

# Youth-Friendly Postabortion Care Supplemental Training Module

## Appendix 1: Trainer's Tools

OCTOBER 2012

**Trainer's Tool 1.1B YFPAC optional pre-test and 8.1B YFPAC optional post-test**

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1. What age range does adolescence refer to? (circle one)

- a. 7-15
- b. 15-19
- c. 10-30
- d. 10-19
- e. 15-24

2. Name three reasons why adolescents often seek late, cheaper, and unsafe abortions.

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3. Having specially trained providers serve adolescents seeking PAC is important because: (Circle all that apply)

- a. Communicating with adolescents can require special care with regards to language, tone, and establishing trust
- b. Adolescents are very demanding and require a trained provider to navigate rude attacks
- c. Healthy life-long habits are established in adolescence
- d. Adolescents may ask to see a training certificate
- e. Adolescents are particularly vulnerable to poor SRH outcomes

4. What are the five elements of PAC as endorsed by the PAC Consortium?

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5. Name three essential minimum standards for YFPAC services:

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6. What are the three most important concerns that adolescents have when it comes to SRH and YFPAC service delivery? (Circle three)

- a. Privacy
- b. Pain-free experience
- c. Confidentiality
- d. Respect
- e. Television or games at the health center
- f. Brochures that they can take home with them

7. Which of the following are good counseling techniques for adolescent PAC clients? (Circle all that apply)

- a. Ask closed-ended questions (yes/no questions) so that the client feels more comfortable
- b. Speak in understandable terms, avoid overly technical language
- c. Look directly at the patient, nod your head, and listen actively
- d. Sit behind a desk or above the patient so there is distance and she knows that she should respect you
- e. Avoid using questions that start with "why" and/or other judgmental language

8. As the PAC visit may be the first time the adolescent is visiting a health facility, name at least two other SRH concerns that the provider should screen for and either treat or refer for additional services.

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9. How soon can women, including adolescent women, become pregnant following an abortion that occurs during the first trimester of the pregnancy?

- a. 3 months later
- b. In as few as 10 days
- c. 6 months later
- d. When her monthly bleeding (menses) returns

10. In almost all cases, how soon after a young woman is provided with PAC should a contraceptive method be initiated?
  - a. On the same day as the PAC visit in almost all cases
  - b. As soon as her monthly bleeding returns
  - c. In three months
  - d. In one week
  
11. Which method of contraception may not be suitable for an adolescent PAC client?
  - a. Implants
  - b. Combined oral contraceptives
  - c. Condoms
  - d. Sterilization
  - e. Injectable contraceptives
  
12. Which is the best way for adolescents to prevent both unintended pregnancy and STIs?
  - a. Emergency contraceptives
  - b. Implants
  - c. Correct and consistent use of condoms, or use of condoms plus another contraceptive method (called dual method use)
  - d. Oral contraceptives
  - e. IUDs
  
13. Which of the following aspects must be taken into account when counseling adolescent clients on contraception? (Circle all that apply)
  - a. Risk of sexually transmitted infections
  - b. Effectiveness of method
  - c. Patient preference for a particular method
  - d. Availability and access to methods
  - e. Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreet nature of the method

14. What are important characteristics to remember when referring an adolescent for services elsewhere? (Circle all that apply)
- a. If the referral is for a particular method of contraception not available at the facility, provide the adolescent with an acceptable alternative for use until the referral visit is complete
  - b. Refer the adolescent to the facility that is the farthest away because adolescents like to maintain privacy
  - c. When possible, refer adolescents to youth-friendly services
  - d. Clearly explain to the client the importance and purpose of the referral as well as how to get there and what to expect
  - e. Refer the adolescent to a private health facility because adolescents always prefer private facilities

## Trainer's Tool 1.1C: YFPAC Pre-Test and Post-Test Answer Key

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1. What age range does adolescence refer to? (circle one)
  - a. 7-15
  - b. 15-19
  - c. 10-30
  - d. 10-19**
  - e. 15-24
  
2. Name three reasons why adolescents often seek late, cheaper, and unsafe abortions.  
 Answers may include three of the following:
  - They deny the pregnancy.
  - They are unaware they are pregnant.
  - They fear the reaction of their parents/in-laws, partners, peers, and communities.
  - They lack financial resources or transportation.
  - They don't know where to go for a safe abortion or there are no legal, safe abortion options. Or, if available, adolescent access to the services is restricted due to age, marital status, or other structural factors such as provider attitudes.
  - They don't know whom or how to ask for help.
  
3. Having specially trained providers serve adolescents seeking PAC is important because: (Circle all that apply)
  - a. Communicating with adolescents can require special care with regards to language, tone, and establishing trust**
  - b. Adolescents are very demanding and require a trained provider to navigate rude attacks
  - c. Healthy life-long habits are established in adolescence**
  - d. Adolescents may ask to see a training certificate
  - e. Adolescents are particularly vulnerable to poor SRH outcomes**
  
4. What are the five elements of PAC as endorsed by the PAC Consortium? Answers:
  1. Community and service provider partnerships
  2. Counseling
  3. Treatment
  4. Family planning and contraceptive services
  5. Referral for reproductive health and other services

5. Name three essential minimum standards for YFPAC services:

Answers should be 3 of the following:

- Policies that do not restrict services based on age, marital status, gender, or parental/familial/partner approval
- Specially trained staff who are nonjudgmental and respectful
- Privacy and confidentiality ensured
- Offer wide range of SRH services and contraceptive methods with procedural considerations for adolescent clients
- Youth involvement in service design and feedback

6. What are the three most important concerns that adolescents have when it comes to SRH and YFPAC service delivery? (Circle three)

- a. Privacy**
- b. Pain-free experience
- c. Confidentiality**
- d. Respect**
- e. Television or games at the health center
- f. Brochures that they can take home with them

7. Which of the following are good counseling techniques for adolescent PAC clients? (Circle all that apply)

- a. Ask closed-ended questions (yes/no questions) so that the client feels more comfortable
- b. Speak in understandable terms, avoid overly technical language**
- c. Look directly at the patient, nod your head, and listen actively**
- d. Sit behind a desk or above the patient so there is distance and she knows that she should respect you
- e. Avoid using questions that start with “why” and/or other judgmental language**

8. As the PAC visit may be the first time the adolescent is visiting a health facility, name at least two other SRH concerns that the provider should screen for and either treat or refer for additional services.

Answers should include: HIV, STIs, SGBV, and contraception (if not available at the site)

9. How soon can women, including adolescent women, become pregnant following an abortion that occurs during the first trimester of the pregnancy?
- a. 3 months later
  - b. In as few as 10 days**
  - c. 6 months later
  - d. When her monthly bleeding (menses) returns
10. In almost all cases, how soon after a young woman is provided with PAC should a contraceptive method be initiated?
- a. On the same day as the PAC visit in almost all cases**
  - b. As soon as her monthly bleeding returns
  - c. In three months
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11. Which method of contraception may not be suitable for an adolescent PAC client?
- a. Implants
  - b. Combined oral contraceptives
  - c. Condoms
  - d. Sterilization**
  - e. Injectable contraceptives
12. Which is the best way for adolescents to prevent both unintended pregnancy and STIs?
- a. Emergency contraceptives
  - b. Implants
  - c. Correct and consistent use of condoms, or use of condoms plus another contraceptive method (called dual method use)**
  - d. Oral contraceptives
  - e. IUDs





13. Which of the following aspects must be taken into account when counseling adolescent clients on contraception? (Circle all that apply)
- a. Risk of sexually transmitted infections**
  - b. Effectiveness of method**
  - c. Patient preference for a particular method**
  - d. Availability and access to methods**
  - e. Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreet nature of the method**
14. What are important characteristics to remember when referring an adolescent for services elsewhere? (Circle all that apply)
- a. If the referral is for a particular method of contraception not available at the facility, provide the adolescent with an acceptable alternative for use until the referral visit is complete**
  - b. Refer the adolescent to the facility that is the farthest away because adolescents like to maintain privacy
  - c. When possible, refer adolescents to youth-friendly services**
  - d. Clearly explain to the client the importance and purpose of the referral as well as how to get there and what to expect**
  - e. Refer the adolescent to a private health facility because adolescents always prefer private facilities

## Trainers Tool 8.1A: Optional YFPAC Supplemental Training Module Feedback Form



Please respond to the following questions regarding the YFPAC training by circling the number that best reflects how you are currently feeling. Please tell us why you feel that way as well.

1. The YFPAC training was:

 NOT GREAT 1.....2.....3.....4.....5  GREAT



Why? \_\_\_\_\_

2. The mix of lecture, exercises, participation, and breaks was:

 NOT GREAT 1.....2.....3.....4.....5  GREAT



Why? \_\_\_\_\_

3. The speed with which materials were covered was:

 NOT GREAT 1.....2.....3.....4.....5  GREAT



Why? \_\_\_\_\_

4. How the materials/topics were organized was:

 NOT GREAT 1.....2.....3.....4.....5  GREAT

Why? \_\_\_\_\_

5. The usefulness of the YFPAC training for me was:

 NOT GREAT 1.....2.....3.....4.....5  GREAT

Why? \_\_\_\_\_

6. What part of the training did you find the most useful?

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7. What part of the training did you find the most difficult?

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8. What topic in the training will you not forget?

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9. What topic covered in the training are you still confused about?

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10. What suggestions do you have to improve the training?

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## Trainers Tool 8.1C: Additional Resources

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**For compilations of tools and resources, visit:**

The PAC Consortium website: [www.pac-consortium.org](http://www.pac-consortium.org)

USAID PAC Global Resources site: [www.postabortioncare.org](http://www.postabortioncare.org)

### Session 2

Advocates for Youth. (2011). *Youth and unsafe abortion: A global snapshot*. Washington DC: Advocates for youth. Retrieved from: <http://www.advocatesforyouth.org/publications/1901-youth-and-unsafe-abortion-a-global-snapshot>

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### Session 3: Youth-Friendly PAC

Barnett, B. and Schueller, J. (2000). *Meeting the needs of young clients: A guide to providing reproductive health services to adolescents*. Research Triangle Park, NC: FHI. Retrieved from: <http://www.fhi.org/en/RH/Pubs/servdelivery/adolguide/index.htm>

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Corbett, M. and Turner, K. (Sept., 2003). Essential elements of post-abortion care: Origins, evolution and future directions. *International Family Planning Perspectives*, Vol. 29, No. 3. Retrieved from: <http://www.guttmacher.org/pubs/journals/2910603.pdf>

FHI, USAID, and Interagency Youth Working Group. (2007). *Operations research study to improve PAC services among adolescents in the Dominican Republic*. Research Triangle Park, NC: FHI. Retrieved from: <http://www.pac-consortium.org/index.php/youth>

Girvin, S. (2004). *Postabortion care for adolescents: Results from research in the Dominican Republic and Malawi*. New York: EngenderHealth. Retrieved from: <http://www.pac-consortium.org/index.php/youth>

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## Session 4: Counseling

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## Session 5: PAC Treatment for Adolescents

Extending Service Delivery (ESD). (2008). *Youth-friendly postabortion care pain management cue card*. Washington, DC: USAID. Retrieved from: <http://www.pac-consortium.org/index.php/youth>

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## Session 6: PAC Contraception for Adolescent Clients

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