

## **CHAPTER V: Facilitator's Notes**

These notes are provided to support facilitators as they work with learners on integrating poverty and gender issues into specific health topics. Facilitators are recommended to refer to Section 5 of the foundational modules of this Sourcebook, dealing respectively with poverty and gender, which contain additional notes on the target audience, role of the facilitator and suggested methodologies for learning sessions and evaluation.

The learning sessions and exercises that follow are practical and oriented toward “active learning.” That is, they are designed to promote group discussion and presentation in analysing sexual and reproductive health in terms of gender and poverty. The time required for all learning sessions is approximately eight hours.

### **Expected learning outcomes**

Upon completion of this module, participants will be able to:

- demonstrate an understanding of sexual and reproductive health and rights, including measurement challenges and the global burden of mortality and morbidity related to sexual and reproductive health;
- demonstrate an understanding of WHAT the links are between poverty, gender and sexual and reproductive health;
- explain WHY it is important for health professionals to address poverty and gender concerns in sexual and reproductive health;
- indicate HOW health professionals and the health system as a whole can address poverty and gender in sexual and reproductive health programme; and
- demonstrate familiarity with some tools, resources and references available to support health professionals in dealing with poverty and gender in sexual and reproductive health

### **Lesson plans**

#### ***Session 1: Exploring beliefs, values and prejudices in reproductive and sexual health***

**Objective:** To promote exploration of participant's beliefs, values, assumptions and prejudices related to sexual and reproductive health

**Time allotted:** 90 minutes

**Materials:** flip charts, markers and masking tape

### **Pre-reading: Sections 1 and 2**

*Activity 1: Recognizing one's own beliefs, values, assumptions and biases in providing sexual and reproductive health services*

Before the group convenes, write the following statements on a flip chart. Leave about an 18-inch gap between each statement where you can write the group's responses. The intention here is to unearth and examine the differing perspectives, opinions and prejudices that are present within any group of people. The statements are:

Prostitutes are \_\_\_\_\_.

Poor women who have many children  
are \_\_\_\_\_.

Women who obey their husbands are  
\_\_\_\_\_.

People who abuse drugs and alcohol are  
\_\_\_\_\_.

Women who leave their children to go  
to work are \_\_\_\_\_.

Men who attend antenatal care with  
their wives are \_\_\_\_\_.

Girls who gets pregnant while unmarried  
are \_\_\_\_\_.

Women from differing ethnic groups  
who have large families are \_\_\_\_\_.

Government officials who say that  
reproductive health cannot be provided  
for all, especially those who cannot pay  
are \_\_\_\_\_.

Ask each participant to write their answers on a piece of paper. In pairs, ask participants to share and discuss their completed statements with one another. Then, read each statement out

loud and ask the paired participants to share their responses, if they wish. Try to engage the quieter members of the group. Ask participants to listen respectfully to the differing points of view presented. Write the responses under each statement. Continue to do this until the group has commented on each statement. Try to bring out the quieter members of the group. Ask the group if there are differing opinions. At this time, do not ask the group to debate their remarks. Just write each response down. Remove the completed pages from the flip chart and fasten them on the walls of the room.

Once the responses to each statement have been written on the flip chart, invite the participants to express how they are feeling about the exercise. Explain to the group that these differing opinions, biases and judgements exist in every health care setting. It is important to unearth these opinions and to let others hear them. Strong feelings may emerge; the aim is to provide a safe environment in which such discussions can be undertaken in a respectful manner. Allow the feelings to be explored, so as to raise participants' awareness of the impact of their beliefs, values, assumptions and biases on the provision of sexual and reproductive health services. In this way, some of the challenges in providing gender and poverty sensitive reproductive health care can be examined.

#### *Activity 2: Brainstorming: taking action*

This exercise intends to help participants move from 'issues' to 'action'. Ask the group to shout out strategies they might consider in providing accessible and respectful reproductive and sexual health programmes to persons from differing age, gender, socioeconomic, ethnic and cultural backgrounds. You might wish to ask the following questions to prompt the group.

- What are the barriers to effective and respectful sexual and reproductive health services?
- How can those barriers be overcome?
- What do you consider to be the most difficult barrier to overcome?
- What would have to be in place to overcome this barrier?
- What issues would you need to take into consideration in planning and developing a sexual and reproductive health service?
- What can you do as health practitioners to provide respectful and effective reproductive and sexual health services, particularly for vulnerable population groups?

**Note to the facilitator:** The intent of this final brainstorming session is to provide an opportunity for participants to move from their personal beliefs, values and biases to considering strategies for action to provide respectful reproductive and sexual health services.

## ***Session 2: Educating the public***

**Objective:** To develop sexual and reproductive health educational materials for different groups of clients

**Materials:** flip chart paper for each group and coloured markers and/or pencils

**Time allotted:** 70 minutes

**Pre-reading:** Sections 1 and 2

Explain to the group that they will be creating educational materials for a variety of target audiences. These educational materials can include posters, pamphlets, advertisements, collages or any other visual information for the general public.

Divide participants into groups of four or five. Encourage them to work with people they have not worked with before. Provide each group with one of the following educational topics:

1. You have been asked to develop an advertising campaign to encourage adolescents to attend a sexual and reproductive health centre.

**Note to the facilitator:** The issues that should be highlighted include: youth friendly advertisements, social marketing to youth, geared to the literacy level of the youth.

2. You have been asked to create educational material to help women understand how sexually transmitted infections are transmitted and how they can be prevented. Many of these women are semi-literate.

**Note to the facilitator:** The issues that should be highlighted include: focus on material that is acceptable and accessible to semi-literate women, attention to sensitivity of subject matter, ensuring that materials are culturally acceptable to the women and that the diagrams and drawings will be easily understood.

3. Management is promoting the involvement of men in your reproductive and sexual health programme. You have been asked to create a poster or other visual aid to encourage men's involvement.

**Note to the facilitator:** The issues that should be highlighted include: acceptability to men, social marketing that attracts men and sensitivity to cultural norms and practices.

4. You have been asked to develop educational material to help people in your community understand the value of family planning.

**Note to the facilitator:** The issues that should be highlighted include: acceptability to women and men, social marketing that attracts women and men, sensitivity to cultural norms and practices, clear messages about the value of family planning and the involvement of both women and men.

5. You have been asked to develop educational material on gender-based violence. Many of the women who live in your community are semi-literate.

**Note to the facilitator:** Highlight methods of challenging views and attitudes about gender-based violence, by using, for example: statistical evidence in picture form of the incidence of gender-based violence in the country or community; drawings that illustrate the different forms of violence against women; safe places for women to go; NGOs active in addressing gender-based violence; and, emergency numbers of police and health facilities.

6. During a recent reproductive health survey, it was noted that teenage pregnancies had risen sharply. You have been asked to develop educational materials to raise awareness of this problem and to develop some prevention messages.

**Note to the facilitator:** The issues that should be highlighted include: statistics of teenage pregnancies, reasons for increase in teenage pregnancies, cultural and social pressures for teenagers to engage in unprotected sexual intercourse, methods of contraception and places where teenage girls would be welcome for contraceptive and sexual counselling, education and services.

Give each group flip chart paper, coloured markers and/or pencils. Ask them to draw, write or consider other creative methods of providing effective messages to these target groups of people.

#### **Presentation of educational materials**

As the groups are working on their educational materials, write the following questions on a flip chart at the front of the group.

- What is the main message you are trying to portray?
- Why do you consider this to be the most important message?
- What issues did you consider as you thought about reaching this target group?
- If you were asked to develop other educational materials (of any kind), what other methods would you like to include?

- Why do you think these methods would be particularly useful?

Ask each group to present their educational materials. A nominated spokesperson should lead the presentation; however, other group members should be encouraged to participate. Special attention should be given to the questions written on the flip chart.

This activity is intended to help participants come up with creative ways to reach target groups, justify their choices, and consider the appropriateness of the educational material.

### ***Session 3: Role-play: overcoming barriers hindering access to sexual and reproductive health services***

**Objective:** To explore ways of addressing barriers impacting access to sexual and reproductive health services

**Expected learning outcome:** Through role-play, participants will actively engage in overcoming barriers that may hinder client access to sexual and reproductive health services.

**Time:** 65 minutes

**Pre-reading:** Sections 1, 2 and 3

Divide participants into three large groups. Explain to the participants that role-play activities provide a safe environment within which to practise methods of addressing barriers to sexual and reproductive health services. Each group will role-play one of the following scenarios:

- **Scenario 1:** A client who is a known woman sex worker enters a health clinic in an impoverished, urban community and asks for a pregnancy test. You have treated this woman before for an STI and have been encouraging her to have an HIV test. She appears to be distraught about the pregnancy and abortion is illegal in your country.

**Note to the facilitator:** The issues that should be highlighted in this role-play include: poverty, marginalized women, health concerns (STI and HIV/AIDS), and access to abortion.

- **Scenario 2:** A 15-year-old girl comes to a health centre and asks to talk to a nurse. She explains that she is to marry in three weeks and that she is afraid.

**Note to the facilitator:** The issues that should be highlighted in this role-play include: immaturity, coercion, powerlessness of young women, cultural norms and ignorance of sexual and reproductive health.

- **Scenario 3:** A husband comes to a family planning clinic with his wife. He explains that he wants to know what the health workers have been telling his wife, as he is insistent that they not use family planning methods of any kind.

**Note to the facilitator:** The issues that should be highlighted in this role-play include: male dominance, women's lack of power and control, male control over contraception and birth spacing, overcoming access barriers.

- **Scenario 4:** A woman from a remote area arrives at a health centre in town after having ridden on a bus for two hours to seek care. She complains of pain in her abdomen and difficulty passing urine.

**Note to the facilitator:** The issues that should be highlighted in this role-play include: problems of accessibility in rural health, delayed access to health services and possible complications due to difficulty in health-seeking practices, as well as methods of overcoming health service access barriers.

- **Scenario 5:** Two young boys come to an evening sexual health clinic. They are laughing and joking with one another. When the health care worker asks how the young boys can be helped, they look embarrassed and say that perhaps they do not need any help after all. They prepare to leave.

**Note to the facilitator:** The issues that should be highlighted in this role-play include: improving access to sexual and reproductive health services for young men, cultural bias against acknowledging adolescent sexuality and respect for young people in adolescent health services.

Read these case scenarios out to the whole group. Allow each group to choose one of the scenarios, ensuring that two groups do not choose the same scenario. Ask the groups to select two or three volunteers to act out the situation. One volunteer will role-play the health care professional; the other(s) will act as the client(s). For each role-play, the actors should go beyond the given scenario. That is, each group should further develop the scenario.

Volunteers should practise their role-plays for about 15 minutes and then receive feedback from their groups. Volunteers should not be given too much time to practise as this usually makes them nervous.

Bring the participants back together. Ask one group to read the scenario and then to role-play the situation, including their creative additions to situation. The role-play should take about seven minutes.

After each role-play, congratulate the volunteers and then ask the following questions of the entire group:

- What were the important issues that the actors brought out?
- How did you think the actors overcame access barriers to provide helpful support, advice and/or treatment?
- What did you think was most helpful in this role-play situation? Why?
- What might you have done differently? Why?
- How might this role-play influence how you practise health service delivery in the future. Why?

Debriefing should take about 10 minutes for each group. It is important that all participants fully engage in the debriefing session. Ask participants to imagine themselves in each situation and to consider how they would work with the client(s). The intention is to help each participant consider how she/he would use “good practices” to address access barriers, and why they think such practices are “good”. Encourage participants, even reluctant ones, to critique the role-play of others. Explain that critiquing is a way to explore different options and approaches within a safe environment.

Repeat this exercise two more times until each group has performed a role-play and the others have had an opportunity to critique their “practice.”

#### ***Session 4: Submission to the Commission on Health Care Reform***

**Objective:** To develop strategies to influence political decision-making

**Time allotted:** 80 minutes

**Pre-reading:** Sections 1, 2, 3 and 4

*Setting the activity*

**Time allotted:** 20 minutes

Explain to the participants that they have been asked to present a submission to a government commission that is touring the country. The commission is listening proposals from health professionals to determine which services and programmes should be universally accessible in the country’s new health reform agenda.

Instruct participants to develop a seven minute verbal presentation that will convince the commission that sexual and reproductive health care should be a core programme in the country's new health care system. Stress that the commission will be hearing from many special interest groups, so their submission has to be very persuasive, because not all health programmes can become core programmes in the reformed health care system.

Divide participants into groups of six to eight participants, some of which have not worked together before. Each group is to prepare a submission. It is likely that groups will prepare fairly similar submissions; however, the intent is to see how each group presents its submission and where they put particular emphasis. You might want to pose the following questions to help the groups consider their submissions.

- What are some of the most persuasive ways of getting your points across?
- What issues do you consider the most important and therefore need to emphasize?
- How would you prioritize these issues?
- How would you organize your submission to provide organized flow with maximum impact?
- What would be your opening and closing remarks?
- What lasting impressions would you want to leave the commission members?

Give the participants 20 minutes to prepare their submission. They should access information from the pre-readings required for this learning activity.

**Note to the facilitator:** Explain to the participants that the commission's chairperson (you, as facilitator) will cut off the presenters if they go beyond their seven minute time allocation. If the participants were ever required to present to a real committee, it is very likely that they would be cut off if they went overtime. At the end of each submission the commissioners (the rest of the group) will have five minutes to ask questions of the group submitting the presentation. Make sure you set a stage that is quite formal. Such formality will mirror the reality of the atmosphere that usually pervades such submission presentations. In this way, participants have an opportunity to experience the formality that usually surrounds presenting submissions to a powerful commission.

#### **Presenting the submission and question time**

Ask each group to choose a spokesperson to present the submission to the commission. - e rest of the participants will act as commissioners and should take notes during the presentations. Following each seven-minute presentation (remember to be strict on this time frame), the "commissioners" should pose probing questions to the presenter and his or her group. Remind

the group that the commission has to choose core health care programmes from a wide and disparate selection of programmes and services, and that each special interest group will be presenting submissions. For that reason, the commissioners will have to ask questions that will lead them to make the right choices for the country's reformed health care system. As such, the responses to the commission's probing questions will be as important as the submission itself. - e overall intent is for participants to experience the political process that is often used to allocate resources and determine core programmes. - ey will experience this process by acting as activists and advocates in promoting sexual and reproductive health as a core health care programme.

### **Debriefing**

After the groups have presented their submissions and the questions posed by the commissioners have been answered, gather the entire group for a debriefing session. You may wish to use the following questions (or some of your own) as a guide:

- What has been your overall experience with this learning activity?
- What stands out for you most?
- What did you like most about the way the presentations were conducted?
- What did you learn from the questions that were posed by the commissioners?
- What would you have done differently now that you have experienced being both a presenter and a commissioner?
- What overall lesson will you take with you into your work as a health care practitioner?