

Prototype Materials

The Youth-Friendly Pharmacy Program Prototype Materials, developed for PATH's RxGen: Reaching Youth Through Pharmacies project, may be used or adapted in the development of a pharmacy training program. The materials include:

- Information Packet for Key Stakeholders

This informational packet provides an overview of the pharmacy-based service model.

- Memorandum of Understanding (MOU)

An MOU is intended to reinforce commitment of the project staff and the pharmacist/pharmacy owner to provide quality services to youth.

- Evaluation Tools

The evaluation tools may be used for a baseline assessment, as well as for monitoring and evaluation. The tools assume basic monitoring and evaluation knowledge. Included are:

- Pharmacy Counter Staff Interview Questionnaire

In-depth interviews with a representative sample of pharmacy counter staff provide information on the quality of information and services offered at pharmacies. Data collected can help to identify needs and shape project strategies.

- Focus Group Discussion Guide for Pharmacists/Pharmacy Owners

Focus group discussions with pharmacists and pharmacy owners provide qualitative information on pharmacists' experience with and impressions of youth-friendly reproductive health services, as well as their knowledge about specific health issues. The focus group discussion guide provided here was used as a project evaluation tool, but may be adapted for baseline assessment as well. Questions should be tailored to specific project objectives.

- Mystery Shopper Survey Guidelines and Recording Sheet.

Mystery shopper (simulated client) visits in a random selection of representative pharmacies allows evaluation of the quality of information and services provided at the pharmacy. The use of mystery shoppers is valuable, but can be challenging and must be used carefully and ethically. Mystery shoppers must be appropriately trained and practiced prior to carrying out visits. Questions should be tailored to the specific objectives of your project and information gathered should be used productively to strengthen pharmacy services. Additionally, you may wish to inform participating pharmacies that mystery shoppers will be visiting pharmacies to evaluate service.

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The RxGEN Project: Reaching Youth Through Pharmacies

The Problem and the Need

Worldwide, adolescents suffer a disproportionate share of reproductive health problems such as unintended pregnancies and sexually transmitted infections (STIs), including HIV. The period of adolescence—generally considered to be ages 14 to 20, between childhood and adulthood—is a time of transition when there is a strong tendency toward risk taking. Unfortunately, the risks often have life-long consequences. Communities are experiencing rising rates of teen pregnancy and the unfortunate results, including high-risk births that endanger both mothers and babies, unsafe abortions, school drop-outs, and social and financial burdens of a population that does not achieve its potential in education or employment. Worldwide, statistics show that one out of every three STIs occurs in young adults and about one half of all new HIV infections occur in persons under the age of 25. Because adolescence is a formative period, during which many life patterns are learned and established, this age group represents an important opportunity. The RxGen Project seeks to help communities meet the challenge of reaching adolescents with the reproductive health information and services so critical to their well-being and their future.



The RxGEN Project

Throughout the world, pharmacies and drug stores are a primary source of reproductive health information and supplies, particularly among young adults—many of whom feel far more comfortable in a drug store than in a traditional family planning or STI clinic.

Well-informed pharmacists and pharmacy staff can greatly enhance patient access to, understanding of, and compliance with different contraceptive or STI treatment regimens. Few other health professionals are as well situated as pharmacists and drug sellers to address the three critical health needs that arise out of unprotected intercourse—namely, emergency contraception for pregnancy prevention, potential exposure to STIs, and the need for ongoing contraceptive care or counseling.

The goal of the RxGen Project is to increase the accessibility and effective use of key reproductive health services by building on the role pharmacists and drug sellers can play in their delivery. Pharmacists and their staff are easily accessible and frequently advise clients about reproductive health-related matters when they provide contraceptives and drugs for treatment of STIs. Building on this fact, the project seeks to strengthen the capacity of pharmacy and drug store personnel to deliver emergency and ongoing contraceptive information and services, provide information on risk identification and management of STIs, and practice effective counseling and interpersonal skills when dealing with adolescents. Knowledgeable staff and youth-friendly services will result in better use of pharmacies as a source of effective reproductive health information and services for youth.

A Collaborative Solution: Pharmacies, Youth-Serving Organizations, and Health Providers

Guided by a local technical advisory group and undertaken in collaboration with local partners, the project is a collaborative effort:

- supporting the training of pharmacists and pharmacy counter staff to expand their technical knowledge and enhance their counseling skills;
- encouraging youth to seek pharmacy-based services by raising awareness about selected reproductive health issues and by providing youth-friendly services that make them feel welcome;
- focusing on outreach to adolescents through nongovernmental, youth-serving organizations and health providers, as well as governmental agencies; and
- establishing referral linkages between pharmacies and youth-friendly health service providers so that adolescents are directed toward the services and healthcare they need to prevent unintended pregnancy and to limit the spread of STIs.

Emergency Contraceptive Pills: Frequently Asked Questions

The term emergency contraception covers a number of methods used by women to prevent pregnancy within a few hours or a few days following unprotected intercourse. The most common method of emergency contraception involves taking an elevated dose of oral contraceptive pills. Insertion of an intrauterine device (IUD) is another, less frequently used method of emergency contraception. Two regimens for emergency contraceptive pills (ECPs) are discussed below. For both regimens, treatment should begin as soon as possible, as efficacy appears to decline significantly with time.



Levonorgestrel-Only Regimen

0.75 mg levonorgestrel (or 1.5 mg norgestrel) as soon as possible, but optimally within 72 hours after unprotected intercourse; repeat in 12 hours. Doses may also be taken at 1 time.

This regimen is preferred because it reduces the risk of pregnancy by 85 percent and is associated with a lower risk of nausea and vomiting.

Combined Estrogen-Progestin (Yuzpe) Regimen

100 mcg ethinyl estradiol plus 0.5 mg of levonorgestrel (or 1.0 mg norgestrel) as soon as possible, but optimally within 72 hours after unprotected intercourse; repeat in 12 hours. This regimen reduces the risk of pregnancy by 74 percent.

How do emergency contraceptive pills work?

ECPs work by interrupting a woman's reproductive cycle. Depending on when in the cycle the pills are taken, they can stop or delay an egg from being released from the ovary or stop a fertilized egg from attaching to the uterus. The pills will not have any effect if a pregnancy has started.

Does emergency contraception cause an early abortion?

Medical science considers that a pregnancy has begun once implantation of a fertilized egg in the lining of a woman's uterus is complete. This is the definition of pregnancy accepted by international health organizations such as the World Health Organization (WHO) and the International Planned Parenthood Federation (IPPF), as well as national health authorities such as the U.S. Food and Drug Administration (USFDA). These organizations and other medical organizations and authorities worldwide agree that, clinically, emergency contraceptive pills are defined as a contraceptive, not an abortifacient, because they work before implantation. The process of implantation begins about six to eight days after fertilization and is completed about one week later, around the time of the expected menses. ECPs are ineffective once implantation has begun; they cannot cause an abortion if the woman is already pregnant.

Are emergency contraceptive pills safe, and how effective are they?

The WHO, IPPF, and USFDA all have reviewed the scientific data on ECPs and found them safe and effective.

ECPs carry few medical risks for most women. Although some women (those at risk of stroke, heart disease, blood clots, or other cardiovascular problems) should not use combined oral contraceptives on a regular basis, medical experts believe one-time emergency use of birth control pills does not carry the same risks as daily oral contraceptives. However, for some of these women, levonorgestrel-only pills may be a better option. There have been no reported deaths or serious complications involving ECPs in over three decades of use.¹

The effectiveness rate of ECPs ranges from about 74 percent (combined oral contraceptive pills) to 85 percent (levonorgestrel-only pills).

Why is emergency contraception needed?

All current methods of contraception sometimes fail. Emergency contraception is an important backup when routine contraception fails to work properly. For couples who did not use any contraceptive but wish they had, emergency contraception provides a critical second chance to prevent an unwanted pregnancy. Young people, in particular, may not be prepared for their first sexual experience.

(continued on reverse)

Worldwide, one of the most critical uses for emergency contraception has been in cases of sexual assault. Rape crisis centers routinely provide emergency contraception, even in countries where the method is not generally in use.

Emergency contraception can be a bridge to contraceptive information and services for those who need them and an opportunity to educate sexually active young adults about sexually transmitted infections (STIs), and HIV/AIDS.

In what countries are emergency contraceptive pills available and in use?

Dedicated products for emergency contraception (products that are specially packaged and labeled for this indication), both levonorgestrel-only formulation and the combined regimen, are available in more than 60 developed and developing countries. A list of countries where ECP products are registered and contact information for the manufacturers can be accessed directly through this website: <http://cecinfo.org/html/resources.htm>

If the ECPs do not work, will the pregnancy be normal?

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

Do ECPs prevent STIs?

ECPs do not protect against HIV or other STIs like syphilis, gonorrhea, chlamydia, and herpes.

Reference

¹ Consortium for Emergency Contraception. Questions and Answers for Decision Makers. <http://cecinfo.org/files/QA-for-Decision-Makers.rtf>

Sexually Transmitted Infections: A Threat to Adolescent Health

According to the World Health Organization, 333 million new cases of sexually transmitted infections (STIs), including HIV, occur worldwide each year—and at least 111 million of these cases occur in people under age 25.¹



What are STIs?

STIs are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, or protozoa cause more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS. STIs affect both women and men. Women are generally more vulnerable to STIs than men. Some STIs can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications, including death. STIs can cause infertility. When untreated, STIs place a heavy financial burden on families, communities, and health services.

Certain STIs increase the risk of HIV infection, making early prevention and control of curable STIs an urgent priority for local governments and health providers.

Why are adolescents at high risk of STIs?

Young people are at high risk of STIs and HIV for a variety of reasons, including:

- lack of knowledge about STIs, including HIV;
- not perceiving themselves to be at risk;
- lack of access to or inconsistent use of condoms;
- increased number of sexual partners leading to increased risk of exposure;
- biological factors (a young woman's cervical epithelium is more susceptible to infections);
- economic factors (adolescents may live or work on the street and participate in "survival sex" or "transactional sex"); and,
- social factors (such as being forced into a sexual relationship, lacking the skills or power to negotiate condom use, and encountering gender norms, double standards, or cultural/religious norms regarding sexuality and fertility).

Adolescents may be reluctant or unable to seek treatment for STIs or HIV because they may not know they are infected (HIV and most STI infections may be asymptomatic), they fear the disapproval of family or the community, are afraid to get tested, or they do not know how to recognize the symptoms.

What is the prevalence of STIs in _____(country name)?

insert country-specific information here

How will the RxGEN Project help address the problem of STIs?

The project will develop the knowledge and skills of pharmacists and drugstore staff regarding STIs and HIV so that they will be able to act as key informants in their communities. The training provided by the project will focus on *prevention* by educating adolescents about behaviors that put them at risk of STIs and HIV and *management*, including referral and linkages to the formal health care services.

Reference

¹ WHO/UNFPA/UNICEF. Programming for Adolescent Health and Development. Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health Technical Report Series, No. 886. Geneva:WHO (1999).

Memorandum Of Understanding

between

Project Name

Address
Telephone Number
("Program Manager")

and

Name of Pharmacist

Address
Telephone Number
("Community Pharmacy")

I. STATEMENT OF PRINCIPLES

(Name of Pharmacist) is a registered, licensed pharmacist who wishes to actively support the (Name of Project). The pharmacist works at (Name of Pharmacy), which is a Ministry of Health-registered community pharmacy retail business engaged in drug dispensing and which wishes to participate as a youth-friendly reproductive health service provider.

Because of the mutuality of shared goals, the community pharmacy and the program manager, both identified above, agree to jointly support attainment of those goals laid out below. Through this collaboration, for the duration of the project, the community pharmacy agrees to:

1. Enhance the capacity of pharmacies to deliver quality, nonclinical reproductive health services to youth.
2. Increase the accessibility and effective use of reproductive health services by building on the role pharmacists and pharmacy counter staff can play in their delivery.

II. PROGRAMMATIC TERMS OF REFERENCE

The following programmatic areas are the initial focus for joint work:

A. Community Pharmacy

The community pharmacist agrees to:

1. Provide quality, comprehensive, youth-friendly reproductive health care services in a confidential and nonjudgmental environment. Community pharmacy commits not to discriminate against any client seeking contraceptive or sexually transmitted infection (STI) services regardless of age, sex, or marital status.

2. Provide correct and accurate information on emergency contraception as well as products that may be used for emergency contraception.
3. Provide information and guidance in the selection of effective and appropriate products for regular, ongoing contraceptive use.
4. Refer young clients to youth-oriented health clinics or other service providers for STI screening, diagnosis, and treatment or other non-pharmacy-based services as appropriate.
5. Display youth-friendly services logo in pharmacy.
6. Be open to supervisory visits by project personnel and participate in mid-project discussions with other participating pharmacists, as arranged by the Program Manager.

B. Program Manager

In line with the objectives of the project, the program manager, agrees to:

1. Provide training of community pharmacy staff.
2. Initiate and support a two-way referral system.
3. Provide support supervision.
4. Provide community-level promotion of pharmacies as important service providers.
5. Serve as a technical resource to retail personnel for information about contraceptive methods, emergency contraception, and STIs for the period of the project.
6. Replenish pharmacy requirements for in-store resource and promotional materials (posters, brochures, job aids) as required by pharmacies.

III. TERMS OF REFERENCE

1. This memorandum shall become effective on the date of signing and shall be valid for a period of 12 months.
2. This memorandum contains the complete understanding of the project by both parties signing below, but shall not constitute a legally binding agreement.

PROGRAM MANAGER

By: _____

COMMUNITY PHARMACY

By: _____

Questionnaire # _____

Interview Questionnaire: Baseline Evaluation

Pharmacy Counter Staff

Interviewer Name

Date

Note to interviewer: Explain to the pharmacy counter staff person that you would like to ask about their thoughts on various reproductive health issues. The comments will provide us with information on how we can develop a project to better suit the reproductive health training needs of pharmacy staff. Assure the staff person that the information will be kept confidential and you will not ask for his/her name. The interview will take approximately [Insert number] minutes. Let them know that you will be writing down their responses to the questions on this form.

Questions 1-4 for interviewer to fill out BEFORE asking questions to the counter staff person.	
1. Name of pharmacy	
2. Address of pharmacy	
3. Sex of respondent	Male Female
4. Approximate age of person spoken to in pharmacy	_____
Interviewer begins asking questions now.	
5. Do you have customers who have had unprotected sex [and want to prevent pregnancy] ask you for advice on how to prevent pregnancy?	Yes No SKIP TO Q8
6. How many customers like this do you encounter in a typical month?	_____
7. Who is most likely to ask you for this advice? INTERVIEWER: Read all categories. Interviewee must choose one response.	Young women ≤ 20 years Young men ≤ 20 years Adult women > 20 years Adult men > 20 years

<p>8. If a young woman (≤ 20 years) came into your pharmacy and said she had unprotected sex last night and wanted to avoid getting pregnant, would you offer her any products?</p> <p>INTERVIEWER: Clarify that you are talking about a method to PREVENT pregnancy to avoid any confusion about abortifacients.</p>	<p>Yes</p> <p>No SKIP TO Q15</p>
<p>9. What, if any, information would you ask her?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>When was last unprotected intercourse?</p> <p>What was date of last menstrual period?</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p> <p>No response</p>
<p>10. What product(s) would you offer her?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>EC dedicated product <i>[insert site specific name]</i></p> <p>Oral contraceptives for use as EC</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY BRAND NAME</p>
<p>11. How would you instruct her to take it?</p> <p>INTERVIEWER: Do not prompt. Record response given in the spaces provided to the right.</p>	<p>Take: _____ Number of pills</p> <p>_____ Number of doses</p> <p>_____ Time between doses</p> <p>_____ Time frame for use (example: Within 72 hours)</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>12. Is there anything else you would tell her or want her to know about the product?</p>	<p>Yes</p> <p>No SKIP TO Q14</p>
<p>13. What else would you tell her or want her to know about the product?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Side effects</p> <p>Effectiveness</p> <p>Caution against regular use</p> <p>Provides no STI protection</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>14. How much would it cost?</p>	<p>_____</p>
<p>15. Have you heard of “emergency contraception” (EC)?</p>	<p>Yes</p> <p>No SKIP TO Q22</p>

<p>16. In what circumstances would a client use emergency contraception?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>When no contraceptive method was used</p> <p>When a condom breaks</p> <p>When a woman was raped</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>17. Does emergency contraception have any side effects?</p>	<p>Yes</p> <p>No SKIP TO Q19</p>
<p>18. What are the side effects of emergency contraception?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Nausea</p> <p>Vomiting</p> <p>Irregular bleeding</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>19. Is emergency contraception effective at preventing pregnancy?</p>	<p>Yes</p> <p>No</p>
<p>20. Is emergency contraception a good contraception method for long-term use?</p>	<p>Yes</p> <p>No</p>
<p>21. Does emergency contraception provide protection against sexually transmitted infections?</p>	<p>Yes</p> <p>No</p>
<p>22. Do you have customers who ask for treatment or advice in dealing with sexually transmitted infections (STIs)?</p>	<p>Yes</p> <p>No SKIP TO Q24</p>
<p>23. Who is most likely to ask you for this advice?</p> <p>INTERVIEWER: Read all categories. Interviewee must choose one response.</p>	<p>Young women ≤ 20 years</p> <p>Young men ≤ 20 years</p> <p>Adult women > 20 years</p> <p>Adult men > 20 years</p>
<p>24. What are the risk factors for sexual transmission of an STI?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Sex without a condom</p> <p>Sex with more than one partner</p> <p>Sex with someone who has more than one partner</p> <p>Sex with someone who has an STI</p> <p>Rape</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>

<p>25. What would you tell a customer you think is at risk of having been exposed to an STI?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Use condoms</p> <p>Go to doctor's office or hospital or clinic to get tested for STI</p> <p>Purchase treatment drugs</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>26. Do you provide your customers with information on how they can protect themselves from STIs?</p>	<p>Yes</p> <p>No SKIP TO Q28</p>
<p>27. What do you tell them?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Use condoms</p> <p>Have only one partner</p> <p>Abstain from sex</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>28. Do you have customers who ask for help in choosing a contraceptive method?</p>	<p>Yes</p> <p>No SKIP TO Q30</p>
<p>29. Who is most likely to ask you for this advice?</p> <p>INTERVIEWER: Read all categories. Interviewee must choose one response</p>	<p>Young women ≤ 20 years</p> <p>Young men ≤ 20 years</p> <p>Adult women > 20 years</p> <p>Adult men > 20 years</p>
<p>30. Do you provide information and sell contraceptive methods to young people (≤ 20 years)?</p>	<p>Yes</p> <p>No SKIP TO Q32</p>
<p>31. When you sell contraceptive methods to young people, do you ask them about their marital status?</p>	<p>Yes</p> <p>No</p>
<p>32. Do you ever refer clients to another health care provider?</p>	<p>Yes</p> <p>No SKIP TO Q35</p>
<p>33. In what situation(s) do you refer a client to another health care provider for issues related to pregnancy or STIs?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Don't have the product/or information</p> <p>Client needs pregnancy test</p> <p>Client requests prenatal care</p> <p>Client needs STI exam</p> <p>Client has not responded to treatment and has come back</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>

<p>34. Where would you refer a client?</p> <p>INTERVIEWER: Do not prompt. Circle all responses mentioned.</p>	<p>Another pharmacy</p> <p>Specific doctor's office or clinic</p> <p>Hospital</p> <p>Doctor affiliated with pharmacy</p> <p>Counseling center</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>35. In your opinion, what does it mean to provide "youth-friendly services"?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>36. In general, what is the attitude of young people (≤ 20 years) who seek sensitive reproductive health services (STI, contraception, EC) from your pharmacy?</p> <p>INTERVIEWER: Read all categories. Circle all responses mentioned.</p>	<p>Nervous</p> <p>Frightened</p> <p>Hurried</p> <p>Concerned about privacy</p> <p>Eager to discuss their concerns</p> <p>Casual/comfortable</p> <p>Other _____</p> <p style="text-align: center;">SPECIFY</p>
<p>37. Do you have pamphlets or leaflets on reproductive health that you can give to your customers?</p>	<p>Yes</p> <p>No</p> <p>INTERVIEWER: If YES, ask to see and write down what they are.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>38. Do you have support materials (e.g., job aids) that help you serve customers?</p>	<p>Yes</p> <p>No</p> <p>INTERVIEWER: If YES, ask to see and write down what they are.</p> <p>_____</p> <p>_____</p> <p>_____</p>

Questions to be asked at final evaluation:

How have you felt about providing contraceptive and STI counseling, services, and referrals to youth?	Easy Difficult Valuable Other _____ SPECIFY
If project used a youth-friendly services logo:	
Did you notice the logo poster or sticker anywhere?	Yes No
Do you think the poster/sticker has had an impact on your business?	Yes No

Focus Group Discussion Guide

Planning for a Focus Group

1. Recruit participants.
Recruit enough individuals to ensure that there are between 6 and 10 participants in each focus group.
2. Arrange for a meeting place and time.
The meeting place chosen should be convenient, easy to find, relaxed, and comfortable. The room and seating should be arranged so that all participants can see each other and the moderator, which usually means sitting in a circle or semicircle.
3. Arrange for tape recording equipment and an assistant facilitator.
Arrange for tape recording of the focus group, as it will facilitate data checking and analysis. An assistant facilitator will take notes and may ask occasional questions for the purpose of further clarification or elaboration.
4. Refreshments should be made available.
5. Prepare a list of questions (see below).

Discussion Guide

Step 1: Introduction

1. Assemble the group.
2. Welcome participants and thank them for attending.
3. Present the topic or issue to the group. You may use the following paragraph as a guide.

Today's meeting will help evaluate the project implemented by [Insert project partners]. All of you present, as well as members of your pharmacy staff, participated in a training initiative as part of the [Insert project name]. Today we would like to talk with you about some of your thoughts about that project and on various reproductive health issues. We would like to talk about your overall experience with the project, such as what you liked and disliked about it, and what suggestions you might have to make the project better. Your comments will be extremely helpful in our evaluation of this project and will provide us with information on how we could improve the project efforts to better suit the needs of pharmacy staff.

4. Explain how the focus group will work, how the results will be used, and establish time limits for the group to complete discussions. Assure the participants that all information given will remain confidential.

5. Introduce the assistant facilitator and explain that his/her role is to take written notes during the session.
6. Ask for the group's agreement before tape recording or videotaping the event.
7. Carry out an appropriate icebreaker exercise.

Step 2: Group Discussion

1. Open the discussion.
2. Keep the members' attention on the topic.
3. Ask appropriate follow-up questions; the best information often comes from responses to follow-up questions.
4. Provide opportunities for everyone to have the chance to express their opinions.
5. Remain neutral. The idea is to explore the group members' feelings, thoughts, and opinions about the subject, not to impose your own ideas on the group.

Discussion Questions

Part I: Pharmacist Practices Related to Reproductive Health

1. In your opinion, what does providing youth-friendly services mean?

Probe:

- In your opinion, what age group is included in the term "youth"?
- How do you make a pharmacy "youth-friendly"?
- How have you and your pharmacy staff felt about providing contraceptive and STI counseling, services, and referrals to youth? Has it been easy? Difficult? Valuable?
- What do you feel you and your staff are most well trained/prepared to do?
- Are there aspects of counseling and services you or your staff don't feel well prepared to do? What are they?
- How might you and your staff be better prepared to address issues that arise when serving youth?

2. What do you or your pharmacy counter staff say to a customer who has had recent unprotected sex and doesn't want to get pregnant?

Probe:

- What recommendation should your employees give a customer with this concern?

- Would your employees offer any treatment or medication to prevent pregnancy to someone who has had recent unprotected sex?
- If *yes*, what product should they recommend?
- What questions should he/she ask to make sure this method was right for this client?
- Please describe the product and how the client should take it.

3. What does the term “emergency contraception” (EC) mean to you?

Probe:

- When would you or your staff recommend a client use EC?
- Are there any cases in which EC should not be recommended? If *yes*, please describe these cases.
- What would you and your pharmacy staff need to provide more effective EC information and services?
- Have you or your staff encountered any problems in providing EC to youth?
- Has it been easy or difficult for you and your staff to discuss issues around sex and pregnancy with youth? Explain.
- Are you confident your staff members understand EC and how to provide it? What has been most helpful? What have been the most difficult issues for them to understand?

4. What contraceptive information or services does your pharmacy provide?

Probe:

- Which of these services/contraceptive methods/information are available for youth?
- Do youth purchase contraceptives in your pharmacy?
- What would you and your pharmacy staff need to provide more effective contraceptive information and services?
- Where are you or your staff most likely to refer youth who need contraceptive services that are not available at the pharmacy?

5. How do you and your pharmacy staff find out if a customer is at risk of having or contracting an STI or HIV?

Probe:

- What questions would you ask the customer to help determine their risk?
- What recommendations would you or your pharmacy staff give a customer you think is at risk of having contracted an STI?
- Would the customer be referred? If *yes*, where and for what?
- Does your staff discuss with customers how they can protect themselves from STIs? If *yes*, what do they tell them?
- What would you and your pharmacy staff need to provide more effective STI information and services?

Part II: Discussion of Project Impact

Note to facilitator: After you have finished Part I of the discussion, you should tell the participants something like:

Now we would like to ask your opinion about the training you received through the [Insert project name]. Please feel free to express your opinions openly. There are no right answers and the thoughts you have are extremely important for guiding this and future work with pharmacy staff.

1. What did you think about the quality of the training workshop?

Probe:

- How well informed did you feel the trainers were?
- How effective was/were the presentation method(s) that the trainers used?
- What is your opinion of the length of the training? Was it sufficiently long or not?
- How many of your employees did you send to be trained in the training of counter staff?
- What was useful for your employees who attended the training? What was not useful?

2. How helpful were the materials you received in the training?

Note to facilitator: List types of materials they should have received so they can comment on each. (e.g., job aids, reference materials, client brochures) Facilitator should have copies to show them.

Probe:

- Which materials were most useful to you and your staff?
- What materials do you feel you need to be more effective providers of reproductive health information and services?

3. What new things did you learn from the training?

Probe:

- What was the most important thing you learned?
- Would you be interested in participating in more training workshops like this?
- If so, which topics would be most important to you?
- What suggestions would you have to make the training better?
- What benefits have you seen as a result of the training?
- What challenges do you face trying to improve/change reproductive health services?
- What topics do you feel you still need more information about in order to provide accurate information to your staff and customers?

4. What impact has the training had on your pharmacy and/or your staff?

Probe:

- Has the training strengthened the capacity of your pharmacy staff? If so, in what ways?
- Has there been any change in the number of young people who come to your pharmacy? If yes, to what do you attribute that increase? Do you think the project logo had an impact on this increase?
- How have you changed the way you handle young clients?

5. In what situations do you refer pharmacy customers to medical providers?

Probe:

- Has this changed since the project began?
- How has the referral system impacted your relationship with health care providers?
- In what types of cases would you or your staff refer a client to a clinic or other health facility?
- What would be the best way of building relationships between pharmacies and other health care providers?

6. I'd like to ask you about the pharmacy counter staff turnover rate. What's the typical counter staff turnover rate in [*insert country*]?

Probe:

- Do staff who leave usually stay in the pharmacy business or are they likely to move on to another type of job?
- Are there ways in which pharmacists can reinforce the training pharmacy counter staff receive? What are the most feasible and effective ways to do that? Would you recommend the program you have participated in to your fellow pharmacists? Why or why not?

7. Would you recommend the program you have participated in to your fellow pharmacists? Why or why not?

Summary and Closure

Note to facilitator: After an appropriate amount of time (not longer than two hours) indicate you are moving toward a summary and closure. Before this final summary, you may want to ask the participants: *Have we missed anything?*

You may also want to ask each participant to summarize his or her own point of view on the critical topics of interest. For example, you may ask: "If you were invited to offer one minute of advice to the project organizers, what would you say?" Or "After considering all the topics expressed tonight, which one is of greatest concern?"

Provide a brief summary of the main conclusions of the discussion. Following the summary, you may ask the participants if the summary, as given, was complete and give them an opportunity to add or correct something. Thank the members for their time and say goodbye.

Mystery Shopper Survey Guidelines and Recording Sheet

Survey Guidelines

NOTE: This page should be used to prepare for the pharmacy visit. It should not be used while in the pharmacy.

The following are two scenarios (one for a female shopper, one for a male shopper) for use in the pharmacy. The attached page is to be used by the interviewer who will interview the mystery shopper after he/she has finished the visit.

FEMALE MYSTERY SHOPPER: *Yesterday I had sex and didn't use any method of contraception. I am worried about getting pregnant and I would like to know if there is something I can do to prevent pregnancy.*

MALE MYSTERY SHOPPER: *I had sex two days ago. We always use condoms, but this time the condom broke. I am worried that my girlfriend will get pregnant. Is there anything we can do to prevent this?*

If the counter staff person or pharmacist says YES:

After the employee has told you about what you can do to prevent pregnancy, ask the following two questions to help initiate a discussion about STIs and ongoing contraception. If the pharmacy staff member provides this information without being asked, there is no need to ask the prompting questions:

- Female: *What else can happen to me?*
Male: *What else can happen to my girlfriend and me?*
- *Is there anything else I need to know?*

If the counter staff person or pharmacist says NO, continue by saying:

I had a friend who said there were pills I (my girlfriend) could take; do you know anything about that?

If the frontline staff member or pharmacist STILL says NO, ask:

Do you know from whom or where I may get information/help?

Note: Mystery shopper should be sure to emphasize he/she is interested in PREVENTING pregnancy, to avoid any potential confusion with abortifacients.

Questionnaire #: _____

Name of mystery shopper Date

Name of interviewer

1. Name of pharmacy	
2 Address of pharmacy	
3. Sex of person spoken to in pharmacy	Male Female
4. What was the general attitude of the staff person who attended you at the BEGINNING of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
5. What was the general attitude of the staff person who attended you at the END of the visit?	Positive (friendly, welcoming, attentive) Indifferent Negative (judgmental, impatient, rude)
6. If the staff person had a poor attitude, are there reasons or things you observed that might have affected his/her attitude? Circle all that are mentioned.	Other customers Many customers Embarrassed Too many questions Didn't know how to answer questions Bored Other _____ SPECIFY Don't know Not applicable
7. How long was the interaction with the staff person?	_____ minutes
8. Were you offered any treatments or medications?	Yes No SKIP TO Q17
9. What were you offered? Circle all that are mentioned.	EC dedicated product [<i>insert site specific name</i>] Oral contraceptives for use as EC Other _____ SPECIFY BRAND NAME

10. How much did it cost?	_____
11. Did the staff person explain what the product was for?	Yes No
12. Did the staff person explain how effective the product was?	Yes No
13. Did the staff person give you instructions on how to take it?	Yes No
14. What were the instructions?	Please describe below. _____ _____ _____ _____
15. Did the staff person discuss side effects?	Yes No SKIP TO Q17
16. What side effects were discussed?	Nausea Vomiting Irregular bleeding Other _____ SPECIFY
17. Did you observe any printed materials about emergency contraception, STIs, contraception, or other reproductive health issues?	Yes No If yes, write down what you saw. _____ _____ _____ _____
18. Did the staff person talk to you about STIs?	Yes No If yes, what did he/she tell you? _____ _____ _____ _____
19. Did the staff person recommend a contraceptive method for future use?	Yes No

20. Did the staff person offer you a referral?	Yes No SKIP TO Q23
21. Why were you referred?	Didn't have the product or information Pregnancy test STI exam Other _____ <div style="text-align: right;">SPECIFY</div>
22. Where were you referred?	Another pharmacy Specific doctor's office or clinic Hospital Doctor affiliated with pharmacy Counseling center Other _____ <div style="text-align: right;">SPECIFY</div>
23. Did the pharmacy staff person give you any other information or advice?	Yes No If yes, please describe below. _____ _____ _____ _____

Question to be asked at monitoring and/or final evaluation if project used a youth-friendly services logo:

Did you notice the logo poster or sticker anywhere?	Yes No
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Samples of Printed Materials

The Youth-Friendly Pharmacy Program Sample Materials are examples of reference materials, job aids and display materials for the pharmacy. The materials shown here were used in various sites of PATH's RxGen Reaching Youth Through Pharmacies project.

Any part of these samples of printed materials may be reproduced or adapted to meet local needs without prior permission from PATH, provided that PATH is acknowledged and the materials are made available free of charge or at cost.

Nicaragua pharmacy poster

A romantic couple, a man and a woman, are shown in a close embrace, about to kiss. The man is leaning towards the woman, who is looking up at him. The background is a soft, out-of-focus outdoor setting. The overall tone is intimate and romantic.

**¿Relaciones sexuales
sin riesgo?**

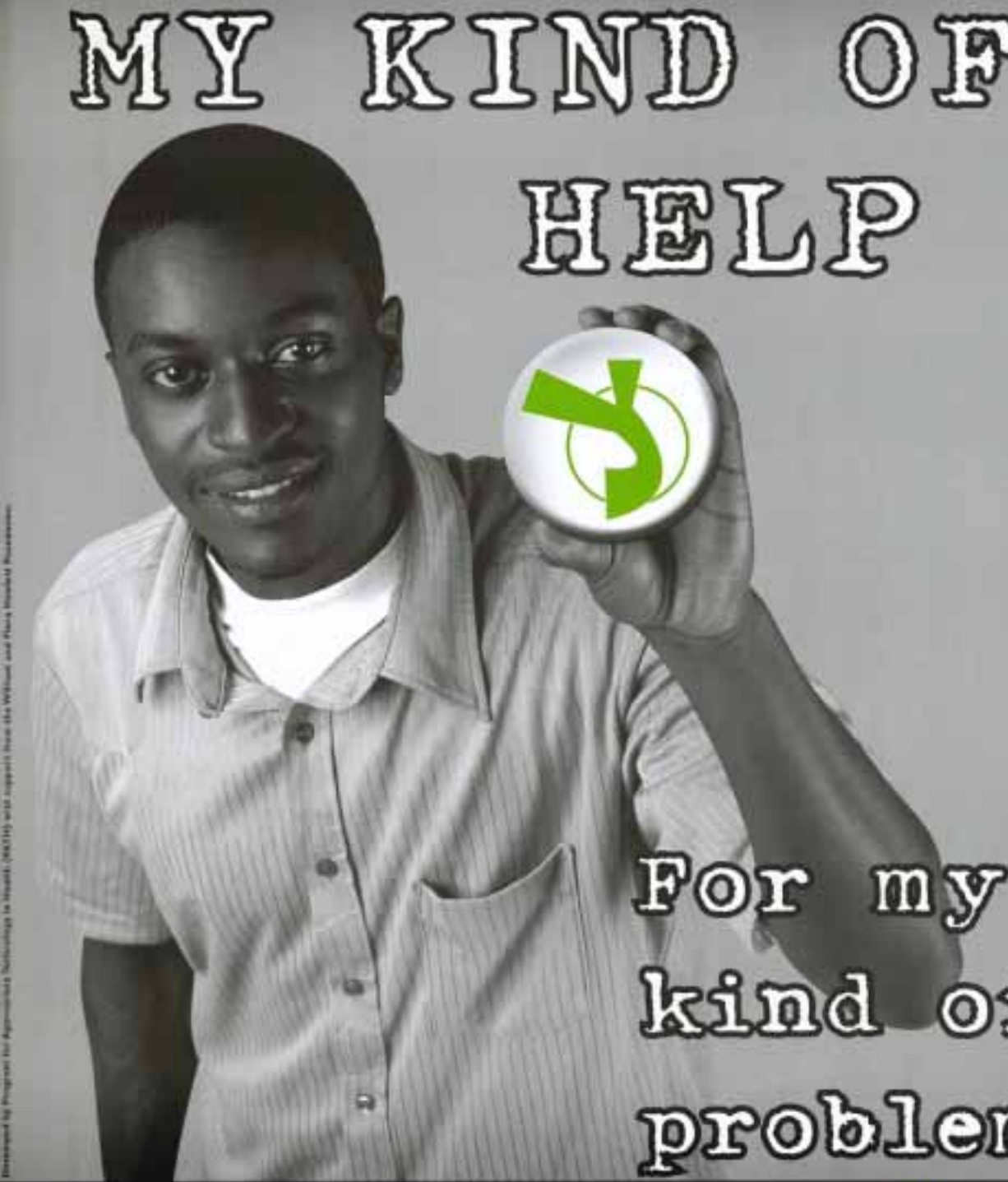
*¡Informate aquí!
para prevenir
embarazo e infecciones
de transmisión sexual*

PROYECTO PATH-IXCHEN
*Financiado por
Fundación William & Flora Hewlett*



GAT

Kenya pharmacy poster—male



**MY KIND OF
HELP**

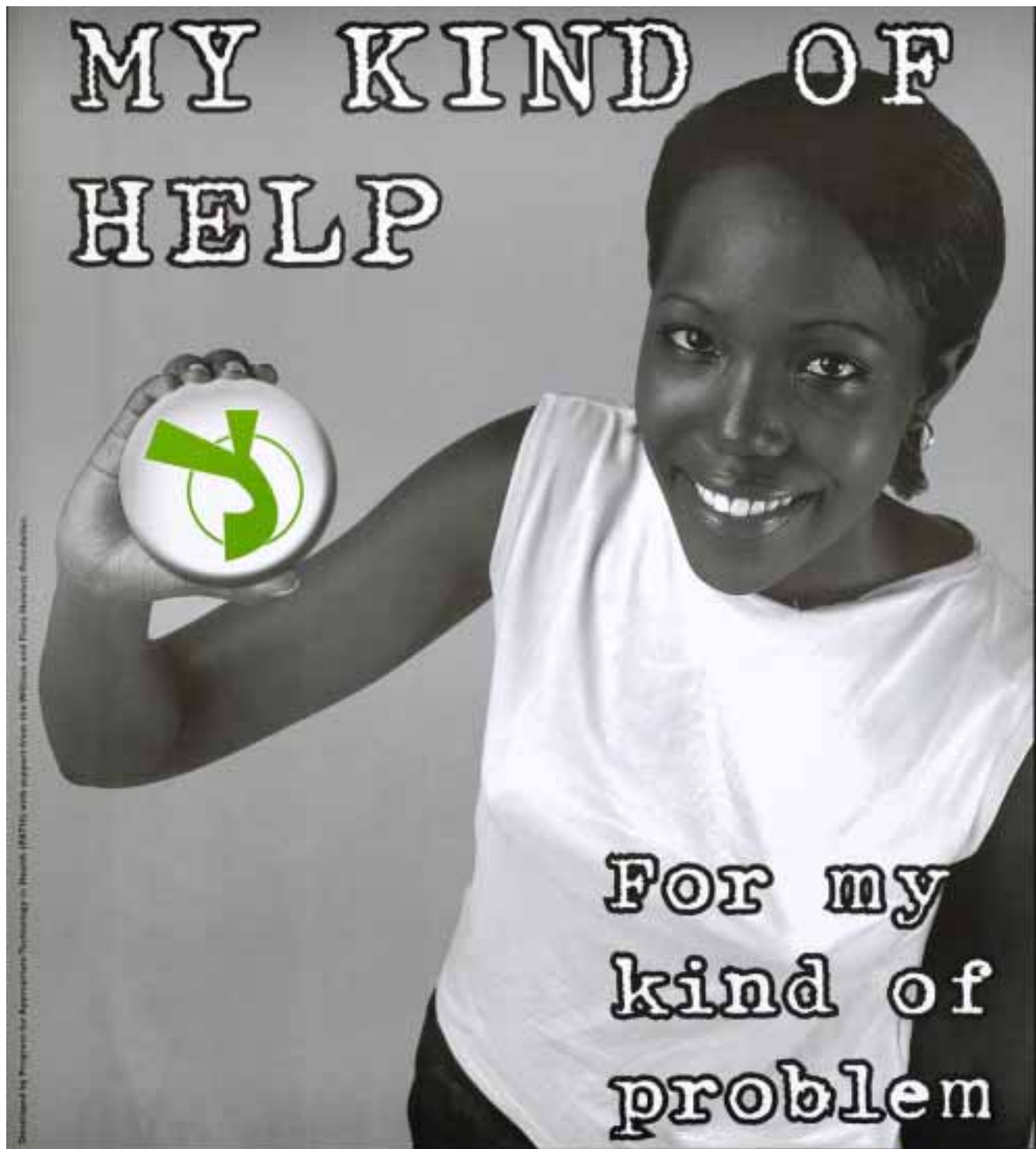
For my
kind of
problem

LOOK FOR A PHARMACY DISPLAYING THE **GREEN Y** FOR
YOUTH FRIENDLY ADVICE ON REPRODUCTIVE HEALTH ISSUES
INCLUDING EMERGENCY CONTRACEPTION, FAMILY PLANNING
AND SEXUALLY TRANSMITTED INFECTIONS (STIs).

YOUTH TALK. WE LISTEN.

Developed by Program for Appropriate Technology in Health (PATH) with support from the William and Flora Hewlett Foundation.

Kenya pharmacy poster—female



**MY KIND OF
HELP**

**For my
kind of
problem**

Disseminated by Program for Appropriate Technology in Health (PATH) with support from the Williams and Ford Family Foundations

LOOK FOR A PHARMACY DISPLAYING THE **GREEN Y FOR
YOUTH FRIENDLY ADVICE ON REPRODUCTIVE HEALTH ISSUES
INCLUDING EMERGENCY CONTRACEPTION, FAMILY PLANNING
AND SEXUALLY TRANSMITTED INFECTIONS (STIs).**

YOUTH TALK. WE LISTEN.

Kenya—client brochures



WERE YOU FORCED INTO SEX?

HELP IS AVAILABLE

You may be able to prevent pregnancy using Emergency Contraceptive Pills, available at pharmacies without a prescription. Your pharmacist can also advise you about:

- Testing and treatment for sexually transmitted infections
- Voluntary counselling and testing for HIV, the virus that causes AIDS
- Contraception
- Prevention of STIs and HIV

EMERGENCY CONTRACEPTIVE PILLS...

- Are a safe, effective way to prevent pregnancy after unprotected sex.
- Should be taken within 72 hours (3 days) after unprotected sex. The sooner they are taken, the more likely they are to prevent pregnancy.
- Are NOT abortion pills. They will not interrupt a pregnancy or harm the foetus if the woman is already pregnant.
- DO NOT prevent HIV or STIs.

DID YOU FORGET TO TAKE YOUR CONTRACEPTIVE PILLS?

HELP IS AVAILABLE

You may be able to prevent pregnancy using Emergency Contraceptive Pills, available at pharmacies without a prescription. Your pharmacist can also advise you about:

- Testing and treatment for sexually transmitted infections
- Voluntary counselling and testing for HIV, the virus that causes AIDS
- Contraception
- Prevention of STIs and HIV

EMERGENCY CONTRACEPTIVE PILLS...

- Are a safe, effective way to prevent pregnancy after unprotected sex.
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- DO NOT prevent HIV or STIs.

Kenya—client brochures



DID YOU HAVE UNPROTECTED SEX?

HELP IS AVAILABLE

You and your partner may be able to prevent pregnancy using Emergency Contraceptive Pills, available at pharmacies without a prescription. Your pharmacist can also advise you about:

- Testing and treatment for sexually transmitted infections
- Voluntary counselling and testing for HIV, the virus that causes AIDS
- Contraception
- Prevention of STIs and HIV

EMERGENCY CONTRACEPTIVE PILLS...

- Are a safe, effective way to prevent pregnancy after unprotected sex.
- Should be taken within 72 hours (3 days) after unprotected sex. The sooner they are taken, the more likely they are to prevent pregnancy.
- Are NOT abortion pills. They will not interrupt a pregnancy or harm the foetus if the woman is already pregnant.
- DO NOT prevent HIV or STIs

DID YOUR CONDOM BREAK THIS MORNING?

HELP IS AVAILABLE

You and your partner may be able to prevent pregnancy using Emergency Contraceptive Pills, available at pharmacies without a prescription. Your pharmacist can also advise you about:

- Testing and treatment for sexually transmitted infections
- Voluntary counselling and testing for HIV, the virus that causes AIDS
- Contraception
- Prevention of STIs and HIV

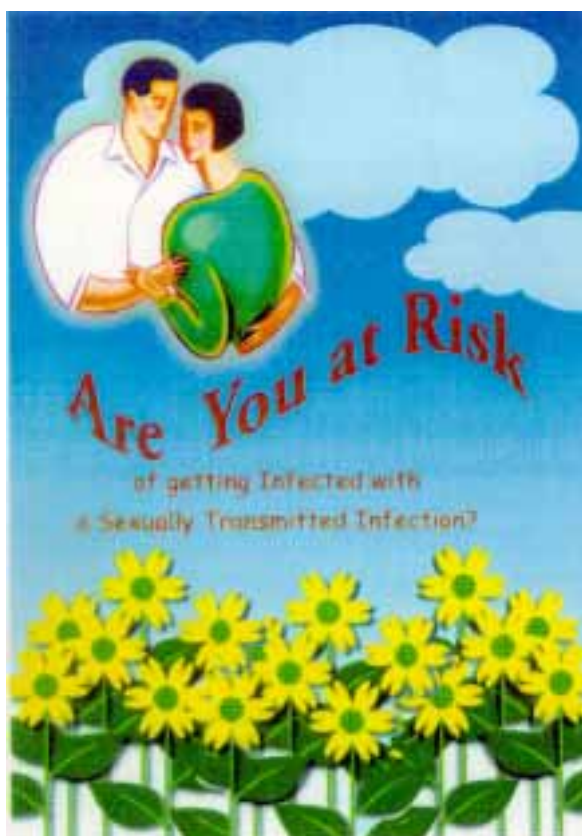
EMERGENCY CONTRACEPTIVE PILLS...

- Are a safe, effective way to prevent pregnancy after unprotected sex.
- Should be taken within 72 hours (3 days) after unprotected sex. The sooner they are taken, the more likely they are to prevent pregnancy.
- Are NOT abortion pills. They will not interrupt a pregnancy or harm the foetus if the woman is already pregnant.
- DO NOT prevent HIV or STIs

Cambodia STI risk-assessment card



Front



តើអ្នកជាអ្នកប្រុងប្រយ័ត្ន ?

ជំងឺកាមរោគជាការប្រឈម ដែលឆ្លងតាមករូបរាង ហើយបញ្ចេញផលប៉ះពាល់ដល់សុខភាព ទាំងស្រុង ។

ជំងឺកាមរោគក៏អាចឆ្លងពីម្តាយទៅកូន ក្នុងអំឡុងពេលដែលមាន ផ្ទៃពោះ ដល់ពេល កំណើនកូនផងដែរ ។

ជំងឺកាមរោគ ក៏ជាការប្រឈមដល់ប្រជាជនផងដែរ ។

ជំងឺកាមរោគអាចបង្កឱ្យមានជំងឺដទៃទៀតផងដែរ ដូចជា គ្រុនកម្រិតខ្ពស់ ជំងឺរាងកាយ កាមរោគក្នុងក្រពះ ឬ

ក្រចក ឬជំងឺប្រព័ន្ធភ្រក់ ។ ការឆ្លងកូន ត្រូវទាំង ប្រព័ន្ធភ្រក់ ឬជំងឺកាមរោគ អាចមានដល់ ។

តើអ្នក ជាអ្នកប្រុងប្រយ័ត្ននឹងការមានជំងឺកាមរោគឬទេ ?

សួរទៅខ្លួនឯង រាល់ចំណុចសំណួរខាងក្រោម :

- តើអ្នកមានប្រពន្ធឬភរិយាជាមិត្តភ្នំស្រឡាមណាមួយឬទេ ?
- តើអ្នកមានផ្ទៃពោះមកទើបឬទេ ?
- តើអ្នកមានផ្ទៃពោះមកច្រើនជាងមួយដងឬទេ ?
- តើអ្នកមានផ្ទៃពោះមកផ្ទៃពោះជាងមួយដងឬទេ ?
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- តើអ្នកមានផ្ទៃពោះមកផ្ទៃពោះជាងមួយដងឬទេ ?
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ប្រសិនបើអ្នកបានឆ្លើយថា ទាប ចំណុចសំណួរណាមួយនោះ អ្នកប្រុងប្រយ័ត្ននឹងការមានជំងឺកាមរោគ

ចំណុចសំណួរណាមួយនោះ អ្នកប្រុងប្រយ័ត្ននឹងការមានជំងឺកាមរោគផងដែរ ។ អ្នកប្រុងប្រយ័ត្ននឹងការមានជំងឺកាមរោគ

សុខាភិបាល ឬ វិសាមញ្ញ-16 ដែលមានបិទបញ្ជូនជាសញ្ញាសំគាល់ ។

Back

What are Sexually Transmitted Infections?

Sexually transmitted infections are infections that are transmitted primarily through sexual contact and can affect both women and men. Sexually transmitted infections can also be transmitted from mothers to children during pregnancy and childbirth.

Sexually transmitted infections are a serious health problem and can lead to infertility in women and men, narrowing of urethra, chronic abdominal pain, ectopic pregnancy, miscarriage and increased risk of HIV infection.

To know if you are at risk ask yourself the following questions:

- Did you have sex without a condom ?
- Did you have sex with a new partner ?
- Do you have sex with more than one partner ?
- Does your partner have sex with other partners ?
- Does your partner have a sexually transmitted infection ?
- Do you have any symptoms that are maybe STI symptoms ?
- Were you raped ?

If you answered yes to any of these questions you maybe be at risk of having an STI. See a health provider or go to a drugstore with the rabbit logo for advice. Tell your partner about your symptoms, she or he needs advice too.

Emergency Contraception: The facts!

- ▶ Emergency Contraceptive Pills (ECPs) are very safe for women **of all ages.**
- ▶ ECPs should be taken within 72 hours (3 days) after unprotected sex. Efficacy is higher the sooner ECPs are used.
- ▶ ECPs work by:
 - blocking implantation of a fertilized egg, or
 - inhibiting or delaying ovulation, or
 - preventing fertilization.
- ▶ ECPs do not cause an abortion. They will not interrupt an established pregnancy or harm the foetus if a woman is already pregnant.
- ▶ Some women experience nausea and vomiting after taking ECPs. Nausea and vomiting is less common with Postinor-2. However, if women are not using Postinor-2, an antiemetic can be prescribed, if warranted.
- ▶ Consistent use of a regular contraceptive method is a more effective way of preventing unintended pregnancy than repeated use of ECPs.
- ▶ Repeated ECP use should be discouraged due to the high cumulative failure rate. However, repeat use poses no known health risks and should not be cited as a reason to deny women access to treatment.

Types of Emergency Contraceptive Pills (ECPs)

- ▶ Postinor-2 is a dedicated Emergency Contraceptive Pill **approved** and **available** at many pharmacies.
- ▶ The effectiveness of ECPs in preventing a pregnancy ranges from 75-85%. **Postinor-2** is at least 85% effective.
- ▶ Other brands of regular oral contraceptive pills can also be prescribed as ECPs, according to the table of brands and doses below.

Brand	Active Ingredients per pill	Dose 1	Dose 2 (12 hours after Dose 1)
Postinor-2	0.75 mg levonorgestrel	1 white pill	1 white pill
Microgynon	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills
Nordette	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills
Femiplan	0.15 mg levonorgestrel & 0.03 mg ethinyl estradiol	4 yellow pills	4 yellow pills

Kenya—Condom use job aid

Great reasons to promote condom use

- ▶ Condoms protect against all types of sexually transmitted infections (STIs), including HIV and AIDS, syphilis, gonorrhea, chlamydia, and herpes.
- ▶ Used correctly and consistently, condoms are an effective way to prevent pregnancy.
- ▶ Condoms are a completely reversible form of contraception.
- ▶ Condoms are safe, easy to use, and have no side effects.
- ▶ Condoms can be used by men and women of all ages.
- ▶ Condom use allows men to share responsibility for contraception and STI prevention, and may promote better communication between sexual partners.
- ▶ Couples who use condoms may enjoy sex more because they don't worry about pregnancy or STIs.
- ▶ Condoms are easily accessible and relatively inexpensive.
- ▶ The more pharmacy customers use condoms, the more condoms the pharmacy will sell.

It is important to ensure that the customer knows how to use a condom correctly! See reverse for illustrated instructions.

Proper use of condoms

1



Carefully open the package so that the condom does not tear. Do not unroll the condom before putting it on.

2



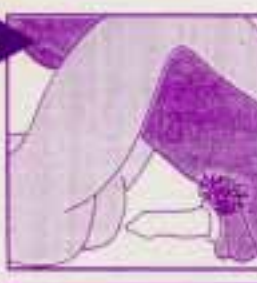
If not circumcised, pull the foreskin back. Squeeze tip of the condom to remove air and put it on end of the erect penis.

3



Continue squeezing the tip while unrolling the condom until it covers all of the penis.

4



Always put the condom on before entering partner.

5



After ejaculation (coming), hold rim of the condom and pull the penis out before penis gets soft.

6



Slide condom off without spilling the liquid (semen) inside.

7



Throw away or bury the condom in a place where children will not find or touch it.

R E M E M B E R

- Check the expiry date or date of manufacture of the condom before use.
- Discuss condom use with your partner.
- Do not use grease, oils, lotions, or petroleum jelly to make condoms slippery. These make condoms break. Only use a jelly or cream that does not have oil in it.
- Use a condom each time you have sex.
- Only use a condom once.
- Store condoms in a cool, dry place.

Kenya—Counseling job aid

Are you an active listener?

When first meeting with a customer, an effective pharmacy employee listens as much as possible!

Follow these guidelines:

- ▶ Ask questions to find out what the customer knows about his or her reproductive health needs.
- ▶ Ask questions to find out what the customer wants.
- ▶ Ask open-ended questions that start with "why" or "how."
- ▶ Allow the customer to say what he or she needs in his or her own words.
- ▶ Ask the same question in a different way if you think a customer has more to say on a subject.
- ▶ When a customer seems shy or uneasy talking about reproductive health, try talking about something else, then gently return to the subject.
- ▶ Remember to be polite, friendly and non-judgmental.
- ▶ Help the customer to feel relaxed and trusting.

Remember the **GATHER** model of good counselling:

Greet

Ask questions

Tell client about specific reproductive health topics

Help the client make the decision that is best for him or her

Explain what to do

Return visit, if appropriate

Youth friendly reproductive health services are:

▶ Private and confidential

▶ Non-judgemental

▶ Provided by staff trained to address adolescents' specific biological, social, psychological, and health needs

▶ Conveniently located and easily accessible

▶ Reasonably priced

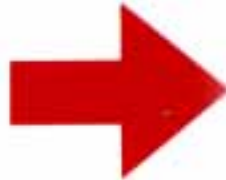
▶ Flexible, with opening hours on evenings and weekends

▶ Comfortable, with an environment that feels appropriate for all adolescents, whether male or female, married or unmarried

សំណួរការងារសុខភាព ដែលត្រូវដោះស្រាយ

Job Aids
for Pharmacy Staff
in Cambodia

ការងារត្រូវដោះស្រាយ



ការងារការងារផ្ទៃក្នុង

ការងារប្រតិបត្តិការងារប្រឆាំងជំងឺ

ប្រតិបត្តិការងារប្រឆាំងជំងឺ



Health Needs Arising from Having

UNPROTECTED
SEX

PREVENT
PREGNANCY

STI RISK
ASSESSMENT

REGULAR
CONTRACEPTION

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ថ្នាំគ្រាប់ការពារកំណើតមន្ទូល
Emergency Contraception Pills (ECPs)

ជើងមមេរទឹកវិបត្តិ **គ្រឿងផ្គត់ផ្គង់ការងារសាងសង់នៅពេលណា ?**

នៅពេលដែលស្ត្រីណាម្នាក់ប្រាប់អ្នកថា :

- អាងបាញ់បេតុងដោយមិនបានការពារ គួសំរាយ:ពេល ព័រម៉ែម៉ែង ឬ អំឡុងពេល ពាំផ្លូវ

Abstract

- មានគិតថាប្រតិការណ៍ក្នុងអោយមានក្នុង របស់មានខ្លាំងប្រសិទ្ធិភាព
 - មានប្រយោជន៍ក្នុងការកែលម្អការងារក្នុងអោយមានក្នុង ២ ឬ ៣ ក្រៅក្នុងមួយ ថ្ងៃ
 - មានការងារក្នុងការកែលម្អការងារក្នុងអោយមានក្នុង ក្នុងការកែលម្អការងារក្នុង
- មានការងារក្នុងការកែលម្អការងារក្នុង

តើវាជាប់ត្រូវស្រោចទឹកស្រូវឬ?

- តើចុងបង្អែកការមកផ្លូវចុងក្រោយរបស់អ្នក ចាប់ផ្តើមនៅពេលណា ?
- តើការមកផ្លូវរបស់អ្នកទៅដល់ពេលវេលាទេ ?
- តើទំនួលខុសត្រូវរបស់អ្នក ឆ្លង បរិមាណឈាមដែលប្តូរទៅជាឈាមស្រស់ ដូចជា ឈាមស្រស់ ឬទេ ?
- តាមតាំងពីពេលដែលអ្នកមកផ្លូវចុងក្រោយ តើអ្នកមានភ្នាក់ងារមិនប្រក្រតី ឬទេ ?
- ចាប់តាំងពីអ្នកមកផ្លូវដោយមិនមានសញ្ញាណប័ណ្ណ តើអ្នកបានរកស្វែងរកអ្វីមួយទៀត ឬទេ ?

[illegible]

.....?

ផ្ទៃក្របការពារកំរើតបន្ទាន់ គឺជាផ្ទៃក្របបំប្លែងកំរើតធម្មតា ដែលស្ថិតនៅលើផ្ទៃក្របការពារ កំរោងមានកម្រិតខ្ពស់ ដែលស្ថិតលើផ្ទៃក្របបំប្លែងកំរើតធម្មតា ។

- ថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ ជាថ្នាំគ្រាប់ដែលមានសុវត្ថិភាព និងមានផលប៉ះពាល់បន្តិចបន្តួច ប៉ុណ្ណោះសំរាប់ស្ត្រីភាគច្រើន ។
- ថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ ត្រូវបានអនុម័ត ដោយអង្គការសុខភាពពិភពលោក(WHO) និងសហព័ន្ធ នៃការមាតាបិតាអន្តរជាតិ (International Planned Parenthood Federation)
- តើថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ ជាថ្នាំសំរាប់ជនម្តងកូនឬទេ ?**
- ថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ជាថ្នាំការពារកុំអោយមានផ្ទៃពោះ ។ ថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ មិនបណ្តោល អោយមានការលូតកូនទេ ព្រោះ
- ថ្នាំគ្រាប់ការពារកំណើតបង្កាច់ មានសិទ្ធិចោទការបោះឆ្នោតបាន ។

តើគ្រាប់ការងារកំណើតរបស់អ្នកមានលក្ខណៈអ្វីខុសគ្នាពីការងារដទៃទៀត?

- គ្នាគ្រប់ការពារកំរើតបង្កផង មិនអាចការពារជំងឺកាមរោគបានទេ ដូចជា ជំងឺប្រទេស្ទិកបាយ (gonorrhea) ប្រទេស្ទិកផ្លា (chlamydia), ជំងឺត្បែងប្រៃ (herpes) សីរមាន់ (genital warts) ព្រមទាំងមេរោគអេដស៍ និង ជំងឺអេដស៍

Emergency Contraceptive Pills (ECPs):

Did you know?

- ECPs are regular birth control pills that can be used by women in the first few days following unprotected sex to prevent unwanted pregnancy.
- ECPs are safe, and present no medical risks for most women.
- WHO and the International Planned Parenthood Federation have approved ECPs.

Are ECPs an abortifacient?

- ECPs prevent pregnancy - ECPs do not cause an abortion because ECPs work before implantation takes place.

Do ECPs protect against sexually transmitted infections?

- ECPs do not protect against sexually transmitted infections, for example, gonorrhea, chlamydia, herpes, genital warts or HIV.

How can I know when to prescribe ECPs?

When a woman tells you that she:

- had unprotected sex in the last 72 hours or 3 days.
- thinks that her contraceptive method did not work.
- missed 2 or 3 oral contraceptive pills in a row.
- is late for her contraceptive injection.
- was raped.

What questions do I need to ask her?

- ✓ When was the first day of your last cycle?
- ✓ Was that cycle on time?
- ✓ Was it the usual number of days and the usual amount of bleeding?
- ✓ Since your last cycle, did you have any abnormal bleeding?
- ✓ Have you had any other unprotected sex since your last normal cycle?

What Can I give Her?

ECP Brand	Dose 1 (within 3 days or 72 hours of unprotected sex)	Dose 2 (12 hours after dose 1)
Microgynon	4 pills (30 micrograms)	4 pills (30 micrograms)

What are the side effects?

- ECPs can cause nausea and vomiting.
- ECPs can cause the menstrual cycle to begin a few days earlier or later than expected.
- ECPs can cause sore or tender breasts.

Did you remember to:

- Explain to your client about EC and how to take it correctly?
- Describe the common side effects?
- Advise your client to take an antiemetic and repeat dose if she vomits within one hour of either dose?
- Inform your client that EC can fail and won't be effective if taken after 72 hours or 3 days of having unprotected sex?
- Inform your client that EC will not cause an abortion if she is already pregnant and will not affect the fetus?
- Advise your client to have a pregnancy test if her menstruation cycle is delayed for more than 3 weeks after she takes EC?
- Inform your client that EC is for emergency use only and should not be used for regular contraception?

- Offer your client information on regular contraceptive methods?
- Inform your client that EC will not protect her against STIs or HIV?

Remember: You must refer your client for a pregnancy test if she does not meet the 3-day time frame

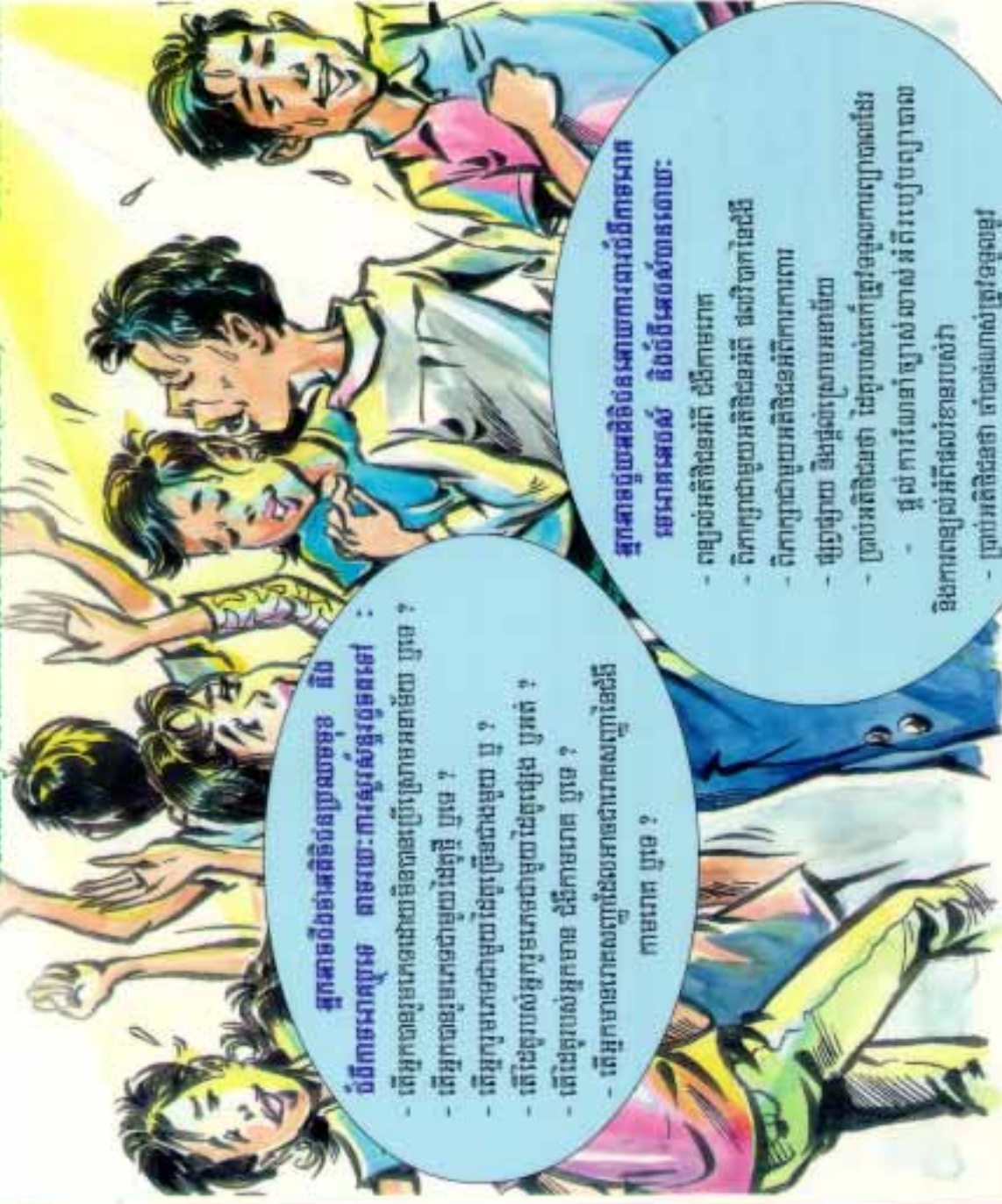
- ជំងឺកាមរោគ គឺជាការបង្ករោគ

តាមផ្លូវបន្តពូជដែលចែងតាមរយៈការរួម
ភេទជាមួយដៃគូដែលមានជំងឺ ហើយ
ដែលអាចកើតឡើងទាំងនារីទាំងបុរស

- ជំងឺកាមរោគខ្លះ អាចឆ្លងតាម
រយៈពេល និងពីម្តាយទៅកូនក្នុង
អំឡុងពេលមានភ័ក្តិ ពេលឆ្លងមន្ទេ និង
ពេលបំបៅដោះ

- ជំងឺកាមរោគដែលកើតញឹកញាប់
រួមមានប្រមេរទឹកបាយ (*gonorrhea*),
ប្រមេរទឹកថ្នាំ (*chlamydia*), ជំងឺ
ពង្រែក (*herpes*), សិរមាន់ (*genital
warts*) និង ជំងឺរលាកស្បែកប្រភេទ បេ
- ជំងឺកាមរោគអាចមានផលវិបាក
ធ្ងន់ធ្ងរ ហើយអាចបង្កើនគ្រោះថ្នាក់ចំពោះ

ការឆ្លង មេរោគអេដស៍



អ្នកទាញយកបានពីអតិថិជនប្រឈមមុខ និង

ជំងឺកាមរោគប្រទេស តាមរយៈការស្នើសុំនូវចំណុចទៅ :

- តើអ្នកបានរួមភេទដោយមិនបានប្រើប្រាស់អាវកម្រិត ឬទេ ?
- តើអ្នកបានរួមភេទជាមួយដៃគូថ្មី ឬទេ ?
- តើអ្នករួមភេទជាមួយដៃគូច្រើនជាងមួយ ឬ ?
- តើដៃគូរបស់អ្នករួមភេទជាមួយដៃគូផ្សេង ឬរត់ ?
- តើដៃគូរបស់អ្នកមាន ជំងឺកាមរោគ ឬទេ ?

- តើអ្នកមានរោគសញ្ញាដែលអាចជាការសញ្ញាខ្លះនៃជំងឺ
កាមរោគ ឬទេ ?

អ្នកទាញយកបានពីអតិថិជនដោយការជាប់ជំងឺកាមរោគ

មេរោគអេដស៍ និងជំងឺផ្សេងៗទៀតដោយ:

- ពេលរួមភេទមិនអត់ការពារ ជំងឺកាមរោគ
- ពិការភាពជាមួយអតិថិជនអតីត ផលវិបាកខ្លះ
- ពិការភាពជាមួយអតិថិជនអតីតការពារ
- ផ្សព្វផ្សាយ និងផ្តល់ស្រោមអាយុ
- ប្រាប់អតិថិជនថា ដៃគូរបស់គេក៏ត្រូវទទួលបានការព្យាបាលដែរ
- ផ្តល់ ការណែនាំឱ្យរស់នៅជាមួយអ្នកដែលមានជំងឺ

និងការព្យាបាលអតិថិជនរងការរំលោភបំពាន

- ប្រាប់អតិថិជនថា តាមការស្នើសុំត្រូវទទួលបាន

ការព្យាបាលដោយឥតគិតថ្លៃ



ធ្វើខ្ញុំត្រូវធ្វើដូចម្តេច ដើម្បីដឹងពីសញ្ញាសរសៃរាងកាយជាមីករម្លូងពេញនិយម

សំរាប់យុវជន ? អ្នកស្រី :

- រងរបួស រាក់ទាក់ ហើយក្អិនឆ្អឹងឆ្អែងផ្លាស់
- គោរព ហើយរក្សាការស្ងៀមស្ងាត់អោយយូរជាង
- ផ្តល់ព័ត៌មាន និង ជំនួយអំពី ជីវិតភាគរោគ និង ការប្រើប្រាស់អនាម័យ
- ព្យាបាលជីវិតភាគរោគសាមញ្ញ ដោយផ្តល់ថ្នាំដែលមានគុណភាព និងមានសុវត្ថិភាពសិប្បបាន
- បញ្ជូនទៅកន្លែងសមស្របទៅពេលដែលត្រូវការ



ចេញពីផ្ទះផ្ទាល់ការយកចិត្តទុកដាក់ទៅសើយុវជន ?

- ព្រោះមានមូលហេតុជាច្រើនដែលបណ្តាលអោយយុវជនត្រូវប្រឈមមុខនឹងការមានផ្ទៃពោះដោយចៃដន្យ ជីវិតភាគរោគ មេរោគអេដស៍ និង ជំងឺអេដស៍ ដូចជា :
- បំណងចិត្តទៅរាប់យុវជនមកក្នុងផ្ទះ ដើម្បីស្វែងរកការងារធ្វើ ហើយច្រើនតែមានទំនាក់ទំនងផ្លូវភេទ
 - ពេលខ្លះយុវជនត្រូវបង្ខំអោយស្លាប់ទៅក្នុងទំនាក់ទំនងផ្លូវភេទ ហើយមិនអាចរកការប្រើប្រាស់អនាម័យបាន
 - យុវជនត្រូវបានគេកាត់ចោលប្រឈមមុខនឹងគ្រោះថ្នាក់ទេ
 - ជាញឹកញាប់យុវជនតែងមានផ្ទៃពោះមិនចង់ដឹងថា តើពួកគេបានប្រើប្រាស់មុខនឹងគ្រោះថ្នាក់
 - យុវជនត្រូវបានប្រើប្រាស់អនាម័យទេ នៅពេលដែលពួកគេរួមភេទ
 - យុវជនត្រូវបានអោយយល់ដឹងប្រើប្រាស់ អំពីសុខភាពបង្កពូជ ជីវិតភាគរោគ មេរោគអេដស៍ និង ជំងឺអេដស៍

តើកត្តាអ្វីខ្លះដែលបណ្តាលអោយយុវជនមិនមែនស្រីស្រាវជ្រាវស្វាមីភរណ៍ស្នាក់នៅស្នាក់នៅ ?

- មានមូលហេតុជាច្រើនដែលធ្វើអោយយុវជនមិនមែនស្រីស្រាវជ្រាវស្វាមីភរណ៍ស្នាក់នៅស្នាក់នៅ ដូចជា :
- ខ្វះខាតប្រាក់ចំណូល និង ការចំណាយប្រាក់ចំណូល
 - ពួកគេមិនស្គាល់ទីកន្លែងដែលផ្តល់សេវាស្នាក់នៅ
 - សេវាផ្នែកសុខភាពបង្កពូជមានទំនួលខុសត្រូវ
 - អ្នកផ្តល់សេវាស្នាក់នៅមានភាពស្រាយ រាក់ទាក់ និងឱ្យមិនយល់ច្បាស់
 - ការរើសអើង និងការប្រកួតប្រជែងគ្នា
 - ជំងឺរាងកាយ ។ ពួកគេតែងតែមិនចង់ទទួលបានថ្នាំដែលមានគុណភាពល្អ



Sexually Transmitted Infections (STIs) Get the Facts

Did you know?

- STIs are a kind of reproductive tract infection transmitted primarily through sexual contact with an infected partner that can affect both men and women.
- Some STIs can also be transmitted by infected blood and from mother to child during pregnancy, delivery and breastfeeding.
- Common STIs include, gonorrhea, chlamydia, herpes, syphilis, genital warts, hepatitis B and HIV.
- STIs can have serious complications and increase the risk for HIV infection

You can find out if your client is at risk for an STI by asking:

- Did you have sex without a condom?
- Did you have sex with a new partner?
- Do you have sex with more than one partner?
- Does your partner have sex with other partners?
- Does your partner have an STI?
- Do you have any symptoms that might be symptoms of an STI?

You can help your clients protect themselves from STIs including HIV/AIDS by:

- explaining to your client about STIs.
- discussing with your client about complications.
- talking to your client about prevention.
- promoting and providing condoms.
- informing your client that her/his partner needs treatment too.
- providing clear instructions on how to take treatment and explain about treatment side effects.
- informing your client that it is very important to complete all the treatment.

Why focus on young people?

Young people are at risk for unwanted pregnancy, STIs including HIV/AIDS, for many reasons including:

- Young people move to big cities to find work and are more likely to engage in sex
- Young people are sometimes forced into sexual relationships and cannot negotiate condom use
- Young people don't think that they are at risk
- Young people often have more than one sexual partners leading to increased risk
- Young people don't use condom every time they have sex
- Young people don't know much about reproductive health, STIs, and HIV/AIDS

What stops young people from seeking reproductive health services?

Young people don't seek services for a number of reasons such as:

- They are shy and embarrassed.
- They don't know where services are.
- There are very few reproductive health services for youth.
- They find unfriendly and judgmental providers.
- They find high costs for consultation and treatments.
- They are often given bad quality drugs.

How can I make my pharmacy a youth-friendly place?

You can:

- be friendly and nonjudgmental.
- respect and keep young people's confidentiality.

- provide information and advice on STIs and condom use.
- treat simple STIs with quality and affordable drugs.
- make appropriate referrals when needed.

Be friendly to a youth today! It can pay off!

ដើម្បីអ្នកបានដឹងទៀត.....

ការមិនរួមភេទតាមទ្វារមានគឺជាវិធីតែមួយគត់ដែលធានាថាអាយមានផ្ទៃពោះ ។ ការតម្រូវមេភេទនេះត្រូវបានគេ ពិភាក្សាជាលក្ខណៈជំនឿសំរាប់ ទាំងអ្នកមិនទាន់បានឆ្លងកាត់ការរួមភេទមិនម្នាក់ឆ្លងកាត់ការរួមភេទរួចហើយ ។ ទោះជាយ៉ាងណាក៏មធ្យោបាយពន្យារកំណើតផ្សេងទៀតអាច ជួយកាត់បន្ថយ ការប្រឈមមុខនឹងការមានផ្ទៃពោះយ៉ាងប្រសើរ ក្នុងពេលរួមភេទតាមទ្វារមាន ។



ផ្ទុំលេបពន្យារកំណើត :

តើពួកគេមានន័យជាអ្វី ?

ផ្ទុំលេបពន្យារកំណើតគឺជាផ្ទុំលេបប្រភេទដែលត្រូវលេបមួយថ្ងៃ មួយគ្រាប់ជាប្រហែល១២ ។ សារធាតុផ្ទុំ លំយង្ហាស់ជាតិអ័រម៉ូនស្ទឹងត្រង់ត្រង់សារធាតុដែលអាចដំណើរការដល់ការបង្កើតការបង្កើនប្រព័ន្ធបង្កាន់ពូជ អាកផ្ទុំ មានភាពទៀងទាត់ ។ ផ្ទុំលេបពន្យារកំណើតប្រភេទអ័រម៉ូនឈាម បញ្ចូលគ្នា (Combined oral contraception COCs) ផ្ទុំជាធរណីមូលគឺជា *estrogen* និង *progestin* ។ ផ្ទុំលេបប្រភេទមានអ័រម៉ូនតែមួយ *progestin-only pills (POPs)* មិនផ្ទុំសារធាតុ *estrogen* ទេ ។

ផ្ទុំគ្រាប់លេបពន្យារកំណើតនិងប្រព័ន្ធ

ផ្ទុំលេបពន្យារកំណើតមិនអាចការពារទប់ទល់ជាមួយជំងឺកាមរោគ មេរោគអេដស៍និងជំងឺអេសស៍ទេ ប៉ុន្តែផ្ទុំប្រភេទនេះពេញលេញម្យ៉ាងណា យុវនារីនៅក្នុងបណ្តាប្រទេសជាច្រើន ។ ការប្រើប្រាស់ផ្ទុំត្រូវបានគេចាត់ អាសយការលំបាកដល់យុវនារីមួយចំនួន គឺសេសនៅពេលដែលមានផលរំលោភ ។ ផ្ទុំលេបពន្យារកំណើតមានប្រសិទ្ធភាពយ៉ាងខ្ពស់ ប្រសិនបើលេបផ្ទុំត្រឹមត្រូវទៅដល់ពេល វេលាជារៀងរាល់ថ្ងៃ ។ ការមានផ្ទៃពោះអាចកើតមានបាន ប្រសិនបើការលេបផ្ទុំមាន ការជឿជាក់យ៉ាងជ្រាលជ្រៅពេញលេញ ឬក៏ក្មេងលេបផ្ទុំជួរ ឬក៏គ្រាន់តែប្រើប្រាស់ ក្នុងមួយជួរ ។

ព្រោះអ្នកមានចំណេះដឹង :

តើអ្វីទៅជាព្រោះអ្នកមានចំណេះដឹង ?

ព្រោះអ្នកមានចំណេះដឹងថាព្រោះអ្នកមានចំណេះដឹងជាអ្វីដែលប្រសើរ ពាក់ព័ន្ធនឹងការពេញលេញដែលមានការរួមភេទ ព្រោះអ្នកមានចំណេះដឹង គឺលេបថ្នាំប្រកបដោយសុវត្ថិភាពប្រើប្រាស់ ។

ស្រោមអនាម័យ និង យុវជន :

ស្រោមអនាម័យបុរស គឺជាជម្រើសមួយសំរាប់យុវជន ដែលចូលចិត្តរួមភេទជាមួយដៃគូច្រើន ។ ស្រោមអនាម័យជួយការពារទប់ស្កាត់ជំងឺកាមរោគ មេរោគអេដស៍ និងជំងឺអេដស៍ និងការមានផ្ទៃពោះបាន ដែលត្រូវបានបំប្លែងទៅជាជម្រើសប្រើប្រាស់ និង រៀបការរួចហើយ ។



ចេតុភូតិច្បាប់ស្រោមអនាម័យបុរស ?

- ស្រោមអនាម័យអាចជួយការពារទប់ស្កាត់ ជំងឺកាមរោគដូចជា ព្រមទឹកឈាម (gonorrhea) ស្វាយ (syphilis) សិរមាត់ (genital warts) ដំបៅប្រក់ (herpes) រោគផ្ទឹមប្រក់ រោគមេរោគអេដស៍ និង ជំងឺអេដស៍
- ស្រោមអនាម័យអាចកាត់បន្ថយហានិភ័យការព្រួយបារម្ភប្រព័ន្ធបង
- ប្រសិនបើអ្នកប្រើស្រោមអនាម័យអោយបានត្រឹមត្រូវ និងទៀងទាត់វាអាចជួយការពារអ្នកពីការមានផ្ទៃពោះ
- ស្រោមអនាម័យមានប្រសិទ្ធភាព អោយស្រ្តីប្រើ និងគ្មានផលវិបាកទេ
- មុនស្រ្តីប្រក់ភេទ និងគ្រប់ វិធីសាស្ត្រតែអាចប្រើស្រោមអនាម័យបាន ។

ឈ្មោះស្រោមអនាម័យប្រើប្រាស់

ការប្រើស្រោមអនាម័យប្រើប្រាស់ជាមួយ មធ្យោបាយព្យាបាលកំណើតផ្សេងទៀត
(The Condom-Plus method) គឺជាអ្នកប្រើប្រាស់

ការប្រើស្រោមអនាម័យប្រើប្រាស់ជាមួយមធ្យោបាយព្យាបាលកំណើតផ្សេងទៀតគឺជាវិធីសាស្ត្របំប្លែងទៅជាជម្រើសប្រើប្រាស់សំរាប់យុវជនដែលត្រូវប្រើប្រាស់ជាមួយមធ្យោបាយព្យាបាលកំណើត មេរោគអេដស៍ និងជំងឺអេដស៍ និងការមានផ្ទៃពោះ ដោយសារតែការអនុវត្ត ការប្រើប្រាស់ដែលប្រកបដោយគ្រោះថ្នាក់ ។ ទោះជាអតិថិជនរបស់អ្នកស្ថិតក្នុងវិបាកក៏ដោយ ដើម្បីការពារខ្លួន ជាញឹកញយ ត្រូវផ្សព្វផ្សាយការប្រើប្រាស់អនាម័យជាមួយមធ្យោបាយព្យាបាលកំណើត ។

នៅលើស្រោមអនាម័យមានស្លាកសម្គាល់អ្វីខុសពីស្រោមអនាម័យធម្មតា ?
មធ្យោបាយព្យាបាលកំណើតផ្សេងទៀត អ្នកនឹងសម្រេចបាននូវការកំណត់សំណើប្រព័ន្ធបងរបស់អ្នកកាន់តែកើតឡើង ។

Contraception Choices for Young People: Did You Know That

The only guarantee against pregnancy is not having vaginal sex. Abstinence should be discussed as an option, both for those who have not yet initiated sexual activity and for those who have. However, contraceptive methods can greatly reduce the risk of pregnancy.

Oral Contraceptive Pills:

What are they?

Oral contraceptive pills are a monthly series in which one pill is taken daily. The active ingredients are synthetic hormones like those produced by the body to regulate the menstrual cycle. Combined oral contraceptives (COCs) contain both estrogen and progestin. Progestin-only pills (POPs) contain no estrogen.

OCPs and Youth

Oral contraceptive pills do not protect against STIs including HIV/AIDS, but are popular among young women in many countries. Correct and consistent use can be difficult for some young women, especially when they are having side effects

Oral contraceptives work best if taken at about the same time every day. Pregnancy can happen if pills are started late in the cycle or two or more pills are missed in a row.

Male Condoms

What are they?

The condom is a thin sheath worn over the glands and shaft of the erect penis when a couple is having sex. Condoms are inexpensive and widely available.

Condoms and Youth

Male condoms are the first choice for sexually active adolescents who are not in a monogamous relationship.

Condoms help protect against STIs, HIV/AIDS and pregnancy which is important for both married and unmarried youth.

Why Promote Male Condoms?

- Condoms can protect against sexually transmitted infections like gonorrhea, syphilis, genital warts, herpes, hepatitis B and HIV/AIDS.
- Condoms are inexpensive and are sold in many places.
- If you use condoms correctly and consistently, condoms can also prevent pregnancy.
- Condoms are safe, easy to use, and have no side effects.
- Men and women of all ages can use condoms.

And there is more....

Condom-Plus and Youth

Did you know?

The Condom - Plus method is the best method for adolescents who are at risk for STI, and HIV/AIDS and pregnancy due to risky sexual practices. No matter how old your client is for double protection always promote condoms together with oral contraceptive pills

And

The more condoms you promote, the more condoms you sell, the more money you make

Youth can make your business blossom!

path