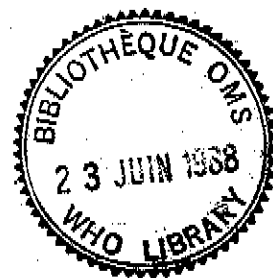


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WHO/MCH/EPI/CDD/MLFG/88

SUPERVISORY SKILLS



Facilitator Guide for Birth Spacing



WORLD HEALTH ORGANIZATION

Maternal and Child Health and Family Planning Programme
Expanded Programme on Immunization
Programme for Control of Diarrhoeal Diseases

GENERAL GUIDELINES FOR CONDUCTING COURSE ACTIVITIES

The facilitator's primary role is to help participants learn. For a full explanation of the role of the facilitator, see "What is a facilitator?" and "What will you do as a facilitator?" in the Introduction to the SUPERVISORY SKILLS FACILITATOR'S GUIDE.

Several points should be emphasized. During the training course, it is important to:

- Encourage participants to ask questions or make comments.
- Clarify information or procedures whenever necessary. (A confused participant will not learn well.)
- Be attentive and sensitive: while participants are reading and working by themselves, look and see who may be having difficulty. Quietly offer individual help.

BIRTH SPACING

OVERVIEW

<u>TOPIC:</u>	<u>PROCEDURE:</u>	<u>DETAILED GUIDELINES:</u>	<u>ANSWER SHEETS:</u>
COURSE INTRODUCTION:	1. Make preparations for conducting this module.	p. 6	
	2. Distribute the module.		
	3. Introduce the module.	p. 7	
	4. Participants read page 1 (Introduction/ Learning Objectives.)		
	5. Ask for/answer any questions.		
UNIT 1: BIRTH SPACING: THE BASIC FACTS:	6. Introduce Unit 1.	p. 7	
	7. Participants read pages 3-12 (including completion of short- answer exercises on pages 7 and 10.)		
	8. Review Unit 1.	p. 7-8	
UNIT 2: THE COUNSELLING SESSION:	9. Introduce Unit 2.	p. 8	
	10. Participants read pages 13-23 and do Exercise A.		
	11. Provide individual feedback on Exercise A.	p. 8-10	p. 23-24

<u>TOPIC:</u>	<u>PROCEDURE:</u>	<u>DETAILED GUIDELINES:</u>	<u>ANSWER SHEETS:</u>
	12. Participants read pages 24-28 and do Exercise B.		
	13. Lead a group discussion on Exercise B.	p. 10-12	
	14. Participants read pages 29-40 and do Exercise C.		
	15. Provide individual feedback on Exercise C.	p. 13-15	p. 25-26
	16. Participants read page 41 and do Exercise D (Role plays.)	p. 15-16	Role Play Scenarios p. 27-37
	17. Lead a group discussion after the role plays.	p. 16-17	
	18. Review Unit 2.	p. 17	
UNIT 3: HOW TO BUILD BIRTH SPACING INTO YOUR HEALTH SERVICES:	19. Introduce Unit 3.	p. 17	
	20. Participants read pages 43-52 (including completion of short-answer exercise on page 47) and do Exercise E.		
	21. Lead a group discussion on Exercise E.	p. 18-19	

<u>TOPIC:</u>	<u>PROCEDURE:</u>	<u>DETAILED GUIDELINES:</u>	<u>ANSWER SHEETS:</u>
	22. Review Unit 3.	p. 19	
SUMMARY AND CONCLUSION:	23. Summarize the module.	p. 19-20	
	24. Make any appropriate concluding remarks.	p. 20	

DETAILED GUIDELINES FOR

BIRTH SPACING

1. MAKE PREPARATIONS FOR CONDUCTING THIS MODULE

- Read the module and facilitator's guide carefully so that you understand and feel comfortable with the content, before the training course begins.
- Review the 4 role play scenarios and decide which role plays are most appropriate for your training class and how many you will have participants do. Plan to do at least 2 role plays during the training course.
- Make sure you have the following materials:
 - Lists of family planning service sites (one for each participant, if possible.)
 - Copies of role play sheets for Exercise D, as follows:
 - One copy of each Health Worker and Mother/Father role.
 - Enough copies of the Observer sheet to give one to each participant.
 - Copy of the answer sheets for each participant.

It would be good to obtain copies of reference materials on contraceptive methods, such as the following:

Birth Spacing and Child Survival, Center for Population and Family Health, Columbia University, New York, 1985.

This will help you answer questions participants may have.

3. INTRODUCE THE MODULE

- Introduce the module by briefly defining the topic and stating why it is important. Say that:
 - Birth spacing is the practice of waiting at least 2 years between children.
 - Studies have shown that birth spacing has a strong effect on child health and survival.

- Explain that this module is divided into 3 units:
 - Unit 1 covers the "basic facts" about birth spacing and why it is important for child health.
 - Unit 2 teaches how to communicate this information effectively to people in your community.
 - Unit 3 shows how to build a birth spacing programme within your existing health services.

- Point out that supervisors and health workers are in a good position to educate and influence the way people think and behave in this important area. This training module should provide the tools to do this.

6. INTRODUCE UNIT 1

Briefly state that Unit 1 will cover these basic facts about birth spacing:

- What it is
- Why it is important
- How it is accomplished
- Where people can obtain family planning services

8. REVIEW UNIT 1

- Ask participants if they have any questions about the short-answer exercises on pages 7 and 10.

- Watch to see when all the participants have finished reading. Then, review the points in the "Summary" page (page 12 of the training module.)
- Ask for/answer any additional questions participants may have about Unit 1.

9. INTRODUCE UNIT 2

- Introduce Unit 2 by making these points:
 - Now that you are familiar with the facts about birth spacing, you will learn how to communicate this information to others in an effective way.
 - In this unit, you will learn 4 steps for counselling people about birth spacing.
- Briefly summarize the 4-step counselling process by explaining the flowchart on page 15 of the module.

11. EXERCISE A: INDIVIDUAL FEEDBACK

The purpose of this exercise is to give people practice doing steps 1 and 2 of the counselling process: finding out what people think and feel (through observation and asking questions) and explaining the basic facts.

In some cases, participants' answers will differ from those on the answer sheets. When this happens, follow these guidelines for evaluating individual responses.

Case #1

- a. If the participant has made observations other than those listed, first discuss his or her observations. They may be good and relevant. Then discuss the observations listed on the answer sheet.

If participant has had difficulty making any observations at all that are relevant to birth spacing, review the case with the participant and try to help him or her make at least one relevant observation. Then discuss all the observations listed on the answer sheet.

- b. There is no right answer, as long as the question asked is open-ended and sensitive. The point here is to have the participant practice speaking in his or her own words. If participant has difficulty doing this, have the participant pretend you are the mother or father and ask you a question about birth spacing.

Case #2

- a. This woman's attitude is "mixed". If participant says the woman's attitude is either "positive" or "negative" or "indifferent", ask participant to explain why he or she chose that answer. Then try to show participant the other side of this woman's attitude:
 - The fact that she and her husband want another baby soon indicates a negative attitude towards birth spacing.
 - The fact that she said she is very tired right now suggests that she is interested in resting and perhaps delaying her next pregnancy. This indicates a positive attitude towards birth spacing.
- c. When evaluating a participant's response, first check to see if all the basic facts are covered:
 - Recommended interval: 15-month pregnancy interval or 2-year birth interval.
 - Why it is important: Any statement which mentions increased child survival and health.
 - How it is accomplished: Any statement which refers to both traditional and modern methods of family planning.

- Where to obtain services:

Any answer which guides participant to a family planning clinic.

Next check for clarity and simplicity of style. Encourage participants to express these facts as simply and directly as possible.

Lastly, make sure participant's statements about the importance of birth spacing are presented sensitively and are not rude or unnecessarily harsh.

Case #3

If participant's answer does not include any of the possible reasons listed in the answer sheet, first discuss the participant's response. It may be appropriate. Then explain how stating one or more of the possible reasons for the increased risk of death among children born too close together would also answer the woman's question.

* * * * *

After giving feedback on this exercise, tell the participant he or she will next read about how to identify the specific barriers people may have to birth spacing-- step 3 in the counselling process.

13. EXERCISE B: GROUP DISCUSSION

The purpose of this group discussion is to give participants an opportunity to share their information, ideas and experiences and to learn from one another.

There are 2 topics: "Existing Ideas About Birth Spacing" and "Common Barriers to Birth Spacing." The group will discuss each topic separately.

To help you lead each group discussion, it is a good idea to prepare flipcharts (or write on the blackboard) as follows:

EXISTING IDEAS ABOUT BIRTH SPACING			COMMON BARRIERS TO BIRTH SPACING	
What are they?	Who holds them?	How do you know about this belief?	Specific Examples	
1.			• Pressure not to space:	1. _____ 2. _____ 3. _____
2.			• Lack of information:	1. _____ 2. _____ 3. _____
3.			• Lack of access to services:	1. _____ 2. _____ 3. _____
4.			• Fears about contraceptives:	1. _____ 2. _____ 3. _____
5.			• Changing conditions:	1. _____ 2. _____ 3. _____
			• Lack of communication:	1. _____ 2. _____ 3. _____
			• Others:	1. _____ 2. _____ 3. _____

You can do this while participants are reading and doing the written portion of Exercise B.

- Introduce this exercise by stating the topics of discussion. Tell participants that during the discussion they should refer to, and share, what they have written in Exercise B about their own experiences.

Topic 1: Existing Ideas

- Begin the discussion by asking participants what ideas, if any, already exist in their communities for or against birth spacing.
- If people are shy or afraid to speak up, you can start the discussion by offering one or two examples, such as:
 - In some traditional societies, couples who do not space their children are considered bad parents who are not taking good care of their children.
 - In some communities, there is a traditional blessing for couples to have "as many children as God will give them."
 - It is the custom in some cultures to create a family slowly. Women breastfeed regularly until the baby is able to "eat, walk alone, and fetch water."

- As participants offer their ideas/experiences, write them on the flipchart, under the heading "What are they?" Write down key words rather than whole sentences.
- For each example listed, ask participants who in the community holds the idea. This can help determine if it is a widespread belief, or if it is just held by a few people living in certain areas.

Again, write participants' answers on the flipchart.

- Lastly, ask participants how they learned about the belief. For example, was it from their grandparents? parents? a teacher? some other method? This question might reveal how traditional beliefs and customs within the community are, today, being transmitted from generation to generation, and from one group of people to another.
- Remember, there are probably many communities where there are no traditions or beliefs about birth spacing. If participants cannot think of any, explain that there may be none. Suggest that if they want to get a more complete picture, they might want to talk with some people in their community. For example, they could interview 5-10 local men and women who come from different families, different age groups, and different educational levels. They should include senior women whose opinions are followed, such as leaders' wives and traditional birth attendants.

Topic 2: Common Barriers

- Begin the discussion by asking participants which of the barriers listed are most common in their communities. Ask people to respond by giving specific examples of barriers they have seen or heard about. As participants offer their examples, write them down (using key words) on the flipchart in the appropriate place.
- Encourage participants to talk among themselves about their different experiences or points of view.
- When everyone has spoken (who wishes to speak), review the list of specific barriers that participants have generated.

15. EXERCISE C: INDIVIDUAL FEEDBACK

- When evaluating participants' answers to Exercise C, keep these points in mind:
 - While ultimately many kinds of information and support may be useful in handling a given situation, here participants should focus on the most immediate and compelling need or needs.
 - Support is never a "wrong" answer. It is always useful and appropriate, alone or in combination with information.
- When evaluating whether the participant's written response is good, keep these things in mind:
 - Kind of help offered: Is it appropriate or inappropriate for the immediate situation?
 - Style: Are the words used careful and sensitive? Are they harsh or rude? Are they clear?

Situation 5

Information about the importance of spacing children would be most appropriate here.

Support, too, would be appropriate.

The only wrong answer would be information on where to get the pill. This would be insensitive (at this point) and would probably make the husband very angry.

Participants' written responses will vary. Here are some examples of good responses to this situation:

- "The respect you will get from having a son is important, but is it not even more important to make sure your children will live and be healthy?"
- "I know that having a son is important to you and your husband. But it is also important for you to rest between pregnancies, so you can produce healthy children and be able to care for them."

Situation 6

Support is very important here: emotional support that acknowledges the pressure she is under and helps her to break away from what her family wants.

Information about why birth spacing is so important is also necessary.

Some sample responses:

- "I know it is difficult to go against the way your family has done things. But in this case it is important to try. Having babies too close together can be very dangerous to their health."

- "Even though your sister has had many children quickly, it is not a good idea for you to do the same thing. Your children will have a much better chance of living and being strong if you leave enough space between them."

Situation 7

Information that corrects this man's misconceptions about what family planning means would be appropriate.

Correct information about modern contraceptives, i.e. the pill, is also important here.

Support is always appropriate.

Some sample responses:

- "When I talk about family planning or birth spacing, I am not telling you to stop having children, or even to have fewer children than you want. Just leave enough space between them so they can be strong and healthy."

- "I can understand your concern about the pill permanently interfering with your wife's ability to bear children. But your concern is not supported by the facts. The pill is a temporary method of family planning. I can give you accurate information about how the pill works, and also about other contraceptive methods."

After you have given feedback on this exercise, tell participant to read page 41 of the module. This will introduce participant to the role plays which come next.

16. EXERCISE D: ROLE PLAYS

There are 4 role play scenarios. Each role play has 3 roles:

- Health worker
- Mother or father
- Observer

The rest of the group should also observe (informally) the role play.

There are 3 stages for each role play.

1. Briefing about roles: For each role play, you will read background information and instructions individually to each of the 3 participants.
2. The role play.
3. Feedback: The observer will ask "health worker" and "mother" or "father" some questions and give them feedback on the role play.

To conduct the role plays, follow these steps:

- Introduce the role plays to the whole group by making these points:
 - The main objective of each role play is to give the health worker practice using the information and skills learned to counsel someone effectively in a realistic situation.
 - To help this happen, the person "playing" the mother or father will be given certain characteristics (attitudes, style, barriers) to "play" during the role play.

- People should feel free to elaborate on the characteristics given, based upon their own experiences.

- Assign roles for the first role play.
- Take participants aside and read background information and instructions to each of the 3 participants in the role play. Do this in a way that assures that the health worker does not hear the mother or father's background information. Give each participant an appropriate role play sheet to use/refer to during the role play.
- Have participants perform the role play.
- During the role play, you should get involved only if one or both participants are having tremendous difficulty. Otherwise, let them "resolve" things themselves, as best they can.
- You might want to take notes during the role play, so that later on you can offer your feedback to participants on the role play.
- At the end of the role play, ask the observer to conduct the feedback session. Directions are written on the Observer Sheet.
- After the observer has offered his or her feedback, you should give your own.
- Repeat the above steps for each additional role play that you do.

17. GROUP DISCUSSION AFTER THE ROLE PLAYS

When all the role plays have been completed, lead a short group discussion about what participants learned from doing the role plays.

Begin the discussion by asking participants these questions:

1. Did actually role playing a counselling session change how you think about the counselling process in any way? If so, how?
2. What did you learn from "playing" the role of mother or father?
3. What did you learn from "playing" the role of health worker?
4. How long do you think a counselling session will take at your service site?

18. REVIEW UNIT 2

- Ask a participant to name the 4 steps in the counselling process.
- Ask for/answer any questions participants may have about Unit 2.

19. INTRODUCE UNIT 3

- Introduce Unit 3 by making these points:
 - You have so far learned the basic facts about birth spacing and a 4-step process for counselling people effectively. But how can you fit this birth spacing programme into your already existing health services?
 - In this unit you will learn a 5-step process for doing this.
- Briefly summarize the 5 steps by explaining the flowchart on page 45 of the module.

21. EXERCISE E: GROUP DISCUSSION

The point of this group discussion is to have participants share their own ideas and plans with one another. One person's circumstances, ideas, and perspective can often help another person think about his or her own situation in a new way.

To help you lead the group discussion, prepare a flipchart (or write on the blackboard) as follows:

1. Where/when to fit in counselling on birth spacing:

2. How to promote birth spacing within the community:

3. How/when to train health workers:

You can do this while participants are reading and completing the written portion of Exercise E.

- Introduce this exercise by stating the 3 topics of discussion. Tell participants that during the discussion they should refer to, and share, what they have written in Exercise E about their own ideas and plans.
- Lead the group discussion by asking participants to share their plans on each of the 3 topics:
 1. Where/when can they fit in counselling on birth spacing?
 2. How can they promote birth spacing within the community?
 3. How/when can they train their health workers?

Discuss each topic separately.

- As participants offer their ideas and plans, write them (using key words) on the flipchart under the appropriate heading.
- Encourage participants to discuss and analyze the suitability of various ideas and plans that have been presented.
- When discussing where/when to counsel on birth spacing, make sure participants consider what are appropriate and inappropriate times (as discussed in the short-answer exercise on page 47 of the module.)
- If participants offer no ideas, refer them to the suggestions made on page 46 (times for counselling on birth spacing) and page 48 (ways to promote birth spacing within the community.)
- Conclude the group discussion by stressing these points:
 - Here we have shared and explored some possible ideas for setting up a birth spacing programme.
 - How each of you decides to do it will vary according to the circumstances of your own health service site.
 - When you are back on the job, experiment and come up with a plan that best meets your needs.

22. REVIEW UNIT 3

- Ask a participant to name the 5 steps involved in setting up a birth spacing programme.
- Ask for/answer any questions participants may have about Unit 3.

23. SUMMARIZE THE MODULE

- Ask participants to look at "Remember This About Birth Spacing" (page 53 of the module) as you review the points on this summary page.

- Ask participants for any questions or comments about the module itself or about applying what they have learned to their own health service sites.

24. MAKE ANY APPROPRIATE CONCLUDING REMARKS

- Make any additional comments that you feel are relevant.
- You may want to offer to talk individually with any participant who wants further help planning his or her own birth spacing programme.

BIRTH SPACING
ANSWER SHEETS

BIRTH SPACING

Possible Answers to Exercise A

Case #1

- a. Your observations should include one or more of the following points:
- Couple has 2 closely-spaced children (one year apart). They have not practiced birth spacing.
 - Husband wants more children. He seems to consider a large family a source of pride.
 - Wife has not joined in the conversation. Why?
 - Perhaps she does not want more children and does not want to disagree with and anger her husband.
 - Perhaps she is just shy.
- b. Any question that is sensitive and open-ended, such as:
- Have you ever thought about waiting a while before having your next child?
 - Have you ever heard about birth spacing?

Case #2

- a. Mixed. She seems both hesitant and interested.
- b. Explain the basic facts.
- c. Any answer which clearly explains the basic facts, covering:
- Recommended interval
 - Why it is important
 - How it is accomplished
 - Where to get services

Case #3

Any answer which includes these possible reasons for the increased risk of death among children born too close together:

- The older child may suffer from lack of care and attention when the new baby is born.
- If the older child is weaned from the breast early because of the pregnancy, he/she will be less resistant to disease.
- If the mother's body was too weak to provide enough nourishment for the baby she was carrying, the new infant may be born with a low birth weight. Low birth weight babies have a very high risk of becoming sick and dying.

BIRTH SPACING

Possible Answers to Exercise C

Situation 1

Which response
is better?

The second one: "I can understand your concern about having enough help on the farm. But it is hard to provide for several small children. If you space your children at least two years apart, each child is much more likely to live and be strong. That would be the best help you could get."

This acknowledges his situation and provides support and information on why birthspacing is important. And the information is given in a positive rather than a negative way.

The first response also provided information, but in a negative, rude, and accusing fashion.

Situation 2

Which response
is better?

The first one: "Your parents and grandparents did not use modern contraceptives to space their children, but they had 'natural' ways to help delay pregnancy, such as regular breastfeeding for months or years. Don't you think it is God's will that children should be strong and healthy?"

This provides support and information. Information on where to go for family planning services may ultimately be appropriate, but not now. First the health worker should respect and address their beliefs and not immediately recommend something which they are against.

The second response provides information, but that information is not appropriate now.

Situation 3

Which response
is better?

The second one: "If you and your husband are not comfortable with talking to a man about these matters, I can recommend another clinic where you will be seen by a woman. But it is a little farther away."

This recognizes their concern and provides information on where they could obtain more acceptable services.

The first response is fine but ignores this woman's problem.

(If there were no alternative services available, you might have to take a different approach.)

Situation 4

Which response
is better?

The first one: "There are several different methods you can use to delay your next pregnancy. Would you like to learn about them? I can explain them, and we can choose one that will suit you."

This provides information and support in a sensitive and helpful way.

The second response provides information in a harsh and damaging way.

BIRTH SPACING

ROLE PLAYS

ROLE PLAY #1

MOTHER

▶ BACKGROUND INFORMATION

Immediate situation:

- You have 2 closely-spaced daughters (ages 3 months and 15 months) who often get diarrhoea.
- You have come to the health center for ORT training.
- You are exhausted and irritable (too much to do in too little time.)

Attitude/style:

- Express interest in birth spacing but also be hesitant and nervous.

Barriers to birth spacing:

- Your husband is pressuring you to have a son.
- Your husband is the boss in your household. He does not often listen to your opinions.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective in this role play is to give the health worker an opportunity to practice counselling a mother about birth spacing.
- "Play" the mother as realistically as you can. Be creative. Feel free to elaborate on the characteristics given, based upon your own experiences.
- Specific guidelines: Do not reveal your specific barriers immediately. Let the health worker probe to uncover them.

ROLE PLAY #1

HEALTH WORKER

▶ BACKGROUND INFORMATION

Immediate situation:

- This mother has come to the health center for ORT training.
- She has 2 closely-spaced daughters (ages 3 months and 15 months) who often get diarrhoea.
- She looks tired and seems irritable.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective is to counsel this mother about birth spacing as effectively as you can.
- Remember to follow the 4 steps for counselling people on birth spacing:
 1. Find out what the person thinks and feels about birth spacing.
 2. Explain basic facts.
 3. Identify specific barriers.
 4. Take action on barriers.
- Begin the role play by asking a question to find out what this mother thinks and feels about birth spacing.
- End the role play when you feel you have counselled this mother as best you can.

OBSERVER

► BACKGROUND INFORMATION

(The facilitator will read to you the background information and instructions for the other 2 roles: mother or father and health worker.)

► INSTRUCTIONS FOR ROLE PLAYING

- Your role during the role play is like that of a supervisor who is monitoring the performance of a health worker. You should observe how well the health worker counsels this particular person about birth spacing--how well he or she uses the counselling skills.
- Refer to the checklist for monitoring performance on page 54 of your training module. Take notes during the role play on the health worker's use of the skills.
- At the end of the role play, you will:
 1. Ask the "mother" or "father" these questions:
 - Do you feel the subject of birth spacing was explained to you clearly?
 - Did the health worker convince you of its importance?
 - Did the health worker uncover the problems you have in practicing birth spacing?
 - Do you feel the health worker was sensitive to your situation?
 - Do you feel the health worker was helpful? Why/why not?
 2. Ask the "health worker" these questions:
 - Do you feel you counselled this person effectively about birth spacing?
 - What parts were easiest? What was most difficult? Why?
 3. Give the "health worker" your feedback on his or her use of skills during the role play.

ROLE PLAY #2

MOTHER

▶ BACKGROUND INFORMATION

Immediate situation:

- You live in a small rural village: your husband is a farmer; you take care of the household and do not go out very much.
- Your mother-in-law lives with you.
- You have brought your 6-month-old baby (your first child) to the health center for growth monitoring.

Attitude/style:

- Be very shy.

Barriers to birth spacing:

- You want to support your husband by providing many children to work on the farm. Your mother-in-law, and the neighbors, are urging you to do this, quickly.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective in this role play is to give the health worker an opportunity to practice counselling a mother about birth spacing.
- "Play" the mother as realistically as you can. Be creative. Feel free to elaborate on the characteristics given, based upon your own experiences.

ROLE PLAY #2

HEALTH WORKER

▶ BACKGROUND INFORMATION

Immediate situation:

- This mother comes from a small rural village.
- She has brought her 6-month-old baby to the health center for growth monitoring.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective is to counsel this mother about birth spacing as effectively as you can.
- Remember to follow the 4 steps for counselling people on birth spacing:
 1. Find out what the person thinks and feels about birth spacing.
 2. Explain basic facts.
 3. Identify specific barriers.
 4. Take action on barriers.
- Begin the role by asking a question to find out what this mother thinks and feels about birth spacing.
- End the role play when you feel you have counselled this mother as best you can.

ROLE PLAY #3

MOTHER

▶ BACKGROUND INFORMATION

Immediate situation:

- You are a school teacher. You want to advance in your profession-- perhaps be a school administrator some day.
- You have come to the health center with your 10-month-old child for an immunization shot.

Attitude/style:

- Be forthright: you are not interested in birth spacing.

Barriers to birth spacing:

- You want 3 or 4 children, but you want to have them quickly so you can work hard in your job.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective in this role play is to give the health worker an opportunity to practice counselling a mother about birth spacing.
- "Play" the mother as realistically as you can. Be creative. Feel free to elaborate on the characteristics given, based upon your own experiences.

ROLE PLAY #3

HEALTH WORKER

▶ BACKGROUND INFORMATION

Immediate situation:

- This mother has come to the health center with her 10-month-old child for an immunization shot.
- She is well-dressed: you think that perhaps she has taken some time off work to come to the health center this afternoon.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective is to counsel this mother about birth spacing as effectively as you can.
- Remember to follow the 4 steps for counselling people on birth spacing:
 1. Find out what the person thinks and feels about birth spacing.
 2. Explain basic facts.
 3. Identify specific barriers.
 4. Take action on barriers.
- Begin the role play by asking a question to find out what this mother thinks and feels about birth spacing.
- End the role play when you feel you have counselled this mother as best you can.

ROLE PLAY #4

FATHER

▶ BACKGROUND INFORMATION

Immediate situation:

- Your wife wants to practice family planning. You are strongly against it but agreed to listen to what the health worker has to say.

Attitude/style:

- Be polite but openly negative about birth spacing.

Barriers to birth spacing:

- You are suspicious of modern contraceptives. You do not believe they are just temporary.
- You have 1 son and 2 daughters but want several more sons.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective in this role play is to give the health worker an opportunity to practice counselling a father about birth spacing.
- "Play" the father as realistically as you can. Be creative. Feel free to elaborate on the characteristics given, based upon your own experiences.

ROLE PLAY #4

HEALTH WORKER

▶ BACKGROUND INFORMATION

Immediate situation:

- The husband of a woman who is interested in family planning has come to speak with you.
- You know only that the woman doubted that her husband would agree to it.
- They have one son and 2 daughters.

▶ INSTRUCTIONS FOR ROLE PLAYING

- Your objective is to counsel this father about birth spacing as effectively as you can.
- Remember to follow the 4 steps for counselling people on birth spacing:
 1. Find out what the person thinks and feels about birth spacing.
 2. Explain basic facts.
 3. Identify specific barriers.
 4. Take action on barriers.
- Begin the role play by asking a question to find out what this father thinks and feels about birth spacing.
- End the role play when you feel you have counselled this father as best you can.