

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module J

Pregnancy prevention in adolescents

Sessions and activities	Page	Time	Materials and resources
<p>Session 1 MODULE INTRODUCTION</p> <p>ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks</p>	J-7	10 min	Handout for module J Slides J1-1, J1-2
<p>Session 2 THE SUPPORT INDIVIDUALS NEED AS THEY MOVE INTO, THROUGH AND OUT OF ADOLESCENCE</p> <p>ACTIVITY 2-1 Brainstorming and plenary review</p>	J-9	20 min	Flipcharts J1, J2
<p>Session 3 ADOLESCENTS' NEEDS FOR SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES</p> <p>ACTIVITY 3-1 Mini lecture</p>	J-11	30 min	Slides J3-1, J3-2, J3-3, J3-4, J3-5, J3-6
<p>Session 4 MEDICAL ELIGIBILITY AND EFFECTIVENESS OF AVAILABLE CONTRACEPTIVE METHODS</p> <p>ACTIVITY 4-1 Mini lecture</p>	J-14	30 min	Flipchart J3 Slides J4-1, J4-2, J4-3
<p>Session 5 RESPONDING TO THE SPECIAL NEEDS OF DIFFERENT GROUPS OF ADOLESCENTS</p> <p>ACTIVITY 5-1 Group work ACTIVITY 5-2 Plenary feedback</p>	J-16	50 min	Flipcharts J4, J5

Sessions and activities	Page	Time	Materials and resources
<p>Session 6 HELPING ADOLESCENTS MAKE WELL-INFORMED AND VOLUNTARY CHOICES</p> <p>ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Role play</p>	J-18	30 min	Flipchart J6 Slides J6-1, J6-2
<p>Session 7 MODULE REVIEW</p> <p>ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure</p>	J-20	10 min	Flipchart J7 Slides J1-1, J1-2, J7-1
180 min			

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

MODULE ADVANCE PREPARATION

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on the onset of puberty and age of marriage (including changes over time) and prepare slides to complement the global data;
- If needed, adapt elements of the scenarios for role plays to suit your country/area.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

• Materials:

STANDARD

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

MODULE-SPECIFIC

- Local data on onset of puberty and age of marriage
- Scenarios for role plays.

• Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth*, and module I. *Unsafe abortion in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*¹.

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy prevention in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

As with the other modules, it is recommended that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

Session 1

Module introduction



Aim of the session

- The aim of the session is to provide an overview of this module including the objectives.

ACTIVITY 1-1

MODULE OBJECTIVES

Welcome the participants to this module.

Explain that module J is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth*, and module I. *Unsafe abortion in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*¹.

Mention that this module contains seven sessions, which will explore different aspects of pregnancy prevention and fertility regulation in adolescents.

Mention that handout J provides additional information to complement what will be covered during the module.

Display the module objectives (Slide J1-1, J1-2) and read them out, in turn.

<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ Identify the support individuals need as they move into, through and out of adolescence ■ Identify the needs of adolescents for sexual and reproductive health information and services ■ Review the medical eligibility of adolescents to use the different contraceptive methods that are available and the effectiveness of each of these methods <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE J1-1</p>	<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ To consider which contraceptive methods are most appropriate to the social circumstances and behaviour/life styles of different groups of adolescents ■ To identify how health-care providers could help adolescents make well-informed and voluntary choices of the method best suited to their needs and preferences <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE J1-2</p>
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ACTIVITY 1-2

SPOT CHECKS

Make sure that all the participants have copies of spot checks (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge and understanding as a result of their participation in the module.

¹ Under development.

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform them that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* through the duration of the module to record any issues that they would like to follow up on. Make sure to indicate where the *Board* is located.

Session 2

The support that individuals need, as they move into, through and out of adolescence



Aim of the session

- To identify the support that adolescents need in order to grow and develop in good health, and to avoid health and social problems; and who could provide them with the support they need.

ACTIVITY 2-1

BRAINSTORMING AND PLENARY REVIEW

In order to set the stage for this session, take a few minutes to remind participants of two key themes that were addressed in core module C. *Adolescent sexual and reproductive health*:

- The many different factors that affect the initiation of sexual relations in adolescents
- The consequences of too early and unprotected sexual activity in adolescents.

Recalling the points discussed and debated in that module, explain that you want the participants to come up with answers to the question posed on Flipchart J1. Ask each participant to put down one response on a card, and to come forward and put it up on the pin board or wall. Give them a few minutes to carry out this task.

What support do individuals need as they move into, through and out of adolescence?

FLIPCHART J1

Once the cards are all up, ask for volunteers to help cluster the points raised.

TIP FOR YOU

In reviewing the points raised, refer to the booklet "*Action for adolescent health*", which was discussed in module B. *Meaning of adolescence and its implications for public health*. This is a good opportunity to demonstrate how the framework could be applied to a specific issue. The talking points below serve as a reminder about the framework.

Talking points

Adolescents need:

- A safe and supportive environment, because they live in an adult world
- Information and skills, because they are still developing
- Health and counselling services, because they need a safety net.

FLIPCHART J2

Who could provide adolescents with the support they need?

Whom could adolescents turn to for support?

Using this framework, invite participants to add to the cards in order to fill in areas of weakness or gaps that are evident.

As the discussion winds down, put up Flipchart J2, and invite responses to the two related questions posed. Ask for volunteers to help you record points raised in the discussion.

Talking points

Many different “players” need to contribute to the health and development of adolescents. It is useful to think of them in concentric circles of contact and influence.

- At the centre is the adolescent himself or herself;
- Parents, siblings and some close family members are in immediate, everyday contact with the adolescent and constitute the first circle;
- The second circle includes people in regular contact with them such as their own friends, family friends, teachers, religious leaders;
- The third circle includes musicians, film stars, and sports figures who have a tremendous influence on them from afar.

Health-care workers need to be part of the second circle – competent and concerned adults who reach out to adolescents, and who can be reached when necessary.

As you conclude the session, ask the participants to reflect on how the situation – both in terms of the support that adolescents need, as well as the support that is available to them – has changed over the last ten years.

TIP FOR YOU

The inability of adults to respond to the needs and problems of adolescents (e.g. because of communication problems with parents) and the fact that many communities/societies do not take the needs and problems of adolescents seriously, may well be raised in the discussion. If these issues are raised, encourage participants to consider how health-care providers in the places they come from, could respond.

Session 3

Adolescents' needs for sexual and reproductive health information and services



Aim of the session

- To identify the needs of adolescents for reproductive health information and services.

ACTIVITY 3-1

MINI LECTURE

Put up and lead the participants through slides J3-1 to J3-6, using the accompanying talking points.

Encourage the participants to stop you at any point with their questions and comments. Do not feel obliged to respond to all these questions and comments yourself. Invite other participants to do so, so there is a healthy exchange of viewpoints and perspectives. However, do not hesitate to counter comments that are technically inaccurate or inappropriate.

Talking points

Although a boy of 11 and a young man of 18 are both classified as adolescents, they are at very different stages of development.

A boy of 14 and a girl of the same age are also very different, both physically and psychologically.

A boy of 13 who is part of a caring and well-to-do family is likely to be growing and developing very differently from another boy of the same age who has run away from home to escape an abusive parent, and is fending for himself on the streets.

Two boys of the same age and in similar socio-economic situations may grow and develop at different “rates” and ways.

The different needs of adolescents in different stages of development and circumstances (as well as gender) need to be recognized and addressed. Finally, it is important to recognize that these needs change over time, and can do so very rapidly.

Different and changing needs for health information and services

- Adolescents have different needs depending on their stage of development, gender and circumstances
- In any adolescent, these needs can change rapidly

SLIDE J3-1

SLIDE J3-2

A hypothetical scenario...

...about fifteen-year old school-girls in a big city of the world

Out of 100 girls:

- 60 have never had sex
- 15 have had sex, but are not currently sexually active
- 25 are sexually active more or less regularly

Of those who have ever had sex:

- 8 have had health problems resulting from unprotected sexual activity
- 2 have been coerced into having sex

Talking points

All these adolescent girls have different needs for health information and services, and for social support.

Clearly, adolescents who are sexually active need preventive and curative sexual and reproductive health services.

Even those who are not sexually active may have needs, such as for information and possibly also treatment for conditions such as irregular and painful menstruation.

Talking points

SLIDE J3-3

Sexual relations in adolescents may occur within or outside marriage

Outside marriage, sexual relations:

- Are often unplanned, sporadic and sometimes the result of pressure or force
- Increasingly occur before adolescents have access to information and services

In some cultures, a significant proportion of adolescent females are married, so their sexual activity occurs within the context of a stable relationship.

In many other cultures, a growing number of adolescent males and females are having sex before marriage.

The circumstances and needs of these two groups are very different and therefore require a range of skills and services to address them.

Sexual relations outside marriage increasingly occur before adolescents have access to:

- Information and skills in self-protection
- Access to services and supplies (such as contraceptives and condoms).

Talking points

Some years ago, WHO conducted a review of the impact of sexual health education on the sexual behaviour of young people (and this has been updated by UNAIDS). The review concluded that none of the studies reviewed suggested that sexual health education leads to early or increased sexual activity. In fact, many studies suggest that they result in postponed initiation of sexual intercourse and the adoption of safer sexual practices.

“Sex education does not lead to early or increased sexual activity.”

World Health Organization/UNAIDS

SLIDE J3-4

Talking points

Adolescents who are sexually active need contraceptive information and services to prevent them from having too early and unwanted pregnancies, with their attendant problems.

...but information provision alone will not prevent too early and unwanted pregnancies in those who are sexually active...

SLIDE J3-5

Talking points

When providing adolescent patients/clients with contraceptives, it is important for health-care providers to be aware of the issues listed on this slide. Each of these issues will be explored further in subsequent sessions of this module.

Providing contraception to adolescents

Important considerations:

- Medical eligibility
- Effectiveness in preventing pregnancy and HIV/STI
- Appropriateness to social circumstances and life style
- Conformity with the prevailing laws of the country

SLIDE J3-6



Session 4

Medical eligibility and effectiveness of available contraceptive methods

Aim of the session

- To review the medical eligibility of adolescents to use the contraceptive methods that are currently available, as well as their effectiveness in preventing pregnancy and HIV/STI.

ACTIVITY 4-1 MINI LECTURE

Take the participants through slides J4-1 and J4-2 using the accompanying talking points.

Talking points

Contraceptive methods

Available contraceptive methods	Available methods of emergency contraception
Abstinence and non-penetrative sex Male condom Female condom Spermicide Diaphragm with spermicide Combined oral pill Progestin-only pill Combined injectable Progestin-only injectable Progestin-only implant Intra-Uterine Device Fertility-awareness based methods Lactational amenorrhoea Withdrawal Sterilization	Combined oral pills Progestin-only pills

SLIDE J4-1

Begin by pointing out that a detailed discussion on these fifteen methods is beyond the scope of this module. The module will address medical eligibility, effectiveness for preventing pregnancy and STI/HIV and personal appropriateness.

With the slide on, go down the list beginning with the first item (Abstinence and non-penetrative sex), asking participants to indicate whether or not age restrictions forbid the provision of any of these methods to adolescents. In other words, do medical contraindications forbid the provision of these methods to adolescents?

FLIPCHART J3

Do medical contraindications forbid the provision of contraceptive methods to adolescents?

Ask a volunteer to note down the responses on the Flipchart J3.

You will possibly receive some clear answers and some doubtful ones. Hold your responses to them and put up Slide J4-2.

Talking points

WHO has worked with partner organizations to produce guidelines on *Medical eligibility criteria for contraceptive use* (which is updated regularly).

According to this document, age does not constitute a medical reason for withholding the provision of any method. However age is a factor to be taken into account when considering the use of three methods:

Healthy adolescents are medically eligible to use all currently available methods of contraception

SLIDE J4-2

- Sterilization: Early age is a key risk factor for subsequent regret, both for women and men.
- Progestin-only injectables (such as Depomedroxy Progesterone Acetate (DMPA), and Norethisterone Enanthate (NET-EN)) are not the first method of choice for those under 18, as there is a theoretical concern that bone development could be hindered.
- Intra-Uterine Devices are not the first method of choice for those under 20, as the risk of expulsion is higher in young, nulliparous women.

Invite comments and questions on the issue of medical eligibility. Do not feel obliged to respond to all of them. Invite other participants to do so. As the discussion winds down move to the next slide, which addresses the effectiveness of different contraceptive methods against pregnancy and HIV/STI.

Effectiveness of different contraceptive methods

Method	Effectiveness against pregnancy		Effectiveness against HIV/STI
	As commonly used	Used correctly and consistently	
Abstinence and non-penetrative sex			
...			
...			
...			

SLIDE J4-3

Talking points

As you put up the slide, point the participants to Table 1 in the handout. The table is titled “*Dual protection of available contraceptive methods*”.

Lead them through the table and invite comments and questions. Then lead the participants to the next session with the comment that after looking at the advantages and disadvantages of the different available contraceptive methods, they will now look at how best to respond to the contraceptive needs of different groups of adolescents.



Session 5

Responding to the special needs of different groups of adolescents

Aim of the session

- To identify the contraceptive methods most appropriate to the social circumstances and behaviour/life style of different groups of adolescents.

ACTIVITY 5-1

GROUP WORK

Explain that this session will build on the previous one, by looking at which contraceptive methods are most appropriate to the special needs of different groups of adolescents.

Divide the participants into two groups. If adolescent participants are present, assign at least one adolescent to each group.

Assign a different role play scenario to each group.

Ask the two groups to read all the scenarios quickly, and to then focus their attention on the one assigned to them.

FLIPCHART J4

What method or methods of pregnancy prevention/fertility regulation would you recommend to your client/patient in your scenario?

What criteria did you use to arrive at your decision?

Indicate that the task for each group is to respond to the two questions posed on the flipchart. Put up Flipchart J4 and read out the questions written on it.

Allow the groups 15 minutes to carry out the assigned task, and to write up their responses on coloured cards.

Inform them that each group will have about five minutes to present their conclusions.

ACTIVITY 5-2

PLENARY FEEDBACK

Ask each group in turn to report its findings.

Invite comments and questions from the other participants.

As each group makes its presentation ask a volunteer to note down on a flipchart, the criteria that they have used in deciding what they believe is the most appropriate method in that situation. Once the groups have finished, put up Flipchart J5.

- *Does the method meet the needs of the adolescent for pregnancy prevention/fertility regulation?*
- *Does the method meet the needs of the adolescent for HIV/STI prevention?*
- *Are special considerations regarding its provision likely to make it difficult for the adolescent to use the method?¹*
- *Are special considerations regarding its utilization likely to make it difficult for the adolescent to use the method?²*
- *Are the side-effects of the method, likely to hinder its use by the adolescent?³*

TIP FOR YOU

As you work through this session, have Table 2 in the handout “*Medical, service delivery and counselling considerations for adolescents*” at hand. It will help you comment on the recommendations made by the groups.

In plenary, lead the participants through each of these questions listed on the flipchart, to examine the choice made by each group.

As you bring the session to a close, make the point that it has addressed the choice of the most appropriate method in each of these situations, from the viewpoint of a capable and concerned provider. However, it is equally important that the client is actively involved in this choice. Point out that this issue will be addressed in the session to follow.

TIP FOR YOU

If appropriate to your context, please stress that prevailing laws and policies may hinder the provision of contraceptives to adolescents in some situations (e.g. if they are below a certain age, or if they are unmarried). This issue is discussed in greater detail in the module F. *Concluding*.

¹ A clinic visit is required for the insertion and removal of a Norplant implant. This may make it difficult for some adolescents to use this method.

² Some adolescents may find it easier to use an injectable method (which requires a brief visit to a clinic every 2-3 months) than oral contraceptives (which requires a packet of tablets to be kept with the person, and taken every day).

³ For instance, the greater risk of expulsion of Intra-Uterine Devices in younger, nulliparous women means that this is not the most appropriate one for them.



Session 6

Helping adolescents make well-informed and voluntary choices

Aim of the session

- To identify how health-care providers could help adolescents make well-informed and voluntary choices of the method best suited to meet their special needs and preferences.

ACTIVITY 6-1

MINI LECTURE

Take the participants through Slides J6-1 and J6-2, using the accompanying talking points.

SLIDE J6-1

Provide information on all available methods to enable well-informed choices

- Effectiveness in pregnancy prevention
- Effectiveness in HIV/STI prevention
- Possible risks and benefits to health
- Common side effects
- Return to fertility after discontinuing method
- Obtaining supplies for use (where relevant)

Talking points

- Health-care providers need to provide information on different aspects of the contraceptive methods that are available, so that their adolescent clients can understand the strengths and weaknesses of each method, before making well-informed and voluntary choices.
- Giving clients the opportunity and support to make well-informed and voluntary choice, leads to increased acceptance and improved satisfaction.

SLIDE J6-2

Provide additional information on the chosen method(s)

- Correct use of method(s)
- Signs and symptoms, which will require a clinic visit
- Obtaining supplies for use in the future (where relevant)

Talking points

Once a choice has been made, clients must be informed about the points listed on this slide.

This will ensure that they use it correctly and act promptly if and when any problems arise.

ACTIVITY 6-2

ROLE PLAY

Invite volunteers for Role play scenarios 1 and 2.

Explain to the role players that you want the providers to address the issues listed in Flipchart J6.

- *Briefly inform the adolescent about the available contraceptive methods*
- *Provide information on the advantages and disadvantages of the method(s), that the provider believes is (are) most appropriate in that situation*
- *Work with the adolescent to help him/her choose a method*
- *Provide further information on the correct use of the method and on where supplies could be obtained for future use.*

In the discussion that ensues, highlight the following points:

- Role play scenario 1 addresses the contraceptive needs of an unmarried adolescent female, who has occasional sexual contact, outside the context of a stable relationship. Her need is to prevent pregnancy and to avoid HIV/STI.
- Role play scenario 2 on the other hand addresses the contraceptive needs of a married adolescent, whose need is to postpone pregnancy for some time.

As you conclude the session, point the participants again to Table 2 in handout J which is titled “*Medical, service delivery and counselling considerations for adolescents*”.

TIP FOR YOU

In the interest of time, you could ask the role players to use the end-point of the scenarios as the starting point for their role plays.



Session 7

Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the first session;
- To review the module's objectives and provide a summary of key points;
- To give participants an opportunity to reflect on – and put down – the messages they are taking away from the module, in their OP personal diaries;
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 7-1

REVIEW OF SPOT CHECKS

Ask the participants to pull out the spot checks completed earlier in the first session of the module.

Ask them to review the answers they had put down and to see whether they want to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

ACTIVITY 7-2

REVIEW OF OBJECTIVES

Display the module objectives (Slides J1-1 and J1-2), invite participants to share any last questions or comments that they might have and address them.

SLIDE J1-1

Module objectives

- Identify the support individuals need as they move into, through and out of adolescence
- Identify the needs of adolescents for sexual and reproductive health information and services
- Review the medical eligibility of adolescents to use the different contraceptive methods that are available and the effectiveness of each of these methods

SLIDE J1-2

Module objectives

- To consider which contraceptive methods are most appropriate to the social circumstances and behaviour/life styles of different groups of adolescents
- To identify how health-care providers could help adolescents make well-informed and voluntary choices of the method best suited to their needs and preferences

Summarize the key messages of this module, going over Slide J7-1.

Talking points

In many places, adolescents enter their sexual and reproductive years ill-prepared to protect and safeguard their health, therefore health-care providers play an important role in helping adolescents to overcome this difficult period.

ACTIVITY 7-3 ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD).

Put up Flipchart J7 and ask the participants to write down three key lessons they learned from this module and three things that they plan to put into practice in their work with/for adolescents.

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the *Concluding* module.

ACTIVITY 7-4 REMINDERS AND CLOSURE

Remind participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed on the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout J provides further information on issues covered in the module and that it lists relevant resources.

Thank them for participating in the module and for their contributions to the discussion.

To enable adolescents protect themselves, health-care providers should:

- Provide them with information about the available contraceptive methods
- Help them consider the merits and demerits of each method
- Guide them to choose the method most suitable to their needs and circumstances (taking medical eligibility, personal appropriateness and legality into consideration)

SLIDE J7-1

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

FLIPCHART J7

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

Which contraceptive methods should not be used by adolescents?

please mark all unsuitable methods

Abstinence Male condom Female condom Spermicide Diaphragm with spermicide Combined oral pill Progestin-only pill Combined injectable Progestin-only injectable Progestin-only implant Intra-Uterine Device Fertility-awareness based methods Lactational amenorrhoea Withdrawal Sterilization

SPOT CHECK 2

Which contraceptive methods are protective against HIV/STI?

please write down two examples for each method

protective

not protective

SPOT CHECK 3

Which contraceptive methods are available in your local clinic?

please write down two examples

SPOT CHECK 4

Which contraceptive methods do not require the cooperation of the male partners?

please write down three examples

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Role plays

Session 6: ACTIVITY 6-2

ROLE PLAY 1

You are a nurse-midwife in a district hospital. Along with the other members of your small Obstetrics-Gynaecology team, you run an antenatal outpatient clinic, twice a week (in the mornings). One Friday morning, as you walk into your clinic, you see two young women, in their late teens, huddled together in a corner of the waiting room. One of them is obviously crying, and the other appears to be trying to console her. You say to yourself that this is a sight you have seen several times before - yet another possible unintended, unwanted pregnancy... When it is their turn, your suspicions are proved right. The two young women are aged 15 and 16. They are students in a nearby secondary school. The one in tears tells you that her periods are delayed by four weeks, and she suspects that she is pregnant. On gentle questioning, she tells you that she had unprotected intercourse only once with a young man who is her neighbour. You carry out an examination and request a urine test for pregnancy. You ask them to wait for the results. An hour and a half later, a technician from the laboratory brings you the results: the urine test for pregnancy is negative. You call the two women into the room to share the news with them. Both of them start sobbing in relief.

Roles: Nurse-midwife, two adolescent girls 15 and 16 years old.

ROLE PLAY 2

You are a female doctor in your late 40s. Along with your husband, who is also a doctor, you run a private practice in a well-to-do suburb of a large city. Your clinic has been in operation for nearly 15 years and is a well-established one. Your husband and you are well-known in the neighbourhood, and in fact you live nearby. One evening, your nurse ushers in a young woman whom you have not seen before. The woman waits till the door is firmly shut and then leans forward to speak to you in a soft voice, which is almost a whisper. She says that she is 19 years old, just married and has moved into the neighbourhood to live with her husband and his extended family. She smiles when you congratulate her, and says that she is happy with her husband, but that she is under a lot of pressure from her in-laws to have a baby as soon as possible. She wants to wait for some time and asks for your advice. Apparently, her husband agrees but feels unable to resist the pressure of his parents...

Roles: Doctor, 19-year old young woman.

