may be given by a client:

1. Nodding of head/moving head from side to side
2. Frowning/smiling/grimacing
3. Looking at the floor/ceiling/around the clinic
4. Twisting rings or other jewelry/pulling on fingers/rubbing hands
5. Maintaining or avoiding eye contact

11. Which of the following are characteristics of **active listening**?

- a. **Occasionally paraphrasing or summarizing what the client has said**
- b. **Looking at the client while s/he is talking**
- c. Thinking about what you will say next to the client
- d. Writing or reading notes while the client is speaking
- e. **Asking specific questions related to what the client has told you**
- f. Interrupting the client
- g. **Nodding your head and making encouraging sounds while client is speaking**
- h. Filing papers

12. Which of the following are characteristics of **effective questioning**?

- a. Asking more than one question at a time
- b. **Asking one question and waiting for an answer**
- c. Asking questions that begin with **why**
- d. **Phrasing questions to avoid yes or no answers**
- e. **Using a tone of voice that indicates interest and concern**
- f. **Using words to encourage client to keep talking, such as "oh?" and "then?"**
- g. Asking leading questions

13. The word **GATHER** is a memory aid to help us remember the steps of the counseling. What does each letter stand for?

G = Greet clients in friendly, helpful, and respectful manner

A = Ask client about FP needs, concerns, and previous use

T = Tell client about different contraceptive options

H = Help client make decision about method s/he prefers

E = Explain to client how to use the method chosen

R = Return visit and follow-up of client

14. A client will better understand a method s/he has chosen and remember important instructions on its correct use if:
- a. **a flipchart, model or other visual aid is used.**
 - b. she is given general information during counseling and a detailed pamphlet to read at home.
 - c. the instructions are given to her mother-in-law or husband.
 - d. **she is able to handle and/or look at the method chosen (i.e. IUD sample, pill package, DMPA vial?)**
 - e. technical **medicalese** language is used.
 - f. **she is encouraged to ask questions.**
15. A client has had an IUD in for three months and now wants to have it removed. What would be the best counseling response?
- a. Explain that it sometimes takes more than three months to get used to the IUD and try to persuade her to keep it for another three months.
 - b. Don't ask any questions; remove it and help her choose another method.
 - c. **Ask her why she wants it removed. If it is to become pregnant, remove the IUD. If not, discuss her reasons and concerns. If she still wants it removed, do so and help her choose another method.**
16. A client who has been on the COC for five months has missed at least one pill out of every cycle. She has forgotten to take two pills in her current cycle. She does not want a pregnancy. Would you counsel her to:
- a. devise a system to help her remember to take her pill?
 - b. speak with her husband or mother-in-law?
 - c. **help her choose another effective method which is not so client-dependent?**
 - d. lecture her on possible consequences and repeat instructions about using a back-up method?
 - e. not counsel her: sympathize and do nothing? (After all, it's her life.)
17. **TRUE or FALSE.** Indicate whether the statement is true or false.
- F a. A good counseling session is one in which the service provider leads and controls the discussion.
 - F b. It is not particularly important to discuss myths and rumors, because you will be giving the client correct information about the method she will use.
 - F c. A spouse or mother-in-law should be encouraged to participate in FP counseling sessions, even if the client does not seem eager to involve them.
 - F d. It is acceptable for a provider to persuade a client to use a method that the provider genuinely thinks is better for the client.
 - F e. Counseling is more important when the client is illiterate than when the client is highly educated.
 - F f. It is only important to use A/V aids when the client is illiterate.
 - T g. Brief, simple, specific messages, which are repeated often are a good way to provide instructions for method use.
 - T h. The decision to use a particular method must be a voluntary, informed decision made by the client.

Comprehensive FP/RH Curriculum Participant Evaluation

Module 3: Counseling for Family Planning

Rate each of the following statements as to whether or not you agree with them, using the following key:

- 5 Strongly agree
- 4 Somewhat agree
- 3 Neither agree nor disagree
- 2 Somewhat disagree
- 1 Strongly disagree

Course Materials

I feel that:

- The objectives of the module were clearly defined. 5 4 3 2 1
- The material was presented clearly and in an organized fashion. 5 4 3 2 1
- The pre-/post-tests accurately assessed my in-course learning. 5 4 3 2 1
- The competency-based performance checklist was useful. 5 4 3 2 1

Technical Information

- I learned new information in this course. 5 4 3 2 1
- I will now be able to:
- Provide general counseling to family planning clients. 5 4 3 2 1
- Adapt the counseling process to unique cultural settings. 5 4 3 2 1
- Dispel rumors and misconceptions about family planning. 5 4 3 2 1

Training Methodology

- The trainers' presentations were clear and organized. 5 4 3 2 1
- Class discussion contributed to my learning. 5 4 3 2 1
- I learned practical skills in the role plays and case studies. 5 4 3 2 1
- The required reading was informative. 5 4 3 2 1
- The trainers encouraged my questions and input. 5 4 3 2 1

Training Location & Schedule

The training site and schedule were convenient.

5 4 3 2 1

The necessary materials were available.

5 4 3 2 1

Suggestions

What was the most useful part of this training? _____

What was the least useful part of this training? _____

What suggestions do you have to improve the module? Please feel free to reference any of the topics above.
