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YFPAC Supplemental Training Module

PowerPoint Slides

2012

Session 1:
Overview of YFPAC
Supplemental Training Module:
Purpose, Training Objectives,
and Agenda

Overview of the YFPAC supplemental training module

- This is a supplemental training to be added to a comprehensive PAC Health Provider Training or used as a refresher training for practicing PAC providers.
- The goal is to improve providers' ability to provide high quality PAC services to adolescent clients aged 10-19.
- The training module is organized around the 5 essential elements of PAC: community and service provider partnerships, counseling, treatment of incomplete and unsafe abortion, contraceptive and family planning services, and reproductive and other health services.

Overview of the YFPAC supplemental training module, cont'd

At the end of the training, participants will be able to:

1. Describe the period of adolescence,
2. Establish YFPAC services,
3. Provide adolescents with PAC care and treatment that takes into consideration their unique needs,
4. Explain and provide contraceptive options to adolescent PAC clients,
5. Demonstrate appropriate, nonjudgmental and comprehensive counseling of adolescent PAC clients, including contraceptive counseling and referrals.

Overview of the YFPAC supplemental training module, cont'd

Schedule 1: Full Supplemental Training Module

Day 1	
Time	Session
9:00am–9:30am	Session 1: Overview of YFPAC Supplemental Training Module
9:30am–11:15am	Session 2: An Overview of Adolescence
11:15am–11:30am	Tea Break
11:30–1:30pm	Session 3: Youth-Friendly Postabortion Care Services
1:30pm–2:30pm	Lunch
2:30pm–4:00pm	Sessions 4.1, 4.2A, and 4.2B: Counseling Adolescent PAC Clients
4:00pm–4:15pm	Tea Break
4:15pm–4:45pm	Sessions 4.3: Counseling Adolescent PAC Clients
Day 2	
Time	Session
9:00am–9:15am	Welcome and refresher
9:15am–10:45am	Session 4.4: Counseling Adolescent PAC Clients
10:45am–11:30am	Session 5: PAC Procedures for Adolescent Clients
11:30am–11:45am	Tea Break
11:45am–1:15pm	Sessions 6.1-6.3: Postabortion Contraception for Adolescent Clients
1:15pm–2:15pm	Lunch
2:15pm– 4:15pm	Session 6.4-6.6: Postabortion Contraception for Adolescent Clients
4:15pm–4:30pm	Tea Break
4:30pm–5:00pm	Session 7: Referrals for Adolescent Postabortion Clients
5:00pm–5:30pm	Session 8: Closing Summary and Post-test or Wrap-up

Session 2:

An Overview of Adolescence

The sexual and reproductive health of adolescence

- Adolescence refers to the period of a young person's life between the ages of 10 and 19.
- During this transition to adulthood, adolescents develop biologically, psychologically, and socially.
- Though adolescence can be a very healthy period of life, adolescents may be particularly vulnerable to threats to their SRH.
- Adolescents are not a homogeneous group, but rather are comprised of young women and men who are at different stages of development.

The sexual and reproductive health of adolescence, cont'd

- Counselors and care providers need to understand the stages of adolescence and the context in which adolescents live.
- Young women are more likely than older women to experience unintended pregnancy due to:
 - Socioeconomic factors;
 - Gender and power imbalances and abuse;
 - Lack of SRH information and services and, especially, a lack of knowledge about and access to contraception; and
 - Prevention from using contraceptives by parents, spouses, providers, and/or the social environment where they live.

The sexual and reproductive health of adolescence, cont'd

- Adolescents are more likely than older women to delay seeking care and treatment for pregnancy-related complications and induced abortion.
- Estimates of unsafe abortion for adolescents*
 - 2.5 million, or 14%, of all unsafe abortions in developing countries are among women under 20 years of age.
 - In Africa, 60% of unsafe abortions are among women <25 years old.
 - Almost half of all deaths due to unsafe abortion in developing regions occur among women under the age of 25.

*WHO Estimates from 2003, published in 2007

Introduction to adolescent development

- Adolescents are different from adults:
 - They have different needs because of their physical and psychological development.
 - They have different cognitive abilities and skills, which means they understand and process information differently from adults or children.
- An adolescent may pass through 3 stages of development. The timing of those stages and changes that happen vary dramatically.
 - Early adolescence (10-13)
 - Middle adolescence (14-16)
 - Late adolescence (17-19)

Session 3: Youth-Friendly Postabortion Care Services

Reasons that adolescents often seek late, cheaper, and unsafe abortions

- They deny the pregnancy.
- They are unaware they are pregnant.
- They fear the reactions of their parents/in-laws, partners, peers, and communities.
- They lack financial resources or transportation.
- They do not know where to go for a safe abortion, or there are no legal, safe abortion options. Or, if available, adolescents' access to the services is restricted due to age, marital status, or other structural factors such as provider attitudes.
- They do not know whom or how to ask for help.

Defining YFPAC

- YFPAC are PAC services that attract, adequately and comfortably meet the health care needs of, and retain adolescent clients.
- YFPAC builds on the five essential elements of PAC to make each element more youth-friendly:
 - Community and service provider partnerships
 - Counseling
 - Treatment
 - Family planning and contraceptive services
 - Referral for reproductive health and other services

Strategies for making PAC services youth friendly: PAC Essential Element 1

Community and Service Provider Partnerships

- Include adolescents as partners in the design and implementation of YFPAC.
- Create an enabling community environment to support the provision of needed SRH information and services to young people.
- Improve peer educators' understanding of PAC and encourage referrals of adolescents in need of PAC services to the YFPAC facilities.

Strategies for making PAC services youth friendly: PAC Essential Element 2

Counseling

- Train providers to ensure appropriate and effective counseling that is tailored to the specific needs and characteristics of each young person.
- Allocate more time and special care to counseling adolescent clients, including giving basic education on SRH issues such as fertility and pregnancy.
- Ensure respectful interactions, privacy, and confidentiality.

Strategies for making PAC services youth friendly: PAC Essential Element 3

Treatment

- Offer treatment in a separate space, if possible, and ensure privacy.
- Offer PAC in places that are convenient to adolescents and at low or no cost.
- Provide extra support to the youth client during the procedure or allow her to bring a support person if desired.
- Clinical procedures for using MVA, EVA, D&C, or misoprostol are the same as for an adult client. However, providers should address the increased fear and anxiety adolescents may face due to lack of knowledge of what to expect and limited emotional support.

Strategies for making PAC services youth friendly: PAC Essential Element 4

Family Planning and Contraception

- Discuss healthy timing and spacing of pregnancies. Present characteristics of methods that match adolescent's fertility intentions.
- Offer clients a range of methods that fits their fertility intentions and their readiness for successfully using a specific method. This includes long-acting reversible contraceptives such as IUDs and implants.
- Emphasize dual protection for protection against both unintended pregnancy and STIs/HIV.
- Help adolescents learn how to use their selected method successfully (e.g., linking daily activity to taking a pill). Be aware that adolescents may have different concerns than adult clients (e.g., weight gain or acne, privacy and confidentiality).

Strategies for making PAC services youth-friendly: PAC Essential Element 5

Referrals for Reproductive Health and Other Services

- When possible, refer adolescents to facilities that offer youth-friendly services.
- If an adolescent is being referred for contraceptive services because a particular method is unavailable at the place of PAC services, the adolescent should be supplied with an acceptable interim method.
- Take time and explain clearly to the adolescent client the purpose and importance of the referral.

Session 4: Counseling Adolescent PAC Clients

What is counseling and what is its purpose?

Counseling during PAC is essential—it is the key to positive physical and emotional health outcomes.

PAC counseling is intended to:

- Provide adequate information to help the adolescent make an informed decision.
- Help the adolescent evaluate her feelings and opinions.
- Provide emotional support to the adolescent.
- Help the adolescent anticipate consequences of actions.
- Support the adolescent in making healthy decisions given her life circumstances, including the use of contraception to avoid another unintended pregnancy.

What is counseling and what is its purpose?

cont'd

PAC counseling is not a way to:

- Provide solutions to the adolescent's problems.
- Make decisions for the adolescent.
- Give instructions.
- Promote a life plan that has been successful for the counselor.
- Express the counselor's judgment about the adolescent's behavior.

Important considerations for counseling adolescent PAC clients

- Strive to foster comfort and encourage trust and rapport.
- The more comfortable the client is, the more likely she is to open up about her concerns and play an active role in her treatment and follow-up.
- Adolescents have identified their top three concerns during SRH services as:
 - Privacy
 - Confidentiality
 - Positive provider attitudes

Introduction to sexual and gender-based violence (SGBV)

Gender-based violence “is derived from unequal power relationships between men and women... It includes, but is not limited to, physical, sexual, and psychological harm....”

For women, gender-based violence includes female infanticide, female genital mutilation, sex trafficking, forced early marriage, rape, intimate partner violence, and honor killing.

Introduction to SGBV, cont'd

Sexual violence includes rape, attempted rape, sexual abuse, and sexual exploitation. It involves “any sexual act, attempt to obtain a sexual act, unintended sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.”

Introduction to SGBV, cont'd

- SGBV may be physical, verbal, or emotional, and includes both GBV and sexual violence.
- Adolescent women are often at increased risk for SGBV because they lack power vis-à-vis adults and because they are female.
- Adolescent programs and health care providers often assume that most adolescents engage in consensual or wanted sex.
- While data is limited, it is apparent that a significant number of adolescents are coerced and sexually abused, many of whom may seek unsafe abortions and require PAC.

Session 6: Postabortion Contraception for Adolescent Clients

Implants

- Implants are:
 - Safe and suitable for nearly all women, including adolescents.
 - Effective for 3-5 years and, for young women who want to become pregnant, fertility returns immediately once the rods are removed.
 - Discreet and easy to use. Unlike pills and condoms, the implant does not depend on the regular compliance of the user.
- The convenience, ease, confidentiality, and long duration of the implant can help adolescents overcome many barriers, such as poor access and transportation to a clinic, and lack of money to pay for a regular supply of contraceptives.

Introduction to misconceptions adolescents have about contraceptive methods

- Rumors and misconceptions about contraceptives can play a big role in influencing adolescents' choices about methods.
- Often, rumors and misconceptions about contraception make rational sense to clients and potential clients, especially to ill-informed adolescents.
- Unfortunately, rumors and misconceptions are sometimes even spread by health workers who may themselves be misinformed about certain methods.

Strategies for counteracting rumors and misconceptions

- When a client mentions a rumor, always **listen politely**. Don't laugh.
- Take the rumors **seriously**.
- **Define** what a rumor or misconception is.
- **Find out where the rumor came from** and talk with the people who started it or repeated it. Check whether there is some basis for the rumor.
- **Explain the facts** using accurate information, but keep the explanation simple enough for young people to understand.
- **Use strong scientific facts (using the nontechnical language)** about contraceptive methods to counteract misinformation.

Strategies for counteracting rumors and misconceptions, cont'd

- Always **tell the truth**. Never try to hide side effects or problems that might occur with various methods.
- **Clarify information** with the use of demonstrations and visual aids.
- **Reassure the client** by examining her and telling her your findings.
- **Use good counseling techniques** to inform the client about methods of contraception.
- **Use visual aids** and actual contraceptives to explain the facts.

Session 7: Referrals for Adolescent Postabortion Clients

Referrals

The following points should be taken into consideration if referral is necessary:

- If referral for the adolescent's preferred contraceptive method is necessary, provide her with an interim method of contraception that is acceptable to her.
- Refer adolescents to facilities that offer youth-friendly services.
- Take time to explain the purpose and importance of the referral.
- Referral cards or slips should note the adolescent client's name, age, and the location the client is being referred to. Be sure to maintain privacy on referral cards and not include treatment or diagnosis-specific issues.

Referrals, cont'd

- If possible, provide clients with easy to read and understandable materials that explain the services they will obtain at the referral site.
- Providers should be aware of community-based SRH services and be willing to refer back to the community for services.
- Helping adolescents address their comprehensive needs is important in building and sustaining trust and ensuring continuity of care for the adolescent.