

AMW/CHW Communication Practice Sessions Pinlaung Township, Southern Shan State 11-13 October 2017, Pinlaung Township

1. Background and Rationale

One-day AMW/CHW Communication Practice Sessions in Pinlaung Township in Southern Shan State was conducted in October 2017 as a follow-on activity to AMW/CHW SRH training previously provided. One year prior, 5-day Auxiliary Midwife (AMW) refresher training on Sexual Reproductive Health (SRH) Services were conducted in Pinlaung Township in October/November 2016. In this refresher training, a total of 173 participants (116 AMWs and 57 Community Health Workers (CHW)) were trained for basic SRH knowledge and service provision using AMW Manual. After the refresher training, the trained AMW/CHW conducted community youth activities to promote the use of contraception in selected villages with the support of Pathfinder/MPPR. Through this experience, Pathfinder/MPPR determined that practices on FP/SRH communication and counseling skills were necessary in order for them to effectively promote contraceptive use in their communities, particularly among unmarried youths.

To respond to this need for practical FP counseling practices, MPPR conducted three sets of 1-day AMW/CHW Communication Practice Sessions in Pinlaung Township from 11th to 13th October 2017 with the support of Pathfinder International and DKT International. A total of 101 youth health volunteers (69 AMWs & 32 CHWs) participated in the sessions. The number of participants was limited to less than 35 in one session (20 AMWs & 15 CHWs on the first day, 24 AMWs & 8 CHWs on the second day and 25 AMWs & 9 CHWs on the third day) to maximize the benefits of participatory approach and interactive methods employed such as Q&A and role play.

2. IECs and Handouts Distributed:

The following IECs and handouts were distributed to each participant:

- (1) Contraceptive sample kit that included a condom, OC Pill, EC Pill, IUD, Sayana Press Photo, Implant Photo, and a penis model



Guidance on how to use these samples was provided by Township Health Nurse during the sessions. AMW commented that the kit was quite useful for them to show and explain contraceptive commodities when giving education and counseling. They liked the fact that clients who have never seen them could observe actual commodities.

“The kit will allow us to explain well showing actual contraceptive methods. We will not keep them at home but use them during advocacy and counseling.”

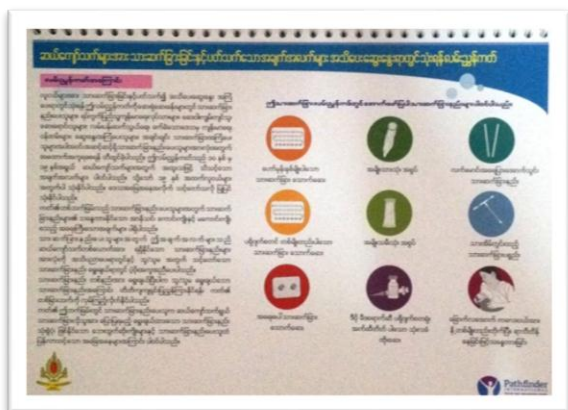
(2) WHO Eligible Wheel



(3) FP Fan (describing contraceptive methods)



(4) Pathfinder Cue Card



(5) JOICFP Pictorial Booklet



(6) Other handouts

- Extracts from pathfinder's cue card and JOICFP pictorial booklet
- Pathfinder's communication tool/deck of cards
- AY SRH community advocacy fact sheet
- AY SRH Youth's frequently asked questions and answers sheet
- Activity report sheet, monthly client-commodity record sheet & commodity balance sheet

3. Procedures on Practice Sessions

One-day Counseling Practice Session consisted of the following activities:

- (1) Updates on newer contraceptive methods and technical information were provided using MoHS approved IECs such as Pathfinder Cue Cards and JOICFP pictorial booklet.
- (2) Practical guide to communication techniques was introduced using Pathfinder's communication tool, Deck of Cards.
- (3) MPPR gathered frequently asked questions regarding AYSRH from young people through AMWs and prepared Q&A sheet for the participants to practice Q&A sessions.
- (4) AYSRH community advocacy fact sheet was also prepared by MPPR for AMW/CHW to practice explaining the importance of AYSRH in their communities. The messages for adolescents and parents are extracted from the Adolescent and Youth Friendly Health Services (AYFHS) Manual produced by the MoHS.
- (5) Reviewing advocacy and counseling handouts was followed by interactive Q&A and role play.
 - a) Practice on answering questions:

After reviews of contraceptive methods and counseling communication tips, the participants were asked to answer about 10 questions. Participants who correctly answered questions and satisfied others' expectations received points.
 - b) Practice on advocacy with village leaders, religious leaders and parents

The all participants were divided into groups, and some were assigned to play village stakeholders such as parents and village and religious leaders. Selected participants conducted community advocacy with them, using the distributed community advocacy fact sheet. The mock community members asked questions. Based on performance, observing groups gave points to the AMW/CHWs. The process was repeated for everyone to practice advocacy.
 - c) Practice on SRH/FP education sessions with adolescents and youths

The participants were divided to play four categories of youths: 1) 10-15 years old unmarried and not yet sexually active, 2) 15-19 years old unmarried and not yet sexually active (but with a possibility soon), 3) 15-19 years old unmarried and already have sexual exposures, and 4) 20-24 years old married with sexual exposures. Each group selected one representative to play as AMW/CHW to conduct an education session on SRH/FP whereas others played adolescents and youths (as per divided age groups) and asked questions about the contents. The participants gave marks to each other. The process was repeated for everyone to practice an education session.
 - d) Practicing on conducting Q&A with various ages, genders, and marital statuses

With above divided age groups, each group asked questions related with their age and gender. The other groups gave explanation/counseling (group by group). Based on the

performance, the questioning youth groups gave marks to counselor groups. The process was repeated for everyone to practice a Q&A session.

- (6) Time was set aside to develop AMW/CHW work plan with Township Health Office. The existing monthly client-commodity record sheet and monthly commodity balance sheet developed by the MOHS, and the activity (advocacy and counseling) record sheet for AMW/CHWs were explained.
- (7) The participants were asked to write questions regarding contraceptive methods and SRH at the time of registration. Questions were distributed to each participant to answer at the end of the practice sessions.
- (8) Feedbacks of the participants on the practice session were solicited with a feedback form.

4. What Went Well:

The sessions were great success in general with active participations of AMW/CHWs. They showed enthusiasms and keen interests in the subject discussed. The participants also expressed that this kind of interactive practice and practical learning was what they really needed to conduct their health



activities in their communities. From the practice sessions, they gained confidence and pride as a representative of their villages who would communicate with parents and village leaders the importance of AYSRH and to counsel adolescents and youths.

“I was very happy to participate in this interactive training. I very much appreciated it as it was just what I needed. Please come to my village”

“The training should be longer, at least three days!”

“I would like to request this kind of counseling training every year.”

“Today’s training was very interesting and important for us. I was listening very carefully without falling asleep. If the training like this could be provided frequently, we will be more energetic with activities in our villages. I hope you will come back with next training soon.”

The following section further describes some of the positive points and feedbacks in detail:

- (1) Pathfinder Cue Cards and JOICFP pictorial booklet distributed gave much needed visual tools for AMW/CHWs to explain modern contraceptive methods and give counseling. While AMW/CHWs previously had some trainings, they did not have updated information about modern contraceptives, and it was difficult for them to explain modern methods to others in their villages.



“I appreciated these IEC a lot for I can explain contraceptive methods which we did not know in detail”

“As the Cue Cards is in Myanmar Language, I can easily use it to explain modern methods to those who like to get information.”

“Now I can explain all methods by using the front page of the Cue Cards, then a selected

method in detail on the back.”

- (2) From the presentation of Pathfinder’s communication tool “deck of cards”, AMW/CHWs understood the importance of establishing rapport and trust with clients first in order to communicate the contents of the health messages well.



“Today, I learned how to explain this to adolescents and youths in the villages. In the past, I talked about the methods just generally and quickly. I really appreciate learning how to communicate with them and how to be youth friendly”

- (3) Q&A sessions with a list of frequently asked questions allowed AMW/CHWs to prepare for difficult and/or embarrassing questions, and provide SRH/FP information and services adolescents and youths really need. Having an opportunity to learn how to respond to questions and practice made them confident about answering questions.

- (4) With the practices with Community Advocacy Fact Sheet, AMW/CHWs gained much confidence and motivations in explaining the importance of AYSRH/FP to members of their communities. They became much more comfortable discussing why young people's SRH were important, and which messages were more suited and effective for different audiences such as parents, villagers, and community leaders. Their feedbacks included the following:

“The advocacy information and skills we learnt will allow me to talk to the village leader when I get back to my village. I will first explain it to the village leader, then give education to adolescents and youths about contraceptive methods.”



- (5) In the past, AMW/CHWs were working without detailed work plans and was not sending any report. The work plan session with Township Hospital not only allowed AMW/CHWs to make concrete plans about their activities but also commitments to implement them. All participants pledged to conduct community advocacy at least twice a year, and AYSRH/FP education sessions with adolescents and youths every month. The participating AMW/CHWs have committed to send activity record sheets (prepared by MPPR in collaboration with THN) to TMO via MWs quarterly. Moreover, as per request of THN, all AMW/CHWs agreed to maintain monthly record of commodities distributed, not only received from MWs but also bought from market, by using MoHS's client-commodity record sheet and commodity balance sheet, to be reported quarterly to TMO via MWs. THN will inform respective MWs of this procedure at monthly meetings.

- (6) The interactive learning and the opportunities for AMW/CHWs to express their interests and enthusiasm created an ideal situation for identifying potential leaders among the volunteers. The group sessions provided many to show their leadership inclinations after rekindling their enthusiasms for positively contributing in their villages. By the end of the sessions, 19 AMW/CHW were identified as potential champions who may lead AYSRH activities in their villages. Their testimonies included the following:



“In front of the people not from my village, my explanation was not perfect. But I understand what I have to do. I will definitely share the knowledge received with the village leaders, adolescents and youths when I get back to my village. For sure, I can do this in my village.”



“I would like you to come with me to my village. I want to introduce this information to my village leader and community members. I like to share the knowledge I received today in my village together with your team.”

“My village is very far, but the village leader and others sent me to this training. I tried my best today, and will use this training and practice. I can be effective in my village.”

- (7) The provision of IEC such as Pathfinder’s Cue Cards gave written answers to basic questions, and allowed the instructors more time to explain issues and questions that were not included in IECs. This discussion of practical matters and practice on solutions beyond book learning were especially satisfying to the participants.

5. Lesson Learnt

- (1) Questions that AMW/CHWs raised regarding contraceptive methods were often information included in the training/IECs previously provided. It suggested that many did not learn specific FP information in the previous formal training as the subject matters covered a wide range of topics including child birth. Consequently, their level of knowledge about FP/SRH remained shallow without knowing in detail about contraceptive methods. Therefore, it is of paramount importance to provide frequent opportunities to practice counseling skills, learn from IECs given, and evaluate their level of understanding and competencies.
- (2) Though the maximum number of participants per session was kept under 35, time was still not enough for practicing. The participants were extremely eager to practice their advocacy and counseling skills with supervisors as they usually did not have such opportunities. It would be ideal if the number could be kept to under 20 participants per session or the training day be made longer. If this is difficult, alternative may be to keep it with 20 participants for a half day, and conduct 2 sessions in a day to train minimum 40 participants per day.

- (3) The training in the field involves traveling distances for participants. The schedule for the session was up to 5 PM; however, some participants needed to leave earlier to make it back in time for obligations like work and children. The sessions should be up to 4 PM in the future.

6. Recommendations for townships

1. AMW/CHWs' field activities should be regularly monitored and supervised by midwives (MW). There should be regular communication between AMW/CHWs and MWs as well as between MWs and Township Health Department on AMW/CHWs' activities to support and supervise their activities.
2. AMW/CHWs refresher and practice sessions should be regularly provided, ideally twice a year, to update knowledge on contraceptive methods and technical information as well as to hone in on communication and counseling skills. If training all AMW/CHWs is difficult, refreshers could be provided to champions identified. It would also serve as champion meetings to share experiences and knowledge, as well as to motivate and inspire the volunteers.
3. Some material and non-material incentives such as competitions and awards should be considered to encourage AMW/CHWs for active participations.

7. ANNEX

- (1) Agenda of AMW/CHW Counseling Practice Session
- (2) Participants Lists
- (3) Youths' frequently asked questions and answers (FAQs)
- (4) AY SRH community advocacy fact sheet
- (5) Activity (advocacy and counseling) record sheet
- (6) Monthly client-commodity record sheet
- (7) Monthly commodity balance sheet

8. ANNEX

(8) Agenda of AMW/CHW Counseling Practice Session

AMW/CHW Counseling Practice Sessions

11-13 October 2017, Pinlaung Township

(40 AMW/CHW Per session x 3 day sessions)

Morning Session	
9:30 - 10:00	Registration <ul style="list-style-type: none"> • Questionnaire
10:00 - 10:30	Introduction <ul style="list-style-type: none"> • Objective
10:30 - 11:30	Methods & technical information refresher <ul style="list-style-type: none"> • Cue cards • JOICEF pictorial booklet • Adolescent and Youth Friendly Health Services Manual • Methods training for AMWs
11:30 - 12:30	Q & A <ul style="list-style-type: none"> • Q&A sheet with additional questions
12:30 - 13:30	Lunch
13:30 - 14:00	Counseling & communication technique <ul style="list-style-type: none"> • Deck of cards
14:00 - 15:30	Role play <ul style="list-style-type: none"> • Plenary • Group work
15:30 - 16:00	Concluding remark <ul style="list-style-type: none"> • Feedback • Q&A from questionnaire • AMW work plan

(9) Participants Lists

11th October 2017

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12th October 2017

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(10) Youths' frequently asked questions and answers (FAQs)

**Adolescent and Youth Sexual Reproductive Health
Frequently Asked Questions and Answers**



Myanmar Partners in
Policy & Research (MPPR)

1. Q Pregnancy and Frequency of Sex

Can a woman get pregnant by having only one sexual intercourse? Or how many times sexual intercourse is necessary to get pregnancy?

A Yes, a woman can get pregnant even with only 1 attempt if no protection has been used during intercourse at the time of ovulation (12-16 days before next menstruation). Frequency of sex does not matter.

2. Q Use of Condom

Can condom interfere sexual intercourse? And when should we start using a condom in a sexual act?

A Condom do not reduce or interfere with sexual pleasure. It should be rolled on your penis at the beginning of sexual intercourse. Be careful as condoms can break or come off during sex.

3. Q Use of EC pills

What is the correct use of EC pills?

A ECP pills should be taken as soon as possible after unprotected sex, within 72 (3days) - 120 hours (5 days).

4. Q Potential Side Effects

Should I discontinue the use if I don't like side effects?

A You need to first consult with health professionals and ask about side effects. You should make sure you are indeed experiencing side effects, and avoid deciding discontinuation by yourselves.

5. Q Female Body and Menstruation

Why do I suffer joint and abdominal pain before menstruation? What can I do to relieve those symptoms?

Adolescent and Youth Sexual Reproductive Health
Frequently Asked Questions and Answers



Myanmar Partners in
Policy & Research (MPPR)

A Before menstruation and on first 2 days of menstruation, uterine muscle gets tense because of "female hormone". Pain can be relieved by putting a warm water bag on pubic area or taking safe pain medication. The tension can be also relieved with regular exercise and activities.

Q Is it ok to have sexual intercourse while menstruation? Can a woman become pregnant by having sexual intercourse while menstruating?

A Yes, you can have sex while menstruating. However, some people may feel uncomfortable having sex during a woman's monthly period because it can be messy, and the presence of blood can be off-putting. Some people may also oppose it on religious grounds. HIV and other sexually transmitted infections (STIs) may be passed on more easily during a woman's period. It's very unlikely, but you can still get pregnant if you have unprotected sex during a period if you ovulate early. This is because sperm can survive inside a woman's body for up to seven days. Although the risk is small, it could happen.

6. **Q Male Body**

What kind of medicine can be used in case men become weak and/or less interest in sex?

A People normally differ in the degree of sexual desire they have. There is no single standard of sexual desire, and desire differs not only from person to person but also in the same person over one's lifespan. If you feel you are suffering, consult with health professionals.

Q Why do men ejaculate quickly? Can long sexual acting medicine be used?

A Although there is no universal definition, ejaculation is usually considered to be premature if it occurs within 2 minutes of intercourse or if the man cannot control the ejaculation. Premature ejaculation may be caused by stress, performance anxiety and other relationship issues. It can also be caused by hypersensitivity of the

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(11) AY SRH community advocacy fact sheet

**Adolescent and Youth Sexual Reproductive Health (AYSRH)
Community Advocacy Fact Sheet**

Introducing Yourself

Hello, my name is _____. I work with Township Medical Team, and would like to talk to you about Adolescent and Youth Sexual Reproductive Health. The Ministry of Health regards it as one of the essential health services. Can you spare a few minutes of your time to discuss this important topic?

Why are young people important?

- Just so you know, children and young people between the ages of 10 to 24 years old consist almost 50% of the entire population in Myanmar
- Adolescents are those between 10 and 19 years old, and it is one of the most rapidly changing formative phases of human development. They are not simply old children or young adults, and they have their own particular needs.
- Ensuring adolescents and young people's health is a good investment for communities as it benefits families now, future, and the next generation through promoting healthy behaviors and reducing harmful ones.
- Helping adolescents and young people live up to their full potentials benefits not only individual health, but also the development of communities, allowing them to become productive members of the society socially and economically.

The Importance of Adolescent and Youth Sexual Reproductive Health

- In the world, pregnancy-related conditions rank the highest cause of adolescent deaths among 15 to 19-year-old females (WHO, AA-HA, 2017), and Myanmar is not an exception.
- 20 – 30% of pregnancy-related deaths in Myanmar are among young women less than 25 years old.
- Growing evidence suggests that unwanted pregnancies and related injuries are significant contributor to the nation's high maternal mortality rate.
- Unsafe abortion is likely to be the 3rd cause of maternal deaths in Myanmar.
- Meeting the contraceptive needs of adolescents and youths are increasingly recognized as an important way to ensure that young people fulfill their potentials without being harmed by preventable diseases and injuries.
- The government of Myanmar recognizes this issue, and the contraceptive needs of adolescents were acknowledged as a key priority area in the Family Planning Summit in July 2017.

What we can do

- According to recent family and youth surveys, adolescents and youths seriously lack health knowledge especially about reproduction and contraception.
 - Parents, teachers, and community members can work together with young people to promote correct knowledge and access to right health services in order to increase health promoting behaviors (such as use of protections against sexual transmitted diseases, HIV, and unwanted pregnancies) and reduce harmful practices (such as pre-mature sexual intercourse and early marriage).
- ❖ We are youth health volunteers who have received AYSRH training. We would like to let you know that we are providing following health promotion messages and contraceptive services to adolescents and young people and their parents in our communities.

Message for adolescents and youths

- ✓ Having sex is an important decision. It needs to wait till you are really ready. Don't allow yourself to be influenced by others.
- ✓ Decide not to have sex till you are ready in a relationship even if you are already sexually experienced.
- ✓ Consult parents and/or a trusted person before you make a decision.
- ✓ Avoid persons and places that can tempt you and influence your judgement if possible
- ✓ Learn about ways to gain happiness and sexual satisfaction without risking pregnancies and sexually transmitted diseases (kissing, touching & embracing).
- ✓ You can risk pregnancy and sexually transmitted diseases with unprotected sexual intercourse without condoms. See health personnel you are comfortable with, and learn how to prevent pregnancy and diseases through early precautions.
- ✓ Use condoms and other contraceptive methods from the first time if you decide to have sexual intercourse.

Messages for parents

- ✓ Even when adolescents and youths want to discuss their changing bodies and sexual matters with the parents, it is not easy for them. They often receive incorrect information from others.
- ✓ Some parents assume that talking about sexual matters with adolescents and youths encourage them to have sex. This is not really the case.
- ✓ Talk to your sons and daughters about changing bodies and sexual matters when they are growing out of childhood. And let them know that they can ask questions freely without being judged.

What to tell your children:

- Explain that sexual intercourse is a matter to be decided carefully though sexual feeling is normal.
- Explain that delaying sexual intercourse is the best way to prevent pregnancy and sexually transmitted diseases.
- Explain how to prevent pregnancy and sexually transmitted diseases even though delaying sexual intercourse is the best way.
- Discuss that one can be persuaded to have sex before becoming ready, and show them how to protect against it.
- Encourage them to access health services when needed.

(12) Monthly client-commodity record sheet

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* နှစ်လမ်း (အရေအတွက်) = တောင်ရက်ပေါက်သည် နှစ်လမ်းအောက်တွင် အသီးပွဲသည် (သို့မဟုတ်) ပေါက်သည် အရေအတွက် ကိုခြည့်ပါ။

ပထမ အကြိမ် = ဓဇာတ်နီ၊ သားဆက်ခြံ၊ နှင်းလင်း၊ ပထမဆုံးအကြိမ် အသုံးပြုခြင်း။

ဆက်သွယ်ခြင်း = လက်ရှိ နည်းလမ်းကို ဆက်သွယ်နေခြင်း။

နည်းလမ်းခြေမ်း = ဇောတိ၊ သားထက်ခြားနည်းလမ်း၊ တရုတ်၊ လက်ရှိ အသုံးပြုနေသော ယခု အကြိမ် ပြောင်းခြင်း (ယခင်သုံးသည့် နည်းလမ်းကို) ဖော်ပြပေးပါ။

စကားကို P ၁ လက် အသားခွေး IM ၁ လက် အခြေခံအောက်ဘက်ခွေး SC ကို ၆ C၊ ဖုတ်ကော် IUD၊ လက်ဖက်အောက် IMP၊ စကော် -

(13) Monthly commodity balance sheet

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* ပျက်စီး၊ ရက်လွန်ပါက ပြန်အပ်ပါ။ ပျောက်ဆုံး ပါက သတင်းပို့ တိုင်ကြားပါ။