SESSION 4

TOPIC: Encouraging Dialogue: Listening, Questions, Paraphrasing, and Reflecting Feelings

TIME: Three Hours

OBJECTIVE: By the end of this session, participants have:
1. Listed and demonstrated three effective listening behaviors,
2. Used different types of questions to encourage dialogue
3. Described the importance of reflecting and summarizing a client’s feelings during an IPCC interaction;
4. Demonstrated their ability using three communication micro-skills.

SUMMARY: Participants will learn and practice the micro-skills of listening, questioning and paraphrasing through discussion and small group/triad practices. Emphasis should be on creating a safe environment for participants to make mistakes and learn as they develop the skills.

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<tr>
<td><strong>TOPIC</strong></td>
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<td>1. Introduction and Review</td>
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<td>2. Listening Skills</td>
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<td>3. Using Questions Effectively</td>
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<td>4. Reflecting, Paraphrasing, Summarizing</td>
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<td>5. Practice</td>
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<td>6. Summary and Closure</td>
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The counseling process involves exchanging information and showing clients that you care about them. Both aspects of facts and emotions should be included in the counseling process. Therefore, how you talk and listen is just as important as what you say. Remember a time when they were helped by talking with someone; recall how you felt about receiving help. Reflect on what the person did that seemed to work well.

Remember that what worked well for you would probably work for others as well. Remember that while we are service providers, we are also clients. What we like when we visit a service provider is probably similar to what other people like when they visit a service provider.

Each interaction in a counseling meeting is a special mix of two world views plus an added dimension that exists as a result of the two people talking with each other. These 3 aspects are:

1. **The Provider:** Personal cultural orientation including values and assumptions, their current personal issues, and their counseling skills and behaviors.

2. **The Client:** Personal cultural orientation including values and assumptions, their current personal issues, and their health issue which they must present to the provider.

3. **The Interaction:** The unique mix of both the counselor=s and client=s worlds in one moment in time.

It is essential in good counseling that we remember each person, the provider and the client, are people first and foremost. Each may be a mother, a daughter, enjoy different activities, be experts at some things, and be inexperienced in others. It is important to understand the interaction that happens in the counseling setting is one small part of each person=s lives. It is where these two lives intersect. Therefore, respect and interest in learning about each other is key to successfully working together towards a common goal.

What are some skills counselors need to exercise to be good Active listeners?
Possible responses:
- Be attentive
- Concentrate on the client
- Don’t interrupt
- Give nonverbal feedback (e.g., nod, smile, say A:Mmmmm, @ lean forward)
- Reflect feelings
- Summarize
- Ask for clarification

In school we take classes in how to read, how to write and how to speak. But do we ever take a class in how to listen effectively?

Listening is a skill that requires constant practice. Summarizing the main points is good discipline for listening. It helps confirm to the client that she/he is heard and understood. It helps the listener be sure they correctly understand the speaker. Often one is able to point out issues or emotions of which a client may not be aware, particularly when a feeling is communicated nonverbally. Information such as this may in turn aid the decision-making process.

#3 USING QUESTIONS EFFECTIVELY

There are four types of questions:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>Close ended:</td>
<td>&quot;How many children do you have?&quot;</td>
</tr>
<tr>
<td>Open ended:</td>
<td>&quot;What have you heard about FP?&quot;</td>
</tr>
<tr>
<td>Probing:</td>
<td>&quot;Can you tell me more about why you think condoms make a man impotent?&quot;</td>
</tr>
<tr>
<td>Leading:</td>
<td>&quot;Don't you think you should try the IUD?&quot;</td>
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3 of Session 4
The tone of voice is important. Always ask questions in a non-judgmental way. Providers should use a tone of voice that expresses interest and concern.

What are the goals of questioning and listening?
- Encourage the client to talk.
- Communicate your interest to the other person.
- Increase your awareness of the other person's feelings.
- Bring out specific information.
- Give a degree of control to the client.

What we can learn through questions?
- The general situation—"What did you want to talk about?"
- The facts—"What happened?"
- Feelings—"How did you feel?"
- Reasons—"Why did you do that?"
- Specifics—"Could you give me an example?"

Open-ended: AHow@ or Awhat@ questions allow the client to describe and reveal information. The client can take the lead by choosing how and where the answer will go. It helps the provider get more information about the client.

Closed-ended: Close-ended questions do not invite elaboration but a specific response. They result in Ayes,@ Ano,@ or 1-2 word answers. They are useful in gathering factual information but not creating a comfortable environment in which true communication and decision making can occur. By using a series of closed questions, the clinic provider CONTROLS the interview. The client will only reveal information on the specific question asked. They are useful in collecting medical history, but should be only a starting point and should be followed by open-ended and probing questions.

Probing: Probing questions take a specific point, feeling, or issue and focus in-depth on it. This is useful when clients reveal a point Ain-passing.@ Probing is good when talking about sensitive topics which may be difficult for clients to reveal on their own.

Leading: Leading questions are rarely appropriate because they act as "door closers" and discourage the client from saying what she really feels. The provider risks making the client feel they must do what the provider says, even if it isn’t what they want to do.

#4 REFLECTING, PARAPHRASING, SUMMARIZING

How can you make sure that you understand what the client is saying and feeling? Effective providers listen for Aicebergs,@ cues from the client that need exploring deeper by the provider. They also know that through reflecting, paraphrasing and summarizing, they can learn more, clarify what they have heard, and feel confident that they are understanding the client.
Reflecting:
Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process. A client must first believe that the provider hears and understands her/his feelings and individual needs and concerns before they are ready and willing to deal with a situation, listen to options, and make an informed and appropriate decision. Phrases such as Ayou seem sad today@ or Ayou sound very happy when talking about your children, but otherwise angry. Is this true?@

Emotions form the base of much of life experience. Noting key feelings and helping the client clarify them can be one of the most powerful, helpful things a counselor can do.

By observing and listening, providers imagine how a client feels. Then they tell the client what they think those emotions are. For example, when a client sounds and acts confused, the provider can point this out by saying, AYou seem confused.@ This serves three purposes:

1) It makes the client think about how he or she feels and why;
2) The provider finds out whether or not the client is confused; and
3) If there is confusion, the client and provider can clear it up through discussion.

Paraphrasing:
Paraphrasing or reflecting content feeds back to the client the essence of what has just been said by shortening and clarifying client comments. Paraphrasing is not parroting; it is using your own words plus the important main words of the client to check accurate understanding of what the client has said.

Paraphrasing involves:

1) A sentence stem such as, Ayou appear to be saying...@ or Awhat I hear you saying is...@
2) Key descriptors and concepts the client used to describe the situation or person. Use the client=s own words for the most important things.
3) The essence of what the client has said in summarized form.
4) A check for accuracy. AAm I hearing you correctly?@

Example:

Client: AI don=t know what is the matter. I just don=t feel well today.@
Provider: “You=re feeling ill and you=re not sure why, is that right?”

Paraphrasing is concerned with feeding back to the client the essence of what has been said. Reflecting feeds back client emotions key feelings the interviewer has observed.

When you reflect feelings, you can add to the paraphrase those affective or emotional words that tune into the person=s emotional experience.

Summarizing:
Summarizing is similar to paraphrasing except that a longer time period and more information are involved. Summarizing may be used to begin or end an interview, for transition to a new topic, or to provide clarity in lengthy and complex client issues or statements. It recaps what has been said.

**Example:**

“At our last meeting we decided that each of us will carry out ten individual interviews with health care workers in the field to try to come up with a way to improve our system of supervision and support. Let us go around the group and discuss our findings.”

**Example:**

**Client:**

“I am terribly concerned over my wife. She has this feeling she has to get out of the house and see the world and get a job. I am the breadwinner, and I imagine I have a good income. The children view Sara as a perfect mother and I do too. But last night, we really saw the problem differently and had a terrible argument.

**Provider:**

“Let me see if I can visualize the situation. You are concerned over your wife who wants to work even though you have a good income, and it resulted in a terrible argument. Is that how you see it?”

#5 PRACTICE

Explain to participants that they are going to now practice the specific counseling skills of questioning, reflecting, paraphrasing, and summarizing.

Participants in groups will play a service providers, a client; and observer. The observer will use checklist (Handout 4C) to give feedback to the two after each round, pointing out how the skills were used. Handout the role-play scenarios (Handout 4D).

Allow participant 15 minutes (5 minutes each) to practice. They can choose any of the scenarios described.
1. **The Provider:** Personal cultural orientation including values and assumptions, their current personal issues, as well as their counseling skills and behaviors.

2. **The Client:** Personal cultural orientation including values and assumptions, their current personal issues, and their health issue which they must present to the provider.

3. **The Interaction:** The unique mix of both the counselor=s and client=s worlds in one moment in time.

Provider

Client

Interaction
# TYPES OF QUESTIONS

<table>
<thead>
<tr>
<th>Close-Ended Questions</th>
<th>Open-Ended Questions</th>
<th>Probing Questions</th>
<th>Leading Questions</th>
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</thead>
<tbody>
<tr>
<td><strong>When to use:</strong></td>
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<td></td>
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<tr>
<td>Begin with close-</td>
<td>Continue with an open-ended question.</td>
<td>Then use a probing question in response to a reply, as a request for further information.</td>
<td>Avoid using leading questions</td>
</tr>
<tr>
<td>Ended question (for example, a question used in taking a medical history)</td>
<td></td>
<td>NOTE: Out of context, probing questions may sound leading. Explanation of an earlier statement.</td>
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<tr>
<td><strong>Requires:</strong></td>
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<tr>
<td>Brief and exact reply; often elicits yes or no response.</td>
<td>Longer reply; demands thought, allows for explanation of feelings and concerns.</td>
<td>Why do you think that oral contraceptives are difficult to use?</td>
<td>Leads respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.</td>
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<tr>
<td><strong>Examples:</strong></td>
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<tr>
<td>How may children do you have?</td>
<td>What have you heard about the oral contraceptive?</td>
<td>What has made you believe your daughter is sexually active?</td>
<td>Have you heard that oral contraceptives are dangerous?</td>
</tr>
<tr>
<td>Are you married?</td>
<td>What are the concerns of young people today?</td>
<td></td>
<td>Did you hear that the injectable stops the menses?</td>
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<td></td>
<td></td>
<td></td>
<td>Don't you prefer this method?</td>
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</tbody>
</table>
REFLECTING:
Accurate acknowledgment of client’s feelings is necessary and critical to the counseling process. Once client believes that the provider hears and understands her/his feelings and individual needs and concerns, then they are ready and willing to deal with a situation, listen to options, and make an informed and appropriate decision.

Noting key feelings and helping the client clarify them can be one of the most powerful, helpful things a counselor can do.

PARAPHRASING:
Reflecting content. Feeds back to the person the essence of what has been said by shortening and clarifying client comments. Paraphrasing is not parroting; it is using the counselor’s own words plus the main words of the client to check accurate understanding of what the client has said.

SUMMARIZING:
Similar to paraphrasing except that a longer time period and more information are involved. Used to begin or end an interview, start a new topic, or provide clarity in lengthy and complex client issues or statements. It recaps what has been said.
Instructions to Observer: You have the opportunity to help your colleague improve their counseling skills. Please watch the provider-counselor carefully. Take special note of those behaviors that are to be practiced. For now, focus on the process NOT the solution, the advice or the answer. Tick (T) the behaviors that occurred or did not occur. Use the notes section to write specific examples to help you give the best, most specific feedback possible to the provider.

<table>
<thead>
<tr>
<th>OBSERVED BEHAVIOR</th>
<th>YES</th>
<th>NO</th>
<th>NOTES</th>
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<tbody>
<tr>
<td><strong>I. ESTABLISHING RAPPORT</strong></td>
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<tr>
<td>Pays attention to physical environment (ensures privacy, that is attractive and comfortable for the client)</td>
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<td>Maintains appropriate eye contact</td>
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<td>Facial expression, posture, gestures (smiling, leaning forward, communicates warmth)</td>
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<tr>
<td>Rate of speech, tone communicates warmth, is easy to understand</td>
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<tr>
<td>Assures confidentiality</td>
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<tr>
<td>Asks reason for visit</td>
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<tr>
<td>Uses encouragers and praise to foster dialogue</td>
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<tr>
<td>Uses open-ended questions to foster dialogue</td>
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<tr>
<td>Asks about feelings</td>
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<td><strong>II. GATHERING &amp; PROVIDING INFORMATION</strong></td>
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<tr>
<td>Follows client’s issues or concerns</td>
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<td>Only talks about self if the information is directly pertinent</td>
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<tr>
<td>Doesn’t interrupt</td>
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<td><strong>Asks one question at a time</strong></td>
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<td><strong>Refrains from leading questions or Across-examining”</strong></td>
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<td><strong>Legitimates client=s concerns</strong></td>
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<tr>
<td><strong>Knows client-group=s issues or where to find out</strong></td>
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<tr>
<td><strong>Asks about risks of STD/HIV</strong></td>
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### III. PLANNING, DECISION-MAKING PROBLEM SOLVING

- Lets client do most of the talking
- Reflects content
- Reflects feelings
- Comfortable discussing sexuality/sex-related issues
- Helps client identify decision areas or problems
- Assists client to develop options
- Assists client to examine consequences of each option
- Lets client make the decision

### IV. NEXT STEPS

- Knows support/referral resources
- Summarizes
SESSION 3: ENCOURAGING DIALOGUE

SITUATIONS FOR ROLE PLAY

1. Miriam has come to the clinic for the first time. She has her two-month-old baby who is crying. She is sitting on her own in a corner, far from the other clients and she looks unhappy. All the other clients in the waiting area are busy talking and laughing with each other. As you have been passing up and down, you noticed Miriam sitting in the corner. After some time, Miriam comes to your room.

2. You met a mother in the MCH clinic with her 19-month-old. The baby has been gaining less than one kilo over the last six months. The young mother has two older children and is pregnant again. She has brought her child to the clinic for weighing every month, but she missed last month. She says the little girls have had diarrhea.

3. A young mother has a six-month-old infant boy. This is her first child and her first visit to the clinic. The child has not been weighed before. The mother says the child is never hungry, is weak, and cries all the time. The child is severely underweight.

4. Mehlika is 16 years old. She is married with one child who is 8 months old. She had a forceps delivery and wishes to spend another year before having another baby.

5. You are Neriman, 18 years old and have two boyfriends. Both do not want to use condoms and you are not ready to lose either of the boyfriends. Recently, you have had a smelly vaginal discharge. You come to the FP clinic because you want to use pills that will keep you from getting pregnant.
COUNSELING SKILLS REVIEW

NAME: ________________________________

Generating written questions, encouragers, paraphrasing/summarizing and reflecting feeling
A young Ethiopian girl is saying:

“A=I=m really feeling sad right now. My boyfriend just told me that he doesn’t want to see me anymore. Now I really don’t know what to do. I’ve tried everything. If only my mother had not been so strict with me. She was unfair to give me such an early curfew. She really makes me mad! But maybe I should have been nicer to my boyfriend. I just feel so confused about what to do next."

Your response would be:

Write an open-ended question
_____________________________________________________________________
_____________________________________________________________________

Write an encourager
_____________________________________________________________________
_____________________________________________________________________

Write a paraphrase (reflect content)
_____________________________________________________________________
_____________________________________________________________________

Write a reflection of feeling
_____________________________________________________________________
_____________________________________________________________________
SESSION 5

TOPIC: The Practical Counseling Process: GATHER

TIME: Three Hours (two 90-minute sessions)

OBJECTIVE: By the end of this session, participants will have:

1. reviewed definition of counseling;
2. Described six important steps in counseling;
3. Effectively used the counseling process in a client-provider interaction.
4. Identified strategies for counseling effectively when there is no time.
5. Applied and practiced effective IPC/C skills following GATHER.

SUMMARY: Participants will review/learn the six-step counseling process and practice this process in depth, including counseling when there isn’t much time. They will also bring into practice the skills learned in the previous sessions. Emphasis should be on creating a safe environment for participants to make mistakes and learn as they develop the skills.

Session at a Glance

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIMING</th>
<th>METHODS</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>15 min.</td>
<td>Exercise and Discussion</td>
<td>OVERHEAD 5.1</td>
</tr>
<tr>
<td>2. Six important steps in Counseling</td>
<td>60 min.</td>
<td>Discussion, Video</td>
<td>Video, Discussion Guide, Handout 5A</td>
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<tr>
<td><strong>Break</strong></td>
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<tr>
<td>3. Applying the six steps Counseling</td>
<td>60 min.</td>
<td>Small group practicum</td>
<td>Handout 5B, 5C</td>
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<tr>
<td>4. No Time Counseling</td>
<td>20 min.</td>
<td>Discussion</td>
<td>Handout 5D, OVERHEAD 5.2</td>
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<tr>
<td>5. Application: personal learning goals</td>
<td>10 min.</td>
<td>Individual Work, Discussion</td>
<td>Handout 5E</td>
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</table>
It is important that the counseling process be organized. Effective counselors follow a systematic process to help their clients reach their health behavior goals.

The potential for a successful client-provider interaction is increased when the provider uses an organized process. Developing good counseling habits enables the provider to forget about the process and just do a good job.

A Counseling is......

**A Counseling** is the process of one person helping another make a decision or solve a problem with an understanding of the facts and emotions involved.@

This definition features the following:

1. The role of one person is to help another take action. It is not the counselor’s job to make the decision;

2. Facts include what the client shares such as their medical history, family background, future plans and wishes, and partner=s plans and wishes. Facts also include what the counselor shares, particularly accurate contraceptive information;

3. Feelings of the client such as their concerns and fears, attitudes and values around sexuality, family planning, contraception, and parenting are important pieces of information for effective counseling.

An effective counseling relationship assumes that it is the client=s responsibility to make decisions. When counselors help clients, they progress through a series of interconnected and overlapping steps to help clients make decisions. The counselor=s first task is to establish rapport with the client. Communicating care and receptivity through verbal and nonverbal behavior will influence the meeting=s success. Especially with young clients, the counselor is the expert-partner who helps. They do not direct, criticize or make the decision that might be socially appropriate, but that the young client won=t implement after the counseling meeting.

The counselor and client are partners but it is the client who knows her world best and is the decision-maker. They exchange information and discuss the client=s feelings and attitudes about the client=s problems. Throughout, the counselor adapts the counseling process to each of the client=s needs. Through this interaction, the client makes a decision, acts on it, and evaluates his or her action.

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**#1 INTRODUCTION**

**#2. SIX IMPORTANT STEPS IN COUNSELING**
Effective counseling consists of six steps, described by the word or acronym, GATHER:

**GREET** the clients (establishing rapport)
Note previous comments on respect and friendliness.

**ASK** clients (gathering information)
Refer to the previous trainer=s notes on the importance of eliciting the needs of the clients, prioritizing information to make it more relevant. Asking is more than medical history because other aspects of a person=s life (life stage, lifestyle, personality, etc.) often impacts the client=s post-counseling behavior more than their medical history.

**TELL** (provide information)
Avoid information overload such as reciting details on all the procedures you are discussing or all the family planning methods because there is a limit to how much information people can retain. Instead, group the information and then check for understanding. Specific information, organized logically is retained longer and more fully, especially if the client is encouraged to ask questions.

**HELP** the client
This is the decision-making or problem-solving moment. The provider is helping the client sort through the medical information, lifestyle and life stage issues to come up with various alternatives, and helping the client consider each alternative for its advantages and disadvantages.

**EXPLAIN** to the client
Once the client has made a choice, the provider uses client education material to help the client remember key information specific to that decision. The provider also uses IEC materials to remind them of important discussion points. IEC materials reinforce key information. For family planning methods, this includes:

- effectiveness
- side effects and complications
- advantages and disadvantages
- how to use
- when to use
- STD prevention

**RETURN/REFER/REALITY CHECK**
Return visits or referrals should be planned. Clients need advice concerning when to return for follow-up or resupply. This is also a good time to do a reality check with the client. Make sure they can apply what they=ve learned in the meeting in their real world environment.

**Not every counseling session consists of all six of these elements or in this order.** Some may
simply involve repeating certain elements. Every counseling situation should be tailored to the client=s needs. Continuing clients, in particular, have specific needs that should be met with specific responses. Clients often talk with counselors several times before they decide to act. A counselor should be prepared to see the client as often as the situation demands.

#3. APPLYING THE COUNSELING STEPS

Divide participants into groups of three. Provide each group with the role-play scenarios (Handout 5 B ).

Ask each group to role-play each scenario practicing the steps of GATHER. For each scenario, one participant will play the part of the provider, one will play the client and one will observe. The observer should refer to the observer checklist to focus their comments (Handout 5C).

Each role-play should last 10 minutes followed by 5 minutes of feedback/discussion. Feedback should focus on what the provider did well and what could be improved next time.

#4. COUNSELING IN NO TIME

IMPORTANT NOTE: If participants are very familiar with GATHER, you may want to go through the video and discussion guide quickly and spend more time practicing No-Time Counseling. Handout 5 D

Encourage participants to add to this list during the discussion. Encourage them to be creative, to think outside-the-box (think creatively, innovatively!) both in their own behavior but also in how the service site operates. Keep in mind the following areas:

(1) Establishing Rapport  
(2) Gathering Information  
(3) Providing Information  
(4) Helping client make a decision, solve a problem, create a plan  
(5) Application to daily life

If time allows, have the groups of three reconvene and practice No-Time Counseling. Tell them each counseling situation must be completed in three minutes.

When all groups have tried this, join everyone in the large group and process the experience. What worked? What didn=t work? What other ideas came up to help in No-Time Counseling?
Counseling is B
A Face to face communication between two people where one person helps another person make a decision and act on it. @

A A way of helping a client to freely share and discuss ideas that he/she has on planning parenthood and making his/her own decision about FP or other health services. @

Counseling is -
“The process of one person helping another make an informed, committed decision or solve a problem with an understanding of the facts and emotions involved. @
### NO-TIME COUNSELING

<table>
<thead>
<tr>
<th>Examples of things counselors might do WHEN THEY HAVE NO TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) Establishing Rapport:</strong> eye contact, smile,</td>
</tr>
<tr>
<td><strong>(2) Gathering Information</strong></td>
</tr>
<tr>
<td>- arrange for auxiliaries, assistants to gather</td>
</tr>
<tr>
<td>certain information in waiting area</td>
</tr>
<tr>
<td>- have client complete a questionnaire</td>
</tr>
<tr>
<td><strong>(3) Providing Information</strong></td>
</tr>
<tr>
<td>- Use waiting time for distributing all-methods leaflets,</td>
</tr>
<tr>
<td>show videos,</td>
</tr>
<tr>
<td>- Provide only the details that the client</td>
</tr>
<tr>
<td>wants and needs explained, demonstrate</td>
</tr>
<tr>
<td>only what the client wants</td>
</tr>
<tr>
<td><strong>(4) Decision-making, problem-solving</strong></td>
</tr>
<tr>
<td>Follow an organized approach that ensures good decision</td>
</tr>
<tr>
<td>process in a short time, i.e.,</td>
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<tr>
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<td>negative outcomes or <em>Consequences</em>. Being able to</td>
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<td>predict consequences is a particularly important skill</td>
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<tr>
<td>for young people who often forget the negative aspect of</td>
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<td>a choice they want to make.</td>
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<tr>
<td><strong>(5) Applying decision to daily life</strong></td>
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<td>Reality-based questions like:</td>
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<td>What would keep you from using a method/practicing a new</td>
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<td>behavior? How could you prepare to deal with that?</td>
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Effective counseling consists of six steps, described by the word or acronym GATHER

**GREET** the clients (establishing rapport)
Note previous comments on respect and friendliness.

**ASK** clients (gathering information)
Refer to the previous trainer=s notes on the importance of eliciting the needs of the clients, prioritizing information to make it more relevant. Asking is more than medical history because other aspects of a person=s life (life stage, lifestyle, personality, etc.) often impacts the client=s post-counseling behavior more than their medical history.

**TELL** (provide information)
Avoid information overload such as reciting details on all the procedures you are discussing or all the family planning methods because there is a limit to how much information people can retain. Instead, *chunk* the information, checking for understanding. Specific information, organized logically is retained longer and more fully, especially if the clients are encouraged to ask questions.

**HELP** the client
This is the decision-making or problem-solving moment. The provider is helping the client sort through the medical information, lifestyle and life stage issues to come up with various alternatives, and helping the client consider each alternative for its advantages and disadvantages.

**EXPLAIN** to the client
Once the client has made a choice, the provider uses client education material to help the client remember key information. The provider also uses IEC materials to remind them of important discussion points. IEC materials reinforce key information. For family planning methods, this includes:

1) effectiveness  
2) side effects and complications  
3) advantages and disadvantages  
4) how to use  
5) when to use  
6) STD prevention

**RETURN/REFER/REALITY CHECK**
Return visits or referrals should be planned. Clients need advice concerning when to return for follow-up or resupply. This is also a good time to do a reality check with the client. Make sure they can apply what they=ve learned in the meeting in their real world environment.
SITUATIONS FOR ROLE PLAY: Choose any three from the following scenarios

1. Zenep has come to the clinic for the first time. She has her two-month-old baby who is crying. She is sitting on her own in a corner, far from the other clients and she looks unhappy. All the other clients in the waiting area are busy talking and laughing with each other. As you have been passing up and down, you noticed Zenep sitting in the corner. After some time, Zenep comes to your room.

2. You met a mother in the MCH clinic with her 19-month-old baby. The baby has been gaining less than one kilo over the last six months. The young mother has two older children and is pregnant again. She has brought her child to the clinic for weighing every month, but she missed last month. She says the little girls have had diarrhea.

3. A young mother has a six-month-old infant boy. This is her first child and her first visit to the clinic. The child has not been weighed before. The mother says the child is never hungry, is weak, and cries all the time. The child is severely underweight.

4. Elif is 20 years old. She is married with one child who is 8 months old. She had a forceps delivery and wishes to wait another year before having another baby.

5. Nese is 18 years old and has a boyfriend. Her boyfriend does not want to use condoms but Nese is not ready to lose her boyfriend. Recently, Nese has had a smelly vaginal discharge. She comes to the FP clinic because she wants to use pills that will keep her from getting pregnant.
OBSERVATION CHECKLIST: SKILLS PRACTICE

Instructions to Observer: You have the opportunity to help your colleague improve their counselling skills. Please watch the provider-counsellor carefully. Take special note of those behaviours that are to be practiced. For now, focus on the process NOT the solution, the advice or the answer. Tick (T) the behaviours that occurred or did not occur. Use the notes section to write specific examples to help you give the best, most specific feedback possible to the provider.

<table>
<thead>
<tr>
<th>OBSERVED BEHAVIOUR</th>
<th>YES</th>
<th>NO</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Counselling: Followed the GATHER steps</td>
<td></td>
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<tr>
<td>I. ESTABLISHING RAPPORT</td>
<td></td>
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<tr>
<td>Pays attention to physical environment (ensures privacy, that is attractive and comfortable for the client)</td>
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<tr>
<td>Maintains appropriate eye contact</td>
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<tr>
<td>Facial expression, posture, gestures (smiling, leaning forward, communicates warmth)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rate of speech &amp; tone communicates warmth, is easy to understand</td>
<td></td>
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<td></td>
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<tr>
<td>Assures confidentiality</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Asks reason for visit</td>
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<tr>
<td>Uses encouragers and praise to foster dialogue</td>
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<tr>
<td>Uses open-ended questions to foster dialogue</td>
<td></td>
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<tr>
<td>Asks about feelings</td>
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</tbody>
</table>
II. GATHERING & PROVIDING INFORMATION

<table>
<thead>
<tr>
<th>Follows client=s issues or concerns</th>
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<tbody>
<tr>
<td>Only talks about self if the information is directly pertinent</td>
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<tr>
<td>Doesn=t interrupt</td>
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<tr>
<td>Asks one question at a time</td>
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<tr>
<td>Refrains from leading questions or across-examining</td>
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<tr>
<td>Legitimates client=s concerns</td>
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</tbody>
</table>

III. PLANNING, DECISION-MAKING, PROBLEM SOLVING

| Lets client do most of the talking |
| Reflects content |
| Reflects feelings |
| Comfortable discussing sexuality/sex-related issues |
| Assisted client to make an informed choice |

IV. NEXT STEPS

| Provided referral and/or scheduled a revisit |

Additional Comments:
<table>
<thead>
<tr>
<th>Examples of things counselors might do WHEN THEY HAVE NO TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) Establishing Rapport:</strong></td>
</tr>
</tbody>
</table>
| **(2) Gathering Information** | - arrange for auxiliaries, assistants to gather certain information in waiting area  
- have client complete a questionnaire |
| **3) Providing Information** | - Use waiting time to distributing all-methods leaflets, show videos,  
- Provide only the details that the client wants and needs explained, demonstrate only what the client wants |
| **(4) Decision-making, problem-solving** | Follow an organized approach that ensures good decision process in a short time, i.e.,  
*Step One:* Identify the **AChallenge** or decision that is being made.  
*Step Two:* List at least three **AChoices** or options.  
*Step Three:* For each choice, list several positive and negative outcomes or **AConsequences**. Being able to predict consequences is a particularly important skill for young people who often forget the negative aspect of a choice they want to make. |
| **(5) Applying decision to daily life** | Reality-based questions like:  
What would keep you from using a method/practicing a new behavior? How could you prepare to deal with that? |
**COUNSELING SELF-ASSESSMENT EVALUATION**

This self-evaluation tool will help you assess your current knowledge, attitudes and behaviors in four important areas of *Counseling*. To evaluate yourself, put the number corresponding to your level of competence in the appropriate column next to each competence area listed.

| NAME: ___________________________ | SCALE: |
| DATE: ___________________________ | Always = 5 |
| | Usually = 4 |
| | Sometimes = 3 |
| | Rarely =2 |
| | Never = 1 |

### AREAS OF COMPETENCE

#### ESTABLISHING RAPPORT
- I greet the client
- I ensure the counseling environment is private and comfortable
- I use eye contact in a natural and culturally appropriate
- My facial expression communicates caring and interest
- My gestures communicate caring, interest and acceptance
- I pay attention to the client’s nonverbal cues (glances, gestures, bodily reactions, voice tones, pauses)
- I pay attention to the client’s verbal cues (content, voice tones, pace)
- My rate of speech communicates caring, interest, involvement
- My bodily posture is natural, relaxed and attentive
- I am comfortable with managing appropriate silences
- I ask about feelings
- I assure confidentiality

#### GATHERING AND PROVIDING INFORMATION

---

15 of Session 5
I can follow or track what the client is saying or the client’s topic

I uses appropriate non-word noises that encourage client to talk

I only talk about myself if the information is directly pertinent

I do not interrupt

I ask one question at a time

I refrain from leading questions or cross-examining

I legitimate the client’s concerns

I ask reason for visit

I ask about risks of STD/HIV

I have knowledge about issues relevant to client, such as:

| a. -------------- | Sexuality |
| b. -------------- | If young (physical changes during youth) |
| c. -------------- | Relationships (family, peers, work/school) |
| d. -------------- | STDs/HIV/AIDS |

PLANNING, DECISION-MAKING, PROBLEM SOLVING

I refrain from offering sympathy or solutions prematurely

I let the client do most of the talking

I identify accurate and communicate understanding of client’s feelings

I can talk about things related to sex

I help client to identify problems and solutions

I assists clients to develop options

I assist clients to examine consequences of each option

I let the client make the decision

NEXT STEPS

I am able to present a concise, accurate and timely summary of themes presented by The client
<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm any decisions or choices by client; checking commitment</td>
<td></td>
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<tr>
<td>I demonstrate knowledge of support and referral resources</td>
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<tr>
<td>I invite the client to bring or send others</td>
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<tr>
<td>I thank the client for coming</td>
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**NOTES:**
TOPIC: Giving Information and Explaining: Using IEC Materials

TIME: Three Hours (two ninety-minute sessions)

OVERALL GOAL: To gain skill in effectively using IEC materials to support the counseling process and explaining rumors.

OBJECTIVE: By the end of this session, participants will have:

1. Identified four reasons why it is important to use IEC materials in counseling;
2. Described the components of an effective environment for IPC;
3. Listed four advantages and four uses of different kinds of IEC materials;
4. Practiced effective information-giving, particularly counteracting rumors;
5. Demonstrated effective use of IEC materials during counseling interactions.

SUMMARY: Participants will learn how to use each material, under what circumstances it is best to use each material and practice their use in counseling role plays. Again, emphasis should be on creating a safe environment for participants to make mistakes and learn as they develop the skills.

<table>
<thead>
<tr>
<th>Session at a Glance</th>
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<tbody>
<tr>
<td>TOPIC</td>
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<tr>
<td>1. Introduction</td>
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<tr>
<td>2. Barriers to Using IEC materials</td>
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<tr>
<td>3. Counteracting rumors</td>
</tr>
<tr>
<td>4. Advantages, Limitations and Use of IEC Materials</td>
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<tr>
<td>5. PRACTICE Using IEC Materials</td>
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<tr>
<td>6. Summary</td>
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</tbody>
</table>
#1 INTRODUCTION

Was it easy or difficult to draw based on my description? Why/Why not? What lessons can be drawn from this exercise?

Possible responses:
- A picture is worth a thousand words.
- Pictures can prevent misunderstandings.

1) The listener assumed they understand what the speaker said.
2) The speaker assumed she/he was giving clear instructions.
3) The words were not enough to help understand what was being communicated.

Visual aids are not a substitute for skillful face-to-face counseling. They are tools to improve the quality of counseling, the clinic provider's satisfaction of a job well done, and the satisfaction of clients whose family planning needs are being met. Clients will understand the provider better if they use IEC materials when describing or explaining. They'll also remember the content longer.

#2 BARRIERS TO USING IEC MATERIALS

Why providers don’t use IEC materials?

Possible responses:
- Sometimes they are not available (stored away or not at the service site)
- Don’t know the importance of using
- Lacking knowledge on how to use them
- Language barrier (if in the local language)
- They need more time to use
- Negligence
- Assume client knows without seeing
- Not told by supervisor to use them

Possible solutions:
- Service provider should be taught the importance and how to use the IEC materials.
- Insist on their use--put into counseling job description.
- Inform providers about the research - existing gaps, update their knowledge.
- Create distribution mechanisms for sending IEC materials to the service delivery points.
- Translate IEC materials into local languages.
- Encourage supervisors to promote use among the service providers.

What can you do when you return to their work sites to improve the situation?
An important job of providers is to give correct information, to educate on methods and procedures. We encounter rumors and misinformation in the course of our work. It is not enough, however, to simply tell clients that what they have heard or what they believe is wrong. We must explain or show why the information they believe is incorrect in terms they can easily understand. We have to do this persuasively, politely and with respect for the client=s ideas and perspective. Remember, we do not want to make clients feel stupid because they heard and perhaps believe some incorrect information. We all have been in their shoes at one point in our lives!

Possible causes of family planning rumors:

- Inadequate or incorrect information.
- Misinformation, either through intentional or accidental distortion of truth.
- Normal side effects that are not adequately explained by the service provider or IEC materials.
- Cultural and personal values that appear to conflict with the concept of family planning.

Review Handout 5B on rumors and ways to counteract them. Lead a discussion on Ascripts that are effective in correcting misinformation.

To counteract rumors effectively:
Providers need to understand the cause of the rumor and explain why the rumor is not true and what the truth is. When possible, the provider should demonstrate (e.g., pull and stretch a condom to correct the rumor that condoms are not big/strong) or give specific examples using available IEC materials to counter the rumor.

A rumor is: Inaccurate or untrue information that is passed from one person to another, and the original source is unknown.

Consider the sources, such as satisfied users and community leaders, who would be valuable in combating rumors and how providers can use their support.

Possible sources:
- Enlist satisfied users as outreach workers, peer counselors.
- Obtain clergy=s permission to use facilities to post information, hold performances or group talks, etc.

Advantages of Using IEC Materials
For FP Provider:

- Attract the client’s attention.
- Trigger discussion and help bring up questions from clients.
- Make something small big enough to be visible (i.e. eggs, types of IUD).
- Compare similarities and differences (i.e. types of IUD).
- Show steps in doing something (i.e. insertion of IUD).
- Show changes (i.e. growth of a fetus from conception to delivery).
- Make complete ideas easy to understand.
- Show something that cannot be seen in real life (i.e. position of IUD in the uterus).
- Help when discussing a sensitive topic such as Family Planning.
- Clients can take print materials home as reminders.
- Clients can share print materials with spouse and friends.

For Client:

- Help to make the best decision in contraceptive method.
- Help to understand what to expect when using a particular FP method.
- Help to remember the accurate usage of contraceptive method.
- Help to understand how contraceptive method works inside the body.
- Can be taken home to be a reminder.
- Can be shown/distributed to partner or friends.

**Limitations in Use of IEC Materials**

For Provider

- No opportunity for discussion unless service provider reviews with clients.
- Can be expensive to produce.
- If not well made, pages may tear when flipping over.

For the Client

- Less effective with people who do not read.
- Can be easily lost and sometimes are thrown out without reading.
- The message may not be understood by audience; may need explanation.
- Not good for large groups.
- Audience may not remember everything if there is too much information.
WHY USE IEC MATERIALS WHEN COUNSELING

- IEC materials attract the client's attention
- IEC materials can trigger discussion and help client bring up questions
- IEC materials can make something very small (e.g., ovum or sperm) big enough to be visible
- IEC materials can be used to compare similarities and differences (e.g., types of IUD)
- IEC materials can show steps in doing something (e.g., insertion of IUD)
- IEC materials can show changes (e.g., growth of a fetus from conception to delivery)
- IEC materials can make complex ideas easy to understand
- IEC materials can show something that people can not see in real life (e.g., position of IUD in the uterus)
- IEC materials can help when discussing a sensitive topic such as Family Planning or a complicated topic like Child Survival
- People can take print materials home as reminders
- People can share print materials with husbands and friends
Modern Contraceptive Methods: Rumors and Correct Information

Common Misconceptions about Oral Contraceptives (the Pill)

1. "The pill is dangerous and can cause permanent damage to a woman's body."

   **Possible Response:**
   This is not true. The pill has been used by millions of women worldwide for over 30 years and been tested more than any other drug. It is safe and effective (MUCH safer than a pregnancy or childbirth) and very few women have serious problems with it.

2. "The pill makes it difficult or impossible for a woman to become pregnant after a woman stops taking it."

   **Possible Response:**
   This is not true. It may take a few months after a woman stops taking it to become pregnant but taking the pill does not affect a woman's ability to have more children.

3. "You only need to take the pill every time that you have sex with your husband (partner, lover, etc.)."

   **Possible Response:**
   This is not true. You must take a pill every day to avoid becoming pregnant. If a woman forgets to take her pill one day then she should take two pills as soon as she remembers (the next day).

4. "The pill causes cancer."

   **Possible Response:**
   This is not true. Many, many studies have proven that the pill does not cause cancer. Taking the pill actually PROTECTS a woman from certain kinds of cancer such as cancer of the ovary (woman's eggs), uterus (women's sex organs) and breast.

5. "The pill causes abnormal or deformed babies (birth defects)."

   **Possible Response:**
   This is not true. Many studies have been done on this and there is NO EVIDENCE that a child born during or after a woman has used pills is more likely to be deformed or abnormal (have birth defects).

6. "The pill builds up in a woman's body and causes problems."
 Possible Response:
This is not true. It is not possible for the pill to build up in a woman's body. Pills dissolve in a woman's stomach, just like other medicines (you can demonstrate how a pill dissolves in a glass of water).

7. "Taking the pill makes you weak."

 Possible Response:
This is not true. Pills do not make you weak, although women can be tired and weak for many other reasons (low iron in the blood, too much work, malaria, etc.). If a woman is taking the pill and she feels "weak" she should keep taking the pill and return to the health center so that a health care provider can examine her and find out why she is feeling weak.

8. "Taking the pill is the same as having an abortion."

 Possible Response:
This is not true. The pill prevents the woman from releasing an egg each month so that she cannot become pregnant. The pill does not cause an "abortion".

9. "The pill causes women to have prolonged pregnancies."

 Possible Response:
This is not true. Many women do not know exactly when they got pregnant, especially if they are not bleeding every month. Women often do not bleed every month for many different reasons. It does not necessarily mean she is pregnant.

10. "Women who take the pill for several years need to stop taking it for a while to give their bodies a rest."

 Possible Response:
This is not true. A woman may use the pill for as long as she wishes to avoid getting pregnant. It does not hurt her body or affect her ability to get pregnant again when she wants if she takes the pill continuously for even years at a time.

11. "The pill should not be taken by a woman right after she has had an abortion."

 Possible Response:
This is not true. The pill is an ideal method for a woman to use after an abortion (induced or spontaneous) and she may start taking it immediately (within seven days post-abortion to prevent her from releasing an egg).

Common Misconceptions about Injections (Depo-Provera & Noristerat)

1. "The injection causes cancer."
Possible Response:
This is not true. Studies have clearly shown that injections do not cause cancer. In fact, injections protect women from certain kinds of cancer, such as cancer of the ovaries (a woman's eggs) and uterus (woman's sexual organs).

2. "The injection is not approved or used by women in developed countries such as the United States or England. These countries are just experimenting on women in other countries because they are trying to control the number of babies born."

Possible Response:
This is not true. Injections are approved and used by over 30 million women in over 90 countries, including the United States, England, France and Germany. It has also been approved by the World Health Organization.

3. "The injection makes a woman lose her desire to have sex."

Possible Response:
This is generally not true. In some women the injection may decrease her desire to have sex, in other women using the injection may increase her desire to have sex because she will not be afraid of getting pregnant. If a woman does have decreased desire to have sex after getting the injection it will only be temporary and she can switch to another method.

4. "The injection causes a woman's blood to be built-up in her body until she is 'poisoned' by her own blood."

Possible Response:
This is not true. Often women do not bleed as much every month or they may not bleed when they use the injection for family planning, but the blood doesn't "build-up" in her body. The injection sometimes prevents the woman's body from making as much blood as she normally would, but this is not harmful and may help some women if their blood is low in iron (anemia).

5. "The injection causes a woman to stop bleeding every month and this can cause a pregnancy or a tumor."

Possible Response:
This is not true. In some women, especially in the first three to six months of using the injection to prevent pregnancy, a woman will not bleed every month or the amount of blood will be much less. This is not harmful and does not mean that the woman is pregnant or has a tumor.

6. "The injection causes a woman to have an abortion every month."

Possible Response:
This is not true. The injection prevents the woman's body from releasing an egg every month (ovulation) so that the sperm and egg will not meet up and make a baby (fertilization) so it does not cause "abortions".
7. "The injection causes abnormal or deformed babies."

Possible Response:
This is not true. Many studies have been done on this and there is NO EVIDENCE that a child born during or after a woman has used the injection is more likely to be deformed or abnormal (have birth defects).

8. "The injection will cause a woman to lose her ability to have more children (cause infertility)."

Possible Response:
This is not true. There may be a delay of three to nine months after a woman stops using the injection for her fertility (ability to conceive a baby) to return completely to normal. This is only temporary. A large study showed that 70% of all women became pregnant within the first 12 months of stopping the injection and 90% became pregnant within 24 month, which are normal averages for women in the general population.

9. "The women who are using the injection should stop and "give their bodies a rest" after six months or a year of using it."

Possible Response:
This is not true. There is no limit to the number of years that a woman can use the injection to prevent pregnancy and there is no need/benefit to "give the body a rest." Healthy women can use the injection until the age of menopause if they wish. There is no cumulative effect from the injection on the body.

Common Misconceptions about the IUD (intrauterine contraceptive device-loop, Copper T)

1. "A woman will have difficulty or not be able to have children if she uses an IUD."

Possible Response:
This is not true. The vast majority of women have no problem getting pregnant after they have their IUDs removed. In some cases women get an infection in their uterus (sexual organs) when they have an IUD, which can be from an STD (sexually transmitted disease). The woman should go to the health center if she has pains in her lower tummy with a fever. If she does have an infection she can take antibiotics and her ability to have children should not be affected; but if she doesn’t get treated it can cause infertility.

2. "The IUD causes cancer."

Possible Response:
This is not true. There have been many studies done on the IUD and there is NO evidence that an IUD increases a woman’s risk of cancer.
3. "The IUD can travel through a woman's body, even to her heart and her brain, and cause terrible problems."

**Possible Response:**
This is not true. The IUD cannot travel out of the uterus (woman's sexual organ) into another part of the body (show a diagram of the uterus when explaining this if possible). There is only one opening out of the uterus and that is through the opening of the cervix (womb) through the vagina. Sometimes an IUD can come out through the vagina but this is not harmful. It simply means that the woman is not protected from becoming pregnant until she has another IUD put in place or she uses another method of family planning. The woman can check to see if the IUD is in place as often as she wants by putting a clean middle or index finger inside her vagina and feeling for the string. If she cannot feel the string she should go to the health center to have it checked.

4. "A woman who has an IUD cannot/should not do heavy work."

**Possible Response:**
This is not true. Having an IUD should not stop a woman from carrying out her regular daily activities in any way. In the first few days after insertion, she may want to avoid heavy work.

5. "The thread of the IUD can trap or injure the penis during sex."

**Possible Response:**
This is not true. The strings of the IUD are soft and flexible and can rarely be felt by the man during sex. The string is too short to wrap itself around the penis and the strings can not cause injury to it. (Suggestion for health worker: let the woman see and touch the IUD and its strings.)

6. "The IUD causes ectopic pregnancy (tubal pregnancy)."

**Possible Response:**
This is not true. There is no evidence that using the IUD increase the risk of an ectopic pregnancy.

7. "If a woman with an IUD becomes pregnant the baby will be born with the IUD imbedded in its head or another body part."

**Possible Response:**
This is not true. If a woman becomes pregnant with an IUD in place the health care provider will probably (should) remove it immediately. If the woman continues with the pregnancy with the IUD in place, the baby will be well-protected by the bag of water (amniotic sac) inside the mother's womb. The IUD would probably simply be expelled with the placenta.
8. "The IUD can rot in the uterus if it’s been in the woman's body too long."

**Possible Response:**
This is not true. The IUD is made of plastic and other materials that cannot "rot." The IUD can be left in place for up to 10 years and will not "rot" no matter how many years it is left inside the woman's body (it simply may lose its effectiveness to prevent pregnancy).

9. "An IUD cannot be inserted into a woman until 12 weeks postpartum."

**Possible Response:**
This is not true. A trained health care provider can insert an IUD at four weeks postpartum (or anytime after). With special training, health care providers can safely insert IUDs immediately postpartum, after the delivery of the placenta or immediately following a Cesarean section, or up to 48 hours following the delivery.

10. "An IUD cannot be inserted into a woman after an abortion."

**Possible Response:**
This is not true. The IUD may be inserted immediately post abortion or during the first seven days post abortion (spontaneous or induced) if the uterus is not infected.

**Common Misconceptions about the Condom**

1. "If a condom comes off the man's penis during sex in the vagina, it can travel through/get lost in a woman's body and cause problems."

**Possible Response:**
This is not true. A condom cannot get lost in or travel through a woman's body because there is no opening (except out of the entrance to the vagina where the penis goes in) big enough for it to pass through. If a condom slips off the penis during sex and is left in the vagina the woman can easily remove it with her fingers (she should take care as much as possible to remove it carefully so that semen will not spill in the vagina).

2. "If a man uses condoms he can become impotent or weak."

**Possible Response:**
This is not true. Condoms are made out of harmless materials. There is no association whatsoever between using condoms and impotence or "weakness."

3. "Men only use condoms with prostitutes or with their wives when they have been unfaithful."

**Possible Response:**
This is not true. Condoms are used regularly by happily married couples all over the world.
In Japan, condoms are the most popular and widely used form of family planning for married couples. Men who use condoms with their wives are practicing safe and responsible sex and it shows respect and caring for the health and well being of their wives.

4. "Condoms often break during sex."

**Possible Response:**
This is not true. Most condoms are made of a thin but very strong type of latex rubber (if possible blow a condom up or fill it with water or pull it with your fingers to demonstrate how strong they are). If a condom is stored and used correctly it is unlikely to break during sex.

Condoms should be stored away from extreme heat and are meant to be used only once. When it is placed on the penis before it enters the woman's vagina, enough space should be left at the end (tip) of the condom over the head of the penis for the semen to squirt into when the man "releases" (orgasms). The condom is also more likely to break if the vagina of the woman is "dry" (not well lubricated from insufficient foreplay/sexual excitement or from intentional drying of the vagina). Oil-based products should NEVER be used with condoms (ie; Vaseline, oils) because they can also cause the condom to break. Good vaginal lubricants include: saliva, spermicidal or K-Y jelly, and foaming vaginal tablets/spermicidal foam.

5. "Using a condom feels like taking a shower with a raincoat on, decreases a man's pleasure, etc."

**Possible Response:**
This is usually not true. Condoms are made of a very thin latex rubber and the decrease in sensation for most men is minimal. Like anything else, the first few times a condom is used by a man it may feel awkward, but this should pass. By using condoms the man and woman can experience more pleasure during sex by knowing they are protected from sexually transmitted diseases and pregnancy. Men can practice putting condoms on their erect penis during masturbation to become skilled at using them before they use them with their partners.

**Common Misconceptions with Spermicides**

1. "Spermicides can cause babies to be born with deformities or abnormalities."

**Possible Response:**
This is not true. Spermicides have been used safely by millions of couples/women worldwide for many years. There is absolutely no evidence that using spermicides before, during or after a pregnancy/conception causes babies to be born with an abnormality.

2. "Spermicides cause cervical cancer."
**Possible Response:**
This is not true. Spermicides actually may help prevent cervical cancer (cancer of lower part of the womb) by helping to protect the cervix against sexually transmitted diseases which can increase the risk of cancer.

**Common Misconceptions about Tubal Ligation (tubal occlusion/female sterilization)**

1. "Tubal ligation is a painful, difficult and dangerous procedure and a woman must be hospitalized to have one done."

    **Possible Response:**
    This is not true. Tubal ligation is a simple procedure which takes only 15 minutes to perform and can be performed using local anesthesia in any health center/facility on an out-patient basis by health care providers who have special training. The pain is usually minor and lasts only for a few days. The client usually rests for a few hours after the procedure and then she can go home.

2. "Tubal ligation makes a woman sickly, weak and unable to do her normal work."

    **Possible Response:**
    This is not true. Millions of women all over the world have tubal ligations (in the United States it is the most popular method of family planning) and live totally normal lives. Women who have tubal ligations are as strong and healthy as any other woman and are no more likely to have physical or mental problems than any other woman. A woman can resume all of her regular activities after she has had a tubal ligation as soon as she stops feeling discomfort from the procedure (usually a few days). A woman who has had a tubal ligation will be much stronger than a woman who has had too many children.

3. "Women who have tubal ligations do not have a period every month."

    **Possible Response:**
    This is not true. After having a tubal ligation a woman will have menstrual periods (bleed) just as she did before her surgery. Remember that the tubal ligation only prevents the egg from passing through the fallopian tubes.

4. "Tubal ligation makes a woman frigid/makes her lose all desire to have sex."

    **Possible Response:**
    This is not true. A tubal ligation has absolutely no effect on a woman's desire or sexuality or her "feminine characteristics". Her ovaries will still release eggs and she will produce the same female hormones and she will menstruate normally each month-the same as before she
had the tubal. Some women feel more desire to have sex after a tubal because they no longer have to worry about getting pregnant.

5. "Tubal ligation will turn a woman into a >sex-maniac=/make her promiscuous."

**Possible Response:**
This is not true. A tubal ligation has absolutely no effect on a woman's desire or sexuality or her tendency to be faithful or unfaithful to her husband. Her ovaries will still release eggs and she will produce the same female hormones and she will menstruate normally each month—the same as before she had the tubal. Some women feel more desire to have sex after a tubal because they no longer have to worry about getting pregnant, but this does not make them more likely to become "promiscuous."

6. "Having a tubal ligation decreases the number of years that a woman will live/makes her more likely to die young and/or causes her to go through menopause/become old earlier."

**Possible Response:**
This is not true. There is absolutely no evidence that a tubal ligation causes a woman to go through menopause/age earlier or shortens the number of years that she will live. A tubal can increase a woman's chance of living a longer and healthier life by preventing unwanted or high-risk pregnancies which carry increased risks of injury or death.

7. "Tubal ligations can come undone (untied) or be undone after a few years."

**Possible Response:**
This is not true. Tubal ligation is permanent and it only becomes "undone" in very rare cases. To surgically reopen the tubes requires a very expensive and delicate operation and it is not always successful. Women should only have tubal ligations if they are certain that they do not want any more children.

**Common Misconceptions about Vasectomy**

1. "Vasectomy is the same as castration."

**Possible Response:**
This is not true. Castration is the removal of the testicles. This is not done in vasectomy. Only one or two tiny incisions are made and two tiny tubes, which the sperm travel through to reach the penis, are cut or tied off during vasectomy.

2. “Vasectomy affects a man's virility, "manhood," sexual performance and can make him impotent. Vasectomy decreases a man's desire to have sex and can turn him into a homosexual.”

**Possible Response:**
This is not true. Having a vasectomy does not affect a man's sexual performance or desire,
strength or pleasure. A man's penis and male hormones remain the same as before the vasectomy. The only difference after the vasectomy is that when a man "releases" (orgasms) the semen/ejaculate will not contain sperm so that he can no longer make a woman pregnant. The man will not notice any difference when he ejaculates (comes) because sperm (semen) is only a small part of the fluid that comes out of a man's penis when he has sex/ejaculates. Many men experience more pleasure having sex after a vasectomy because they or their partners do not have to worry about causing an unwanted pregnancy.

3. "When a man has a vasectomy the sperm that is not ejaculated during sex will collect in his testicles (balls, scrotum) and eventually cause the testicles to burst or the sperm will cause other problems in his body."

Possible Response:
This is not true. Sperm that is not ejaculated is simply absorbed into the body and is absolutely harmless. One of the main ingredients of sperm is protein (there is nothing harmful in sperm).

4. "Having a vasectomy can cause a man to have heart problems and/or weaken his immune system so that he will become sick."

Possible Response:
This is not true. Millions of men all over the world have had vasectomies (in the United States it is one of the most popular methods of family planning) and men who have had vasectomies do not have higher rates or increased risk for heart problems or problems with their immune system. Having more children than a man can provide for is more likely to cause the man stress along with the other related health problems. The long-term risks of vasectomy have been studied extensively for years and no ill effects have ever been shown.

5. "Vasectomy causes a man to gain weight."

Possible Response:
This is not true. Having a vasectomy does not cause a man to gain weight or any other changes in a man's body.

Common Side Effects and Their Impact on Clients

Most side effects from modern family planning methods pose no health risk to clients; however, providers should take them seriously because they can be uncomfortable, annoying or worrisome to clients.

For example, a woman who is using the injection may not be menstruating (especially the first three to six months). This woman may be worried that she will no longer be able to have children when she stops using the injection.

Some women "tolerate" side effects better than others—it is a very individual matter (this includes "pain" and "discomfort").
For example, some women may not be bothered by weight gain and other women may be very upset by the gain of even a few pounds (which may or may not be due to using a method). Menstrual changes may be very worrisome to some clients and not at all to others.

Side effects are the major reason that clients stop using a method, therefore providers should treat ALL client "complaints" with patience, seriousness and empathy and offer clients an opportunity to discuss their concerns, as well as offer good technical and practical information and good advice about how to deal with side effects.

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

**Counseling for Side Effects:**

- Prepare clients for what might occur while using a method
- Tell the client about symptoms/side effects which probably/may diminish over time
- Do not dismiss, but take seriously, the client's concern about side effects
- Provide reassurance and practical suggestions for coping with side effects
- Assist the client to switch to/choose another method if the client wishes to
# ADVANTAGES, LIMITATIONS AND USES OF IEC MATERIALS

<table>
<thead>
<tr>
<th>TYPE OF IEC MATERIAL</th>
<th>ADVANTAGES</th>
<th>LIMITATIONS</th>
<th>USES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamphlets</td>
<td>Can be given out to large numbers of people.</td>
<td>No opportunity for discussion unless Clinic Provider reviews with clients.</td>
<td>For people who can read</td>
</tr>
<tr>
<td>Booklets</td>
<td>Clients can read at their own speed, as often as they want.</td>
<td>Less effective with people who don't read.</td>
<td>To present words and pictures.</td>
</tr>
<tr>
<td>Leaflets</td>
<td>Clients can share them with their family and friends.</td>
<td>Paper is not strong, they are easily lost and sometimes are thrown out without reading.</td>
<td>For detailed information/instruction.</td>
</tr>
<tr>
<td></td>
<td>They are easily produced.</td>
<td></td>
<td>To get information to a lot of people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To remind people what you have taught them.</td>
</tr>
<tr>
<td>Posters (usually have one message – a slogan and a picture)</td>
<td>Can be made locally.</td>
<td>The message may not be understood by audience; may need explanation.</td>
<td>To reinforce message.</td>
</tr>
<tr>
<td>Charts (usually have a lot of information)</td>
<td>Can be used repeatedly.</td>
<td>Can be expensive because they are easily destroyed.</td>
<td>Small or large groups.</td>
</tr>
<tr>
<td>Photographs</td>
<td>Can carry easily.</td>
<td>Making them requires time for pretesting.</td>
<td>To be put in places where seen easily.</td>
</tr>
<tr>
<td></td>
<td>Can show things that cannot be easily demonstrated on real objects. (e.g sex organs)</td>
<td>Cannot communicate many written messages.</td>
<td>To promote and idea, event or service.</td>
</tr>
<tr>
<td></td>
<td>Good for many topics.</td>
<td></td>
<td>Can be used in counseling.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>TYPE OF IEC MATERIAL</th>
<th>ADVANTAGES</th>
<th>LIMITATIONS</th>
<th>USES</th>
</tr>
</thead>
</table>
| ✤ Flipcharts ✤ Flipbooks  
(A collection of pictures arranged in order and fastened at top.) | ✤ Can be made locally  
✤ Can be made to suit needs of individual groups  
✤ Good for maintaining audience interest.  
✤ Can be used repeatedly. | ✤ Not good for large groups  
✤ If not well made, charts may tear when flipping over.  
✤ Audience may not remember everything if there are too many charts | ✤ For step-by-step presentation (e.g. instructions, story)  
✤ For small groups or individuals. |
| ✤ Models | ✤ Close to reality; will lead to better understanding  
✤ Can be made in a larger form for clearer viewing.  
✤ Allows persons to practice a task or skills  
✤ Allows use of all senses | ✤ May need skills and materials to make them.  
✤ Can be expensive.  
✤ Can't use with large groups.  
✤ Easily damaged.  
✤ Usually not as good for demonstration as real object or person. | ✤ Giving instructions, demonstration (e.g. preparing oral rehydration solution, how to use pill packets).  
✤ Good for one-to-one or small groups. |
HOW TO USE IEC MATERIALS

HOW TO USE POSTERS

There are two kinds of poster: 1. Poster to motivate client 2. Poster to educate

1. Display motivational posters in places of high visibility around your health center, such as waiting rooms, counseling rooms and examination rooms. Think about what the poster is meant to do and who will see it. You also can use posters to stimulate discussion with your client.

2. Ask clients what they see and what it means to them. If correct, reinforce positively her understanding. If incorrect, correct the understanding in a polite and patient way.

HOW TO USE FLIP CHARTS

1. Position the flipchart so that everyone can see it.

2. Point to the pictures, not the text.

3. Face the client or audience (for group talks). Move around the room for groups with the flipchart if the whole group cannot see it at one time. Try to involve the group.

4. Ask the client(s) questions about the drawing to check for accurate understanding.

5. If the flipchart has text, use it as guide, but familiarize yourself with the content so that you are not dependent on the text.

HOW TO USE BOOKLETS

Booklets are designed to reinforce or support verbal messages of health workers. If used properly, they strengthen the messages you give to clients. The following are suggestions on how to use the booklets:

1. Go through each page of the booklet with the client. This will give you a chance to both
show and tell about a health problem or practice and answer any questions the client has.

2. **Point to the pictures, not to the text.** This will help the client to remember what the illustrations represent.

3. **Observe the client’s reactions.** If your client looks puzzled or worried, encourage him/her to ask questions or talk about any concerns. Discussion helps establish a good relationship and builds trust between you and the client. A person who has confidence in his or her health worker will often transfer that confidence to the method or health practice selected.

4. **Give the client the booklet.** Suggest that he/ she share it with others, even if the client makes a decision not to use the method or health practice described.

**HOW TO USE CUE CARD/INFORMATION CARDS**

These cue cards are designed for provider/FP counselor who are working in the clinic setting or those in the field. The cards are meant to assist provider to remember important information about contraceptive methods which will be conveyed to the client so that they can choose an appropriate, safe and effective method. Information cards are designed to share with the client. They provide information in text and pictures in a concise, one-page format.

1. **Help client to feel comfortable:** give a warm greeting. Sit together with them for a while before starting counseling. If they just hear about FP, give them information about reproduction.

2. **Show AInformation Card@ to client:** the best way to use information card is to show it to client during counseling. When showing card, involve the client as much as possible. People usually give bigger attention when given the opportunity to be actively involved and be part of a discussion. Try not to read the card. When you point to the card, you have to remember that the focus is still the client. Full eye contact with client will be more effective in communication. Help them to come up with questions until they understand that they can ask whenever they want to. Let them hold the cards.

3. **Let the client choose:** let client choose which method they want to know before you give your suggestion. This will help them to make decision.

4. **Communicate slowly and clearly:** At first, avoid technical terms which will not be understood by the client. Give time to go over all information on the card. You don’t have to explain all contents of the card to client, but make sure that they know about methods which might be appropriate and suitable for their condition. Make sure about their understanding. Go through the information more than one times if necessary.

5. **Show example of real contraceptive:** while reading or showing the card also show the real contraceptive method, and let them keep it. This will help them remember better.

6. **Help them choosing a contraceptive method:** remember (and remind them) that this is
their choice. When they ask for suggestion, think about the wish, choice and the medical history and physical examination of the client. If they are done, use Aquestions® written at the back of the cared to help you and your client in deciding which method is appropriate for the client.

7. **Go over information on how to use the method:** once the client has made her decision, it is good to go over to how to use the method chosen. Ask client to repeat by giving explanation to you about all instructions. This is to make sure that they really understand. Give complement when they have good understanding.

8. **Talk about possibility of side effects:** clearly explain to them about the differences between side effects and early symptoms. Act and think positively. Try not to make your clients over-worried without good reason.

9. **Ask client to come back:** ask client to come back by deciding on the date. Tell them that they can come back earlier if they have questions. Show them that you really care.
ROLE PLAY INSTRUCTIONS:
PRACTICING COUNSELLING WITH IEC MATERIALS

INSTRUCTIONS:

1. Read the four scenes.
2. Select a scene to role-play.
3. Decide which role to play: The clinic provider, the client, and the observer (there will be one or two observers depending on the scene chosen).

The observer's role is to act as a timer and also watch the use of IEC materials.

4. Begin the role-play, focusing on the use of IEC materials rather than an entire counseling sequence.
5. Observer should stop the role-play after giving adequate time for the "provider" to illustrate use of IEC materials.
6. Observer processes role-play by asking the provider their opinion about their performance, then the client, and then the observer gives feedback.
7. Group members change roles, select another scene and continue with #4 to #6 activities. Everyone should have the chance to role play the clinic provider role.

ROLE PLAY SCENARIOS

1. Yusef and Rheema are uneducated villagers who have both decided that four children are all they want and can afford. Since Rheema has a heart problem, Yusef is interested in having a vasectomy. He doesn't know much about vasectomy. He has heard rumors that it is a form of castration, although one of his friends has a vasectomy and is happy about it. The couple goes to the health center to consult a health worker.

2. Furaha and Almasi have two children and would like to wait a while before having another one. Almasi has heard good things about the IUD and was planning to try it. However, just a few days before her appointment for IUD insertion, she heard a rumor that someone from the next town became pregnant with the IUD in place and has given birth to a deformed baby. Almasi became scared and visited the health center with Furaha to ask the nurse about it.

3. Miriam is a 28-year-old mother of two children who is using the IUD. She has some complaints about it and would like to switch to another method. She has heard good things about the Pill from her co-workers but does not know much about it. She visits the counselor at the health center to find out more.

4. Zawadi has four children and is pregnant. She is thinking about having a tubal ligation right after delivery her fifth baby. She and her husband, Fadhili, visit the nurse at the health center to ask advice about tubal ligation and find out more about what it entails.