Pharmacy Personnel Training Curriculum

The Youth-Friendly Pharmacy Program Curriculum is to be used for training pharmacists and other pharmacy staff. The curriculum consists of an introduction and the following five sessions:

- Session 1: Adolescent Reproductive Health
- Session 3: Customer Relations Skills
- Session 3: Emergency Contraception
- Session 4: Contraceptive Methods for Ongoing Use
- Session 5: Management of Sexually Transmitted Infections

In addition, training aids, handouts, and a participant final evaluation are included.

Pharmacy Personnel Training Curriculum

Introduction and Notes to the Trainer

Pregnancy and sexually transmitted infections (STIs) represent significant health risks to youth, and unprotected sexual intercourse can result in either or both. Pharmacists and pharmacy staff can be an invaluable reproductive health resource for adolescents because they are easily accessible and are well positioned to respond to the three critical health needs arising from unprotected intercourse:

1. Pregnancy prevention through emergency contraception (EC).
2. Prevention and management of STIs.
3. Ongoing contraceptive care and counseling.

This curriculum is intended to be used to train pharmacists and other pharmacy staff. The curriculum will guide the trainer through the issues related to EC, STIs, and contraceptive management. Although the curriculum is not intended to be used as a lecture script, the trainer should be familiar with all of the material in this curriculum.

Questions and activities have been included to promote discussion and an interactive learning environment. They are intended to help pharmacists and pharmacy counter staff improve and/or implement reproductive health services in their pharmacies or shops.

Training techniques used throughout the curriculum include:

- Small and large group discussion
- Presentation of material by the trainer
- Role-play
- Brainstorm
- Games
- Small group work or work in pairs

The training was designed to be conducted in five sessions in the following order:

1. Adolescent Reproductive Health

2. Customer Relations Skills

3. Emergency Contraception

4. Contraceptive Methods for Ongoing Use

5. Management of Sexually Transmitted Infections

Although these issues represent a package of key reproductive health services and are linked, each topical curriculum is designed to stand alone. However, because the issues discussed are so intricately related, it is recommended that any discussion of EC be linked to discussions of contraceptive management and STI risk and management.

At the beginning of each session, the trainer is provided with a list of training aids (TAs) and handouts (HOs) used for that session. These TAs and HOs are referenced throughout the session. Also included in each session is a pre/post-session questionnaire. Answer keys to these questionnaires are provided. Copies of the questionnaires should be made prior to conducting the training workshop. A participant final evaluation form is also provided and should be copied and given to participants at the close of the entire training workshop.

The trainer is also provided with a list of country-specific information needed for each session. The trainer should collect this information and insert it into the curriculum prior to conducting the training workshop. Technical references are listed at the end of each session.

Trainers should provide each training participant with a packet of materials to reinforce key points covered in the training. The packet of materials should include photocopies of HOs and reference materials included in the curriculum notebook as well as any other materials deemed appropriate by the trainer or presenter.

Each of the five sessions consists of a varying number of sections. Each section begins on a new page. Key points are included at the end of each section. The trainer should ensure that these messages are covered during the training.

Instructions to the trainer and suggested activities are provided in outlined boxes. Detailed content is found below these boxes. For example:

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1. Introduce yourself to the participants.

My name is _____. I will be your trainer for today's session.

The trainer/presenter is encouraged to adapt and modify the training curriculum to best meet the needs of the audience and country situation. Suggestions for the amount of time needed to conduct each session are also provided, but the trainer should be able to adjust time as appropriate for the audience. The type of technique (e.g., role-play or group discussion) used for each section is also included after the section title. The trainer may also change the methodology used for each section, for instance changing a group discussion to a presentation, according to the audience. In addition, there are certain activities or sections which, depending on local realities and needs, may only be used when training pharmacy counter staff.

Adolescent Reproductive Health Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants should be able to:

- Explore and understand the meaning of adolescence.
- Describe the physical and emotional changes that occur during adolescence.
- Discuss the importance of adolescent reproductive health and pharmacy personnel's role in it.

Time

2 hours, 30 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (30 min.)
2. Adolescence (20 min.)
3. Adolescent Reproductive Health Risks (20 min.)
4. Adolescent Reproductive Health in [*insert country*] (30 min.)
5. Importance of Youth-Friendly Health Services (30 min.)
6. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre- and Post-Session Questionnaire
HO 1: Find Someone Who…
HO 2: Adolescent Reproductive Health in [*insert country*] and Around the World
TA 1: Fact or Fiction?

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape

Local data on the following issues can be used in this session:

- Number of adolescents
- Reproductive health status of adolescents

Introduction

(30 Minutes)

Presentation, game

1. **Introduce trainer and participants.**
2. **Review learning objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for learning objectives. Emphasize practical approach of training.

This training is designed to build participants' knowledge of adolescent reproductive health and develop skills in providing reproductive health services to adolescents.

This session is scheduled to last approximately 2 hours and 30 minutes. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Introduce icebreaker activity. Distribute a copy of HO 1: *Find Someone Who...* to each participant.**
5. **Tell participants to stand up and circulate around the room, asking questions of people until they find someone who fulfills each of the points listed on the page.**
6. **When they have found someone who fulfills a point, they will write their name on the corresponding line. Each blank should have a different name, so as to permit participants to get to know more of the trainees.**
7. **After completing the icebreaker activity, distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Adolescence

(20 Minutes)

Brainstorm, group exercise, discussion

1. Begin by introducing the subject of adolescence and the growing need for adolescent reproductive health services. Use the information below as a guide.

Approximately one billion people—nearly one out of every six persons on the planet—are adolescents, and 85 percent of them live in developing countries.[1] [*Insert relevant country statistics on adolescents*]. As a result, adolescent reproductive health is an increasingly important component of [*insert country*] health programs.

2. Ask participants "What is adolescence?"

3. List participant responses on flip chart, adding any of the points below that have not been mentioned.

Possible responses include:

- Transition from childhood to adulthood.
- Period of physical change and development of adult genital organs.
- Time of change and experimentation.
- Period of sexual awareness.
- Period of rebellion and establishing independence.
- Time of emotional change and search for identity.

4. At each corner of the room, post flip chart paper labeled with one of the following four phrases: physical changes, emotional changes, psychological changes, social changes.

5. Ask participants to circulate around the room and write under each phrase one response to the question "What changes occur during adolescence?"

6. When all participants have finished, invite the group to look around and read the responses at all four corners.

7. Ask each participant to choose one response and give an example of it. Encourage participants to share examples from their own adolescence. For example, if someone has written "increased responsibilities" as an example under "social changes," a participant might share the experience of looking for work to pay for their own or their siblings' education.

Possible responses include:

Physical changes:
- First menses, first erection.
- Growth of pubic and facial hair.
- Development of breasts, widening of hips.

Emotional changes:
- Feeling insecure about self.
- Increased concern about peer approval.
- Sexual attraction.

Psychological changes:
- Thinking about and articulating abstract ideas.
- Thinking about the future.
- Awareness of global issues and news.

Social changes:
- Increased responsibilities.
- Testing independence from parents.
- Finding new peer groups.

Key Point

- Adolescence is marked by physical, emotional, psychological and social changes.

Adolescent Reproductive Health Risks

(20 Minutes)

Presentation, work in pairs, discussion

1. **Introduce the importance of considering adolescent health risks by sharing the information below.**

With adolescence comes growth, change, opportunity, and, all too frequently, risks to reproductive health. The need for improved health and social services aimed at adolescents, including reproductive health services, is being increasingly recognized in [*insert country*] and throughout the world.

2. **Ask participants "Do you feel that many adolescents in [*insert country*] are sexually active?" Discuss this point in the large group. Ask participants to share what their experiences are in terms of the clients they encounter as well as their personal lives (their children, friends, and what they observe in society). Do you feel that many adolescents have multiple sexual partners?**

3. **Ask participants to work in pairs for three to five minutes to provide responses to the question "What risks and reproductive health problems do adolescents encounter when they become sexually active?"**

4. **When the pairs have finished, have them read their responses out loud to the large group, and take notes on a flip chart.**

5. **Encourage discussion of participant answers. Distribute HO 2: *Adolescent Reproductive Health in [insert country] and Around the World.***

Possible responses include:

- Unintended pregnancy.
- STIs (including HIV/AIDS).
- Abortion.
- Caring for a child at a young age.
- Discontinued schooling.
- Forced marriage.
- Increased risk of maternal morbidity and/or mortality.
- Financial burden of childcare or STI treatment.

Key Point

- Adolescents often experience risks to their reproductive health and need to have access to information and support to address these risks.

Adolescent Reproductive Health in [*insert country*]

(30 Minutes)

Game, discussion, presentation

1. **Using TA 1, prepare and distribute one slip of paper from the game *Fact or Fiction?* to each participant or group of participants.**

2. **Ask each participant or group leader to read the phrase on their paper out loud to the group, and state whether they believe it to be fact or fiction (true or false). Ask them to give the reasons why they believe so.**

3. **Discuss each statistic with the group, sharing additional information from HO 2. Sources for the statistical information are also provided in HO 2. Corrected statistics from the game are listed below.**

[*Insert various country specifics related to adolescent reproductive health. These should be the same statistics inserted in TA 1 and HO 2*]

Importance of Youth-Friendly Health Services

(30 Minutes)

Brainstorm, role-play, discussion

1. **Ask participants "Do you get adolescent clients in your pharmacy? If so, what services and products do they come for?"**
2. **Invite several volunteers to role-play (act out) an adolescent client coming to the pharmacy for services. What do they say; how do they act? What happens to an adolescent when a pharmacy staff worker refuses to provide them services?**
3. **Ask participants "What are youth-friendly services? Why are they important?"**
4. **List participant responses on flip chart. Discuss answers and complement the group's ideas with the information below.**

Youth-friendly reproductive health services are services that are developed and provided in a way that recognizes that the challenges, difficulties, and obstacles facing adolescents are very different than those confronted by adults.

Adolescents generally are less informed, less experienced, and less confident about sexual matters and their own abilities than are adults. Adolescents also tend to wait longer to get help because they cannot access a provider or pay for services or because they may not realize that they are pregnant or have an STI.

Specialized approaches are needed to attract, serve, and retain adolescents as reproductive health clients.[2,3] These include:

- Appropriately trained providers who can address adolescents' specific biological, psychological, and health needs.
- Respect for adolescents' privacy and confidentiality.
- Accessible facilities and convenient location.
- Reasonably priced services.
- Flexible hours (evenings and weekends).
- Environment that feels appropriate and comfortable for adolescents, including young men or married adolescents. [2,4,5,6]

5. **Ask participants "Why and how are pharmacists important in adolescent reproductive health? What is their role?"**

6. **List participant responses on flip chart. Discuss answers and complement the group's ideas with the information below. Discuss the fact that adolescents do depend on pharmacies for services.**

Pharmacists can be an invaluable reproductive health resource for adolescents because they are easily accessible and are well positioned to respond to the three critical health needs arising from unprotected intercourse:

- The need for pregnancy prevention through EC.
- Prevention and management of STIs.
- Ongoing contraceptive care and counseling.

This training is designed to reinforce pharmacist's knowledge of these three issues with an emphasis on providing quality reproductive health services to young people.

Key Point

- The challenges, difficulties, and obstacles faced by adolescents are different than those faced by adults; therefore, youth need to have access to friendly, high-quality health services that acknowledge these differences.

Review and Conclusion

(20 Minutes)

1. **Review objectives of the session. Ask participants "To what extent do you feel the session objectives have been achieved?"**
2. **Discuss any questions regarding the content of the session.**
3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

References

1. United Nations Population Fund (UNFPA). *UNFPA and Adolescent*s. New York: UNFPA (1997).
2. Senderowitz, J. Making reproductive health services youth friendly. *FOCUS on Young Adults*. Research, Program, and Policy Series (February 1999).
3. Finger, W. Key factors help programs succeed. *Network*. 17(3) (Spring 1997).
4. Senderowitz, J. Health facility programs on reproductive health for young adults. *FOCUS on Young Adults*. Research, Program, and Policy Series (May 22, 1997).
5. Armstrong, B. et al. Involving men in reproductive health: the Young Men's Clinic. *American Journal of Public Health* 89(6):902-905 (June 1999).
6. Webb, S. ed. Insights from adolescent project experience, 1992-1997. Watertown, Massachusetts: Pathfinder International (1998).

Handouts and Training Aids
Adolescent Reproductive Health

Pre- and Post-Session Questionnaire

Adolescent Reproductive Health

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. Adolescence is marked by physical, emotional, psychological and social changes.		
2. Adolescents have fewer reproductive health risks than adults.		
3. Adolescents are not sexually active.		
4. Youth-friendly reproductive health services are services that are provided in a way that recognizes the challenges facing adolescents.		
5. It is easy for adolescents to get information about sexual and reproductive health.		
6. Pharmacies can be an important reproductive health resource for adolescents.		
7. Pregnancy and childbirth among adolescents carry very little risk of maternal mortality and morbidity.		
8. Sexually active adolescents are at high risk of becoming infected with STIs.		
9. Adolescents tend to wait longer to get help with health care.		
10. Adolescents are more informed about reproductive health than adults.		

Pre- and Post-Session Questionnaire

Adolescent Reproductive Health

Answer Key

Mark the following statements as true or false.	True	False
1. Adolescence is marked by physical, emotional, psychological and social changes.	X	
2. Adolescents have fewer reproductive health risks than adults.		X
3. Adolescents are not sexually active.		X
4. Youth-friendly reproductive health services are services that are provided in a way that recognizes the challenges facing adolescents.	X	
5. It is easy for adolescents to get information about sexual and reproductive health.		X
6. Pharmacies can be an important reproductive health resource for adolescents.	X	
7. Pregnancy and childbirth among adolescents carry very little risk of maternal mortality and morbidity.		X
8. Sexually active adolescents are at high risk of becoming infected with STIs.	X	
9. Adolescents tend to wait longer to get help with health care.	X	
10. Adolescents are more informed about reproductive health than adults.		X

Handout 1: Find Someone Who...

Directions:

Stand and circulate around the room, asking questions of the participants until you have found someone who can answer yes to one of the points. Write their name on the corresponding line. Continue until you have a different person's name on each line.

1. Has two children… ("Do you have two children?" If yes, write name on line and move on) _____
2. Exercises two times per week… _____
3. Likes to talk with young people… _____
4. Has counseled a client for sexually transmitted infection treatment… _____
5. Has never driven a car… _____
6. Speaks four languages… _____
7. Knows what emergency contraception is… _____
8. Enjoys dancing… _____
9. Plays a musical instrument… _____
10. Can name three methods of contraception… _____
11. Wants to have fun during this training… _____
12. Would like to travel to another country… _____

Handout 2: Adolescent Reproductive Health in [*insert country*] and Around the World

Age of sexual debut

Many adolescents are sexually active (although not always by choice).[1] [*insert country specific information if appropriate*]

Lack of information and maturity

Adolescents often lack basic reproductive health information; skills in negotiating sexual relationships; and access to affordable, confidential reproductive health services. Many adolescents lack strong stable relationships with parents or other adults with whom they can talk to about their reproductive health concerns.

The risks of adolescent childbearing

In many parts of the world, women marry and begin childbearing during their adolescent years. Each year about 15 million adolescents aged 15 to 19 years give birth. Pregnancy and childbirth carry greater risks of morbidity and mortality for adolescents than for women in their 20s, especially where medical care is scarce. Girls younger than 18 years of age face two to five times the risk of maternal mortality as women 18 to 25 years of age due to prolonged and obstructed labor, hemorrhage, and other factors.[2] Potentially life-threatening, pregnancy-related illnesses such as hypertension and anemia also are more common among adolescent mothers, especially where malnutrition is endemic.

Abortion

Adolescent unwanted pregnancies often end in abortion. Each year, as many as 4 million youth aged 15 to 19 obtain an abortion. Surveys in developing countries show that up to 60 percent of pregnancies in young women below age 20 are mistimed or unwanted.[3] Pregnant students in many developing countries often seek abortions to avoid being expelled from school.[4] Induced abortion often represents a greater risk for adolescents than for older women. This risk is compounded in countries where abortion is only available under unsafe conditions.

STIs

Every year, up to 100 million youth between 15 and 19 years old become infected with a curable sexually transmitted infection (STI). STIs can lead to life-long health problems, including infertility and chronic pain, and increase the risk of HIV transmission. One-third of all STIs occur in developing countries each year among youth between 13 and 20 years old.[5]

HIV/AIDS

Adolescents also are at a higher risk of contracting HIV/AIDS than other age groups. Globally, nearly half of all HIV infections occur in men and women younger than 25 years old. Recent estimates are that 7,000 young people are infected each day.[5] New infections among females outnumber new infection among males by a ratio of 2 to 1.[5]

[*insert country specific information as appropriate*]

References:

1. Blanc, A. and Way, A. Sexual behavior, contraceptive knowledge and use. *Studies in Family Planning* 29(2):106–116 (June 1998).
2. World Health Organization (WHO). *Programming for Adolescent Health and Development*. Report of the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. Geneva: WHO (1999).
3. International Council on Management of Population Programmes (ICOMP). Adolescents/youth reproductive health hazards. *Feedback* 23(3):5 (1997).
4. Zabin, L. and Kiragu, K. Health consequences of adolescent sexuality and fertility behavior in sub-Saharan Africa. *Studies in Family Planning* 29(2):210–232 (June 1998).
5. UNAIDS and WHO. *Report on the Global HIV/AIDS Epidemic: December 1998.* Available online at www.unaids.org/publications/documents/epidemiology/ surveillance/wad1 998/wadrp98e.doc (accessed February 2000).

Training Aid 1: Fact or Fiction?

Directions:

Cut on the dotted lines below and distribute one slip of paper to each participant. After the participants have had a moment to reflect on the statistics, ask each person to read their phrase and state whether they believe it to be a fact or fiction. Correct the information using the answer key on the next page.

[Insert various country specifics related to adolescent reproductive health.]

✂- -

1. **Example:** In XX country, nearly 40% of women are mothers by age 19.

✂- -

2. **Example:** Contraceptive use is higher among married adolescents than unmarried ones.

✂- -

3. **Example:** In XX country, 1 in 10 maternal deaths is due to complications of unsafe abortion.

✂- -

4.

✂- -

5.

✂- -

6.

✂- -

7.

✂- -

8.

✂- -

9.

✂- -

10.

✂- -

Answer key:

[Insert the correct answers to the "Fact or Fiction" statements used on the previous page.]

1. 2. 3. 4. 5.	6. 7. 8. 9. 10.

Customer Relations Skills Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants should be able to:

- Improve their customer relations skills through the use of effective interpersonal communication techniques such as reflecting, paraphrasing, and summarizing client concerns.
- Explain why there are no correct or incorrect ways of perceiving; there are only different ways of perceiving.
- Identify their own attitudes, feelings, and values, and assess their significance and impact on the counseling process.
- Identify the customer's values and the importance of respect in the counseling process.
- Identify and demonstrate the use of closed-ended, open-ended, probing, and leading questions.
- Demonstrate active listening skills.

Time

5 hours

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Perception and Values (15 min.)
3. Adolescent Reproductive Health Attitudes (20 min.)
4. Values Clarification (15 min.)
5. Interpersonal Communication and Counseling (30 min.)
6. Effective Communication (15 min.)
7. Steps for Effective Counseling (20 min.)
8. Types of Questions (30 min.)
9. Active Listening (30 min.)
10. Appropriate Responses (30 min.)
11. Reflection and Empathy (60 min.)
12. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre- and Post-Session Questionnaire
HO 1: Values and Priorities
HO 2: Types of Questions
HO 3: Identifying Open-Ended and Closed-Ended Questions
HO 4: Active Listening Guidelines for Pharmacy Personnel
HO 5: Reflection Exercise
TA 1: Adolescent Reproductive Health Attitudes

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape

Content and format for this section were adapted from:

- PATH. *Interpersonal Communication and Counseling for Family Planning Workers,* a four-day training curriculum developed for the State Family Planning Commission, China, revised version 1996.

Introduction
(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for learning objectives. Emphasize practical approach of training.

This module is designed to introduce the principles of interpersonal communication and counseling to pharmacy personnel and to provide practical experience in counseling skills. Basic theoretical information on communication and the use of materials is incorporated with practical steps and exercises.

As this module will demonstrate, good interpersonal communication and counseling skills are essential to developing effective customer relations skills. In many cases, customer relations skills are as important as clinical excellence. Customers judge clinical and pharmacy staff based on their customer relations skills such as attentiveness, courtesy, empathy, and confidentiality. These skills, or the lack thereof, help influence whether a client will continue patronizing a particular clinic or pharmacy.

The session is scheduled to last approximately 5 hours. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Perception and Values

(15 Minutes)

Presentation, brainstorm, discussion

1. Introduce the general content for this session using the narrative summary below as a guide.

Our values are often so ingrained that we are unaware of them until we are confronted with a situation that challenges them. Understanding our own perceptions and values is essential to sensitive counseling. By understanding their own perceptions and values, pharmacy staff are better able to appreciate and respect the various experiences that shape the perceptions and values of their clients.

2. Ask participants to briefly brainstorm answers to the question, "What is perception?" Incorporate their responses into the definition provided below.

Possible responses include:

- Viewpoint.
- Opinion based on experience.
- Way of seeing or understanding.

Definition: *Perception* is how we understand what others show or say to us.

Explain that understanding perception is the foundation for understanding communication and relationships. How we perceive others affects the way we communicate and relate with them. Different people have different opinions, experiences, knowledge, and attitudes. We need to respect our differences.

Probe a bit to explore how the concept of perception applies to reproductive health service provision. For example, how clients perceive educational materials depends on their perception of the pictures of people of different ethnic or class groups. Or counseling—some people want information, while others require reassurance and support from the pharmacy worker.

Key Point

- It is important to clarify our own values and understand how our perceptions and personal belief systems influence our behavior, which in turn can influence our interactions with our clients. Understanding our own values will help us avoid personal bias when advising and counseling clients.

Adolescent Reproductive Health Attitudes

(20 Minutes)

Forced choice exercise

1. **Tape flip chart paper with the words "Agree" and "Disagree" to opposite walls of the room.**

2. **Ask participants to stand in the center of the room. Explain that you will read a series of statements one at a time. After each statement, participants should go to the sign that best represents their feeling or opinion.**

3. **One by one, read the statements from the survey of *Adolescent Reproductive Health Attitudes* (TA 1) and ask participants to go to the sign that best represents their feeling.**

4. **Once they have chosen a side, tell them to find a partner and discuss their feeling and beliefs about that statement for 1-2 minutes.**

5. **After 1-2 minutes, stop discussion, ask participants to return to the center of the room, and then read the next statement. Again ask participants to go and stand under the sign that best represents their feeling.**

6. **Continue in this manner, having participants discuss their attitudes each time they have made a choice.**

7. **It is not necessary to read all statements. Stop the exercise before the energy of the group diminishes.**

8. **Process the exercise in the large group by asking:**
   a) **Did any of your responses surprise you? Which ones?**
   b) **Which statements were the hardest to choose sides for?**
   c) **How did you feel about other people's responses? Why did you feel this way?**

Possible responses for 8c. include:

- Defensive.
- Judgmental.
- Ambivalent.
- Afraid to express opinion.
- Decisive.

Perceptions influence our attitudes and values. This exercise demonstrates that individuals' values may differ greatly, even within a community, and that people have reasons for holding the values they do.

You are from similar backgrounds, but have had different responses. People's different experiences lead them to different conclusions. We must first be aware of our own value systems to ensure that we do not impose our beliefs on our clients. We must learn to respect others' values and beliefs, especially when they come to us for services.

Key Point

- People's experiences and perceptions influence their attitude and values. It is important to respect others' values and beliefs, even when they are different from our own.

Values Clarification

(15 minutes)

Exercise, discussion

1. **Give participants a brief definition of values.**

Definition: *Values* are "the principal standards that guide what we do." We use values to guide and improve our behavior and to make appropriate decisions. Values are those things we consider important, such as family, happiness, and health.

2. **Ask participants to look at the values clarification sheet (HO 1: *Values and Priorities*) and take 3-5 minutes to list their top five priorities. Ask the participants not to discuss their answers while filling out the sheets because this might bias their responses. Tell them there will be plenty of time to discuss their answers later.**

3. **Go through the values, asking who chose the first as their number one priority and so on. Ask a few participants why they chose their first priority.**

4. **If a large number of people have similar first priorities, discuss possible reasons. If no one shares priorities, discuss why.**

Remind participants to read the instructions on the handout and rank values from the most important in their opinion (1) to least important (5).

Alternatively: Have a few participants read their lists and say why they chose their first priority.

People may have different priorities depending on their upbringing, education, or other factors.

5. **Discuss how much variety in peoples' values there is. Use the information below to complement the discussion.**

Everyone has different values. When counseling, it is important to keep these differences in mind so that we can help our clients make up their own minds based on their own values and situations.

People tend to want those they respect and trust to agree with their views and values. It is the same for your clients. It is not, however, necessary to agree with all the views or values of your clients. By acknowledging your clients' values and presenting information to them in a way that does not contradict these values, your clients will be encouraged to respect and trust your opinions and counseling.

Key Points

- People's perceptions vary and are shaped by their backgrounds and experiences.
- How we perceive others affects the way we communicate and relate to them.
- We must all be aware of our own values and try not to impose our values on our clients.
- We must learn to respect others' values and beliefs.

Interpersonal Communication and Counseling

(30 Minutes)

Presentation, brainstorm, discussion

1. **Introduce the concept of interpersonal communication and counseling to participants using the information below.**

Pharmacy staff communicate with the public, clients, and clients' families for a number of different purposes: to promote, educate, counsel, and sell products. The most intimate of these interactions, counseling, is a process of defining feelings, providing unbiased information, and empowering clients to make their own decisions. The interpersonal skills pharmacy staff exhibit in communicating with and counseling their clients are an important measure of the quality of service the staff give clients.

2. **Explain to participants that there are two main categories of communication in health work: *media* and *interpersonal channels*. Ask participants "What is interpersonal communication?"**

3. **Write participant responses on the flip chart, and then complement the ideas with the suggested definition below.**

Definition: *Interpersonal communication* (IPC) is the face-to-face, verbal and nonverbal exchange of information or feelings between two or more people. It includes the processes of education, advocacy, and counseling.

4. **Ask participants "What is counseling?" Note participant responses on the flip chart and then complement the ideas with the suggested definition below.**

Definition: *Counseling* is a person-to-person interaction in which the health provider gives adequate information to the customers to help them make an informed choice about the course of action that is best for them.

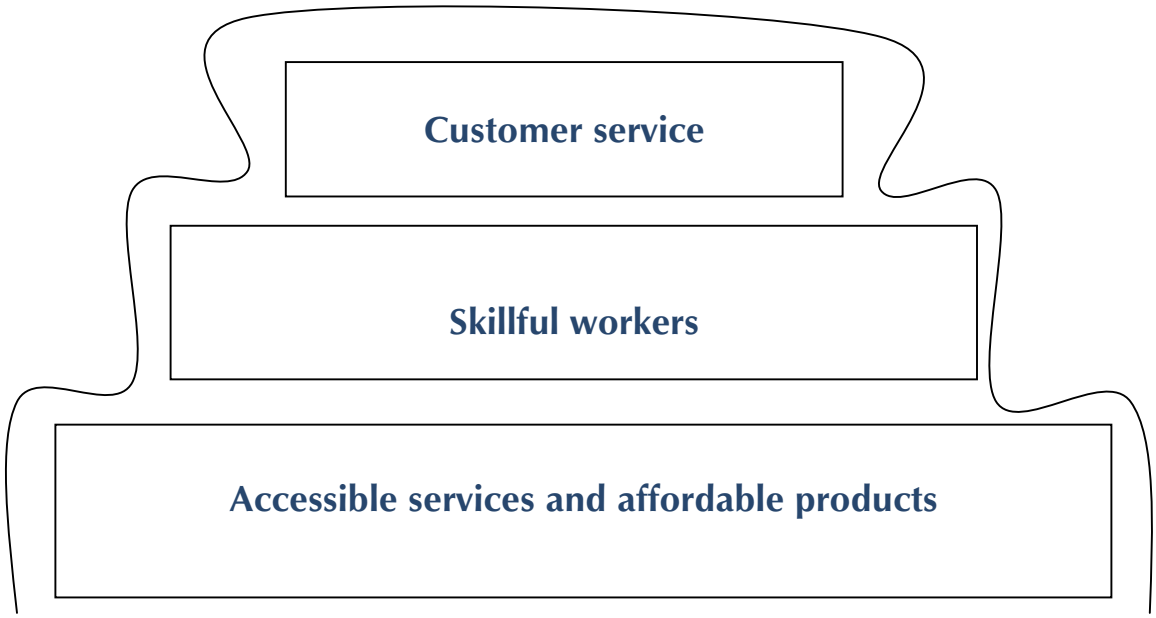
Counseling is a process of helping the customers define their feelings. Counseling enables the clients to make their own decisions. Emphasize the point that in counseling situations, clients make all the decisions that affect their own lives; pharmacy staff do

not. The health provider only helps the client by providing information and by helping the customer in the process of decision making.

5. **Ask participants "In what ways is IPC and counseling important for pharmacists?" Discuss the importance of IPC and counseling.**

6. **Draw the *Quality of Care Model* shown below on a chalkboard or flip chart and take a moment to review the model with participants.**

"Interpersonal Communications is like frosting on the cake"



Effective Communication

(15 Minutes)

Brainstorm, discussion

1. Ask participants to brainstorm the qualities necessary for pharmacists to communicate effectively with clients, and youth in particular. Ask participants to complete the sentence, "An effective communicator..."

Possible responses include:

An effective communicator…

- Listens attentively.
- Uses verbal and nonverbal communication.
- Gives praise and encouragement when appropriate.
- Is not judgmental.
- Paraphrases.
- Helps clients make decisions.
- Screens clients competently.
- Copes with special client needs.
- Uses support materials.
- Observes well.
- Explains information in a language that the client understands.
- Respects the client's opinion.
- Maintains confidentiality.

2. Ask participants if they feel that one of these qualities or skills is more important than the others. Discuss why it is important for pharmacists to develop these skills and how use of these skills can improve their client base. Note that many of these skills will be discussed in this training.

Steps for Effective Counseling

(20 Minutes)

Presentation, small group work, discussion

1. Write out the steps of the GATHER model of counseling listed below. Explain that this is a way of remembering the essential steps in counseling and that each of these steps requires the interpersonal skills the participants will be learning.

Greet.
Ask questions.
Tell client about specific reproductive health topics.
Help clients make decisions that are best for them.
Explain what to do.
Refer or schedule return visit, if appropriate.

2. Ask participants to work in groups of three. In the small groups, each participant should share at least one example from their pharmacy experience in which they have used IPC and counseling skills. Allow 10 minutes for discussion in the small groups.

Possible examples:

- Helping a woman to manage the side effects of oral contraceptives.
- Helping to reassure a mother who came in seeking medicine for her feverish baby.
- Assisting a young woman who is concerned about being pregnant after having unprotected sex two nights before.
- Offering treatment or referral information to a young man who is concerned that he may have a sexually transmitted infection (STI).

3. Return to the large group and ask for a few volunteers to share an example. Conclude the discussion by reviewing the key points.

Counseling can be used in adolescent health services. A young woman may have fears about being pregnant or contracting an STI. She may need encouragement and empathetic treatment in addition to information. The way in which the pharmacy personnel interacts with her can have a major effect on whether she seeks appropriate services.

Key Points

- IPC is used in all areas of health services. All pharmacy staff rely on person-to-person communication. For this reason, good IPC skills can make the difference between success and failure in any pharmacy.
- Person-to-person communication is used to motivate, educate, and counsel clients in every area of health services.
- Adolescent reproductive health is a sensitive issue. It requires a keen awareness of personal values and preferences, the importance of maintaining client confidence and trust, and the difference between professional guidance and personal persuasion.

Types of Questions

(30 Minutes.)

Presentation, brainstorm, discussion

1. Introduce the topic using the information below.

The relationship between a health provider and a client is often very fragile. This is true particularly in the beginning of the relationship when the client is not feeling safe in sharing information about themselves and their family. And yet to be able to help, the health provider must question the client to get the information needed.

In general, there are four ways questions are framed to facilitate the flow of information: *closed-ended, open-ended, probing, and leading*. The way in which questions are asked is often determined by the situation at hand (e.g., the type of information the pharmacy staff is seeking and the ease in which the client is responding).

2. Review the types of questions with participants and list them on flip chart paper or a chalkboard. Go over HO 2: *Types of Questions* and make sure participants understand the different types of questions.

3. Ask participants to complete HO 3: *Identifying Open-Ended and Closed-Ended Questions* and review together. Make sure all participants understand the correct answers to each question.

4. Ask for several examples of each type. Ask them to explain in what circumstances, if any, the type of question would be appropriate in counseling.

5. Point out that tone of voice is important in asking probing questions in a nonthreatening, nonjudgmental way.

6. Emphasize that leading questions are never appropriate because they act as a "door closer" and discourage the clients from saying what they really feel.

Types of Questions (See HO 2: *Types of Questions*)

- Closed-ended
- Open-ended
- Probing
- Leading

Possible uses for each type of question:

Closed-ended:	Reproductive history and information that can be given in short, exacting answers. Example: “When did you have your last period?”
Open-ended:	To learn about clients’ feelings, beliefs, knowledge. Example: “What have you heard about family planning?”
Probing:	To follow up in response to statement by client. Example: “Why do you find it difficult to use condoms?”
Leading:	**Not appropriate.** Example: “Don't you think you are too young to have sex?”

Key Point

- The way in which questions are asked is often determined by the situation at hand.

Active Listening

(30 Minutes)

Presentation, small group exercise, discussion, brainstorm

1. **Explain that when asking questions, it is important to listen to the answers.**

Often we hear, but we are not *really* listening to the clients. Studies done on client/provider interaction show that providers often interrupt the client many times during the exchange. This prevents the provider from receiving critical information needed to assist with decision making. It does not show respect for the client and does not allow the client to feel at ease. The following exercise will help sharpen listening skills:

2. **Divide the participants into groups of three. Instruct them to choose a commonly heard reproductive health concern raised by young clients.**
3. **Explain that in each group, one participant will begin a conversation with a statement relating to the concern.**
4. **The second participant must summarize what the other said in a nonjudgmental fashion.**
5. **The third participant will serve as observer and make sure the rules are followed. Participants may ask for clarification or repetition.**
6. **Show the group how to do the exercise with another trainer or a volunteer from the group, using the example below.**
7. **Give each group five minutes for discussion, then ask them to take turns so that each participant acts out all three roles.**
8. **Process the exercise by asking the group what they thought of it. *What happened? Was it difficult to follow the rules?***

Example:

Person A: I think pills are bad because they disrupt the woman's period.

Person B: You said that you think pills are disruptive to the woman's period. I find that they help normalize the period.

Person A: You think pills help normalize periods, but I think they just make the woman gain weight.

9. Ask participants to think about the question, "What can we do to be good and active listeners?" Brainstorm the elements of active listening by having participants fill in the blank in the following sentence: "To listen attentively, you should _____."

Possible responses include:

- Be patient.
- Be tolerant.
- Look at the person who is talking.
- Summarize, reflect.
- Give nonverbal feedback (e.g., nod, smile, lean forward).
- Ask for clarification.
- Be discreet.
- Be available.

10. Ask participants to think about the question, "What should we *not* do when we listen to a client?" To brainstorm, have participants fill in the blank in the following sentence: "I don't like it when someone _____ when they're listening to me."

Possible responses include:

- Interrupts.
- Is distracted.
- Turns their back.
- Tries to influence me.
- Underestimates me.
- Anticipates (guesses what I'm going to say next).
- Is judgmental or condescending.

11. Distribute HO 4: *Active Listening Guidelines for Pharmacy Personnel*. Briefly review the guidelines and tell participants to keep them for future reference.

Key Point

- Listening is a skill that requires constant practice. Summarizing the main point is a good discipline for listening as it helps confirm to clients that they are heard and understood. Often one is able to point out issues or emotions of which a client may not be aware, particularly when a feeling is communicated nonverbally. This may provide additional information, which in turn can aid the decision-making process.

Appropriate Responses

(30 Minutes)

Presentation, brainstorm, discussion

1. **Introduce this session using the information below.**

Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process. Clients must feel that the pharmacy staff person understands what they are saying. Clients must believe that the pharmacy staff person hears and understands their feelings, needs, and concerns. Only then will they be ready and willing to deal with their situation, listen to options, and make informed and appropriate decisions.

An important skill in laying the groundwork for selecting appropriate responses that will help you communicate with clients is *empathizing*. The ability to put ourselves in another person's shoes, to view an experience from another's perspective is called empathy. Empathizing is being focused on the other person instead of being focused on oneself. Empathy requires a greater degree of understanding than sympathy does. When you empathize, another person's experience becomes your own, at least temporarily.

2. **Tell participants that there are specific ways that we can show empathy for clients, particularly when they have problems or health concerns they share with us. Ask participants "How can we show empathy for our clients?"**

3. **Discuss participant responses briefly. Present the steps below as a suggested model for demonstrating empathy.**

4. **Note that the skills and attitudes that we need to develop to be able to empathize are: open-mindedness, imagination, and the sincere desire to understand the person.**

Showing empathy:

- **Listen** to what the other person is saying. Concentrate on both words and nonverbal behavior. Actively care about what has happened to the person.

- Try to recall or **imagine what you would feel** under similar circumstances.

- Take what you know about the person and try to **imagine what the other person is feeling**. It may be different from what you would feel in similar circumstances.

- Say something to **indicate your sensitivity** to the person's feelings.

5. Ask for a volunteer to read the story below.

Story:
Margaret is eighteen years old and has come to the pharmacy. She does not appear very happy. She says to the pharmacy worker, “My boyfriend refused to wear a condom the last time we had sexual relations. Now I am worried. There are so many diseases, and I also fear getting pregnant. I want to carry on my studies.”

6. Ask participants to brainstorm possible ways (negative or positive) that a pharmacist or pharmacy staff person could react to this situation. Note that when showing empathy, some responses are helpful and others are not. The response to a client should be appropriate to the nature of their situation. For example, a young person who is experiencing painful STI symptoms is in need of sympathy and support, not moralizing or judgment.

Some possible responses include:
- Give advice.
- Sympathize (I understand how you feel).
- Order, direct, command.
- Warn, scold, threaten.
- Moralize, preach.
- Persuade, implore.
- Judge, criticize.
- Butter up, pamper.
- Insult, shame.
- Analyze.
- Reassure, sympathize.
- Question, console.
- Distract, joke around.

7. **Using the case example above, ask participants "Which of the responses are helpful to the client? Which responses come from a pharmacy worker who is empathizing with the client?" Discuss.**

8. **Explain that often people are ready and able to deal with the situation or problem only after their feelings are acknowledged.**

9. **Emphasize to participants that they should respond to their clients by reflecting the feelings that are being expressed, identifying those feelings with the client, and pointing out the options that are available to the client to change the situation.**

- Listen to the client's situation or problem.
- Acknowledge the client's situation or problem.
- Accurately reflect, summarize their feelings (e.g., "If I understand correctly, you feel...")
- Show empathy and offer services, referrals, or appropriate advice.

10. **Explain that a health provider's role is to help clients understand what they are feeling so that clients are better able to deal with their problems.**

11. **Introduce to participants the CLEAR model and explain that it will help them remember appropriate responses to deal with a client's concerns.**

On the flip chart or overhead, write:
Clarify
Listen
Encourage
Acknowledge
Reflect and repeat

Key Points

- Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process.
- Clients' family life situations and emotional stresses may create underlying concerns that affect their ability to make decisions about reproductive health issues. By helping the clients identify, interpret, and confront these feelings, you can enable them to make the decisions that are best for them.

Reflection and Empathy

(60 Minutes)

Presentation, pair work, brainstorm, role-play, discussion

1. Introduce the topic using the information below.

Another important skill that pharmacy personnel can develop is the ability to identify the feelings the client seems to be experiencing and to verbally *reflect* those feelings back to the client. By reflecting clients' feelings back to them, we demonstrate that we understand what they are feeling and that their feelings are valid.

No matter how skilled we are at counseling, we are not always correct in identifying clients' feelings. That is another reason why reflection is important. By reflecting back to the clients the feelings we believe they are experiencing, we give them an opportunity to correct us and/or consider whether or not that is the way they feel.

2. Demonstrate how we can reflect back to the client what is being heard by using the model below. Point out that to accurately reflect what is being said, we must empathize with the client's situation.

Reflecting back client feelings is another way to **initiate a dialogue** to assist the client in dealing with the situation and making a decision. This can be achieved by:
(1) identifying the feelings the client is expressing, (2) interpreting the feelings verbally to the client, (3) getting confirmation from the client that your interpretation is correct; and (4) reviewing with the client some options for future action.

A model for reflecting:

"You feel…"	[Identifies and reflect feeling.]
"Because you…"	[Interprets feeling.]
"And you want to…"	[Identifies an option that can confront the situation and help the client with options for future action.]
"Have I understood you correctly?"	[Checks out interpretations with the client before continuing the dialogue.]

3. **Ask participants to work in pairs, using HO 5: *Reflection Exercise*. Reading the examples, participants should identify ways to reflect or summarize what the client is feeling. They can take turns role-playing responses to the client or brainstorm possible responses and discuss which of the possibilities is most appropriate.**

4. **After identifying the client's feelings, we can then begin to ask questions that will provide more information to allow action to be taken.**

5. **Ask participants to identify some other "door openers." In what ways can we establish rapport with the client and encourage them to talk?**

Possible "door openers:"

- Summarize.
- Clarify feelings.
- "Tell me more."
- "That sounds interesting."
- Touch, smile, nod, lean toward client.
- Silence.

6. **Ask the group to take a few minutes to think about some real or imaginary problems they might be having or they might have faced in their work with clients.**

7. **Have them divide into groups of four and share examples. Each group will select one and prepare a short role-play to demonstrate the problem they encountered and how it could be effectively dealt with.**

8. **Ask the group to comment on use of communication techniques in each role-play. Process by asking the following questions:**
   a) **What happened in the role-play, and what did the pharmacist do to communicate effectively?**
   b) **Why is it important to summarize your client's feelings?**
   c) **How did it feel?**

Key Point

- Reflecting a client's feelings back to them is a way to initiate a dialogue with the client.

Review and Conclusion

(20 Minutes)

1. **Review objectives of the session. Ask participants "To what extent do you feel the session objectives have been achieved?"**
2. **Discuss any questions regarding the content of the session.**
3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

Handouts and Training Aids
Customer Relations Skills

Pre- and Post-Session Questionnaire

Customer Relations Skills

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. People's experiences and perceptions influence their attitude and values.		
2. Pharmacy staff should try to impose their values on their clients.		
3. Listening is a skill that requires constant practice.		
4. The question: "Have you been tested for HIV?" is an example of an open-ended question.		
5. Person-to-person communication can be used to motivate and educate clients in every area of health services.		
6. A pharmacy staff person should tell a client what kind of contraceptive method to use.		
7. Counseling is a process of helping the customers define their feelings.		
8. Accurate reflection and acknowledgment of feelings are not important to the counseling process.		
9. When you empathize, another person's experience becomes your own, at least temporarily.		
10. Adolescent reproductive health can be a sensitive issue.		

Pre- and Post-Session Questionnaire

Customer Relations Skills

Answer Key

Mark the following statements as true or false.	True	False
1. People's experiences and perceptions influence their attitude and values.	X	
2. Pharmacy staff should try to impose their values on their clients.		X
3. Listening is a skill that requires constant practice.	X	
4. The question: "Have you been tested for HIV?" is an example of an open-ended question.		X
5. Person-to-person communication can be used to motivate and educate clients in every area of health services.	X	
6. A pharmacy staff person should tell a client what kind of contraceptive method to use.		X
7. Counseling is a process of helping the customers define their feelings.	X	
8. Accurate reflection and acknowledgment of feelings are not important to the counseling process.		X
9. When you empathize, another person's experience becomes your own, at least temporarily.	X	
10. Adolescent reproductive health can be a sensitive issue.	X	

Handout 1: Values and Priorities

Directions:

Read each statement. When you are finished, select the value which is most important to you and write 1 next to it. Write 2 next to the value that is second in importance to you and 3 next to the value that is third in importance to you. Continue in this manner until you have ranked the five items that are of most importance to you.

1. Good physical health _____
2. Economic security _____
3. Intelligence _____
4. Education _____
5. Cleanliness _____
6. Marriage _____
7. Children _____
8. Successful career _____
9. Happiness _____
10. Religion _____
11. Friends _____
12. Family harmony _____
13. Taking care of my family's needs _____
14. Make more profit from providing services _____
15. More training _____

Handout 2: Types of Questions[1]

Closed-Ended Questions	Open-Ended Questions	Probing Questions	Leading Questions
When to use:			
When a specific response is required, for example, when taking a reproductive history.	When detailed information, such as a respondent's opinion, is needed.	In response to a reply or as a request for further information. NOTE: Out of context, probing questions may sound leading.	Avoid using leading questions because you will rarely learn anything from them.
Requires:			
Brief and exact reply; often elicits yes or no response.	Longer reply; demands thought, allows for explanation of feelings and concerns.	Explanation of an earlier statement.	Leads respondents to answer the question in a particular way or tells them about something that they might not have thought of otherwise.
Examples:			
How may children do you have?	What have you heard about family planning?	Why do you think it is difficult for someone to take pills?	Isn't having fewer and healthier children better than having so many children that you can't care for them?
How old is your daughter?	What do you think about taking pills?	What are the pros and cons of practicing family planning?	Don't you think the IUD is a convenient family planning method?
Other examples:			

[1] Adapted from: Debus, M. *Handbook for Excellence in Focus Group Research: A Special Report of the HEALTHCOM Report*. Porter/Novelli, 1988.

Handout 3: Identifying Open-Ended and Closed-Ended Questions

Directions:

Decide if each question is open-ended or closed-ended. Questions that are open-ended may also be probing. Write "O" or "C" on the line preceding each question. For each closed-ended question, propose a new formulation to translate it into an open-ended question.

1. _____ "Do you think you have a health problem?"
2. _____ "When your husband said that to you, how did you feel?"
3. _____ "You said you would like information about contraceptives. Could you tell me a bit more?"
4. _____ "Have you been tested for HIV?"
5. _____ "What else can you tell me about STIs?"
6. _____ "Do you like oral contraceptive pills?"
7. _____ "Are you taking any medications?"
8. _____ "How can I help you to better understand?"
9. _____ "Tell me, what type of peer pressure are you experiencing at school?"
10. _____ "Do you feel comfortable here?"
11. _____ "What can you share with me about the social norms of young people in your school?"
12. _____ "What do you know about emergency contraception?"

Answer Key

1. closed-ended	**5. open-ended**	**9. probing (open-ended)**
2. open-ended	**6. closed-ended**	**10. closed-ended**
3. probing (open-ended)	**7. closed-ended**	**11. probing (open-ended)**
4. closed-ended	**8. open-ended**	**12. open-ended**

Handout 4: Active Listening Guidelines for Pharmacy Personnel

When first meeting with a client, an effective pharmacy staff person listens as much as possible. If the staff person knows what the client's concerns are, it is easier to address them.

The following are some easy guidelines on active listening and learning for pharmacy personnel:

1. Try to find out what the client does and does not know about his or her reproductive health status and need for services.

2. Ask questions that allow clients to inform you about their needs and wants.

3. Ask questions that make the clients say what they need in their own words (these are called "open-ended questions"). Try not to ask questions that can be answered with "yes" or "no." Questions that start with "Why?" or "How?" are often good open-ended questions.

4. Do not always accept the first answers that people give you. If clients say things that indicate that they are thinking of something else, you should ask the same question in different ways. You should always be polite and friendly so that clients feel relaxed and trusting.

5. If clients seem to feel shy and uneasy when talking about their reproductive health, try talking about something else for a while, then gently return to the subject.

Handout 5: Reflection Exercise

Directions:

Work in pairs to read the clients' statements on the left. Write a sample appropriate response in the right hand column. The response should reflect your understanding of the client's problem.

Client	Possible Response
1. "While Mrs. [*insert appropriate name*] is on leave, I've been working day and night doing the work she should be doing to prepare for inventory. And I bet she won't even thank me when she returns."	
2. "My baby is always sick. She has diarrhea so much. My neighbor gives her baby some herbs and her baby is healthy. But I hear that these herbs can be very dangerous. I don't want my baby to be sick, but I don't know what I am doing wrong. And I don't want to give her something dangerous."	
3. "My baby was feeling well when you convinced me that she should get that shot. Now she's sick and cranky."	
4. "My husband beats me whenever I do something wrong. I don't like it but he is right to do it."	
5. "My life is going very well. We just had our first child and I want to protect him against getting ill."	
6. "My mother-in-law is always nagging me. Nothing I do is right."	
7. "Just give me tablets to stop my feeling sleepy all the time. I don't want to answer any of your questions."	
8. "I found some condoms in my son's jeans pocket. I am shocked to think he may be sexually active, but with so many diseases, I hope those condoms mean he's protecting himself."	
9. "My doctor told me that I should have an HIV test, but I'm really too scared to do that. What if I were positive? What would I do then? No, I don't think I will be able to get a test."	
10. "When I had sex with one of my girlfriends night-before last, the condom slipped off. If she gets pregnant, I'll be very angry."	

Handout 5 (continued): Possible Responses to Reflection Exercise

The trainer can distribute this list of possible responses after participants have completed the blank version above. Participant answers will vary but this can serve as a guide.

Client	Possible Response
1. "While Mrs. [*insert appropriate name*] is on leave, I've been working day and night doing the work she should be doing to prepare for inventory. And I bet she won't even thank me when she returns."	"It sounds like you feel angry because you have been doing Mrs. [insert appropriate name] work and you want be sure that she thanks you for your effort. Have I understood you correctly?"
2. "My baby is always sick. She has diarrhea so much. My neighbor gives her baby some herbs and her baby is healthy. But I hear that these herbs can be very dangerous. I don't want my baby to be sick, but I don't know what I am doing wrong. And I don't want to give her something dangerous."	"It sounds like you feel embarrassed because your baby is sick a lot and you want to keep your child healthy but you are concerned about these herbs. Is that what you are saying?"
3. "My baby was feeling well when you convinced me that she should get that shot. Now she's sick and cranky."	"You sound angry with me because your baby is uncomfortable."
4. "My husband beats me whenever I do something wrong. I don't like it but he is right to do it."	"It sounds like you don't want to be beaten."
5. "My life is going very well. We just had our first child and I want to protect him against getting ill."	"You sound content with your situation."
6. "My mother-in-law is always nagging me. Nothing I do is right."	"Are you feeling frustrated and angry with your mother-in-law?"
7. "Just give me tablets to stop my feeling sleepy all the time. I don't want to answer any of your questions."	"You sound worried about feeling so run down."
8. "I found some condoms in my son's jeans pocket. I am shocked to think he may be sexually active, but with so many diseases, I hope those condoms mean he's protecting himself."	"It sounds as if you are thankful that your son may be using condoms."
9. "My doctor told me that I should have an HIV test, but I'm really too scared to do that. What if I were positive? What would I do then? No, I don't think I will be able to get a test."	"I'm hearing that you feel scared to take the HIV test."
10. "When I had sex with my girlfriend the night-before last, the condom slipped off. If she gets pregnant, I'll be very angry."	"Are you worried about your girlfriend getting pregnant?"

Training Aid 1: Adolescent Reproductive Health Attitudes

Directions:

1. Tape flip chart paper with the words “Agree” and “Disagree” to opposite walls of the room.

2. Ask participants to stand in the center of the room. Explain that you will read a series of statements one at a time. After each statement, participants should go to the sign that best represents their feeling or opinion.

3. One by one, read the statements from the survey of Adolescent Reproductive Health Attitudes (TA 1) and ask participants to go to the sign that best represents their feeling.

4. Once they have chosen a side, tell them to find a partner and discuss their feeling and beliefs about that statement for 1-2 minutes.

5. After 1-2 minutes, stop discussion, ask participants to return to the center of the room, and then read the next statement. Again ask participants to go and stand under the sign that best represents their feeling.

6. Continue in this manner, having participants discuss their attitudes each time they have made a choice.

7. It is not necessary to read all statements. Stop the exercise before the energy of the group diminishes.

Question List

1. Good [*insert appropriate adjective*] youth do not have sex before marriage.

2. Encouraging condom use among young adults is like encouraging promiscuity.

3. If young people receive information about sexuality and reproductive health, they are more likely to want to experiment.

4. It’s OK for adolescent boys to gain sexual experience, but girls should be virgins until they are married.

5. Adolescents should not be provided with reproductive health services unless they have permission from their parents.

6. Girls should not be given condoms because it is boys who use them.

7. If a girl is raped, it is often because she has dressed or behaved provocatively.
8. Teenage boys can't help themselves, they must have sex or they grow crazy with desire.
9. Sexually active teenage girls should have access to contraceptives.
10. A man really loves his wife if he uses a condom with his girlfriend.
11. A man should be older than his wife.
12. If I get an HIV test in my community, I know the results will be kept confidential.
13. Emergency contraception is a safe way to prevent pregnancy after sex.

Emergency Contraception Curriculum for Pharmacy Personnel in [*insert country*]

Session Overview

Learning objectives

By the end of this session, participants will be able to:

- Describe the history and expanding role of emergency contraception in pregnancy prevention.
- Describe key facts about emergency contraception including different regimens, effectiveness, mechanism of action, safety, and side effects.
- Exhibit good emergency contraceptive counseling skills.
- Identify mechanisms for raising awareness of emergency contraception within the adolescent client population.
- Increase their awareness of emergency contraception resources in [*insert country*].

Time

4 hours, 45 minutes

Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. Unintended Pregnancy (30 min.)
3. Background on Emergency Contraception (25 min.)
4. Effectiveness of Two Emergency Contraceptive Pill Regimens (20 min.)
5. Description of Emergency Contraceptive Pill Regimens (15 min.)
6. Emergency Contraceptive Pill Mechanism of Action (20 min)
7. Emergency Contraceptive Pill Safety and Use (15 min.)
8. Common Side Effects (15 min.)
9. Emergency Contraception Screening and Communication (20 min.)
10. Counseling for Emergency Contraceptive Pill Clients (45 min.)
11. Follow-Up and Referral for Clients (15 min.)
12. Increasing Awareness of Emergency Contraception (30 min.)
13. Review, Conclusion, and Post-Session Questionnaire (20 min.)

Handouts and training aids

Pre-and Post-Session Questionnaire
HO 1: Key Messages for Emergency Contraceptive Pill Clients
HO 2: Sample Emergency Contraceptive Pill Screening Checklist
HO 3: Counseling for Emergency Contraceptive Pill Clients
HO 4: Counseling Skills Observer Checklist

TA 1: Grab Bag—Key Messages for Emergency Contraceptive Pill Clients
TA 2: Demonstration Role-Play
TA 3: Emergency Contraceptive Pill Client Situation Role-Plays

Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape
- Scissors

Local data on the following issues can be used in this session:

- Number of unintended pregnancies by year for the past several years
- Number of pregnancies among girls under 15 years of age for the past several years
- Number of abortions by year
- Number of abortions among girls under 15 years of age by year
- Emergency contraception availability
- Status of dedicated emergency contraceptive pill product
- Emergency contraception awareness or use
- Local brands of antiemitics (i.e., anti-nausea drugs)

Content and format for this section were adapted from:

- *Diverse Audiences Emergency Contraception Clinical Provider Training Curriculum*. Seattle, WA: PATH (2000).
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 5: Emergency Contraceptive Pills). Watertown, MA: Pathfinder International (revised 2000).
- *Special Report on Emergency Contraception: The Pharmacist's Role*. The American Pharmaceutical Association (2000).
- *Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs*. Seattle, WA: The Consortium for Emergency Contraception (2000).

Introduction
(15 Minutes)

1. **Introduce trainer and participants.**
2. **Review objectives of this session (write out on flip chart paper, overhead, or chalkboard).**
3. **Establish time frame for this session.**

See session overview for objectives. Emphasize practical approach of training.

This training is designed to build knowledge of emergency contraception (EC) by providing accurate, up-to-date information. While this information may be used to help better serve the entire client population, we would like to emphasize how EC can be an important contraceptive method for adolescents to avoid unintended pregnancy.

The session is scheduled to last approximately 4 hours and 45 minutes. During the session participants will participate by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

4. **Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

Unintended Pregnancy

(30 Minutes)

Discussion, presentation, pair work, brainstorming

1. **Ask participants "What is unintended pregnancy? How common is it?" List participants' responses on a flip chart, overhead, or chalkboard.**

2. **Using the participant responses, define unintended pregnancy and its consequences. Present information below if necessary.**

3. **Link this information to the need for EC, citing data on need and adolescents from [*insert country*]**

Definition: *Unintended pregnancy* is "a pregnancy that is unwanted or mistimed at conception." Unintended pregnancy **does not** mean unwanted births or unloved children. However, it **does** mean less opportunity to prepare and less time for:

- Pre-pregnancy risk identification.
- Management of preexisting conditions.
- Changes in diet and vitamins.
- Avoidance of alcohol, toxic exposure, and smoking.
- Ensuring the financial resources needed to deliver and support a new child.

Each year in the world:

- Seventy-five million women experience an unintended pregnancy.[1]
- Thirty million women experience contraceptive failure.[2]
- Twenty million unsafe abortions occur.[3]

In developing countries, approximately 60 percent of pregnancies and births to married and unmarried adolescents are unintended.[4] [I*nsert country-specific data on adolescent pregnancy.*]

4. **Ask participants to work in pairs for five minutes. Each pair should make a list of their responses to the question: "What are the consequences of unintended pregnancy among adolescents?"**

5. **Ask several volunteers to offer items from their list. Present information below as summary.**

Consequences of unintended pregnancies can be significant, particularly for adolescents.

Possible responses include:
- Health risks to mother.
- Reliance on unsafe abortion to end pregnancy.
- Discontinuation of schooling.
- Emotional distress.
- Economic hardship.
- Disapproval from the community, especially for young, unmarried women.
- Possible health risks to infants, including birth injuries, lower birth weight, and a lower chance of survival.[5]

Where abortion is illegal or restricted by age, young women may seek an illegal provider who may be unskilled or may practice under unsanitary conditions. Unsafe abortion represents a high proportion of the maternal deaths among adolescents.[6] [I*nsert country-specific data on unsafe abortion among adolescents.*]

Giving birth always carries potential health risks, but the risks of childbearing are greater for young women under age 17. [*Insert country-specific data on adolescent risks of childbearing.*] Young women's knowledge of or confidence in accessing the health care system is frequently limited. This can result in limited prenatal care, which also contributes significantly to complications.[7]

6. Briefly introduce EC using the information below.

Emergency contraception is the only currently available contraceptive method that **prevents** pregnancy **after** sexual intercourse and **before** implantation. Because there is no perfect form of contraception and there are very few perfect contraceptive users, it is important to remember that even those couples using contraception faithfully and correctly can experience contraceptive failure.

7. Ask participants "Why or when would someone need EC?"

8. Discuss and complement participant responses with the information below.

There are different reasons a client might need EC. Those reasons are:
- If a couple recently had sex without using contraception.
- If a condom breaks or slips.
- If a woman is using oral contraceptive pills and missed two or more pills.
- If a woman is using contraceptive injections and was late for her shot.
- If sex was forced.

Key Points

- [*Insert country-specific data to demonstrate the magnitude of the problem of unintended pregnancy.*]
- EC has a very strong potential role in reducing unintended pregnancy.
- The health and social consequences of pregnancy among adolescents are significant.
- Use of EC after contraceptive failure or when no contraception was used represents a responsible choice to prevent pregnancy.

Background on Emergency Contraception

(25 Minutes)

Brainstorming, presentation

1. **Ask participants "What do you know or what have you heard about EC?"**
2. **List participants' responses on flip chart, overhead, or chalkboard. Tell participants that while some of the things they have heard or believe about EC may not be completely correct, the training session today will clarify points of confusion and correct any misinformation.**
3. **Highlight the history of EC introduction with specific information about EC introduction and availability in [*insert country*].**

Emergency contraception is not new.

- High-dose estrogens were used for EC in the 1960s.
- In the mid-1970s, Dr. Albert Yuzpe's research on high-dose estrogen regimens led to the current EC regimen utilizing available combined oral contraceptive products. Also in the 1970s, research began on the use of progestin-only pills for EC.
- Regulatory authorities throughout the world (including France, United Kingdom, and United States) have approved EC products. Emergency Contraceptive Pills are on the *World Health Organization Model Essential Drugs List*.
- [*Insert relevant country-specific data on EC introduction and availability.*]
- With these developments, the use of EC is increasing and likely will continue to expand. It is important that pharmacists be prepared to help women use it effectively.

4. **Explain the two types of EC.**

There are **two types of EC:** emergency contraceptive pills (ECPs) and intrauterine device (IUD) insertion.

ECPs

- ECPs are higher doses of the same hormones found in ordinary birth control pills. ECPs are sometimes referred to as the "morning after pill," despite the longer window of opportunity for their use. **ECPs are not the same as misoprostol; mifepristone; or RU486, the French abortion pill; and cannot cause an abortion.**
- ECPs should be initiated within **3 days** (72 hours) after unprotected sex and they are more effective the sooner they are taken. *Although effectiveness diminishes with time, World Health Organization research has shown that progestin-only ECPs also provide some pregnancy prevention protection for up to 5 days after unprotected intercourse. Women*

should be encouraged to take the ECPs as soon as possible within 72 hours, but not be denied ECPs if they come within 5 days as long as they understand that effectiveness is lessened.[8]

- ECPs can be provided to women **before** they need them. We know that contraceptives fail and sometimes women are unable to use a contraceptive method. Therefore, it may be important for women to have ECPs available at home in the event that they have unprotected intercourse and do not want to get pregnant. Having ECPs at home will help ensure that they are easily available and can be used soon after intercourse when they are most effective.

IUD insertion

- IUD insertion within **5 days** (120 hours) of unprotected sex (or 5 days after the expected date of ovulation, whichever is longer) also is an effective form of EC and has the added benefit of providing the woman with a long-term contraceptive method. Pharmacists can refer women who arrive at the pharmacy to health care providers for this procedure. However, this must occur within the time frame above.
- A copper-T IUD used for EC reduces the risk of pregnancy after unprotected intercourse by 99 percent.[9]
- If inserted for EC, IUDs can be retained for up to 10 years or removed during the client's next menstruation.
- Screening for an IUD as an EC method should follow regular IUD screening criteria. In addition, the provider should ascertain that the unprotected intercourse occurred within 5 days of seeking treatment.

NOTE: If asked about the mechanism of action, the trainer may explain that the copper on the IUD can prevent fertilization or inhibit implantation.

5. Note to participants that the training will focus on ECPs because they are accessible through pharmacies, whereas clients should be referred to a physician for the IUD method.

Key Points

- EC has been in use for over 30 years and many international regulatory bodies approve it.
- There are two types of EC: ECPs and IUD insertion. ECPs are the focus of the training since they are available in a pharmacy setting.
- EC is increasingly being recognized as a standard of care for prevention of pregnancy after unprotected intercourse.

Effectiveness of Two Emergency Contraceptive Pill Regimens

(20 Minutes)

Presentation

1. Introduce the two types of ECP regimens, review their effectiveness, and discuss the dosage requirements. Use the information below.

There are two types of ECPs currently in use that will be discussed in this training. Each type or regimen is defined by the type of hormone or active ingredients used.

The **progestin-only regimen** consists of 0.75 mg levonorgestrel (or 1.5 mg norgestrel) per dose. It has been found to reduce the risk of pregnancy by **85 percent**, with the side effects of **nausea** in 23 percent of women using the regimen, and **vomiting** in 6 percent.[10]

Estrogen and progestin (known as the **combined regimen**, or the Yuzpe regimen) is ethinyl estradiol plus levonorgestrel (or norgestrel). This method is considered to reduce the risk of pregnancy by **74 percent**, with side effects of **nausea** present in 43 percent of women using this regimen, and **vomiting** in 16 percent.[10]

The differences in both effectiveness and side effects between the two methods are significant and substantial. **The progestin-only method is both more effective and produces fewer side effects.**

The combined regimen (estrogen and progestin) requires that the first dose be taken within **72 hours** after intercourse and the second dose **12 hours** later.

The progestin-only regimen is taken in the same two doses as the combined regimen. **However, recent World Health Organization research has demonstrated that both doses of the progestin-only regimen may be taken at the same time—that is, both doses may be taken together within 72 hours after intercourse.[11] It may be easier for clients to take both doses at one time. Pharmacists and staff should advise clients of this option as appropriate.**

Note: The two doses of the combined ECP regimen should NOT be taken at one time because of the increased risk of nausea and vomiting.

Neither method will work if a woman is already pregnant.

Research has demonstrated that the efficacy of ECPs decreases as the time increases between intercourse and use of ECPs. This means that women must have ready access to ECPs in order to maximize their effectiveness.[12]

Almost all other contraceptive methods are more effective than ECPs for *regular ongoing use*. ECPs are not 100 percent effective. Women who use them on a regular basis repeatedly expose themselves to the risk of method failure. ECPs reduce the risk of pregnancy by 74 to 85 percent. The more times a woman uses the method, the more times she exposes herself to the likelihood of the 16 to 25 percent risk of method failure. Additionally, regular ECP use (four or more times a month) causes bleeding irregularity. While not necessarily a health risk, irregular bleeding is unacceptable to most women.

Key Points

- There are two ECP regimens: progestin-only and combined estrogen and progestin.
- The progestin-only regimen is more effective and has fewer side effects.
- Both ECP regimens are more effective the sooner they are taken.
- New (2002) research demonstrates that the **progestin-only** regimen can be safely and effectively taken at one time, rather than 12 hours apart.
- ECPs are not intended for regular use; almost all other contraceptive methods are more effective.

Description of Emergency Contraceptive Pill Regimens

(15 Minutes)

Presentation, discussion

1. Explain that ECPs are available in many countries as a dedicated (specifically packaged) product. Discuss the availability of a dedicated product in [*insert country*].

Both the progestin-only and combined regimens are available in some countries as dedicated ECP products—those packaged and labeled specifically for use as ECPs. If it is available and affordable, the progestin-only regimen is recommended over the combined regimen. The progestin-only regimen is more effective and has fewer side effects. The combined regimen, however, is better than no ECPs at all.

[*Insert country-specific data on status of dedicated product. Include information on the brand name, the cost and whether the cost is affordable to adolescents, and the availability of the product in pharmacies.*]

2. Ask participants if they have heard of regular oral contraceptive pill packets being used for EC. Ask, "How can regular oral contraceptive pills be used as EC?"

3. Explain the different ways EC may be provided with regular oral contraceptive pills using the information provided below. Have participants follow the discussion using the table in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*.

Regular oral contraceptive pills can be used for EC. The doses of oral contraceptive combinations approximate the amount of the estrogen and the progestin used in the regimen. Most of the brands listed in the table on page 3 of HO 1: *Key Messages for Emergency Contraceptive Pill Clients* (and below) require taking 2 or 4 pills for the first dose and 2 or 4 pills for the second dose. Because these are combined (estrogen and progestin) pills, they **cannot** be taken in a single dose.

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	1	1
	LNG 0.03mg	Microlut, Microval, Norgeston	25	25
	LNG 0.0375mg	Ovrette	20	20
Combined Regimen	EE 50 mcg + LNG 0.25mg or EE 50 mcg + LNG 0.50mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15mg or EE 30 mcg + LNG 0.30mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon	4	4

Abbreviations: EE-ethinyl estradiol LNG=levonorgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 72 hours, and the second dose should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Source: *Expanding Global Access to Emergency Contraception*. Consortium for Emergency Contraception. October 2000. p. 47.

To help the client avoid mistakes in taking the regimen, the pharmacist or pharmacy counter staff should cut up oral contraceptive pill packets and give only the specific number of tablets needed. Using sharp scissors helps ensure that the package is cleanly cut. If it is not possible or acceptable to cut the packet, it is preferable to prescribe and dispense a 21-day pack (rather than a 28-day pack with inert/placebo tablets) so that the client will not take the inert tablets in error.

When low-dose progestin-only pills are used as ECPs, it is important to emphasize that *it is correct and safe* to take the 20 (or 25, depending on the brand used) tablets for each dose.

It is critical to ensure the client understands the dosage. When oral contraceptive pills are prescribed and dispensed for use as ECPs, it is important that the product is identified clearly, and that the client is instructed carefully about the number and color of the tablets required for each dose. To help ensure compliance with the regimen when using regular oral contraceptives, provide written information. Manufacturers of oral contraceptives do not provide patient information about EC.

High-dose oral contraceptive combinations and triphasic formulations **should not be used** as ECPs.

Key Points

- There are dedicated ECP products in many countries. [*Remind participants of any available dedicated product.*]
- Regular oral contraceptive pills can be used for EC. [*Remind participants about cutting up pill packets to dispense as ECPs.*]
- Provide clear product identification and client instructions for ECPs.

Emergency Contraceptive Pill Mechanism of Action

(20 Minutes)

Brainstorming, discussion, presentation

***Note to Trainer*: You may wish to have a physician or other clinician present during the discussion on ECP mechanism of action to help explain the process of pregnancy and how hormonal contraceptives work.**

1. **Ask participants "How do ECPs prevent pregnancy?" Confirm or correct participants' responses.**
2. **Note the content of participants' responses related to ECPs' mechanism of action on a flip chart, overhead, or chalkboard.**
3. **Provide the information below if it is not covered through the question and answers.**

ECPs work in the same way regular oral contraceptive pills work. These pills may work in more than one way. We clearly understand some of these ways, while others are possible but not yet proven.

- Statistical evidence suggests that ECPs must work through more than one mechanism of action or they could not be as effective as they are.[13]
- Research has shown that ECPs can inhibit or delay ovulation.[14,15,16]
- ECPs may prevent implantation (i.e., the implanting of the fertilized egg in the lining of the uterus) by altering the endometrium (the lining of the uterus). However, the evidence for endometrial effects of ECP treatment is mixed, and it is not clear that the endometrial changes would inhibit implantation.[13,14,17,18,19]
- It is possible that ECPs inhibit fertilization—through thickening of the cervical mucous resulting in trapping of sperm or alterations in the tubal transport of sperm or egg—but no data exist regarding confirmation of this possible mechanism of action.

Timing plays a key role in how ECPs work. Of particular importance is:

- Cycle day on which intercourse occurred.
- Cycle day on which treatment is used.[20]

ECPs' role in preventing pregnancy:

- It takes about **6 days** after ovulation for a fertilized egg to begin to implant. According to the American College of Obstetricians and Gynecologists, pregnancy is established **after** implantation has been achieved. **Therefore, intervention within 72 hours or up to 5 days cannot result in abortion.**
- As mentioned earlier, ECPs will not work if implantation has occurred and a woman is already pregnant.

ECPs do not interfere with an established pregnancy. Studies of oral contraceptives taken inadvertently in early pregnancy show no increased risk of miscarriage or congenital anomalies.[21,22]

Women may want to know how ECPs work in order to make an informed choice about ECP use. Therefore, it is important that the pharmacist and pharmacy counter staff understand and be able to describe how ECPs work.

Important points to communicate to clients about the mechanism of action are that ECPs:

- Work through various mechanisms.
- Will not interrupt or harm an established pregnancy (i.e., it is NOT a medical abortion).
- Are not the same as mifepristone (RU486, the "Abortion Pill"), which is used to terminate an established pregnancy.

Key Points

- ECPs are thought to work in several ways. We have more clinical evidence on some of these ways than on others. ECPs work in the same way as regular oral contraceptive pills do.
- Use of ECPs will not cause an abortion.
- Timing plays a key role in how ECPs work.
- If a woman takes ECPs and still becomes pregnant, the pregnancy will not be harmed by the ECP use.
- ECPs will not affect a woman's ability to becomes pregnant in the future.

Emergency Contraceptive Pill Safety and Use

(15 Minutes)

Presentation

1. **Ask participants "Do you think ECPs are safe?" and "Are there health conditions that would prevent you from providing ECPs to a woman?" Confirm or correct participants' responses.**

2. **Highlight the points on safety provided below.**

According to the World Health Organization and the International Planned Parenthood Federation, there are no contraindications for ECPs because the amount of hormone is too small to have a clinically significant impact and the duration of use is very short.[23,24]

Many of the contraindications for daily oral contraceptives are based on the presumption of long-term use. The World Health Organization states that ECPs have no **clinically significant impact** on conditions such as cardiovascular disease, angina, acute focal migraine, or severe liver disease.[25]

Repeated use of ECPs is not harmful for most women. For some women who have sexual intercourse infrequently and who are not at risk of sexually transmitted infections (STIs) or HIV, they may be an appropriate method. For a woman who has regular intercourse (multiple times within a cycle), frequent use of ECPs is not recommended because other methods are more effective at preventing pregnancy on a regular basis. Additionally, regular ECP use may be more expensive than using regular contraceptive methods. Repeated use of ECPs within the same cycle may cause bleeding disturbances, which while not harmful, are likely to be unacceptable to a woman. However, a woman should **not** be denied ECP services because she is a repeat user, unless she is someone for whom oral contraceptives are contraindicated. In this situation, nonjudgmental counseling about other methods is an important part of good service. If a woman regularly uses ECPs, it is important to try to determine why the woman is not using regular contraception and to counsel her about ongoing contraception.

There are no known drug interactions with ECPs. Given the short duration of treatment, it is unlikely that drug interactions that affect oral contraceptive use also affect ECP use. However, women taking drugs that may reduce the efficacy of oral contraceptives (including Rifampin and certain anticonvulsant drugs) should be advised that the efficacy of ECPs may be reduced.

Key Points

- ECPs can be safely used by women.
- Frequent ECP use (multiple times within one cycle) does not present a health risk, but is not recommended.

Common Side Effects

(15 Minutes)

Presentation

1. **Ask participants "What are the common side effects of ECPs and how can they be managed?"**

2. **Confirm or correct responses using the information below.**

ECPs sometimes cause side effects such as nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within 1 to 2 days after taking the ECPs. ECPs also may cause irregular bleeding until the woman's next period, and her period may come early or late. However, in more than 90 percent of cases, menses will be of normal duration for the woman.[26] As mentioned earlier, the progestin-only regimen causes fewer of these side effects.

If a woman's period has not resumed within 4 weeks after taking the ECPs, she may be pregnant. It is important that women understand this and either return to the pharmacy for referral information or go to a clinic. This is especially important for women who take ECPs more than 72 hours after unprotected intercourse.

Combined Estrogen/Progestin Emergency Contraceptive Pills
Nausea and vomiting are common side effects of the combined regimen. Nausea occurs in about 43 percent of women using this method, and vomiting occurs in about 16 percent of users.[10] Prophylactic use of an antiemetic such as dimenhydrinate (dramamine or [*insert local brand name*]) is routinely recommended to reduce the risk of nausea and vomiting with the combined regimen. If vomiting occurs within one hour of taking a dose, the woman should repeat the dose. This means she may need to return to the pharmacy for another dose. If vomiting occurs more than one hour after taking a dose, the pills already have been absorbed and the woman does not need to repeat the dose.

Progestin-Only Emergency Contraceptive Pills
The progestin-only regimen has fewer side effects. Nausea occurs in about 23 percent of women using the progestin-only method and vomiting occurs in only about 6 percent of women.[10] The routine use of an antiemetic is not recommended before women take a dose of the progestin-only regimen.

Insert side effect information for locally available dedicated product, if applicable.

Key Points

- Nausea and sometimes vomiting are potential side effects of ECP use. They are not dangerous and are far more common among women who use the combined ECP regimen.
- The progestin-only regimen is better tolerated.
- If a woman vomits within one hour of taking ECPs, she should repeat the dose.
- Antiemetics can reduce the frequency of nausea and vomiting with the combined regimen.
- If a woman's menstrual period is more than 4 weeks late, she may be pregnant and may need further counseling or referral services. This is especially important for women who take ECPs more than 72 hours after intercourse.

Emergency Contraception Screening and Communication

(20 Minutes)

Brainstorming, pair work, presentation, discussion

1. **Ask participants "What key screening questions should a pharmacy staff member ask a woman when providing her with ECPs for recent unprotected intercourse?"**

2. **List responses on a flip chart, overhead, or chalkboard. Correct or complement participants responses with the questions listed below. This information is also provided in HO 2: *Sample Emergency Contraceptive Pill Screening Checklist*. Make sure participants understand that ECPs also can be provided before a woman needs them. For example, condom users may wish to keep a packet of ECPs at home in case of condom breakage.**

The important screening questions for ECP use following recent unprotected intercourse are:

- Do you want to prevent pregnancy?
- Have you had unprotected sex during the last 5 days (120 hours)?
  - If "yes" then the client may be eligible for ECPs. Effectiveness will be lower if ECPs are given after 72 hours, but a woman may take ECPs up to 5 days after unprotected intercourse.
- Was the last menstrual period less than 4 weeks ago?
- Was this period normal in both its length and timing?
  - If "yes" to the previous two questions, ECPs may be provided.
- Is there reason to believe you may be pregnant?
  - If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant and will not harm the fetus.

3. **Tell participants we will now do an exercise to help them answer common questions clients who seek ECPs may have.**

4. **Cut up a copy of TA 1: *Grab Bag—Key Messages for Emergency Contraceptive Pill Clients* so that each question is on a separate strip of paper.**

5. **Place folded questions in a bag and shake to distribute them within the bag.**

6. **Invite one participant at a time to pick a question from the bag, read it aloud, and answer it. If the participant is unable to answer the question, it can be passed to another participant.**

7. **If the question cannot be answered by the second participant, answer the question and assist participants to understand it. Confirm or correct answers using the information below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients.***

Regardless of the reasons a woman requests ECPs, it is important to provide a number of **key messages**. These messages are provided below and in HO 1: *Key Messages for Emergency Contraceptive Pill Clients.*

What are emergency contraceptive pills?
ECPs are pills that you can take after sex to prevent pregnancy. ECPs are useful if you have had sex without using contraception or if you had a contraceptive failure (such as a broken condom).

ECPs contain the same ingredients as pills used for regular contraception, but in higher amounts. They are effective and safe.

How do emergency contraceptive pills work?
Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started (a fertilized egg has implanted).

How effective are emergency contraceptive pills?
ECPs prevent most pregnancies, but they are not 100 percent effective.

What if I had unprotected sex more than 3 days ago?
If more than 3 days have passed since you had unprotected sex, the ECPs may still have some effect up to 5 days.

Do emergency contraceptive pills cause side effects?
ECPs sometimes cause nausea, vomiting, and less frequently, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?
You will not see any immediate signs showing whether or not the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to consider what your options are. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?
Based on available evidence, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?
If you have unprotected sex *after* using ECPs, they will not protect you. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?
No. ECPs should not be used routinely to prevent pregnancy because they are less effective, and frequently more expensive than other family planning methods, and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?
No. ECPs do not protect against HIV/AIDS or other STIs like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns, and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?
ECPs are more effective the sooner after sex they are taken. Protection is greatest if sex occurred within 72 hours. ECPs will provide some protection within a 5-day period after sex. Use the first episode of unprotected sex to determine whether ECP use is appropriate.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?
Yes. ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use emergency contraceptive pills?
[*This section depends on country context and product availability. Insert information as appropriate.]*

Key Points

- Key screening questions determine whether ECPs are an appropriate method for a client.
- Pharmacy staff should be prepared to answer clients' questions about ECPs.
- ECPs can be provided to women and couples **before** they are needed, as a back up to condom use for example.

Counseling for Emergency Contraceptive Pill Clients

(45 Minutes)

Presentation, demonstration, role-play, discussion

1. **Remind participants that counseling is an important part of ECP service delivery. Refer participants to HO 3: *Counseling for Emergency Contraceptive Pill Clients* and review the key points described there (also provided below).**

As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling. This is especially true for young women. As noted in HO 1: *Key Messages for Emergency Contraceptive Pill Clients*, this means maintaining a supportive, reassuring, participatory, and confidential environment.

Reassure all clients, regardless of age or marital status, that all information will be kept confidential.

Be supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve clients in the counseling process. This may be more effective in ensuring compliance than simply providing them with information. This active involvement may include:

- Asking them what they have heard about ECPs.
- Discussing their experience with other contraceptive methods.
- Validating or correcting their ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the greatest extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods. Reassure the client that all information will be kept confidential, including the fact that she has received ECPs.

2. Review the counseling steps of GATHER described in the Customer Relations Skills curriculum. Explain that this is a way of remembering the essential steps in counseling.

Greet.
Ask questions.
Tell clients about specific reproductive health topics.
Help clients make decision that is best for him/her.
Explain what to do.
Refer or schedule return visit, if appropriate.

3. Ask for a volunteer to play the part of client in a role-play to demonstrate effective counseling. The trainer plays the role of the pharmacy worker. Give the participant TA 2: *Demonstration Role-Play* to read quickly.

4. The other participants will observe, filling out a checklist to take note of what effective behaviors have been demonstrated by the trainer. Distribute HO 4: *Counseling Skills Observer Checklist.* Participants should also refer back to HO 2: *Sample Emergency Contraceptive Pill Screening Checklist* for additional questions to ask when screening customers for ECPs.

5. Discussion: Ask several participants to summarize what counseling steps they observed in the role-play. Process the activity with the following questions: "What did you like about the way the pharmacy worker with this customer?" "What could he/she have done to make the interaction more effective?" "What have you learned from this exercise?"

6. Go over the summary of the basic steps of the client-provider interaction as provided below.

In the role-play, the trainer should be sure to show a respectful attitude. Ask open-ended questions to invite the clients to communicate their needs openly. Screen briefly and confirm the confidential nature of these services. Ask if clients have questions, and listen to their concerns.

Summary of the basic steps of the client-provider interaction:

- Greet client, introduce yourself, and ask what he/she needs.
- Screen client.
- Tell client about ECPs; give clear information about use, side effects, and follow-up.
- Provide written or pictoral instructions, if available.
- Discuss options for on-going contraception with client.

- Refer to other health care provider if necessary.

7. Ask participants to work in pairs. Each pair will work for ten minutes to prepare a short role-play to demonstrate client counseling.

8. Give each pair one of the case studies on TA 3: *Emergency Contraceptive Pill Client Situation Role-Plays*. Request that participants do their best to demonstrate effective client service skills in the role-play.

9. Ask each pair to present their role-play. The other participants will observe.

10. When all the groups have presented, process the activity with the following questions:
   a) "What did you like about the way the he/she dealt with this customer?"
   b) "Did he/she provide correct information about ECPs and their use?"
   c) "What could he/she have done to make the interaction more effective?"
   d) "What have you learned from this exercise?"

11. Ask participants what challenges they might encounter in providing good quality services. Ask the group to brainstorm ways to meet these challenges.

Key Points

- Treatment of clients, regardless of age, should always be courteous, respectful, nonjudgmental, and helpful.
- When possible, the regular use of contraceptive methods should be emphasized.
- When appropriate, assessment of STI risk should be made.
- When necessary, pharmacists should refer clients to health care clinics for further treatment (e.g., for STIs or possible pregnancy).
- Women should never be denied access to ECPs to prevent pregnancy.
- Pharmacy staff should be as supportive as possible and avoid making judgmental comments when counseling women who seek EC.

Follow-Up and Referral for Clients

(15 Minutes)

Presentation

1. **Ask participants "In what instances would it be good for a pharmacy worker to follow up with a client after ECP provision?" "In what instances would it be good for a pharmacy worker to refer a client?"**

2. **Complement participants' responses with the information provided below.**

In some cases, it is important to provide follow-up care/evaluation after providing ECPs. The following situations represent possibilities for follow-up and referral:

- If the client reports no menses within 4 weeks of ECP use, she may be pregnant. It is normal for a woman's menses to begin a few days earlier or later than usual after taking ECPs. If a woman does not have a period within 4 weeks, she should be referred to a health care provider to discuss her next options.

- A client should be encouraged to return to the pharmacy or referred to a health care provider if he/she has concerns or problems.

- Pharmacy staff can address use of a routine contraceptive method or the client may be referred to a youth-friendly health care provider.

- Assessing STI risk and referring the client for diagnosis and/or treatment is a critical part of EC services.

- Women who have been forced to have sex or have been sexually assaulted and/or raped may seek advice or services from a pharmacy. As providers of EC, pharmacy staff should be attentive to the possibility that these women may be unaware that there is any method available that can prevent pregnancy after sexual assault. Seeking health services may be a stressful experience after the trauma of a sexual assault. Pharmacy staff should be supportive and sensitive to the emotional turmoil that women in this situation may be experiencing. Women who have been sexually assaulted are also in need of diagnosis and possible treatment for STIs and should be offered referral to a sexual assault center or emergency treatment facility for a comprehensive evaluation and possible prophylactic STI treatment.

3. **Highlight need for ongoing contraceptive management and explain when this is appropriate according to the list below.**

Whenever possible, an ECP discussion should be closely followed by a long-term contraceptive plan. The following table clarifies the timeline for initiating regular contraceptive use, depending on the method of choice of the client:

Contraceptive Method	**Initiate use**
Condom	immediately
Diaphragm	immediately
Oral Contraceptives	immediately or after next menses*
Injectable/implant	within 7 days after next menses*

(*use back-up method until menses occurs)

ECPs do not protect against STIs or HIV. People requesting EC may have been exposed to an STI. Pharmacy staff play a pivotal role helping clients determine whether they are at risk of an STI, and if so, referring the client to a clinic for a check-up and/or providing services as necessary. Key questions that help clients assess their risk include:

- Do I have a new sexual partner?
- Do I have more than one sexual partner?
- Does my partner have more than one partner?
- Has my partner been diagnosed with a STI?
- Do I use intravenous drugs?
- Do I have any symptoms of STIs?

Given the sensitive nature of these questions, it may be more appropriate to provide clients with a list of these questions. Please refer to the section for more on STI risk assessment in the STI curriculum.

Key Points

- Follow-up and referral are critical to good service.
- Women may have been exposed to STIs and need to assess their risk and be referred, as appropriate, for diagnosis and treatment.
- Women who have been sexually assaulted and abused should be referred to violence or rape relief resources.
- ECP discussions can lead to a long-term contraceptive plan.
- ECPs DO NOT protect against STIs. Pharmacists should assess STI risk and make referrals as part of ECP provision.

Increasing Awareness of Emergency Contraception

(30 Minutes)

Small group work, discussion

1. **Ask participants to work in groups of five and answer two questions:**
   a) **"What are the greatest barriers to EC use?"**
   b) **"What can you do specifically to increase awareness of EC?"**

2. **Let participants discuss in small groups for ten minutes. Ask each group to prepare their list of answers on a flip chart, overhead, or chalkboard and present to the group.**

3. **Encourage participants to include ideas about raising awareness both in their stores and within their communities or among other pharmacists.**

4. **After all the groups have presented, allow time for large group discussion.**

5. **Highlight lack of awareness of EC in [*insert country*] based on information below and gathered in baseline assessment.**

In [*insert country*], one of the greatest barriers to the use of EC is lack of awareness. Because the public is largely uninformed about the method, there are obstacles to the widespread provision of EC.

[*Insert country-specific data on EC awareness from pre-project assessment (if there is one)*.]

Women's (especially young women's) awareness of EC remains low; therefore, the method remains underused. Some of the reasons clients find it difficult to discuss EC are:

- Shame about improper use of, or lack of use of, contraception.
- Discomfort discussing topics related to sexuality.
- Cultural issues related to provider/client relationship.
- Fears about confidentiality (particularly with adolescents).

Without knowledge about EC, clients are unable to make informed contraceptive choices. It is important that clients have access to this information from a highly valued source. As pharmacists and pharmacy staff, you play a pivotal role in expanding women's awareness of, and access to, this critical contraceptive option. Education about EC is important both for couples who do not use a contraceptive method at all and for those who use a method that fails, because EC can act as a backup. The knowledge that a backup exists may encourage couples to adopt the use of condoms as a method of preventing HIV infection and STIs.

Pharmacists and pharmacy staff are in a unique position to fill the EC educational void because they routinely interact with patients obtaining condoms, oral contraceptives, and other forms of contraception.

Pharmacists and pharmacy staff can play a number of important roles in the provision of EC. These include:

- Counseling clients to explain or reinforce key points about EC use.
- Educating customers about EC.
- Creating an environment within the pharmacy that encourages people to seek ECP services.

All pharmacy employees should be aware of key issues involving EC, such as the need to begin therapy as soon as possible, preferably within 72 hours after unprotected intercourse. Pharmacy staff often are a patient's first point of contact in a pharmacy, and it is important that they be well informed and able to assist women seeking information.

Thus far, training has focused on providing ECPs after unprotected sexual intercourse. **However, advance distribution and prescribing of ECPs can greatly improve the convenience of the method and help ensure that women have access to treatment as soon as they need it.** This is particularly important in view of research that demonstrates improved efficacy with earlier ECP use.[8] Transportation can be a significant barrier for access to ECPs; advance prescribing or distribution, when appropriate, helps to control for this barrier. Pharmacists and staff should provide ECPs to women who may wish to keep them at home to use in the event of unprotected intercourse.

Some providers raise concerns about whether providing ECPs to women ahead of time will make them more likely to use them irresponsibly. Research has not found this to be true.[27]

Key Points

- Many women are not informed about EC.
- Pharmacists can help expand knowledge and use of this important contraceptive method.
- All pharmacy staff should be aware of the key issues involving EC.
- Advance distribution can improve client access to and effective use of ECPs.

Review and Conclusion

(20 Minutes)

Presentation, discussion

1. **Review the session's objectives and ask for final questions and comments.**
2. **Make recommendations on how pharmacists can help increase awareness of EC using the information below.**

The most important thing pharmacy personnel can do to improve the consistent and appropriate use of contraception is to talk about it with clients. Pharmacy staff have a crucial role to play in reducing unintended pregnancy by educating clients about EC and providing it when appropriate.

Reaching young people with EC information and services poses special challenges. Young people may find it difficult to access reliable information and services because they:

- Are unaware of the availability of ECPs.
- Lack confidence or are embarrassed to ask for ECPs.
- Are unaware that pharmacies carry ECPs.
- Are anxious about judgmental attitudes of the pharmacists.

The following recommendations can help increase adolescent clients' awareness of EC:

- Routinely advise clients about the availability of ECPs as a backup to contraceptive accidents.
- Make EC informational materials available in pharmacy and actively refer clients to them.
- Encourage clients to obtain advance-of-need ECPs, if appropriate.
- Display youth-friendly services logo in pharmacy. [*Only appropriate if project is using one.*]

3. **Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
4. **Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
5. **Thank participants for their participation in the training.**

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Handouts and Training Aids
Emergency Contraception

Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Respondent Background:

I am: ___ Male ___ Female
I am: ___ Pharmacist ___ Counter staff ___Other, specify:_____

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPS) reduce the risk of pregnancy by 85 percent.		
2. ECPs may be used up to 72 hours (3 days) after unprotected intercourse		
3. There are no contraindications to ECP use.		
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.		
6. ECPs are an effective, regular contraceptive method.		
7. Condoms and other barrier methods may be started immediately following ECP use.		
8. ECPs cannot cause an abortion.		
9. The most common side effects of ECPs are nausea and vomiting.		
10. All clients should undergo a full pelvic exam before receiving ECPs.		
11. ECPs can be used safely by adolescent girls.		
12. ECPs are more effective the sooner they are taken after intercourse.		
13. ECPs should not be provided to clients before they need them.		
14. Regular oral contraceptive pills cannot be used for EC.		

Pre- and Post-Session Questionnaire

Emergency Contraceptive Pills (ECPs)

Answer Key

Mark the following statements as true or false.	True	False
1. Progestin-only emergency contraception pills (ECPS) reduce the risk of pregnancy by 85 percent.	X	
2. ECPs may be used up to 72 hours (3 days) after unprotected intercourse	X	
3. There are no contraindications to ECP use.	X	
4. ECPs provide protection against HIV/AIDS and other sexually transmitted infections.		X
5. Depending on local regulations, ECPs can be provided safely by properly trained doctors, nurses, pharmacists, and pharmacy staff.	X	
6. ECPs are an effective, regular contraceptive method.		X
7. Condoms and other barrier methods may be started immediately following ECP use.	X	
8. ECPs cannot cause an abortion.	X	
9. The most common side effects of ECPs are nausea and vomiting.	X	
10. All clients should undergo a full pelvic exam before receiving ECPs.		X
11. ECPs can be used safely by adolescent girls.	X	
12. ECPs are more effective the sooner they are taken after intercourse.	X	
13. ECPs should not be provided to clients before they need them.		X
14. Regular oral contraceptive pills cannot be used for EC.		X

Handout 1: Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

- Emergency contraceptive pills (ECPs) are pills that you can take after sex to prevent pregnancy. ECPs are useful if you had sex without using contraception or if you had a contraceptive failure (such as a broken condom).
- ECPs contain the same ingredients as some pills used for regular contraception, but in higher amounts. They are effective and safe for almost all women.

How do emergency contraceptive pills work?

Depending on when you use ECPs during your monthly cycle, ECPs may:

- Stop or delay an egg from being released from the ovary.
- Stop a fertilized egg from attaching to your uterus.
- Prevent the sperm from getting to the egg.

ECPs will not work once a pregnancy has started.

How effective are emergency contraceptive pills?

- ECPs prevent most pregnancies, but they are not 100 percent effective.

What if I had unprotected sex more than 3 days ago?

- If more than 3 days have passed since you had unprotected sex, the ECPs may still have some effect up to 5 days.

Do emergency contraceptive pills cause side effects?

- ECPs sometimes cause nausea, vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects usually go away within a few days after you take the ECPs. ECPs also may cause irregular bleeding until your next period, and your period may come early or late.

What should I do after using emergency contraceptive pills?

- You will not see any immediate signs showing whether or not the ECPs worked. Your menstrual period may come on time, or it may be early or late. If your period has not started within 4 weeks of taking ECPs, you might be pregnant. If you are pregnant, you need to consider what your options are. If you have any cause for concern, see your health care provider or pharmacist.

If the emergency contraceptive pills do not work and I become pregnant, will the pregnancy be normal?

- Based on available information, there is no reason to believe that the pregnancy would be abnormal or that the fetus would be hurt in any way.

What if I have unprotected sex again after taking the emergency contraceptive pills?

- If you have unprotected sex *after* using ECPs, they will not protect you. Use a regular contraceptive method to prevent pregnancy in the future.

Can I use emergency contraceptive pills every time I have sex?

- **No.** ECPs should not be used routinely to prevent pregnancy because are they less effective than other family planning methods and may cause irregular bleeding.

Do emergency contraceptive pills prevent sexually transmitted infections?

- **No.** ECPs do not protect against HIV/AIDS or other sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns and ask how you can get treatment and protect yourself in the future.

What if I had sex multiple times before taking emergency contraceptive pills?

- ECPs are more effective the sooner after sex they are taken. If sex occurred within 72 hours, protection is greatest. ECPs will provide some protection within a 5-day period after sex.

Can I have a packet of emergency contraceptive pills to keep at home in case I need them?

- **Yes.** ECPs are more effective the sooner they are used. It may be appropriate for some people, condom users for example, to keep a packet of ECPs at home to use in the event of unprotected sex. This will help ensure you can use ECPs as soon as possible after sex when they are most effective.

How do I use emergency contraceptive pills?

[This section depends on country context and product availability.]

ECP Formulations

	Formulation (per pill)	Common Brand Names	First Dose (number of tablets)	Second Dose (number of tablets)
Progestin-only Regimen	LNG 0.75mg	Levonelle-2, NorLevo, Plan B, Postinor-2, Vikela	1	1
	LNG 0.03mg	Microlut, Microval, Norgeston	25	25
	LNG 0.0375mg	Ovrette	20	20
Combined Regimen	EE 50 mcg + LNG 0.25mg or EE 50 mcg + LNG 0.50mg	Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, PC-4, Preven	2	2
	EE 30 mcg + LNG 0.15mg or EE 30 mcg + LNG 0.30mg	Lo/Femenal, Microgynon 30, Nordette, Ovral L, Rigevidon	4	4

Abbreviations: EE-ethinyl estradiol LNG=levonorgestrel

For all regimens, the first dose should be taken as soon as possible after intercourse, but optimally within 72 hours, and the second dose should be taken 12 hours after the first dose. The progestin-only regimen doses may be taken all at one time.

Source: *Expanding Global Access to Emergency Contraception*. Consortium for Emergency Contraception. October 2000. p. 47.

Handout 2: Sample Emergency Contraceptive Pill Screening Checklist

1. Do you want to prevent pregnancy? **Yes** **No**

2. Have you had unprotected sex during the last 5 days (120 hours)? **Yes** **No**

If "**Yes**" then she may be eligible for ECPs. Effectiveness will be lower if ECPs are given after 72 hours, but a woman may take ECPs up to 5 days after unprotected intercourse.

3. Was the last menstrual period less than 4 weeks ago? **Yes** **No**

4. Was this period normal in both its length and timing? **Yes** **No**

If "**Yes**" to the previous two questions, ECPs may be provided.

5. Is there reason to believe you may be pregnant? **Yes** **No**

If the client is not pregnant, ECPs may be given. If the client's pregnancy status is unclear, ECPs may still be given, with the explanation that the method will not work if she is already pregnant and will not harm the fetus.

Handout 3: Counseling for Emergency Contraceptive Pill Clients

As with any contraceptive method, ECPs should be provided in a manner that is respectful of the client and responsive to her needs for information and counseling.

During counseling, pharmacists and pharmacy staff should:

Reassure all clients, regardless of age or marital status, that all information will be kept confidential.

Be supportive of the client's choices and refrain from making judgmental comments or indicating disapproval through body language or facial expressions while discussing ECPs with clients. Supportive attitudes will help set the stage for follow-up counseling about regular contraceptive use and STI prevention.

Actively involve the client in the counseling process. This may be more effective in ensuring compliance rather than simply providing her with information. This active involvement may include:

- Asking her what she has heard about ECPs.
- Discussing her experience with other contraceptive methods.
- Validating or correcting her ideas as appropriate.

Maintain privacy by ensuring that counseling is conducted in a private and supportive environment to the extent possible. When it is difficult to maintain privacy, give the method to the client with appropriate verbal and printed instructions and advise her to attend a clinic or contact a health care/family planning provider for counseling about regular contraceptive methods. Reassure the woman that all information will be kept confidential, including the fact that she has received ECPs.

Handout 4: Counseling Skills Observer Checklist

Counseling skill observed	Yes	No	Comments
1. Greets client in friendly and helpful way.			
2. Introduces self			
3. Asks client why he/she has come to pharmacy or what makes him/her think he/she needs ECPs.			
4. Ensures confidentiality.			
5. Screens client for date of unprotected sex and last menstruation.			
6. Tells client about ECPs (how they work, effectiveness, possible side effects).			
7. Allows client to ask questions and asks client if he/she has any questions.			
8. Explains correct use of ECPs and asks client to summarize instructions.			
9. Shows EC pills to client and gives client correct number of pills.			
10. Explains how to manage possible side effects and tells client to return or go to a clinic or hospital if there are any problems or concerns.			
11. Tells client the menstrual period is likely to be within one week before or after the normal expected date.			
12. Asks client about ongoing contraceptive method, and asks if he/she would like to discuss other contraception options.			
13. Explains to the client that he/she and his/her partner may be at risk of an STI.			
14. Provides referral information for community health services.			
15. Demonstrates a nonjudgmental attitude and respect for client.			

Training Aid 1: Grab Bag–Key Messages for Emergency Contraceptive Pill Clients

What are emergency contraceptive pills?

✂----------

How do ECPs work?

✂----------

How effective are ECPs?

✂----------

What if I had unprotected sex more than 3 days ago?

✂----------

Do ECPs cause side effects?

✂----------

What should I do after using ECPs?

✂----------

If the ECPs do not work and I become pregnant, will the pregnancy be normal?

✂----------

What if I have unprotected sex again after taking the ECPs?

✂----------

Can I use ECPs every time I have sex?

✂----------

Do ECPs prevent sexually transmitted infections?

✂----------

What if I had sex multiple times before taking ECPs?

✂----------

Can I have a packet of ECPs to keep at home in case I need them?

✂----------

How do I use ECPs?

✂----------

Training Aid 2: Demonstration Role-Play

You have volunteered to play the part of a client seeking ECPs in a role-play to demonstrate effective counseling techniques.

You are a 21-year old woman who is seeking ECPs today from the pharmacy. You had unprotected sex with your new boyfriend the night before last, and your best friend told you to go to the pharmacy and ask about pills that can prevent you getting pregnant. The first day of your last menstrual period was two weeks ago. You are healthy and do not smoke. You usually use condoms, but this time you didn't have any around and hadn't expected to have sex. You'd like to know if the pharmacist can give you some of these pills to keep at home in case this ever happens to you again.

Training Aid 3: Emergency Contraceptive Pill Client Situation Role-Plays

GROUP 1 Role-play:

You are a young woman. Several days ago you were assaulted and raped, and you think you may need EC to prevent you from getting pregnant. You go to the pharmacist to find out more information. The pharmacist asks screening questions. You begin to feel nervous, but finally share with the pharmacist that you were raped.

✂- -

GROUP 2 Role-play:

You have heard about EC from friends and think you might need it, but you are scared to try it because you think it might make you infertile and that it might not be safe because you smoke. You had unprotected sex last night (you were not expecting to have sex with your new boyfriend and did not have any contraceptive protection nearby). Your last menstrual period ended 5 days ago and was normal. You are a smoker and have herpes but no other health problems. You have been pregnant once before and had an abortion and are scared of having another one. You have not been sexually active for a while but are starting a new relationship. You are interested in learning more about the pill for ongoing contraception.

✂- -

GROUP 3 Role-play:

You are seeking ECPs at your local pharmacy. You had unprotected sex yesterday and knew you could get pills that would be likely to prevent you from getting pregnant. The pharmacist has asked you some questions and shown you how to take birth control pills for EC. You want to pay for the pills, but you don't have any money right now. You are interested in finding out about on-going contraceptive options, but you are not sure where to go for this information. You would also like to know if you can get condoms.

✂- -

GROUP 4 Role-play:

A man comes to the pharmacy counter and tells you that when he was having sex with his girlfriend last night, the condom broke.

✂- -

GROUP 5 Role-play:

A young woman comes to the pharmacy and tells you she has missed at least 2 of her birth-control pills. She is wondering what she should do.

✂---

GROUP 6 Role-play:

You have a patient in your pharmacy requesting EC. You have no private counseling area and the pharmacy is crowded with other patients waiting for their prescriptions. You look closely at her, and she appears to have a black eye.

✂---

GROUP 7 Role-play:

A young woman comes in requesting EC. You recognize her because this is the third time she has come in asking for EC.

✂---

GROUP 8 Role-play:

A young woman for whom you prescribed EC comes back to the pharmacy and tells you that the method didn't work and now she is pregnant.