



MotherCareTM

PN-ABU-641
94288

**Interpersonal Communication
and
Counseling Curriculum
for
Midwives**

Nigeria

August 1993

**INTERPERSONAL COMMUNICATION
AND
COUNSELING CURRICULUM
FOR
MIDWIVES**

Prepared by:

The Family Health Service Project, Nigeria

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The Johns Hopkins University/PCS

Nigeria

August 1993

This publication was supported by the United States Agency for International Development under contract DPE-5966-A-00-8083-00.

The contents of this document do not necessarily reflect the views or policies of the U.S. Agency for International Development or of MotherCare.

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INTRODUCTION

The interaction between a health care provider and client is a critical element of any effective health care delivery system. It is through the personal face-to-face exchange that providers are able to assess and address the individual needs of each client. Health care providers can use effective interpersonal communication and counseling to collect and disseminate information and to promote and establish a relationship of trust and confidence with the client. It is essential in helping clients make informed choices about their health. Informed choice means that a client is able to make a decision based on complete and unbiased information. In order to achieve high quality of care, health care providers and program managers must use the interpersonal communication and counseling skills that allow clients to make informed choices.

HOW TO USE THIS CURRICULUM

This Curriculum has been designed as a guide for use in conducting a 6-day Interpersonal Communication and Counseling workshop for midwives and nurses. But experience has shown that it can be conveniently adapted to conduct workshops for the development of interpersonal communication and counseling skills for all other categories of health workers, e.g., doctors, matrons in management, administrative officers (like Commissioners), Directors-General, student nurses and midwives. It can also be adapted and used for the development of the skills necessary to change the attitudes of personnel outside the health sector.

The Curriculum is divided into six sessions covering all aspects of interpersonal communication and counseling and community outreach. Each session is prefaced with a cover page, containing a summary of the main concept addressed in the session.

Sessions objectives, total time, session covered, preparation required, training materials required, reference materials and handouts are provided at the end of each session. The topic sessions outline the following:

Time, Objective/Evaluation Indicator emphasizes the intents and full measurement of the topic being treated.

Method/Activity emphasizes the steps and exercises intended to illustrate the point of emphasis.

Content emphasizes the possible responses and factual topic content.

Trainers are advised however, to modify steps and exercises according to the focus of the workshop, their preferences and available time. As long as they cover the concepts adequately, innovations are encouraged.

ACKNOWLEDGEMENTS

This curriculum was developed under the MotherCare project of the Family Health Services Project of Nigeria with technical assistance from MotherCare/The Manoff Group/The Johns Hopkins University/Population Communication Services (JHU/PCS) and the MotherCare Project of John Snow Inc. and their respective subcontractors, the Program for Appropriate Technology in Health (PATH) and the American College of Nurse-Midwives (ACNM). Funding support was from the United States Agency for International Development (USAID).

The Family Health Services project gratefully acknowledges the invaluable contributions of staff and consultants of Bauchi and Oyo State Ministries of Health, who pretested the curriculum within the Life Saving Skills Workshops and are using it in their state MotherCare/IEC programs.

The first version of this curriculum was drafted by representatives from Bauchi and Oyo states, the Nursing and Midwifery Council, the Federal Ministry of Health (FMOH), and the Nigerian Educational Research Development Council (NERDC) at a workshop organized by the MotherCare Project in June 1992.

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SESSION I

BARRIERS, MOTIVATORS, AND ENABLERS TO CARE

SESSION I

BARRIERS, MOTIVATORS, AND ENABLERS TO CARE

A barrier is defined as something which "holds apart, separates or hinders." In the context of Maternal Health, barriers are those customs, preferences, and economical, political, geographical, educational and technical constraints which separate women from safe, satisfying, accessible healthcare. A recognition of the barriers which hinder clients from benefiting from healthcare services and also midwives from providing quality care should be the first step in the drive towards the reduction in maternal mortality rates. Motivators are the factors that "move" someone to action. Enablers make this action possible. In maternal health, it is the balance of these barriers, motivators, and enablers that determine the extent to which we are able to influence our own situation.

Objectives:

Participants will be able to:

- A. Define and identify barriers to maternal health care.
- B. Define and identify motivators and enablers in maternal health care.
- C. Recognize and categorize barriers, motivators, and enablers to maternal health care in the clinical environment.
- D. State implications of barriers, motivators, and enablers to maternal health care .
- E. Identify a possible solution for each barrier identified.

Time: 5 Hrs. 25 Mins.

Topics covered: (a) Barriers, motivators and enablers to maternal health care
(b) "Fresh Eyes, Fresh Ears" Exercise

Preparation: - Prepare and plan a brief visit to the maternity ward with matron in charge ahead of time.

Training Aids: - Flipcharts and markers or board and chalk

Handouts: - Handout: "Maternal Health Care Services in Nigeria"

Reference materials: - Videos: "Why did Mrs X Die?," produced by WHO, Geneva
"Vital Allies," produced by Family Care International, New York

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	A. Define and identify barriers to maternal health care.	<ol style="list-style-type: none"> 1. Ask participants to brainstorm on what a barrier is. List their responses. 2. Extend the brainstorming on the definition by asking for examples of barriers in our domestic lives and how these affect us. 3. Brainstorm further on barriers in the workplace and how these might affect our output/achievement. 4. Present the definition of barrier under "content" at right. Explain its meaning in the context of maternal health care. <p>Mention that barriers could be categorized under political, socio-economic, cultural, and geographical content.</p>	<p><u>Possible responses:</u></p> <ol style="list-style-type: none"> 1. Hindrances, obstructions, obstacles, constraints 2. Lack of communication between spouses, between parents and children, inadequate finances, etc. 3. Poor communication, lack of incentives, knowledge deficit, etc. 4. <u>Definition of barrier:</u> Barriers are issues, factors, beliefs, behaviors, etc., that prevent contact or interaction between one thing and the other. In human terms, a barrier prevents someone from DOING something. <p>Barriers may be political, cultural, customary, economic, geographical, or educational in nature.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
20 Mins.	B. Define and identify motivators and enablers in maternal health care.	<ol style="list-style-type: none"> 1. Ask participants to define motivator. 2. Ask participants what an enabler is. 3. Continue by asking participants to give examples of motivators and enablers in health care. 	<p>Barriers to maternal health care are factors which make it difficult for clients to obtain quality health services.</p> <p><u>Possible response:</u></p> <ol style="list-style-type: none"> 1. A motivator is anything or anyone (for example, knowledge or incentive) that "moves" us or makes us want to do or achieve something. 2. An enabler is a fact or condition that makes it possible, or "enables" us to do something. 3. Some motivators: <ul style="list-style-type: none"> ■ Knowledge that an immunized baby is more likely to survive ■ Praise for coming to the clinic for a prenatal visit (the friendly or gentle but knowledgeable midwife)

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>4. Ask participants to suggest some enablers in maternal health care.</p>	<ul style="list-style-type: none"> ■ The desire to "keep up with the Joneses" ■ Awareness that eating certain foods during pregnancy decreases the chance of anaemia during pregnancy and puerperium. ■ Good rapport (a trusting relationship) between the midwife and community members <p>4. Some enablers are:</p> <ul style="list-style-type: none"> ■ Placing the clinic within the community ■ Clinic hours that are flexible to accommodate the communities' schedules and activities ■ Access to regular supply of basic delivery tools and perishables ■ A husband's permission , willingness, and support in taking his wife to care.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
1 Hr. 45 Mins.	C. Recognize and categorize barriers, motivators, and enablers to maternal health care in the clinical environment.	<p>5. Explain to participants that identifying barriers, motivators, and enablers is crucial to the provision of quality care.</p> <p>1. Take participants on a tour of the antenatal, labor, delivery, post-partum, septic, gynae and neonatal wards. They should tour all of the facility, including equipment, drugs, examining rooms (with client's permission). They should be free to tour at their own pace, stop, question, and observe as they wish.</p> <p>Instruct participants beforehand to look at the clinic from the viewpoint of the provider and the client.</p>	<p>"Fresh Eyes - Fresh Ears" Exercise: A walk through the Maternity Unit. This is to assess the clinical situation and sensitize the trainees to their feelings of what they saw or heard.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Explain that they should ask themselves the following from each point of view:</p> <p><u>Provider:</u></p> <p>a) What do I see? How do I feel about what I see?</p> <p>b) What are the barriers to providing good health care?</p> <p>c) What are the enablers to providing good health care?</p> <p>d) What are my feelings regarding the patients and their relations?</p> <p>e) As a provider, how do my feelings about what I see affect my treatment of the patient?</p> <p>f) What motivates me to do my job?</p> <p>g) What does the client want from me?</p>	

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p><u>Client:</u></p> <p>a) What do I see?</p> <p>b) How do I feel about the clinic environment? the provider? myself?</p> <p>c) What barriers do I face in obtaining health care?</p> <p>d) What enabled me to obtain health care?</p> <p>2. Convene all participants in the classroom. Ask participants:</p> <p>a) to discuss their experiences during their visit to the clinic.</p> <p>b) what barriers, motivators, and enablers existed from the clients' point of view? Categorize their responses under the headings of geographic, political, socio-economic, cultural/religious, and logistical, managerial, professional.</p>	<p><u>Possible Responses:</u></p> <p>b) happy, afraid, distraught, strange, uncomfortable?</p> <p><u>Possible Responses:</u></p> <p><u>Client Factors</u></p> <p>- Geographic/logistical: Access to clinic: transportation, location of health center/hospitals and hospital schedules</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>c) what barriers, motivators, and enablers existed from the provider's point of view? Also categorize these under headings as before.</p>	<ul style="list-style-type: none"> - Cultural/social/religious: purdah, gender preference in providing health care, awareness about danger signs, traditional food customs, beliefs about personal integrity that prohibit taking blood transfusion, drugs, and assisted delivery. - Economic: ability/inability to afford medical care and supplies, food, education <p><u>Provider Barrier</u></p> <ul style="list-style-type: none"> - Geographical/logistical: distance from home to clinic, transport to dispensary. - Professional: attention to/lack of regard for clients' need for confidentiality, privacy; skill/knowledge about medical procedures; authority to take urgent decisions; staffing.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>3. Have participants brainstorm other barriers to care they know, but might not have observed during the walk-through exercise.</p>	<p>- Social/cultural/religious: local language skill; ethnic/religious affiliation; familiarity with or disrespect for local customs and beliefs</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
1 Hr. 45 Mins.	D. State implications of barriers to maternal health care	<p>1. Ask participants to discuss some of the effects of identified barriers on maternal health services.</p> <p>2. Ask why these factors are considered as obstacles?</p>	<p>1. Negative:</p> <ul style="list-style-type: none"> - Health providers' negative attitude frightens women in need away. - Clients do not receive antenatal care because they have to travel over long distances to reach the clinic. - Cultural values and ideals related to modesty enforce unattended delivery, e.g. "KUNYA." - TBAs are afraid to refer women in need because midwives talk harshly at the women. <p>2. These are obstacles to care because they separate the women from the provider. Most often as a result of at-risk mothers not being screened and helped towards safe delivery.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
25 Mins.	E. Identify a possible solution for each barrier identified	1. Explain that now that they have identified factors contributing to the health situations they found in the clinic--the barriers, motivators, and enablers, participants should identify what they as midwives can do to address every identified barrier.	<p>1. <u>Possible Solutions:</u></p> <p>Midwives need to:</p> <p>a) improve their interpersonal communication skills.</p> <p>b) understand the values of their patients and how their own personal values and biases get in the way of good interaction with their clients.</p> <p>c) go beyond providing clinical services to greater interaction with the community.</p> <p>d) develop problem-solving skills that encourage initiative and "go-getting."</p> <p><u>POINT TO EMPHASIZE:</u> These problems can be overcome through carefully packaged programs and increased community awareness and participation on the part of the midwife.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
40 Mins.		<p>2. Show participants the film, "Why did Mrs X Die?"</p> <p>Allow participants time to watch this video in order to gain a sense of the broader issues relating to maternal mortality.</p> <p>3. Lead a discussion on the video. Ask participants:</p> <p>a) How does what you just saw in the video corroborate your experiences in the "Fresh Eyes, Fresh Ears" exercise?</p> <p>b) Randomly ask participants to name one barrier to maternal health care and its implications.</p> <p>4. Summarize by asking clients to discuss which barriers might be addressed by a midwife and which are beyond her power and why they feel as they do.</p>	<p>2. The Video, "Why did Mrs X Die" analyzes the issues relating to maternal mortality from a multi-dimensional perspective.</p> <p>3. Many of the barriers enumerated in the film "Why did Mrs. X die?" and through their own assessment of the maternity environment may seem out of proportion with what is manageable by the midwife.</p> <p>However, others are within the midwives power to change.</p>

HEALTHCARE SERVICES IN NIGERIA

Background Information:

One clear trend in the development of health care facilities in Nigeria is that health care services are more concentrated in the urban areas. But in the past five to six years carefully planned steps have been taken to bring health facilities to the rural settlements in order to promote the health of the rural populace, too. These efforts can be seen in the Primary Health Care programme, provision of child survival services, e.g., Expanded Programme on Immunization [EPI], and Oral Rehydration Therapy [ORT]. Other efforts include family planning, health education and maternal health services.

Despite these efforts, very little has been achieved in reducing maternal deaths in rural settings.

According to the World Health Organization [WHO] report (1990) and the Federal Ministry of Health of Nigeria, 800 [WHO] to 1,500 [FMOH] mothers die every year out of 100,000 live births in Nigeria. In some particular areas, 90 - 95% of maternal deaths are cases from rural areas. These methods may be attributed to lack of access to prenatal care and delivery with a trained health worker. For instance, less than 50% of rural women attend antenatal clinic, while only 30% of them deliver in the health facilities. In view of this it is necessary to identify barriers which affect patients/clients and health care providers that may stand between the rural women and health care facilities and to suggest solutions to the barriers.

Factors Affecting Health Care Services:

Health is defined by WHO as a state of complete physical, social and mental well-being, not merely the absence of disease or infirmity. In Nigeria, programs like MAMSER and Better Life for Rural Women contribute to this health goal. In the health sector, services are provided at different levels--Primary, Secondary and Tertiary--to achieve this state of health.

Despite the government effort to meet the health needs of the people, many people, especially in the rural community, do not have access to health care. The aim of this paper is to identify those barriers to health care and introduce problem solving techniques which could be used to remove them.

A barrier is defined as something which "holds apart, separates or hinders." In the context of maternal health, barriers are those customs, preferences, and economic, political, geographical, educational, and technical constraints which separate women from safe, satisfying, accessible healthcare.

These barriers could be directly related to the clients or the health care providers. Barriers as they affect the clients include:

- *Inaccessibility to clinic.* This may be due to transportation difficulties, location of clinic/hospital and hospital, fees/schedules.
- *Cultural/religious beliefs.* For instance, some religious groups do not believe in using hospitals or medication, while others would hesitate to come to the hospital if they will be attended to by male staff alone.
- *Socio-economic status.* Low socio-economic status could lead to poverty, ignorance and, subsequently, malnutrition. These factors to a great extent can hinder clients from benefiting from health care services. For instance in a state of extreme poverty both housing and nutrition essential to maintenance of good health may not be affordable.
- *Lack of awareness.* Ignorance of available health services for health care provision often lead to underutilization of health care facilities.
- *Differences in values.* This may result from diversity in cultural and/or religious background. Values are ideas that are shared by members of a community about what is good and desirable (Abdurrahman 1991). According to Abdurrahman, traditional African values include group supremacy over the individual, discipline, respect for elders, honesty, sharing and helping the less opportuned, and conformity to another in planning and delivering health care services to people. Most of the identified African values are stressed in the Code of Ethics for Nurses. Differences in values, whether they originate from differences between colonial and traditional African culture or differences between ethnic or religious groupings, can forge a separation between caregivers and clients, resulting in inability to provide optimal care.

It is not enough to see the distance between the rural women and health care services only from the socio-economic status and environment of the woman. A further look into the quality of services and health personnel offering these services may afford us a more comprehensive. This approach can guarantee positive effects for intervention strategies. Factors such as knowledge deficit, lack of drugs and equipment, poor aseptic technique, and poor interpersonal relationships and managerial problems such as lack of monitoring and evaluation, poor motivation, poor record management, and low levels of responsibility, are enough to increase the barrier already observed.

Knowledge Deficit:

Good performance and productivity depend largely on the knowledge, skills, and attitudes possessed by the health care personnel. A sound background knowledge is essential for effective health care delivery. Therefore, the basic training health care providers received is not enough to cope with the increasing health care demand of the society. As the societal demand changes, the health care providers have to expand their knowledge and skills, through training and retraining, and by reading current books and journals to keep abreast of

the developments in health care services. Failure to do this will lead to gross knowledge deficit and poor quality healthcare. Gradually, the personnel will become incompetent and lack confidence. This also affects the relationship with their client as the clients are bound to lose confidence in the health care provider.

It is, therefore, pertinent for every health worker to develop a positive attitude to learning and become research-minded. Research is defined as an attempt to increase available knowledge by discovering new facts through systematic, scientific enquiry (Clerk and Hockey 1981).

Research involves careful observation and documentation of facts from which inferences can be drawn. For health care practice to be improved, providers must try to carry out studies which will provide them with feedback on their strengths and weaknesses, effectiveness of working tools, and management. Providers must also involve themselves in assessing the community problems to determine the community barriers to effective health care.

It is not enough to collect and analyze this information (data): efforts must be made to solve the identified problems through any means possible.

Health care providers must become acquainted with knowledge and skills of problem solving, communication and interpersonal relations and research. Research is very beneficial as it widens the scope of knowledge and keeps the provider abreast of current changes. For instance, it is through research that knowledge on benefits of exclusive breastfeeding, AIDS awareness and precautions, increased maternal mortality rate, and the need to go into the community to provide care at grassroots levels became apparent. Inadequate exposure to research information often leads to incompetence and avoiding from responsibilities.

In any provision of healthcare we must evaluate:

- ***Lack of Drugs and Equipment:*** Inadequate equipment and drugs in the health centers and hospitals may lead to sub-standard care or to no care at all. Some equipment can be improvised, but others cannot. Drugs cannot be improvised. Lack of needed supplies make clients lose confidence.
- ***Unethical Conduct:*** Failure to observe professional ethics in discharging professional responsibilities could be strong barrier to health care provision. If the clients' needs for confidentiality, respect, and consideration are not recognized by the health care provider, the clients may not attend the clinics.
- ***Managerial Problems:*** Managerial problems may include such factors as lack of monitoring and evaluation of health care services, inadequate managerial skills of health workers, poor staff motivation, and poor record management.

Monitoring--keeping track of how the process is going towards achieving the goals--is needed to ensure the *MAINTENANCE* (continuous functioning) or correction of strategies adopted for an identified goal. *EVALUATION*, on the other hand, is the process or collection of processes used to determine the extent to which the goals have been achieved; that is, whether the program has had the desired impact. The importance of monitoring and evaluation is actually to give feedback on how the health care services efforts are yielding results and what may be needed to correct them. It may help to answer questions like:

"How many pregnant women attended our clinic last month?"

"Where are they from?"

"How many have been attending our clinic in the past six months?"

"What was the nature of their problems?"

"How many mothers died in our clinic yearly?"

"Why did they die?"

"How many mothers lost their babies at delivery?"

"Why did the babies die?"

"How well are we caring for our patients?"

"Do we have enough drugs?"

"Why are they not enough, if they are not?"

"Do we treat our patients with respect?"

"Why is there a drop in our client flow?"

"How effective are our solutions to their problems?"

"Can we easily obtain past information on our clients?" etc.

Very often our inability to answer these questions is the result of the fact that health workers are not adequately trained in how to obtain information from clients or that they are not adequately motivated [moved] to obtain them. The systematic recording of information will enable the clinic to retrieve information when needed. Equally important is the evaluation of duties due to poor supervision of services and responsibilities by the superior officers [Matron in charge of a Unit or Unit Heads]. In other words, nobody cares where and how documents/equipments are kept, whether they are kept or not, and who is expected to keep and give out information when needed. It is necessary to assign responsibilities and to check daily, weekly, monthly, randomly, as the case may be, as to whether they are being carried out in the expected way.

SESSION II
VALUES CLARIFICATION

SESSION II

VALUES CLARIFICATION

Values are the "social principles, goals or standards held by an individual or group" that influence the individual's daily activities relating to good health, family, position, career and marriages, etc. Our values are often so ingrained that we are unaware of them until we are confronted with situations that challenge them.

By understanding her own values, the midwife is better able to appreciate and respect the various experiences that shape the values and belief systems of her clients. By appreciating that her own sensibilities may differ from those of her clients, the midwife allows the client's need to be met with the commensurate quality of care.

Objectives:

Participants should be able to:

- A. Identify differences in values.
- B. Define values and identify four factors that influence them.
- C. Explain how values influence our perceptions and actions.

Time: 1 Hr. 45 Mins.

Topics Covered: (a) "Assumption vs Knowledge" Exercise

(b) Summary

Preparation: None

Training Aids: Newsprint and markers or chalk and board

Reference Materials: None

Time	Objective/ Evaluation Indicator	Method/Activity	Content
45 Mins.	A. Identify differences in values	<ol style="list-style-type: none"> 1. Divide participants into two equal groups, A & B. Each member of Groups A should choose a partner from Group B. 2. Tell partner pairs that they must not speak to each other. Ask them to list the three things they think their partner is most interested in doing after today's session and to rank these in order of importance to their partner. Then have them list three things they themselves would be interested in doing after the session. (Partner pairs should sit together, face-to-face, but not speaking.) 3. Ask each member of group A to read aloud her list describing her partner's imagined interests. Next, the partner from group B reads aloud her own list of actual interests. Continue until everyone has shared their list. 	<ol style="list-style-type: none"> 1. <u>Assumption Vs Knowledge Exercise</u> This exercise helps trainees to focus on the problems and interests of their clients and their families. Are their perceptions similar to those of the people with whom they work? This activity demonstrates how hard it is to make assumptions of what someone else's interests really are and how easy it is to make incorrect assumptions.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>4. Discuss the following questions:</p> <p>a) Did any member of Group A correctly or almost correctly identify the main interests of her partner?</p> <p>b) If so, how do you think this was possible?</p> <p>c) Why do you think some of you did not identify the interests of your partners correctly?</p> <p>d) What would have assisted you in correctly identifying your partner's interest?</p>	<p><u>Possible Responses:</u></p> <p>b) ■ Similar educational background</p> <p>■ Same sex</p> <p>■ Same cultural background</p> <p>■ Same religion</p> <p>■ Knew each other before</p> <p>■ Had discussed this before</p> <p>■ Had observed her</p> <p>c) Even though you know someone, you may still be unaware of that person's real interests or concerns unless special efforts are made to learn what these may be.</p> <p>d) If we had been allowed to talk together. Ask her. If we had time to observe each other for some days before the exercise.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>e) How did it feel to be told what your interests were, or what you were going to do? How did you feel when you were prejudged or misjudged?</p> <p>Summarize with the content at right.</p>	<p>e) Felt resentful, surprised, misjudged, amused, lost respect for person making assumptions. It was more difficult to then tell the truth or felt need to defend self. Felt devalued as person. If you had difficulty guessing a fellow midwife's real interests (with the commonalities you share), think how even more mistaken you might be about the needs and problems of the community residents about whom you may know very little.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
35 Mins.	B. Define values and identify factors that influence them.	<p>1. Explain to participants that you are now going to take a poll of their views on certain subjects. Explain the rules as follows:</p> <ul style="list-style-type: none"> a) There is no right or wrong answer to any question. b) They must either agree or disagree with each statement. c) If they agree with the statement, they should stand at the right side of the room; if they disagree, they should stand at the left. <p>2. Read statements from the list presented at right:</p>	<p>1. Exercise: Survey of Attitudes</p> <p>This exercise illustrates how individuals can have different priorities in life even though they may all live in the same community and have similar backgrounds.</p> <p>2. <u>Statements</u></p> <ul style="list-style-type: none"> a) TBAs should be given more responsibility in giving care to women. b) It is the couple's right to determine their reproductive needs (fertility). c) Men should beat their wives less during pregnancy.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Process this exercise by asking participants:</p> <p>a) Were you surprised by the reactions of some of your colleagues?</p> <p>b) What explains the differences in your attitudes toward some of the statements made?</p>	<p>d) A woman's worth is defined by the number of children she has.</p> <p>e) Women should be virgins when they marry.</p> <p>f) Men should be virgins when they marry.</p> <p>e) If a baby dies because a woman comes in too late to deliver, it is the woman's fault.</p> <p>g) A pregnant woman's husband should decide how money is spent on health care.</p> <p>b) Age, ethnicity, personal experience, family pressures.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>c) Supposing your clients had the opportunity to list their major problems in order of importance, how would these resemble your own ideas of their problems?</p> <p>d) How can we become more familiar with the value systems and ideas of our clients and their families in order to communicate more effectively with them?</p> <p>3. Ask participants to brainstorm the definition of "values". Modify the definition and write on the board the definition at right:</p> <p>4. Ask participants to list some of the factors that influence their values.</p>	<p>c) These might depend on the barriers, motivators, and enablers present in their lives. These might be very different from what we assume.</p> <p>d) Listening to women and their families would give us a better idea of how we can best communicate our ideas to them. One of the best ways to know someone's real interests is to talk directly to that person.</p> <p>3. <u>Definition:</u> Values are the ways the individual sees or looks at life or things important to him in order of priority.</p> <p>4. Factors that influence values:</p> <ul style="list-style-type: none"> ■ Family ■ Peer groups ■ Religion, etc. ■ Educational background ■ Community ■ Experience

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>7. Refer back to the first game and ask participants in the first game what values might have been influencing people's plans for what they would do after work?</p> <p>8. Can we easily anticipate each others' value systems?</p>	<p>7. Participants should use their own examples, such as:</p> <p>a) Call home: desire to maintain closeness with spouse, children because family welfare is important.</p> <p>b) Review notes from training: learning, education, self-improvement is important to self-esteem.</p> <p>c) Check in at office: Success at work gives a strong sense of accomplishment, worth.</p> <p>8. Not usually, especially if we are not well-acquainted.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
25 Mins.	C. Explain how values influence our perceptions and actions.	1. Ask participants to think back to the first section on barriers, motivators, and enablers. From the clients' point of view, what were some of the factors affecting perception of health care and how did their values affect these perceptions?	<p>1. Note to trainer: If people have difficulty, give them the example (kunya, high parity) and have them identify the associated value/perception.</p> <p><u>Possible examples:</u> <u>"Kunya"</u>: Women perceive assisted delivery as shameful because within their culture, modesty is valued very highly. If they have assisted delivery, they are less valued as women.</p> <p><u>High parity</u>: (1) Women perceive children as god's gift which cannot be denied and so see fertility control as opposing god. (2) Women know that their value to their husband depends on large numbers of sons so they perceive limiting as dangerous to their future and their marriage.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p><u>Unsafe abortion:</u> Unmarried women know that if they seek abortion from a public health provider, it will be evident that they are sexually active, which is against community values, so they seek clandestine services or delay abortion until it is very dangerous instead.</p> <p><u>Nutrition:</u> Certain protein foods are thought to make children thieves or cause upset stomach in the pregnant woman, so women avoid them during pregnancy even though they actually need more protein at this time.</p> <p><u>Early breastfeeding:</u> Women want to ensure purity in their newborn; colostrum is thought to be impure, so women do not feed it to the new baby.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Conclude this session by summarizing the points at right.</p>	<p><u>POINTS TO EMPHASIZE:</u></p> <ul style="list-style-type: none"> ■ Even in a group of people from similar backgrounds, educational levels and professions, a wide variety of attitudes and values may persist. If health workers can recognise their own biases first and understand where these come from, they are better prepared to deal with the different beliefs and behaviors their clients hold. ■ We would probably have more success in our work with the members of the community if we first tackle the problems <u>they</u> see as important. ■ We must first be aware of our own values so as to ensure that we do not impose them on our clients. Better understanding of our values as well as those of the client will help providers deliver more relevant, quality appreciable care in ways that do not come into conflict with their clients' values.

VALUES CLARIFICATION

- 1. Values are the ways an individual sees or looks at life or things important to him/her in order of priority.**
- 2. One's values are formed by the following: (i) Religion, (ii) Customs/Traditions (iii) Educational background, (iv) Geographical situation, (v) Socio-economic conditions etc.**
- 3. Our values are often deeply ingrained in us so much so that we are sometimes unaware of them until confronted with a situation that challenges them.**
- 4. Values of clients and providers affect the attitude and behavior of both groups. This might lead to mistrust, lack of confidence and low quality of care in health care delivery, particularly in maternal health care.**
- 5. It is, therefore, crucial to be aware of our own values in order not to impose them on our clients.**
- 6. However, better understanding of our values as well as those of our clients, will help providers deliver quality care in ways that do not come into conflict with clients' values.**

The following handout is a sample of responses to antenatal and postnatal exit interviews of clients conducted in Bauchi and Oyo states. Learning how clients feel about services is a first step to providing the care that they need.

H.O. #2

SURVEY ON QUALITY OF CARE FOR CLIENTS

Why did you come for Antenatal care?

1. Because there are qualified midwives who can manage me. (19 .5 yrs, 1 child)
2. Because routine drugs are given and the health workers are good. (20 yrs, 1 child)
3. Because I want to know about my health and the baby's health. (26 yrs, 3 children)
4. Because I want my health monitored and to have a safe delivery. (20 yrs, no children)
5. Because the nurses here are not as harsh as the ones at the hospital, that is why I came for my ANC. (30 yrs, 4 children)
6. Because it is the only place I know. (20 yrs, 3 children)
7. Because it is the best, as they know about everything than other clinics. (24 yrs, 1 child)
8. Because it is the one nearer to me. (23 yrs, 1 child)
9. Because this place is very neat. (24 yrs, 3 children)
10. For my own health and this clinic is for everybody. A private clinic will cost money and if there is problem, you will be refered here so it is better to come here. (26 yrs, 2 children)
11. Because the midwives will educate us on how to go about with our pregnancy.
12. I don't know how I am going to deliver. Secondly, if I don't attend antenatal, they may not accomodate me to deliver in their hospital.

SURVEY ON QUALITY OF CARE FOR CLIENTS

Would you recommend this clinic to friends?

1. Yes, because there are qualified nurses and they attend to problems on time. (19.5 yrs, ID 01)
2. Yes, so that she can be taken care of and delivery is easier. (34 yrs, ID 06)
3. Yes, because I enjoy the care given here so I would like my friends and relations to experience it, too. (30 yrs, ID 07)
4. Yes, because this place is better; they don't abuse people like in the other places. (16 yrs, ID 08)
5. Yes, because this is where I know that gives good care. (25 yrs, ID 11)
6. Yes, because they help pregnant women. So I will recommend to my friends and relatives to come here. (15 yrs, ID 20)
7. I will recommend a friend to come because I want her to come and monitor her health status. (18 yrs, ID 24)
8. Yes, because if there is a problem during delivery you will still be asked to come here. (26 yrs, ID 28)
9. Because it is very useful to me. They always give medication that helps you to have easy labor. Immediately we arrive we deliver. (4016/93)
10. Because it is a big hospital and the nurses take care of the people. (111/93)
11. Because the nurses here take good care of people. (151/93)
12. Because some just stay at home and may end up with problems and some, if they come during delivery the nurses abuse them and shout on them. (899/92)

SURVEY ON QUALITY OF CARE FOR CLIENTS

What would you recommend to improve the services of the clinic?

1. They should work harder in the work they are doing; however, they are trying. (43/93)
2. Some midwives are very rude to us. They don't even care how we feel even while in pain. So it discourages a lot of women from coming, so they should improve on their ways of approach because we can give birth to even some of them and some may even be your junior sisters. So they should stop those habits. They don't even educate us well on what to do to take care of our pregnancy, so they should start doing that also. (Woman with five children, koranic primary education and is 27 yrs of age) (3422/93)
3. When women come, they should be taken care of adequately. They should stop being maltreated when they come for labor. (4016/92)
4. I will like to appeal to the nurses to be telling us their findings after palpation so as to arrest fear of unknown. (547/93)
5. I am appealing to them not to be harsh. (568/93)
6. We want them to give more attention and also to explain everything adequately to us. (92/93)
7. It will be good if the clinic will improve on the health education and on nutrition state of pregnant women. (887/92)
8. We need more drugs to be made available because they always tell us there are no drugs, that we should buy from the chemist. (909/92)
9. They should always try to pay more attention to the client. (899/92)
10. If appointment is given, reason for coming back should be told to the person. (20 yrs, ID 02)
11. The workers should be increased and the place kept clean always. (16 yrs, ID 08)
12. They should try asking us about what our problems are and also listen to us when we come. (20 yrs, ID 09)

13. The nurses here should see to all our problems and give treatment if one has a complaint not only routine treatment for pregnant women. (20 yrs, ID 10)
14. My comment is that nurses should receive us well when we come to the clinic. (19 yrs, ID 18)
15. The health workers should always be patient with us and take care of our problems. (24 yrs, ID 21)
16. I would recommend that the health workers to be telling the clients whatever they put down on the card in detail so that the client understands fully what is happening with her and her baby. (21 yrs, ID 25)
17. They have to start their work earlier because one used to waste a lot of time here. (26 yrs, ID 28)

SURVEY ON QUALITY OF CARE FOR CLIENTS

Final/General Comments

1. I would like more equipments to be bought so that the health workers will enjoy their job. (20 yrs, ID 01)
2. I would like to comment on water supply. It should be improved and the toilets kept clean. (26 yrs, ID 02)
3. The health talks given on how a pregnant woman should take care of herself are good. I hope it will be said on each clinic day. (20 yrs, ID 04)
4. They should increase the workers and keep the hospital clean. (16 yrs, ID 08)
5. I would like the workers to be more dedicated to their jobs and more especially with the labor cases. (23 yrs, ID 19)
6. The pregnant women should be helped and enough drugs provided. (15 yrs, ID 20)
7. The workers should realize that they are doing a very important job. So they should use it more seriously (24 yrs, ID 22)
8. My comment is that health workers should attend to clients as soon as possible because clients have other domestic activities to be done. (21 yrs, ID 25)
9. My only comment is that they should attend to people early and should give people respect. (26 yrs, ID 28)
10. The nurses should be polite to us. (54/93)
11. As I earlier said, they should be telling us their findings after examination. (547/93)
12. I am still emphasising on the harshness; they should please be exercising patience with our little little mistakes. (508/93)
13. My comment is that it will be good if they will be emphasising on the nutritional aspect of the pregnancy and to be telling them the foetal heart of the baby. (887/92)

SURVEY ON QUALITY OF CARE FOR CLIENTS (POSTNATAL)

Why did you come here to deliver?

1. Because we tried at home but failed, so my mother-in-law said we should go to the hospital. (14 yrs, ID 19)
2. Because the nurses in the clinic in Barracks said they can deliver me, I should come to the hospital. (24 yrs, ID 20)
3. Because any normal deviation to abnormal is rectified on time. (30 yrs, ID 21)
4. Because the pains were too much, not like other deliveries I had had. (35 yrs, ID 22)
5. For early detection of problems and prompt action. (17 yrs, ID 24)
6. Because my husband said I should come. (15 yrs, ID 25)
7. Because of my condition I was taken to the hospital for delivery. (16 yrs, ID 26)
8. Because if anything happens, am already in the hospital. (18 yrs, ID 27)
9. Because they care for women very well and save us from the suffering of home delivery. (32 yrs, ID 33)
10. Because I have been coming here on three previous occasions and I also had 2 abortions. And since then I prefer coming to hospital if I have any problem. (38 yrs, ID 34)
11. So I can be taken care of adequately. I had vagina prolapse 3 years ago and was given a good treatment here. (35 yrs, ID 35)
12. Because if I come here to deliver, they will help me to hold the head and rupture the water quick. At home it is not like that. (28 yrs, ID 38)
13. Because my mother says I better come here. (15 yrs, ID 43)

14. For better management and early detection of complications. (130/93, 28 yrs)
15. I went to the hospital to deliver because labor pain was very severe more than the previous ones. (80/93, 26 yrs)
16. Because the hospital is clean and the nurses are friendly. Also a friend delivered there and I liked how they handled her. (84/93, 25 yrs)

SURVEY ON QUALITY OF CARE FOR CLIENTS

Why would you recommend this facility to a friend/relative?

1. For her health and the baby. (130/93)
2. Because hospital delivery is good as the nurses will be monitoring labor cases closely for easy detection of problem. (88/93)
3. Because the nurses here receive people with good hands. (87/93)
4. Because when I came here, I was taken care of very well. (74/93)
5. Because I came and I felt all right so I would advise others to come. (75/93)
6. Because this is the only place I know is best. (98/93)
7. Because the services here are good. (127/93)
8. Because I enjoyed the attention I got here. (761)
9. Because I don't want her to try home delivery and suffer the way I suffered. (768/93)
10. Because the care here is better than home delivery. (783/93)
11. Because of how I was received when I delivered here and I will have cause not to recommend anyone. (84)
12. If there is severe bleeding after delivery at home, nothing is done about it but in the hospital immediate care is given. (750/93, 30 yrs)
13. Because it is better to deliver where you can be adequately taken care of by experts. (202/93, 23 yrs)
14. Because hospital delivery is very good based on my own experience; they take care of you. (124/93, 38 yrs)
15. Because I enjoyed delivering in this place. I was taken care of completely and even blood clots were expelled. (58/93, 26 yrs)

16. I feel that the people who work here are more learned than the midwives in other places. (757/93, 16 yrs)
17. So they can see for themselves how good it is to deliver in the hospital. (764/93, 27 yrs)
18. It is good to deliver in hospital so you can be given a certificate. (774/93, 27 yrs)
19. Because the midwives are always together with labor women to assist. (633/93, 20 yrs)

SURVEY ON QUALITY OF CARE FOR CLIENTS (POSTNATAL)

What would you recommend to improve services here?

1. Some of the nurses shout at people in the big hospital, so they should be talked to. That was why I returned to deliver at this hospital. (84/93)
2. I recommend that some of the nurses that shout on women should stop it so that women will continue coming to the hospital to deliver. (783/93)
3. I feel there is no problem everything is all right for us and we thank them. (75/93)
4. They should keep the hospital clean and keep the labor room clean, too. They should also clean the bedsheets and change them often. (74/93)
5. Bedsheets in the hospital should be changed and kept clean; also put curtains that will cover labor room well. (72/93, 21 yrs)
6. Any treatment given should be explained. (750/93, 30 yrs)
7. They should continue with the way they treat patients. (80/93, 16 yrs)
8. I have no recommendation; nurses should keep up their hard work. (203/93, 25 yrs)
9. The women should be listened to very well. They should continue to maintain privacy at all times. (205/93, 22 yrs)
10. I love everything I saw here. Except for lack of water, which causes us problems. (125/93, 32 yrs)
11. They should improve on the hygiene and also care for the women in labor adequately. (124/93, 38 yrs)
12. If anybody comes, they should show happiness as they receive the women and we thank God for everything. (123/93, 35 yrs)

13. The people who work should be given all they need to work so they can take care of women adequately. (58/93, 26 yrs)
14. They should stop shouting on the women because they don't know how much pain that woman is having. (759/93, 16 yrs)
16. Nurses should continue receiving women with good hands like they received me yesterday. (764/93, 27 yrs)

SESSION III
INTERPERSONAL COMMUNICATION

SESSION III

INTERPERSONAL COMMUNICATION

Interpersonal communication (IPC) is the face-to-face, person-to-person, verbal or non-verbal exchange of information, feelings or opinions between individuals. Because of the direct and immediate nature of this interaction, IPC is at the core of all human relationships.

Objectives:

Participants will be able to:

- A. Define Interpersonal Communication.
- B. Give examples of IPC.
- C. Identify health activities that require IPC.
- D. Identify IPC Skills.
- E. Demonstrate nonverbal interpersonal skills and explain their effect on clients.
- F. Demonstrate verbal communication skills and explain their effect on clients.

Time: 2 Hrs. 50 Mins.

Topics Covered:

- A. Definition of IPC
- B. IPC in helping clients
- C. Verbal and Non-verbal Communication

Preparation: Write emotions on slips of paper and put in a "lucky dip bag."

Reference Materials: Handout on Interpersonal Communication

Time	Objective/Evaluation Indicator	Method/Activity	Content
30 Mins.	A. Define Interpersonal Communication.	<p>1. Start out the session with a short role-play. Before the session begins, ask three participants to act the part of "maternal health clients." Have each "client" enter the room and approach you at your desk. To each one, you will say the phrase, "Yes. What can I do for you?" Vary the tone in which you deliver the phrase (compassionate, angry, indifferent) to include a range of emotions.</p> <p>2. After all three "clients" have been "greeted," ask each "client" how she felt when she was spoken to in a particular tone.</p> <p>3. Ask the group as a whole what each of these greetings seemed to say to the "client."</p>	<p>1. <u>IPC Roleplay</u> The purpose of this role-play is to expose participants to the meaning and effects of interpersonal communication.</p> <p>As the "provider," you will open the session by addressing each of three "patients" using the same phrase, but a different tone, with each.</p> <p><u>Possible Responses:</u></p> <p>2. ■ Compassionate: secure, happy, confident ■ Angry/hostile: frightened, angry, defensive, stupid ■ Indifferent: unsure, frightened or nervous.</p> <p>3. The provider is uninterested in us, feels put upon, annoyed with us.</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
		<p>4. Ask the group what about the provider led them to these conclusions.</p> <p>5. Ask participants to define interpersonal communication (IPC).</p> <p>After recording their various responses, present the complete definition at right.</p>	<p>4. The sound of the voice, facial expression, position of body, etc.</p> <p>5. <u>Possible responses:</u></p> <ul style="list-style-type: none"> ■ Person-to-person communication ■ Verbal communication of feelings, information ■ Nonverbal communication of feelings. <p><u>Definition of IPC:</u> Interpersonal communication is the face-to-face, <u>verbal</u> and <u>nonverbal</u> exchange of information or feelings between two or more people.</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
20 Mins.	B. Give examples of IPC.	<p>1. Ask participants to list as many ways as they can think of that we communicate our feelings, information, and emotions or attract or give attention. Write these on Newsprint and categorize under "Verbal" and "Nonverbal" headings.</p> <p>2. Ask participants which of these they think are "universal" and which are "local."</p> <p>Why or why not?</p> <p>What can happen when health care providers are unaware of or insensitive to local forms of expression or local taboos against certain expressions. Give examples.</p>	<p>1. Hissing, calling, eye contact (staring, glaring, gazing, looking away, rolling eyes), hand-holding, hand-shaking, nudging, kicking, crossed arms, facial expressions (frowning, smiling, furrowing brow), laughing, waving, speaking, shouting, crying, etc.</p> <p>2. <u>Possible examples:</u></p> <ul style="list-style-type: none"> ■ In some cultures, direct eye contact is not appropriate, especially between members of the opposite sex or between a younger person and an older person. ■ Hand-holding among men is common in some cultures as a sign of casual friendship. But in other cultures, only homosexual men would hold hands.

Time	Objective/Evaluation Indicator	Method/Activity	Content
20 Mins.	C. Identify health activities that require IPC.	<p>3. Summarize using the content at right.</p> <p>1. Ask participants to list types of activities they carry out during the course of their work that call for interpersonal communication.</p> <p>Write responses on board.</p>	<p><u>POINT TO EMPHASIZE:</u> People communicate on many levels, using many cues, both verbal or nonverbal. These signals may be formal and culturally defined or very basic or subtle.</p> <p>1. <u>Possible Responses:</u></p> <ul style="list-style-type: none"> ■ Community needs assessment ■ Antenatal/Postnatal health education at the clinic. ■ Motivation/promotion advocacy efforts. ■ Counseling in private homes or in the clinic. ■ Meetings and discussion groups.

Time	Objective/Evaluation Indicator	Method/Activity	Content
40 Mins.	D. Identify IPC skills.	<p>1. Trainer writes the acronym CLEAR AND ROLES on the board, indicating the meaning of each letter and states that the acronym CLEAR is representing the verbal communication skills while ROLES represents, the nonverbal communication skills.</p>	<p>1. Clarify</p> <p><u>Verbal Communication Skills</u></p> <p>C - Clarify L - Listen E - Encourage A - Acknowledge R - Repeat/Reflect</p> <p><u>Non-verbal Communication Skills</u></p> <p>R - Relax O - Open L - Lean Forward E - Eye Contact S - Sit Squarely (and smile)</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
		<p>2. Ask participants to form pairs. Person A should talk for 2 minutes non-stop about some concern of hers. Person B should try to communicate interest, understanding and help in any way, but must not talk.</p> <p>3. After 2 minutes, have couples switch roles and repeat the exercise for 2 minutes, also stop them.</p> <p>4. Allow pairs 2 minutes to talk freely to each other.</p> <p>5. Discuss and process what happened.</p> <p>a) How did it feel to talk for 2 uninterrupted minutes?</p>	<p>2. Verbal and Nonverbal Communication Exercise.</p> <p>a) good, free, relieved</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
		<p>b) How did it feel to be prevented to speak?</p> <p>c) Did you feel your partner understood you? How did you know?</p> <p>d) What specific body behaviors communicate understanding, support, help?</p> <p>e) What specific body behaviors communicate disagreement, unwillingness?</p> <p>f) What happens when nonverbal behavior does not match verbal message?</p> <p>g) Give an example of contradictory verbal/non-verbal messages.</p> <p>h) Ask participants to mention some negative nonverbal emotions or cues that service providers/nurse midwives sometimes use when communicating with mothers/clients.</p>	<p>b) Frustrating, difficult</p> <p>c) Expression, body movement, eye contact - leaned forward, looked at me, etc.</p> <p>d) Holding, hugging, patting, eye contact, leaning forward, "m-m-m-m, ah-hah."</p> <p>e) Leaning back, crossed arms, chin pulled down, frowning, shaking head, "tut-tutting."</p> <p>f) Confusion, uncertainty, mistrust, indication that someone feels unhappy but does not feel free to communicate these feelings freely or verbally.</p> <p>g) Saying "Yes" and frowning.</p> <p>h) ■ shuffle papers ■ avoid eye contact ■ look at, watch ■ laugh or frown at what they say thus showing judgement or contempt</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
25 Mins.	E. Demonstrate nonverbal interpersonal skills and explain their effect on clients.	<p>1. Give a "lucky dip" of slips of paper with different emotions written on them to participants.</p> <p>Have participants act out the chosen emotions.</p> <p>Other participants should try to guess the emotions being communicated.</p> <p>2. Process the exercise by asking the following questions:</p> <p>a) What factors (barriers, motivators, enablers) may lead to displays of these emotions?</p> <p>b) What do you think is the impact of our nonverbal communication on our clients' behavior (negative/positive)</p>	<p>1. <u>Nonverbal Exercise:</u> (Feelings CHARADE) Suggested emotions should be written on separate pieces of cardboard before session begins:</p> <p>Anger, pride, pain, impatience, happiness, misery, boredom, empathy.</p> <p>a) ■ Frustration at home ■ Frustration with commuting from home to work</p> <p>b) <u>Negative nonverbal communication</u> can be a barrier to health care: Clients may be frightened away from the clinics.</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
30 Mins.	F. Demonstrate verbal communication skills and explain their effect on clients	<p>c) How could we as nurses/midwives enhance and improve our interactions with clients?</p> <p>1. Write the sentences to the right on cardboard. Enlist two participants at a time to act out the exchange of phrases using any emotions they choose. One participant should play the role of the client and one the role of the nurse. Tell the rest of the class to guess the emotion being exhibited. Repeat the exercise with a few other participants.</p>	<p>Clients will lose confidence and trust in our care.</p> <p><u>Positive nonverbal communication:</u> can be a motivator enabling care by creating trust, confidence on the client's part.</p> <p>c) ■ Become aware of our nonverbal responses whilst interacting with clients.</p> <p>■ Plan and arrange our schedules to avoid tensions.</p> <p>■ Practice positive nonverbal cues.</p> <p>1. <u>Verbal Communication Exercise</u></p> <p>Sentences: Client: "Nurse, I have been waiting for the past one hour." Provider: "Someone will see you in a minute."</p> <p>Suggested emotions: anger, panic, boredom, disgust, disinterest, impatience, concern, compassion, interest, pleasure.</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
		<p>2. Process the exercise by asking the following questions.</p> <p>a) What tone of voice would you prefer a provider to speak to you with if you are in the clinic for help?</p> <p>b) Ask participants to think of ways service providers/nurse/midwives show negative emotions or feelings to clients whilst interacting with them.</p>	<p>a) ■ Calm ■ Friendly ■ Polite</p> <p>b) ■ Act distracted ■ Permit interruption by others ■ Interrupt clients as they talk ■ Use abrupt manner of speech ■ Put words in their mouths</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
		<p>c) Ask how we can interpret responses of those we are communicating with or observing?</p> <p>d) Ask participants: What are some of the behaviors that we can adopt in our interactions with our clients to convey concern and interest?</p>	<p>c) ■ Watch for nonverbal cues ■ Listen to tone of voice ■ Look for discrepancies between what they are saying and how they are behaving.</p> <p>d) ■ Shake hands (if appropriate) with smile ■ Introduce yourself ■ Speak in the person's language and at the person's level ■ Use simple language ■ Show patience ■ Allow the client to finish her thoughts ■ Make eye contact ■ Don't discuss other clients ■ Choose a private place to discuss ■ Ask other clients and staff to give you time ■ Paraphrase and reflect ■ Praise and encourage</p>

Time	Objective/Evaluation Indicator	Method/Activity	Content
5 Mins.	Summary	Summarize and stress the key points under contents.	<ul style="list-style-type: none"> ■ Show empathy verbally ("oh, that must have hurt you") and nonverbally (touching, sympathetic facial expression) <p><u>POINTS TO EMPHASIZE:</u></p> <ul style="list-style-type: none"> ■ There are many facets of interaction between individuals' communication, both verbal and nonverbal. Midwives must pay close attention not only to people's verbal cues, but to their nonverbal behavior as well. ■ The verbal and nonverbal cues we send to others can have far-reaching effects on what we hope to achieve. If we expect compliance with safe health practices, such as return to the clinic for delivery, proper eating habits and immediate breastfeeding, we must first communicate trust and concern to clients. For this reason, midwives need to be attuned to their own behavior as well as that of their clients.

INTERPERSONAL RELATIONSHIPS

H.O.3

"Relationship" is defined in the Oxford dictionary as the connection between people and/or things.

In a health care setting, there exists different kinds of relationships: midwife-patient, midwife-nurse, midwife-doctor, midwife-allied professionals and midwife-community relationships. To a great extent, the quality of these relationships affect health care provision. Where poor relationships exist, there will be no cooperation among the workers themselves, and both clients and the public suffer. This is clearly reflected in the following statements made by a journalist in the Nigerian Tribune: "One cannot imagine the cruel treatments nurses give to patients, either when they are in the hospital for prenatal care or when they want to put to bed." He also said that "If Florence Nightingale was to be so cruel as some of today's nurses, she could not have been able to reduce the death rate in the hospital at Scutari."

Definitely, maternal health care providers do not like the public to perceive them as being inhumane and insensitive when they are supposed to be offering humanitarian services. Health care providers must therefore improve their communication skills and maintain good human relationships with clients and their relatives.

In interacting with the community, health care providers must recognize individual differences and treat each individual differently. Their values, likes, and dislikes, as well as perceptions, must be understood and respected.

Determinants of Positive Relationship:

Indices of a good relationship include:

- Greeting clients in ways acceptable to them;
- Friendliness;
- Taking time to listen to them;
- Answering their questions satisfactorily;
- Being patient even if they ask questions repeatedly;
- Other attitudes such as trust, caring, empathy, mutual understanding and willingness to allow the clients greater participation in their care.

The attitude of trust is built through experience from childhood. If one grows up in a trusting environment, one would learn to trust and expect the same from others. However, experience of mistrust could reverse the attitude, and clients may learn not to trust health personnel or vice versa.

Characteristics of a trusting person:

- acceptance of others as they are without attempting to impose change on them.
- consistency between words and actions
- openness in interaction.

These characteristics can be utilized for self-assessment and improvement and for helping the clients, as well as the community, to develop a trusting attitude.

Definitions:

Empathy: This ability to perceive another person's situation or feelings, is necessary in understanding the clients/community's problems. Because empathy grows gradually and spontaneously through a progressive relationship (Othman, 1914), constant and close interaction between health care provider and the community could promote an attitude of empathy.

Caring: Most often, health care providers are described by the public as callous and uncaring. This is because the care we give does not seem to go beyond a mechanical one (e.g., giving injections, medications or dressing). Health care personnel come in contact with people who are sick, sad, depressed, afraid or anxious. A caring attitude like gentle approach, respect, listening, physical touch and provision of companionship will go a long way in relieving the patients' anxiety and providing her/him with a sense of security.

Participation: Clients and their relatives should be allowed to participate in decision-making concerning their care. Such participation promotes cooperativeness and compliance, which form basis for successful health care provision.

SESSION IV
COUNSELING

SESSION IV
C O U N S E L I N G

Health providers come into contact with the public, clients and their families everyday. They are expected to motivate, educate and counsel members of the community.

The most intimate of these interactions, counseling is a process of defining feelings, providing unbiased information and empowering clients to make their own decisions. The interpersonal skills a health care provider brings to communicating with and counselling her clients make up the quality of care she provides for her clients.

Objectives:

Participants will be able to:

- A. Explain "levels of response" model for helping in decision-making.
- B. Define Counseling.
- C. Identify basic counseling concepts and techniques.
- D. Describe the key components of the counselling process.
- E. Demonstrate counseling skills and use of observer's guide using feedback.

Time: 7 Hrs. 50 Mins.

- Topics Covered:*
- (a) Levels of response
 - (b) What is counseling?
 - (c) What am I? Motivation/Education/Counseling Game
 - (d) Counseling skills
 - (e) Counseling practice and use of observer's guide

Teaching Aids: Newsprint and markers

Preparation: Prepare a story about a problem of yours for "levels of response" (See A).

Reference Materials: Trainers' reference # 1 & 2 and handouts # 1 - 4

Time	Objective/ Evaluation Indicator	Method/Activity	Content
20 Mins.	A. Explain "levels of response" model for helping in decision-making.	<p>1. Tell the participants a story about a problem of yours or use the story at left.</p> <p>2. Ask participants to list all the responses, either positive or negative, that might be offered to the friend, neighbor, or client with a problem.</p> <p>3. Using the case above, ask the group which responses they would find helpful if they were the neighbor. Why or why not?</p> <p>Highlight the helpful responses.</p> <p>4. Explain that a person is ready and able to deal with the situation or problem only after his or her feeling is acknowledged. We can only</p>	<p>1. <u>Possible story:</u> Today, I started out for work. Just as I was leaving, my neighbor came running to me. She wasn't feeling well. One of the children had fever and she thought maybe he had malaria. She wanted to know if I could look at him, or had Panadol. Her husband was out of town and she couldn't get to the clinic.</p> <p>2. <u>Possible levels of response:</u></p> <ul style="list-style-type: none"> ■ give advice ■ disclose sympathetically (the same thing happened to me...) ■ ignore ■ order, direct, command ■ warn, scold, threaten ■ moralize, preach ■ persuade, implore ■ judge, criticize ■ "butter up," pamper ■ insult, shame ■ analyse ■ reassure, sympathize, console ■ question ■ distract, joke

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	B. Define Counseling	<p>counsel when we are fully prepared to learn and respond to our client's needs.</p> <p>1. Have participants read out statements of activities from the list in reference material # 1 following this session.</p> <p>As each participant reads, ask others to identify the person being described as a counselor, educator, or motivator.</p> <p>Chances are that there will be much discussion, disagreement or ambivalence about most of the options.</p> <p>Have participants brainstorm the definitions of motivation, education and counseling. List of statements of activities. "What am I."</p> <p>Guide participants in reaching a good working definition that accommodates the essence of what is under contents.</p>	<ul style="list-style-type: none"> ■ reflect, summarize feelings accurately: "You sound as if you're worried.." ■ identify problem, help confront <p>1. <u>"WHAT AM I ?" GAME</u></p> <p>This game will help participants to learn the differences and similarities between motivation, health education, and individual counseling. Most of the time, health workers mix all three activities and act as if they are interchangeable.</p> <p><u>Definitions:</u></p> <p><u>Motivation/Promotion:</u> encourages a client and their families to adopt a new health behavior such as visiting a clinic or trained birth attendant. Through motivation, the client is persuaded to be more favorably disposed to the formal health sector.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p><u>Education</u>: provides specific information and gives information that state the facts objectively. Education assists clients in making decisions by expanding their knowledge base.</p> <p><u>Counseling</u>: a person-to-person interaction in which the provider gives adequate information which will enable a client to make an informed decision about her health. Counseling helps the client to understand her feelings and deal with her specific, personal concerns. Effective counseling empowers a client to make her own decisions.</p> <p><u>POINTS TO EMPHASIZE</u>:</p> <ul style="list-style-type: none"> ■ Counseling, motivation and education all require interpersonal communication skills. ■ Counseling is the ultimate end of these three activities.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
1 Hr. 30 Mins.	C. Identify and demonstrate skills and techniques of counseling.	<p>Have participants brainstorm on the various areas of their work that call for counseling.</p> <p>1. Have participants brainstorm the skills needed for counseling. Write the list on board.</p> <p>Review the list and come up with the skills areas listed under "content." Talk briefly about some of the skills areas mentioned.</p>	<p><u>Possible Response:</u></p> <p>Antenatal or MCH clinic, health talks, conducting medical examinations, taking health history, home visits, counseling a bereaved relative, consultations at home and rehabilitation.</p> <p>1. <u>Skills</u></p> <ul style="list-style-type: none"> ■ Praise and encouragement ■ Questioning ■ Paraphrasing and summarizing ■ Active listening ■ Coping with special needs ■ Use of support materials ■ Observation ■ Explaining in language client understands ■ Reflecting ■ Nonverbal responses ■ Clarification

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. For each of the skill areas, discuss what each skill involves, etc.</p> <p>For each of the skill areas, discuss what each skill involves and why. Demonstrate the skill using examples at right.</p>	<p>2. Exercise: Skills Practice</p> <ul style="list-style-type: none"> a) Praise and encouragement b) Questioning c) Listening and response d) Paraphrasing and summarizing e) Reflection and acknowledgement f) Observation g) Translating into simple language h) Coping with special needs

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Ask one or two pairs of participants to demonstrate each skill area.</p> <p>Encourage participants to bring out local examples. Refer back to the session on verbal and nonverbal communication and why these skills are paramount to good counseling.</p> <p>a) Ask participants to come up with examples of praise and how that might encourage clients to listen and practice good health behavior.</p>	<p>a) <u>Praise and Encouragement</u></p> <p>What: Speaking to a client using words that motivate and assure a client that you approve of her.</p> <p>Why: Praise and encouragement help build a client's confidence and reinforce desired behavior. Praise elicits feelings of self-worth in clients, which in turn empowers them to make the right decision or execute the right task with enthusiasm.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>b) Refer to the handout on types of questions. With participants, discuss the different types of questions.</p> <p>Ask participants to brainstorm types of questions and give examples of each type and when they could be used.</p>	<p><u>Example:</u> A client comes in after several hours of labor.</p> <p><u>Possible responses:</u></p> <p>Nurse: "You did well to come here for help." "Well done."</p> <p>Other examples for different situations: "Good, you are pushing well."</p> <p>b) <u>Questioning</u></p> <p>What: Questioning is a technique for learning from the client specific information or general feelings and concerns.</p> <p>Types of Questions:</p> <ol style="list-style-type: none"> 1. Open-ended 2. Close-ended 3. Probing 4. Leading <p>When: For screening, good questioning skill is important. For education sessions, questioning helps determine whether clients understand what they are being told. Good questioning skill is needed for community assessments.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Have a few participants make statements and ask other participants to respond with a follow-up, probing question. See examples at right.</p>	<p>In counseling, questioning helps uncover fears and concerns, preferences, and areas of knowledge deficit.</p> <p><u>Example:</u> Client: "I'm so tired." Nurse: "Oh? Tell me, why do you think you are feeling so tired?" Client: "I don't know. I seem to sleep a lot." Nurse: "How much sleep are you getting?" "What have you been eating lately?" (Other follow-ups would include questions about bleeding, other conditions that might lead to her being tired.)</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>c) Two trainers should role-play the example under "content."</p> <p>Then have participants form pairs and engage in "active listening." The rules follow: One partner starts with a statement. For one minute, the second partner "listens" and makes responses. The listener must repeat (paraphrase) their partners' statement and add a comment or a probing question. They must respond to the "client" in a nonjudgmental way.</p>	<p>c) <u>Listening and Response</u></p> <p>What: Active listening is the art of hearing and trying to interpret your clients' words.</p> <p>Why: Often we think we listen, but we aren't really <u>hearing</u> our clients' responses. Paying attention to uninterrupted responses are one of the best ways we can come to know our clients and make <u>appropriate</u> responses to their questions and concerns.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Some examples for practice:</p> <ul style="list-style-type: none"> ■ The role of polygamy in Nigeria ■ The importance of waiting between births ■ The advantages of early breastfeeding <p>After this exercise, ask participants the following questions:</p> <ul style="list-style-type: none"> ■ What happened during your listening sessions? ■ Was it difficult to follow the rules? Why/why not? ■ What are some qualities of a good listener? 	<p><u>Example:</u> Client: I think a woman should have as many children as God gives her.</p> <p><u>Possible response:</u> Nurse: You think a woman should have as many children as God gives her. Do you think God wants you to stay healthy to take care of your children?</p> <p>Client: It's my duty to care for them.</p> <p>Nurse: You see it as your duty to care for your children. What are some ways we can make sure you stay well to help your children grow well?</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>d) Follow the same process in this skill area as in "listening and response."</p> <p>Refer to H/O #2 after this session for more examples on paraphrasing and summarizing.</p>	<p>d) <u>Paraphrasing and summarizing</u></p> <p>What: Repeating back to client what you heard her say, in a short form.</p> <p>Why: To make sure you understood her, to show her you are listening, and to help her clarify her feelings. This is most needed when trying to get information from the client, e.g., during history taking or when she seems concerned about something.</p> <p><u>Example:</u> Client: "I've been having some blood, but my mother-in-law says don't worry because everyone sees blood during pregnancy. It comes often and sometimes I just need to rest but there's hardly time to lie down. I don't know what it means."</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>e) Follow the same process as in last two skill areas. Have participants role-play reflecting feelings using the following examples at right.</p>	<p><u>Possible response:</u> Nurse: "It sounds like you've been bleeding for some time and you think the bleeding might be a cause for concern. You've made a good decision to come and tell me about it."</p> <p>e) <u>Reflection and acknowledgement</u></p> <p>What: Similar to summarizing and paraphrasing, reflection is a process of reflecting clients emotions back to them. Acknowledgement is a verbal recognition of fears, concerns, or satisfaction.</p> <p>Why: Reflection and acknowledgement validate the client's feelings and show empathy and respect on the part of the provider.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p><u>Example:</u> Client: "I feel like I am being torn in bits with my husband, the new baby and my little boy wanting me to do things."</p> <p><u>Possible Response:</u> Nurse: "You sound confused by competing responsibilities. It seems as if there are a lot of demands in your life."</p> <p><u>Example:</u> Client: "This clinic is too far away. Why can't you people build one in my village? I had to look for someone to take care of my children, and I had to cook for three days and I had to wake up in the middle of the night to begin my journey here."</p> <p>Provider: "It sounds like you are anxious about your family and tired from the work and travel. These hardships are frustrating. You did well to come."</p> <p><u>POINT TO EMPHASIZE:</u> The midwife may reflect words or feelings expressed so long as they are the clients' words and</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>f) Ask participants to give some examples of what the nurse is looking for. They may bring up medical conditions, but also be sure to refer to verbal and nonverbal clues the client is exhibiting.</p> <p>g) Ask participants to give their ideas on what this skill involves and why it might be important.</p>	<p>feelings, not what the midwife thinks she should say.</p> <p>f) <u>Observation</u> What: Looking and listening to the client's behavior, reaction, physical appearance. Why: A midwife will benefit from developing a high sense of awareness of her client as a complex human being. This is done consciously or intuitively and helps us to evaluate her educational level, socio-economic level, state of mind (distressed, agitated, calm) and the degree of pain she is in and whether she has family support.</p> <p>g) <u>Translating into Simple Language</u> What: Making a complex concept or procedure comprehensible to the client according to her level of education and informational needs.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Have participants translate the medical terminology in the example at right into simple language. Trainers may come up with more examples from the LSS or any midwifery manual.</p>	<p>Why: Clients will be less fearful and better prepared to take decisions to benefit their health if they fully understand what has happened, what is going to happen, what is being required of them, and why.</p> <p><u>Example:</u> The fimbriae of the Fallopian tubes capture the ovum for transfer into the uterus.</p> <p><u>Possible Response:</u> The finger-like ends of the woman's ropes take the egg into the womb.</p> <p><u>Example:</u> The primigravid woman presents with cephalo-pelvic disproportion, requiring a cesarian section.</p> <p><u>Possible Response:</u> A woman, pregnant for the first time does not have room enough in her waist to deliver the baby. So she will need the doctor to deliver the baby safely by an operation on the woman's womb.</p>

Time	Objective/ Evaluation/Indicator	Method/Activity	Content
		<p>h) Ask participants whether there are any clients to whom they would have difficulty providing services or who would present special problems. Why? What reactions do they anticipate in themselves?</p> <p>Explain that later they will do roleplays that include such cases.</p>	<p><u>POINT TO EMPHASIZE</u> Use the following acronym to emphasize this point: K-eeep I-t S-imple S-ensible</p> <p>h) <u>Coping with special needs</u> What: Coping with special needs means being able to handle special problems or clients whose situations are unusual without imposing one's own values or judging the individual.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> ■ 12-year-old pregnant school girl ■ patient with VVF ■ incomplete induced abortion ■ woman in labor who has an STD (or is HIV positive) ■ High risk mother ■ Prostitutes

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	D. Describe the key components of the counselling process.	<p>1. Write the acronyms ROLES, CLEAR and GATHER on the flipchart. Take participants through these acronyms, explaining every step.</p> <p>Explain that GATHER represents the steps in the overall counselling process.</p>	<p>1. Acronyms GATHER, ROLES and CLEAR explaining basic counseling techniques and processes.</p> <p>G- greet the client politely, warmly</p> <p>A- ask her about herself, her family and how she is feeling.</p> <p>T- tell her what is going to happen during her visit and about any other specific issues concerning her condition.</p> <p>H- help her to be comfortable, to understand her situation, to make a decision or find a solution to a problem.</p> <p>E- explain any pre/post-procedure care or instructions, including use, and side effects of drugs, nutritional contents of local food, nutritional needs of prenatal and postnatal mothers.</p> <p>R- return visit, referral and or follow-up. Explain these to client and her relatives.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Explain that ROLES represent the non-verbal communication skills that make up effective counselling.</p> <p>Present the CLEAR acronym and explain that CLEAR represents the verbal communication components of effective counselling.</p>	<p>R- relax O- open up L- lean forward E- eye contact S- sit squarely (and smile where appropriate)</p> <p>C- clarify L- listen E- encourage A- acknowledge R- reflect and repeat</p> <p><u>POINT TO EMPHASIZE:</u> For effective counseling a provider must make a conscious effort to incorporate the processes and techniques as explained in ROLES, CLEAR and GATHER.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
5 Hrs.	E. Demonstrate counseling skills and the use of feedback, using observer guide.	<p>1. Take the part of an effective counselor. Give one of your participants or a co-trainer the case at right to act out in a roleplay of good counseling.</p> <p>Ask clients to comment on what they saw. Ask them to discuss how the counselor identified the problem, discussed it with the client, helped her to explain her situation, and assisted her in finding a solution.</p> <p>2. Ask three or four participant pairs to volunteer to role-play a client/provider situation in front of the group. Use examples found in the reference material #2 following this session.</p> <p>Following each "session," allow the group to make observations about the strengths and weaknesses of the counseling sessions.</p>	<p>1. Counseling demonstration: During an outreach session in the community: An antenatal woman, 26 weeks pregnant, with anaemia.</p> <p>2. Counseling roleplays in the large group.</p> <p>Participants should pay special attention to the use of the components of the counseling process and the skills employed to put the client at ease, show empathy, and listen for barriers, motivators, and enablers expressed in her speech and actions.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>3. Divide participants into groups of three. Participant A plays the counselor/provider, participant B plays the client, and participant C plays the observer.</p> <p>Use case studies provided in Trainer's Reference Material #2 following this session.</p> <p>4. Introduce the observer's guide (HO #3) and explain that each participant will have a chance to use the guide. Ask observers to use the observer's guide to identify the nonverbal and verbal communication techniques as well as the counselling steps used. Give participants the rules for providing feedback at right.</p>	<p>3. Counseling practice and the use of observer's guide.</p> <p>Every participant should have the opportunity to play the part of observer, client and provider.</p> <p>4. <u>Rules for Giving Feedback</u></p> <ul style="list-style-type: none"> ■ Observers should be nonjudgmental ■ Give positive feedbacks before negative ones ■ Finish feedback with positive observations

WHAT AM I?

Motivator/Educator/Counselor Sample Situations

- * I have conducted a survey of husbands' attitudes and have arranged to visit a cattle or ram market to discuss the benefits of antenatal visits for mothers. What am I?
- * I am talking to a group of women in the TBA's compound. I ask them about the health problems that they and their children have. Then I tell them about the benefits of eating energy and vitamins and rich food during pregnancy. What am I?
- * I am on the gynae ward of a local hospital talking to an 18-year-old university student who is recovering from a septic abortion. I am asking her about herself, her future plans, and her need for avoiding unwanted pregnancy after she has recovered from this abortion. What am I?
- * I am in a private home, talking to the mother-in-law of a newly wedded girl, 16 years of age. I am discussing with the mother-in-law why her daughter-in-law might want to wait a little while before she starts having babies. What am I?
- * At the village square I am meeting with all TBAs. I am talking to them about the importance of referring pregnant mothers to the clinic when labor has lasted for 8-12 hours. What am I?
- * At the MCH clinic, I am meeting with a mother who has had her baby through cesarian section. I am showing her a chart explaining reproductive anatomy and explain what happens to the body during pregnancy. I offer to help schedule a clinic appointment to discuss family planning. What am I?
- * I am asking a group of pregnant women waiting for services at the antenatal clinic what rumors they have heard concerning tetanus toxoid vaccine (TT). What am I?
- * I am explaining the breastfeeding technique to a mother who is worried that her baby does not suck well and that her breastmilk does not satisfy her baby. What am I?
- * I am talking to a group of young teenage boys at the secondary school about STDs, their symptoms, how they are transmitted, and how they are prevented. I have a box of condoms to distribute after the talk. What am I?

TYPES OF QUESTIONS

Open-ended Questions	Closed-ended Questions	Probing Questions	Leading Questions
<p>Open-ended questions give opportunity for answers in various ways.</p> <p>This allows for explanation of feeling and concerns.</p> <p>Examples:</p> <ul style="list-style-type: none"> - How do you feel about getting the baby's layette ready? - What are your concerns during pregnancy? - What do you think of this? 	<p>Closed-ended questions are useful for obtaining basic factual information, especially if there is a limited time available, as in an emergency, and in taking a medical history.</p> <p>Require a brief and exact reply; often elicit "Yes" or "No" response.</p> <p>Examples:</p> <ul style="list-style-type: none"> - How old are you? - When was your last period? - How many children do you have? 	<p>Probing or clarifying questions encourage the respondent to give further information, and to clarify an earlier point.</p> <p>Require tact in the wording and tone used. Probing questions should be asked gently and nonjudgmentally.</p> <p>Examples:</p> <ul style="list-style-type: none"> - What is it about the care you are receiving that you don't like? (In response to a statement that the care is not good.) - Why do you prefer to deliver at home? 	<p>Leading questions encourage the respondent to give an expected response. It is suggestive and puts ideas into the respondents head.</p> <p>Avoid using leading questions. You will not get much useful information when you use this type of question.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Don't you think midwives are wonderful? - Is this not pretty? - Doesn't this hurt?

Reflection Exercise, Paraphrasing and Summarizing (Examples)

1. **Client:** My life is going very well. We are just expecting our second baby, and my husband is very anxious to make sure the layette is ready for the baby.
Midwife: You sound content with your situation.
2. **Client:** My mother in-law is always nagging me. Nothing I do is right.
Midwife: It sounds like you are feeling frustrated and angry with your mother in-law.
3. **Client:** My husband beats me whenever I do something wrong. I don't like it but, he is right to do it.
Midwife: I am hearing that you feel guilty for things you do wrong.
4. **Client:** This clinic is too far away. Why can't you people build one in my village? I had to look for someone to take care of my children and I had to cook for three days and wake in the middle of the night to begin the journey to this place.....
Midwife: It sounds like you are anxious about your family and tired from the work and travel. You did well to come....

OBSERVERS GUIDE

	USUALLY	SOMETIMES	RARELY
<p><u>NONVERBAL COMMUNICATION SKILLS</u></p> <p>R- relaxes O- opens up to client/nonjudgmental L- leans forward towards client E- establishes eye contact S- sits squarely</p> <p><u>VERBAL COMMUNICATION SKILLS</u></p> <p>C- clarifies L- listens E- encourages and praises client A- acknowledges R- reflects and repeats</p> <p><u>GATHER = Counselling PROCESS (STEPS)</u></p> <p>G- greets clients A- asks open-ended and probing questions T- tells client about the benefits of prenatal care/reproductive system/medical examinations and specific issues H- helps client to make her own decision E- explains use and side effects of drugs, nutritional contents of local foods, nutritional needs of prenatal client R- return visits, referral, follow-up explained</p> <p><u>OBSERVER'S COMMENTS</u></p> <p>Observer's Name _____</p> <p>Date: _____</p>			

ROLE PLAY I

A teenager is admitted to OB/GYN ward with incomplete abortion. The doctor performed an evacuation. Her parents do not want to see her. They refused to bring food to her in the hospital. The girl has been seen crying.

ROLE PLAY II

Mrs Salt has just been told that she has delivered a baby girl. She is worried because her mother-in-law threatened to get another wife for her husband if she comes home with a baby girl.

ROLE PLAY III

Mrs Idowu has cephalo-pelvic disproportion. Her child has been damaged in delivery. Her husband has refused to allow her to return home with the baby, saying that the situation is bad luck and bad omen for the family.

ROLE PLAY IV

A woman, 26 years old, is in her third pregnancy. She is brought in by husband with the baby's head on the perinium.

ADDITIONAL ROLE PLAYS:

A 44-year-old woman, 32-weeks pregnant, first pregnancy, making first visit to the antenatal clinic.

An antenatal mother, 26-weeks-pregnant, with anaemia.

A newly delivered woman with four children driven out of her husband's house because she could not tolerate a second wife.

A 32-year-old woman, 8th pregnancy (how many weeks). Has 10 children alive, does not want more children but husband very uncooperative.

A 25-year-old pregnant woman in antenatal with symptoms of STD.

A multiparous woman booked for caesarean section, 12th pregnancy, 32-year-old, 6 children alive.

A woman delivered twins undiagnosed.

Primip who has refused to breastfeed her baby.

A woman with pre-mature baby.

A 22-year-old woman sits at the antenatal clinic with her hand at her right jaw looking sad and uninterested in what was going on. It was finally discovered that she is worried because she thinks her husband wants to marry another wife.

ACTION CHECKLIST FOR MIDWIVES

Did you remember to do the following?

- ▶ Discuss with the clients care before and after discharge?
- ▶ Discuss type of foods clients should eat?
- ▶ Discuss what to drink during breastfeeding?
- ▶ Discuss child spacing/family planning?
- ▶ Re-emphasize what to do in case of vaginal discharge and/or fever?
- ▶ Explain how to care for breast and what to do about other harmful symptoms?
- ▶ Ask if client has any questions about herself and the baby?
- ▶ Meet with family members to discuss client's care?
- ▶ Emphasize baby's immunization and how to care for baby's eyes and cord?
- ▶ Re-schedule subsequent or next clinic visit?

Did you remember to?

- G - Greet client politely
- A - Ask her about herself and her condition
- T - Tell her what is going to happen during the visit
- H - Help her to be comfortable and to find solutions to her problems
- E - Explain all pre/post-procedure care or instructions
- R - Refer client and/or schedule any return visits

Also pay close attention to the following nonverbal and verbal skills:

- R - Relax
- O - Open up
- L - Lean forward
- E - Eye contact
- S - Sit squarely (and smile when appropriate)

- C - Clarify
- L - Listen
- E - Encourage
- A - Acknowledge
- R - Reflect and repeat

SESSION V
PROBLEM SOLVING

PROBLEM SOLVING

Problem-solving skills are among the most urgent and meaningful skills a health worker should master. The ability to master a situation carefully, analyze what problems exist, and determine steps to ameliorate or improve the situation is a prerequisite to provision of complete quality care.

If midwives are to develop a sense of responsibility to the community, they need problem-solving skills because most of their interactions would involve the assessment of needs and the proffering of solutions.

Objectives:

Participants should be able to:

- A. Identify common or frequent problems facing midwives in practice.
- B. Explain and apply the steps in a problem-solving method (PSM).
- C. Define problem-solving skill and explain its relevance to midwifery.
- D. Apply the PSM to problems of maternal health.
- E. Develop positive personal responses to "hopeless" situations.

Time: 3 Hrs.

- Topics Covered:*
- (a) Defining the problem-solving method
 - (b) The steps to problem-solving method
 - (c) Problem-solving method practice

- Preparation:*
- (a) Prepare case studies for group practice.
 - (b) Collate real problems from the maternity ward or from participant's experience for problem solving practice.

Reference Materials: H.O. 1 and 2.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	A. Identify common or frequent problems facing midwives in practice.	<p>1. Have participants think about some of the cases they encountered during their ward visits. You may go back to the Newsprint of Day 1 [Session 1 - <u>Barriers, Motivators, and Enablers to Care</u>] to refresh their memories of the barriers they identified. Ask them if they wish to identify more of those. Review the list of problems with participants and prioritize them.</p> <p>Encourage them to build scenarios around one of the problems.</p> <p>2. Ask participants how they know there is a problem. Give them the following example:</p> <p>A child is crying. All children cry. Is this a problem? Is this a sign of a problem? What is the problem? How can we know? In whose eyes does the problem exist?</p> <p>Apply this to one of the situations presented in 1 and have participants establish the problem.</p>	<p>1. <u>Possible Responses:</u></p> <ul style="list-style-type: none"> ■ The woman who came too late because she lacked information ■ The distance between the community and the health institution ■ Transportation difficulties ■ Cost of care ■ Lack of equipment and life- saving supplies ■ Taboos and cultural practices ■ Too few hands for a crowded clinic <p>2. <u>Problem identification:</u></p> <p><u>Possible responses:</u> The child crying by itself may not be a "problem" because children often cry. But crying may be the sign of a problem. To know whether there is a problem, we can:</p> <ul style="list-style-type: none"> ■ ask the child ■ look for other signs of a problem, such as fever, a bruise or broken bone, a laceration, malnutrition ■ look for signs of a trauma ■ look for evidence of abandonment

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	B. Explain and apply the steps in a problem-solving method (PSM)	<p>3. Now, tell participants to assume they have established that there is a problem. Using the example chosen in 1 above, ask participants how they would solve this problem. Let them brainstorm, and as they do, write down all their suggestions.</p> <p>Present the model at right under content. Begin to fit their suggestions into the steps of the problem-solving method (PSM) to solve their problem. They may, in trying to apply the PSM, determine that some of their solutions are unfeasible.</p> <p>Go over each step with them to demonstrate how to think through a problem logically. This will help give participants confidence in their own problem solving abilities and will introduce a system for organizing their thinking.</p>	<p>3. <u>Steps in PSM:</u></p> <ol style="list-style-type: none"> 1. Identify the problem. 2. Establish causes and potential obstacles. 3. Identify resources and potential enablers. 4. State objectives. 5. Map out a plan of action. 6. List the tasks and assign responsibilities. 7. Implement the plan. 8. Evaluate and modify if necessary.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
20 Mins.	C. Define problem-solving method and explain its relevance to midwifery.	<p>Write the steps as you begin to apply them. Involve participants in the discussion by encouraging them to explain how their "solutions" fit into the system.</p> <p>1. Ask participants to come up with a definition of PSM, bearing in mind what you have just demonstrated practically.</p> <p>2. Continue by leading a discussion: Why is problem-solving an important skill for care providers, especially midwives?</p>	<p>1. <u>Definition of PSM:</u> PSM is an organized way of dealing with any problem through the identification and examination of all aspects and careful organization of information and resources towards solving it.</p> <p>2. <u>Possible Responses:</u> Midwifery practice, in the community will, of necessity, require problem-solving skills because the objective is to help people better understand their problems and resolve them.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p>Our clients present not only medical problems that require quick thinking and clinical interventions but also several constraints or problems that may seem removed from the midwives' skill area. Frequently, these problems create tragic consequences. The renewed commitment of the midwife to help reduce the high rate of maternal deaths through better standards of practice and life-saving skills must include taking a lead in creating partnerships in finding solutions to most problems affecting their clients' well-being.</p> <p>The more the midwife takes responsibility of the total well-being of her clients, the more the initiative and effort she will bring to maternal health care.</p> <p>Helping to find solutions will elicit a sense of self-worth, confidence and positive self-concept in the midwife who had been reduced to an apathetic state by helplessness and powerlessness.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
1 Hr. 10 Mins.	D. Apply the PSM to problems of maternal health.	<p>1. Divide participants into small groups. Groups should select a coordinator and rapporteur [secretary]. Provide groups with real problems of real people [preferably from the wards] or from participants' experience. Hand out the PSM model to the groups to use in addressing their respective problems.</p> <p>Explain that participants should feel free to generate other methods to the case if they wish.</p> <p>Tell them they have 30 minutes to carry out this task.</p> <p>2. Recall participants into larger groups and have them present their solutions for their comments and alternative viewpoints or solution.</p>	The community will grow in trust for the health provider and feel her sense of concern and commitment to them.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	E. Develop positive personal responses to "hopeless" situations.	<p>1. Have participants reflect on some of the limitations we or the system sets on our ability to take leadership in problem-solving. Have them come up with some common "truisms" people tell themselves when the going gets tough. You can prompt them with a few of the phrases under contents. Tell them these are "No-No" statements.</p> <p>For each no-no statement put forth by participants or trainers, each participant should come up with at least one "Yes-Yes" assertion or affirmation.</p>	<p>1. <u>Game: Turning "No-No Phrases" to "Self-Affirming Statements"</u></p> <p><u>Possible responses:</u></p> <p>No-No: "It can't be done." Yes-Yes: "I remember a nurse who had a similar problem solving it this way."</p> <p>No-No: "There is nothing I can do" Yes-Yes: "I know I can make this situation less painful for my client."</p> <p>No-No: "It is a pity there is no blood and her relatives are not here." Yes-Yes: "There is a staff member who lives not far from her home."</p> <p>No-No: "This poor woman will just die; it's unfortunate." Yes-Yes: "This woman is in my charge, and I will do everything in my power to save her."</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Wrap up the game by challenging participants to henceforth expunge "no-no" phrases from the midwife's vocabulary. Ask clients for ideas on how they might help themselves to keep their "creative juices" flowing.</p> <p>3. Summarize the key points of the session.</p>	<p>No-No: "There is no doctor around." Yes-Yes: "I've helped the doctor have this procedure done many times before."</p> <p>No-No: "I can't kill myself." Yes-Yes: "If not me, who? "</p> <p>2. <u>Possible responses:</u></p> <ul style="list-style-type: none"> ■ Refresher courses ■ Discussing problems and solutions with other midwives ■ Joining in with other midwives to subscribe to professional journals ■ Attending professional meetings ■ Countering each thought of self-doubt or helplessness with one self-affirming statement. <p>3. Midwives in practice owe it to up-and-coming young midwives to behave as role models in all the skill areas that recognize the human being within the patient. Problem-solving is an urgently needed skill for health providers. There are always several options to every problem. Midwives should explore these options and be creative in responding to problems.</p>

PROBLEM-SOLVING METHODS (PSM)

Introduction:

At one time or another, every institution, individual, and organization encounters problems. The steps involved in providing solutions may be obvious. However, most often, action is taken without a conscious awareness of the steps involved. When identification of problems and solutions are not so clear, the problem-solving method may be used.

Eight Steps:

The Problem Solving Method (PSM) is a process of carefully organizing information and resources toward solving a problem. Eight steps can be identified in PSM:

1. **Identify problem:** State what the problem is. It is important to be specific. In some cases, more than one problem may be identified.
2. **Establish causes/obstacles:** These are individuals, events, institutions, attitudes, factors, etc., which prevent actual service(s) from being rendered adequately or at all.
3. **Identify resources/enablers:** Identify where help can come from. This may be from within or without, from an individual or an organization.
4. **State objectives:** What specifically would you want done? The objectives must answer the questions what, when, how, how much or how many, and be comprehensive enough to cover the problem(s) identified.

5. **Map out a plan of action:** Use the resources you have at your disposal to tackle your problem and attain your objectives.
6. **List tasks/responsibilities:** What must be done, by whom, and when must it be done.
7. **Implement your plan:** This is the carrying out of all that has been outlined in the plan of action by those involved and at the appropriate time.
8. **Evaluate:** See to what extent the observed problem(s) have been solved. Revise the plan of action as necessary.

Conclusion:

A problem-solving method can be applied to problems in varied settings. It may, however, involve some modification to suit the prevailing problem. The benefit of acquiring skill in this method is the ability to move beyond barriers and limitations to find solutions.

RESPONSIBILITY / ACCOUNTABILITY

TAKING CHARGE

Responsibility is the act of standing up to the course of causing an act to happen or of causing an act from not taking place.

Accountability, as the name implies, calls for the rendering of stewardship of what the responsibility calls for or imposes on an individual. Accountability depends on the responsibility, and responsibility has to be matched with authority -- which the responsibility has.

Medical care starts from the environment where the midwife lives. The midwife in her neighborhood has a responsibility to ensure that she makes her presence in the community felt. To do this, she must maintain high quality of relationships with the people in her environment in general and with pregnant women in particular.

Such an act of friendliness on the part of a midwife forms a good starting point for delivering maternal health care to the community. It helps encourage many women who would have otherwise never utilized health care services, especially since a large percentage of women in the rural areas do not utilize health care facilities. Home visits by the midwife plays an important role in encouraging a great number of clients to avail themselves to hospital services during early pregnancy.

The formal responsibility of a midwife commences when a mother decides to register in the hospital or at the clinic. At this juncture, the midwife may be subject to a formal or legal accountability with respect to her clients. She enters an informal relationship of accountability to her clients' relations and community and to her employers, her professional body and her colleagues.

She is expected to use the professional knowledge and skills she has acquired to perform her professional roles, to meet the health care needs of the community. The midwife should provide individualized care, bearing in mind the social conditions, beliefs, and other individuals which influence the clients ideas' on child bearing and rearing.

She works with obstetric teams and other supportive health workers to ensure responsibility and accountability for each patient entrusted to her care. This includes the following examples:

1. **Antenatal Care:**

- Adequate prenatal assessment
- Early detection of disorders of pregnancy and appropriate action
- Prevention of infection, e.g., immunization against tetanus, maintenance of asepsis
- Maintenance of adequate record-keeping and statistics
- Safe administration of drugs
- Counseling
- Identification of high-risk patients
- Follow-up

2. **Labor:**

- Conducting safe deliveries using aseptic technique
- Monitoring maternal and foetal conditions
- Recording complications encountered, management, and referral

3. **Puerperium:**

- Prevention of infection
- Promotion and initiation of breastfeeding
- Maintenance of physical and emotional well-being
- Observations and records
- Health education on:
 - nutrition, rest and sleep, exercise & ambulation, baby care, orientation to family planning and immunization of baby, postnatal follow-up

In addition to the above, a midwife is also responsible for both the upkeep and the distribution of equipment, drugs and dressings. She has to ensure the payment of necessary hospital dues to the revenue collector. When these duties are properly handled, equipment and supplies can be maintained over a long time.

SESSION VI

INTRODUCTION TO COMMUNITY ASSESSMENT AND OUTREACH

INTRODUCTION TO COMMUNITY ASSESSMENT AND OUTREACH

Generally, people define a community as a group of people living in a certain area, having a common interest, and acting in a similar way. This limited definition often falls short of the reality.

Since every community is a reflection of the larger society, it is bound to be made up of people with common goals and interests, as well as conflicts of interests.

Community is where the people the midwife is trying to help live -- in their own environment and usually on their own terms. Community beliefs and practices influence health and decisions about health. If a provider remains in her clinic and does not identify with the community, she robs herself of great potential to make positive changes in maternal health care and also the ability to use the "enabling leadership" her profession bestows on her.

Only by identifying with the community can the midwife learn its strengths, problems and special characteristics.

Objectives: By the end of this session, participants will be able to:

- A. Define community and community dynamics.
- B. Explain the reasons for conducting community outreach.
- C. Identify steps necessary for planning and conducting a community outreach.
- D. Plan a community visit for assessment and outreach.
- E. Conduct a community visit.
- F. Identify approaches to providing partnership in care for women and their families within a community.

Time: Theory Session - 2 Hours; Field visit 12 Hours

Topics Covered:

- (a) Community dynamics
- (b) How to conduct community assessment/outreach
- (c) Community assessment tools

Preparation: None

Reference: Community Assessment forms

Materials:

- (a) POP Report
- (b) Pre- and Post- Training Survey Reports

Time	Objective/ Evaluation Indicator	Method/Activity	Content:
30 Mins.	A. Define community and community dynamics.	<p>1. Ask someone in the group to identify herself by asking, "Who are you?"</p> <p>Each time she gives a response, ask her again, "But, who are you?"</p> <p>List her responses on newsprint. Trainer further explains what is in content at right.</p> <p>2. Now ask participants to give a definition of community. "What is a community?"</p> <p>Again, write responses and underline wherever the word common, similar or together is used by trainees.</p> <p>3. Ask participants to think about the way they identified themselves when asked, "Who are you?" Explain that each of their identities represented a different community affiliation.</p>	<p>1. <u>"Who Am I?" Identity Game</u> I am "Saratu Abu" I am a woman I am one of the Abu family I am a nurse-midwife I am a Yoruba I am a Nigerian I am a civil servant</p> <p>A single individual can be affiliated with different groups and all these groups come together to make up a community.</p> <p>2. "A community is a group of people living <u>together</u> in a geographical area, who have <u>similar</u> interests." <u>or</u> "A community is a group of people living in the <u>same</u> area with <u>common</u> interests and who behave in a <u>similar</u> way."</p> <p>3. Different people make up a community - farmers, hunters, traders, moneylenders, landlords, grandmothers, young women, childless couples, single people, widows, royal families, poor, powerless people.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>4. Ask them to consider the different kinds of people who might live in any community. How would they characterize these people?</p> <p>5. Is it possible that all of these different people would have one common interest simply because they live in the same geographical area?</p> <p>6. Ask participants to think of examples of conflicts of interest that might surface in a community and that might affect the people's health and well-being.</p>	<p>4. These people might be characterized by their profession or trade, religion, social or economic status, language, or educational level.</p> <p>5. <u>Possible Response:</u> Not quite: In reality, persons living in the same village community or neighborhood may not even agree on many issues or share the same interests. Some of them may be more affluent than others. Some assume leadership because they are wealthy, educated or forceful. Others beg to eat and are forced to follow the lead of the powerful. It is important to understand that while elements of harmony and shared interest exist in every community, there will also be undercurrents of conflict.</p> <p>6. <u>Examples:</u> A villager who owns a chemist or medicine shop might oppose a free-drug program at the Health Center.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	B. Explain the reasons for community outreach.	<p>If participants have difficulty, give a few examples to assist trainees to think of more themselves.</p> <p>7. Summarize the discussion by asking participants to come up with an expanded and more realistic definition of community and community dynamics.</p> <p>1. Ask participants to reflect on their clients. Perhaps they can characterize them. Who are our major clients? What are they like?</p>	<p>A circumciser or a TBA might oppose the employment of CHEWS for a community health center.</p> <p>A riverboat owner might reject proposals to build a bridge across the river.</p> <p>7. <u>Definition of community:</u> A community is a group of people living in the same geographical area, who may or may not have a common interest or values. A community is not necessarily homogeneous.</p> <p><u>Definition of Community dynamics:</u> Community dynamics are ways in which people relate in a particular community, which could either be to help (towards same interest) or to harm (conflicting interests).</p> <p>1. <u>Possible Responses:</u> Women (ranging from the very young to middle-aged) who might be characterized as:</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Who are our clients' major influences in the community? Who might influence their health-related behavior, especially reproductive health?</p> <p>3. Ask participants to describe how these people influence our clients.</p>	<ul style="list-style-type: none"> ■ Poor ■ Low-literate or illiterate ■ Unemployed ■ Traders <p>These include women brought in with serious complications of labor and delivery, anaemic, lacking confidence, unfamiliar with health care system, high parity, etc.</p> <p>2. <u>Possible Responses:</u></p> <ul style="list-style-type: none"> ■ Husbands ■ Parents ■ Mother-in-law ■ Family ■ Priest/Mallam ■ Village Chief ■ Herbalist/TBA <p>3. In most communities in Nigeria, husbands and older relatives have a lot of say in how affairs relating to women and children are conducted.</p> <p>Husbands especially decide how to spend the family income and what the priorities are.</p> <p>Others are the chief opinion leaders of the community who wield power and influence which might determine the behavior of individuals.</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>4. Ask participants why, if at all, it is necessary for us to go into the community. Refer participants to the first session on barriers, enablers, and motivators.</p> <p>Write their answers on board. Also share the content at left with them.</p>	<p>They set unwritten codes and patterns for others to copy.</p> <p>4. <u>Reasons for Community Outreach:</u></p> <ul style="list-style-type: none"> ■ The community is where you find the clients we are trying to help and who come to use our clinics in their own natural situation and environment. ■ It is also where all the people and things that influence their health reside. We must, therefore, see our client as part of a whole community. To understand her concerns and constraints--and to form a picture of the barriers, motivators, and enablers that play a part in her choices--we must first understand the community in which she lives. ■ The distances or barriers that separate women from care are a cause of maternal mortality. Midwives need to move into their clients' communities to learn how they might assist people

Time	Objective/ Evaluation Indicator	Method/Activity	Content
30 Mins.	C. Identify steps necessary for planning and conducting a community outreach.	1. Have participants brainstorm on how they would go about planning visits to the community to work with the people there. Ask them to suggest steps for community outreach.	<p>there to find solutions to their immediate needs and concerns.</p> <ul style="list-style-type: none"> ■ Because it is time to "bridge the gap" that separates the care-givers in the community, such as TBAs, and their counterparts in the formal health sector (midwives). ■ Without the community's participation, the midwife's clinic-based safe-motherhood initiatives will not impact on the current mortality ratio. <p>1. <u>Possible Responses:</u></p> <ul style="list-style-type: none"> ■ Ask yourself why you are going into the community: what is it that you want to know and want to achieve by this visit. ■ Identify the community (maybe one with the greatest need). ■ Learn as much as you can about the community.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p>Determine what information already exists: review, assess, and analyze existing information (e.g., POP report; available statistics from clinics, particularly maternal and neonatal morbidity and mortality).</p> <ul style="list-style-type: none"> ■ Determine whom in the community you need to approach to gain access. ■ Plan the visit: inform your hosts about dates, make sure the date and time are convenient, and request that the people you wish to meet with to be informed of your visit. ■ Use interpersonal skills to become introduced to the people. Talk to people and get to know and understand them. Who can best introduce you? The village headman? The TBA? ■ Gain their trust and acceptance by letting them define their own needs and priorities.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Have participants refer to POP report and other documents to analyze and assess problem. Have them identify missing information or information to be clarified.</p> <p>3. Summarize by telling participants that there are no set rules or approaches to going into communities.</p> <p>4. Ask participants to suggest how they will get information from people.</p> <p>What are some organized ways to elicit information from people?</p>	<p>■ Use problem-solving steps to assist them in finding solutions.</p> <p>3. Approaches to visiting a community and getting accepted will depend on the community itself - i.e. its past experiences, present, the culture, and their perception of the visitors. The visitor must use good interpersonal communication skills, and show respect, genuine interest and concern in order to penetrate into the community.</p> <p>4. <u>Possible Responses</u> The simplest and most informal way is to talk to them and observe them.</p> <ul style="list-style-type: none"> - Survey questionnaires - Focus Group discussions (FGDs) - Private interviews - Observation checklists

Time	Objective/ Evaluation Indicator	Method/Activity	Content
2 Hrs. 30 Mins.	D. Plan and carry out a community assessment.	<p>5. Brainstorm with participants on what is involved in each of these and which of these they would use to gather as much useful information as possible for the midwife.</p> <p>1. Ask participants to focus on women's health and nutrition and their problems during pregnancy. Ask them to list the kinds of things they would want to know about a village they wish to visit or what they might want to find out once they got there.</p>	<p>5. <u>Possible Responses:</u> The method will depend on what she wishes to find out from the community.</p> <p>1. <u>Possible Responses:</u></p> <p>a) <u>Needs</u></p> <ul style="list-style-type: none"> ■ Current local health practices, problems, and their direct causes, particularly as these relate to women's health ■ Contributing factors that affect the well-being of pregnant women ■ What people feel to be their biggest problems and needs (whether health-related or otherwise) ■ Level of knowledge on the topic

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<p>b) <u>Social Factors</u></p> <ul style="list-style-type: none"> ■ Traditions, customs, and practices that affect women's health ■ Traditional forms of healing ■ Community relations and dynamics: how do people there relate to each other? ■ Traditional forms of education and communication ■ Leadership structure ■ Economic status of the majority ■ Working vocabulary (names of diseases, etc.) <p>c) <u>Resources</u></p> <ul style="list-style-type: none"> ■ Major informational sources: radio, television, newspapers, town criers, local/traditional media, print.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Ask how participants would go about finding this information out.</p>	<ul style="list-style-type: none"> ■ Health infrastructure: formal/traditional. Look at access to and use of each. ■ Human resources: <i>People with special skills</i>, e.g., leaders, storytellers, artists, performers, teachers, TBAs, healers ■ Natural resources, e.g., land, water, crops ■ Infrastructure, e.g., buildings, roads, markets, transportation, communication, tools ■ Availability of work, earnings, cost of living ■ Existing health facilities <p>2. <u>Possible Responses:</u></p> <ul style="list-style-type: none"> ■ Visit and talk with village leaders, e.g., the chief, village head, school teachers, TBA, religious leaders and others.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<ul style="list-style-type: none"> <li data-bbox="1455 263 2017 401">■ Talk to members of the community. Learn local customs and protocols for visiting or be invited into members' homes. <li data-bbox="1455 448 2017 663">■ Observe the customs and routines of the community, the clothes people wear, the things they talk about, what they eat, number of children, the living condition, the radio programs they listen to. <li data-bbox="1455 702 2017 810">■ Hold a meeting with local women to introduce yourself and the purpose of your visit. <li data-bbox="1455 848 2017 994">■ Ask what they consider their most pressing individual problems and ask them to arrange these in order of priority. <li data-bbox="1455 1033 2017 1071">■ Ask how you might help them.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>3. Ask participants, from the midwife's point of view, how will this Community Assessment be used?</p>	<p>3. <u>Possible Responses:</u></p> <p>Community assessment will be used:</p> <ul style="list-style-type: none"> ■ To understand community attitudes, beliefs and taboos pertinent to childbearing and to determine whether they are helpful, harmful or irrelevant to health. ■ Through listening actively to the needs of families and discussing problems, to determine priorities and undertake care which will promote safe motherhood. ■ To become aware of community perceptions and informational needs regarding prevention of maternal mortality and morbidity. ■ To understand the community's strengths and weaknesses.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>Ask participants to assume that they want to tackle local customs believed to be harmful to maternal health. Use existing information such as the POP report to brainstorm behaviors and knowledge that are harmful, those that are helpful or enabling, and of those, which they think they can address.</p> <p>4. Work with participants to compile simple questions for a community assessment form addressing a specific problem.</p>	<ul style="list-style-type: none"> ■ To understand and learn from the traditional care givers and to exchange ideas with them. ■ To understand the situation of women in the community and grow in appreciation of the difficulties of daily survival and what coping strategies they have adopted. <p>4. <u>Trainer's Own Questions:</u></p> <ul style="list-style-type: none"> ■ What in this community, regarding its practices, resources, and understanding, enable women to achieve safe motherhood, i.e., a healthy pregnancy and delivery with a positive outcome? ■ What in this community prevent women from achieving safe motherhood?

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>5. Ask them to suggest some pressing questions relating to Maternal Health that they might want to have answered during their trip into the community.</p> <p>6. Ask participants to brainstorm what steps they would take to investigate the question they have identified. Write their ideas on newsprint.</p> <p>For each step, participants should consider what constraints they may encounter; for example, will TBAs or others in the community volunteer information about stillbirths or will they have to speak to mothers directly to learn about birth outcome?</p>	<p>5. For example, a participant might have observed that large numbers of women come in with still births from a particular geographical area. Why?</p> <p>6. Possible responses (example, for stillbirth):</p> <ul style="list-style-type: none"> ■ Find out from delivery registry, local TBA or traditional healer, who the mothers of stillborn children are and where they live. ■ Talk to TBA; other health providers who attended to the woman during antenatal, labor, or delivery; or others who attended birth about what they noticed about the state or condition of the mother and fetus at time of delivery.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
			<ul style="list-style-type: none"> ■ Ask about anomalies observed in stillbirths and in live children born (deformities, retardation). ■ Talk to mothers of stillbirths about: <ul style="list-style-type: none"> - unusual occurrences/signs during pregnancy - their perceptions of why stillbirths/this stillbirth occur - eating habits - work habits during pregnancy - illnesses during pregnancy, particularly malaria, syphilis, anaemia - changes in water supply - medicines taken/used during pregnancy - unusual events that occurred in the village during pregnancy (social, environmental)

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>7. Ask participants how they will analyze the information gathered and develop a plan of action on the basis of their findings.</p>	<p>7. <u>Steps in Analysis:</u></p> <ul style="list-style-type: none"> ■ From this investigation, look for patterns among women with stillbirths and infer probable causes. ■ Of probable causes, determine which are being addressed. For example, if most women with stillbirths were ill during pregnancy, are these illnesses being diagnosed and treated antenatally. If not, why not? ■ Develop action plan that addresses the following questions: <ul style="list-style-type: none"> - What health services are available to women? - Do women use these services? Why/why not? - Are services capable of diagnostics and treatment? - How can services be brought to the women?

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>8. Ask participants to suggest which tools they would use to carry out these investigations.</p> <p>Explain that the main purpose of these tools is to help them organize their thoughts and to remind them of topics they want to explore.</p> <p>9. Work with the group to design some simple topic guides (essentially, they have done this in step D1 and D6 and can elaborate/modify the topics for each group they plan to speak with).</p> <p>Some groups may want to develop another kind of assessment tool. Explain that they should think carefully about the information they are seeking and design the research instrument or instruments that are most practical for their purpose.</p>	<p>8. <u>Possible responses:</u></p> <ul style="list-style-type: none"> ■ Questionnaire ■ Topic guide for informal discussions ■ Pictogram charts (for self-observation) ■ Community map

Time	Objective/ Evaluation Indicator	Method/Activity	Content
10 Hrs.	E. Conduct community visit	<p>10. Explain that the group will spend a few hours in the community, focusing on a general or specific area they would like to know more about. Explain that they will use their topic guides or questionnaires in the field visit.</p> <p>1. Before leaving for the community, have the group assign tasks to teams of two or three. Each group should be equipped with pens or pencils, note pads, and research instruments if any were designed.</p> <p>2. Agree on a time to reconvene following the visit.</p>	Community visit
2 Hrs.	F. Identify approaches to providing partnership in care for women and their families within a community.	<p>1. Reconvene the group. Ask participants to describe their experiences. The discussion should focus on points at right.</p>	<p>1. <u>Topics for discussion:</u></p> <p>Experience gaining access to the desired individuals or groups within the community.</p> <p>What was the reaction of people in the community?</p>

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>2. Ask the group to come up with ideas for what they can give back to the community. If possible, relate this to their findings during the community visit.</p> <p>3. If the group felt there was a next step that could be carried out, assist them in planning how to do this.</p>	<p>What worked/what didn't?</p> <p>What protocols were observed?</p> <p>How did it feel to go into the community and ask questions?</p> <p>If there was a specific question for investigation, what were the findings?</p> <p>What is the next step?</p> <p>2. <u>Examples:</u></p> <ul style="list-style-type: none"> ■ Provide antenatal check-ups for pregnant women in the community. ■ Give demonstration on preparation of nutritional food.

Time	Objective/ Evaluation Indicator	Method/Activity	Content
		<p>4. If participants have discovered needs or problems outside the scope of their knowledge and expertise, work together to identify resources that can be enlisted to assist.</p> <p>5. Summarize this session, including the points at right.</p>	<p><u>POINTS TO EMPHASIZE:</u></p> <ul style="list-style-type: none"> ■ "Outsiders" who are not members of the community should take care to observe local customs. Showing respect and consideration for local practices helps create trust and reciprocity with the community. ■ Seek the advice of the community as well as sharing your own knowledge with them. This allows them to have a voice in programs and services intended to benefit them. ■ When going into the community to take something away (for example, information) it is important to plan a way to bring something back to the community, whether as a direct result of the research or on the basis of some other expressed need.

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