

# The China Youth Reproductive Health Project Training Manual: Youth-Friendly Services

FOR THE CHINA YOUTH REPRODUCTIVE HEALTH PROJECT

China Family Planning Association (CFPA)  
PATH

February 2004



China Youth  
Reproductive Health Project



**CFPA**  
China Family Planning Association



A catalyst for global health

## Acknowledgments

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Facilitators of the workshop include Qian Geng, senior program officer of PATH; Yongfeng Liu, former project director of China Youth Reproductive Health Project from CFPA; and Dr. Yuling Qi, project coordinator of China Youth Reproductive Health Project from CFPA. Yongfeng Liu was also responsible for taking the minutes of discussions, without which the training manual would not be possible. Our sincere thanks go to the above facilitators of the workshop, with special thanks to Yongfeng Liu.

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## **The China Youth Reproductive Health Project**

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The China Youth Reproductive Health Project is implemented jointly by the China Family Planning Association and PATH to improve the sexual and reproductive health status of Chinese adolescents. The project began in April 2000 and ended in 2005. Its goal was to improve the sexual and reproductive health status of China's adolescents and unmarried youth between the age of 10 and 24. The objectives of the project included:

Increasing adolescents' self-esteem, awareness of positive gender and human rights values, and safer sexual practices.

Increasing adolescents' access to and utilization of high-quality sexual and reproductive health services and counseling (youth-friendly services).

Creating a safe and supportive environment for adolescents' sexual and reproductive health (ASRH) programming at the national, community, and school levels.

Improving the national-level response to ASRH issues by building the capacity of CFPA and other agencies to advocate for, plan, implement, and evaluate innovative health interventions for adolescents.

The project operated in 14 sites across 12 Chinese provinces, municipalities, and rural counties including Beijing, Tianjin, Shanghai, Chongqing, Harbin, Hangzhou, Jinan, Qingdao, Wuhan, Guangzhou, Shenzhen, Xi'an, Pei County of Jiangsu Province, and Shangcai County of Henan Province.

## **The China Family Planning Association (CFPA)**

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The China Family Planning Association is the country's largest nationwide, nonprofit, non-governmental organization in the field of family planning and reproductive health. Established in 1980, CFPA became a member of the International Planned Parenthood Federation (IPPF) in 1983. CFPA members across China collaborate with local governments to address local needs. Projects include family planning service delivery, HIV infection prevention, sexuality education for adolescents, women's rights advocacy activities, women's income generation and development projects, and collaboration with religious leaders on reproductive health education.

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## **PATH**

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PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act.

Headquartered in Seattle, Washington, USA, PATH has 21 program offices in 14 countries. Currently, PATH is implementing project activities in over 100 countries in reproductive health, vaccine use and coverage, HIV and tuberculosis prevention and treatment, and child health and nutrition.

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## Background

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*China Youth Reproductive Health Project Training Manual: Youth Friendly Services* was developed jointly by CFPA and PATH as an activity of the China Youth Reproductive Health Project. The manual is designed to help institutions and service providers offer or upgrade reproductive health services that effectively serve youth. It has been translated from Chinese to offer non-Chinese program managers insight into a project that has documented many successes—a project that has primarily been developed in the cultural context in which it occurs: China. The trainers who use this manual regularly transform it from printed words on a page into a dynamic tool. While such nuances may not be “translatable” into English, the curriculum is nevertheless a solid work with much to offer managers and trainers in any country. In addition, actual trainee responses to some activities have been included to offer readers a glimpse into how the sessions can play out.

This manual was first used during a “Training of Trainers for Youth-Friendly Services” workshop, held in July of 2002. The primary users of this training manual are youth-friendly service providers and trainers, although it can also be used for the training of youth-friendly service administrators and facilitators with necessary modifications.

This training manual contains nine sessions. It helps youth-friendly service providers:

- Understand adolescents’ reproductive health rights and needs.
- Clarify their own attitudes and opinions towards adolescent reproductive health and youth-friendly services.
- Build interpersonal communication and counseling skills.
- Devise youth-friendly service strategies.
- Use monitoring and evaluation tools for youth-friendly services (YFS).

Each session may include training objectives, time required, materials needed, handouts, advance preparation, suggestions for the facilitator in planning the workshop, facilitator notes, training activities, and more. The manual uses participatory training methods, with a focus on interactions, experience sharing, and skills training. Participants master content through discussion, active thinking, and exercises.

Service providers typically have required medical and health knowledge (especially reproductive health knowledge), so this curriculum does not address those topics. Rather this training manual focuses on specific skills and attitudes service providers need to have to be able to provide youth-friendly services.

The manual also includes participants’ discussions on certain topics from a “Training of Trainers for Youth-Friendly Services” workshop that took place in China in 2004. “Workshop Notes” record participants’ responses and opinions including certain misunderstandings that needed clarification. The workshop notes may help in future trainings; however, they are included for the facilitator’s reference only in planning a new workshop. They are not intended to be “correct answers.”

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## Summary of Key Training Sessions

Training sessions	Objectives	Time required	Training materials
<b>Session One: Introduction to the Workshop</b>	<ol style="list-style-type: none"> <li>1. Understand the purpose and schedule of the workshop.</li> <li>2. Get to know each other and create a positive environment for communication and participation.</li> <li>3. Understand basic principles of effective communication.</li> </ol>	About 60 minutes	Handouts 1, 2
<b>Session Two: Characteristics of Youth-Friendly Services</b>	<ol style="list-style-type: none"> <li>1. Describe the services provided to adolescents in their workplaces.</li> <li>2. List problems encountered in the process of providing reproductive health services to adolescents.</li> <li>3. Identify program characteristics, provider characteristics, and health facility characteristics of youth-friendly services.</li> </ol>	About 75 minutes	Handout 3
<b>Session Three: Adolescent Development</b>	<ol style="list-style-type: none"> <li>1. Describe the biological, psychological, and social changes experienced during the three phases of adolescence.</li> <li>2. Understand adolescent reproductive health needs.</li> </ol>	About 60 minutes	Handouts 4, 5
<b>Session Four: Human Sexual Development Through the Life Span</b>	<ol style="list-style-type: none"> <li>1. Review and understand the milestones of human sexual development from birth to death.</li> </ol>	About 60 minutes	Handout 6
<b>Session Five: A Framework for Working with Youth</b>	<ol style="list-style-type: none"> <li>1. Identify the range of strategies used to serve youth.</li> <li>2. Know the purposes of each of the four approaches used in working with youth.</li> <li>3. Explain how to apply what has been learned in this session to actual work.</li> </ol>	About 60 minutes	Handout 7 Facilitator Note 1
<b>Session Six: Interpersonal Communication and Counseling Skills</b>			
<b>6-1. Values Clarification</b>	<ol style="list-style-type: none"> <li>1. Explain why there are no correct or incorrect ways of perceiving reality; there are only different ways of understanding it.</li> <li>2. Identify their personal attitudes, feelings, and values about adolescents and sexuality, and assess the significance and impact of these on the counseling process.</li> <li>3. Identify the client's values and the importance of respect in the counseling process.</li> <li>4. List the attributes a sexually healthy youth should have.</li> </ol>	About 135 minutes	Handouts 8–11  Facilitator Note 2

<b>Training sessions</b>	<b>Objectives</b>	<b>Time required</b>	<b>Training materials</b>
<b>6-2. Verbal and Nonverbal Communication</b>	<ol style="list-style-type: none"> <li>1. Identify common forms of verbal and nonverbal behavior used when communicating and counseling.</li> <li>2. Demonstrate the use of praise and encouragement and the use of simple language when counseling clients.</li> <li>3. Explain the importance of feedback in the communication process.</li> </ol>	<b>About 120 minutes</b>	<b>Handout 12 Facilitator Note 3</b>
<b>6-3. Interviewing and Listening Skills</b>	<ol style="list-style-type: none"> <li>1. Identify and explain the “appropriate response” model.</li> <li>2. Explain the importance of listening and demonstrate listening skills.</li> <li>3. Reflect, paraphrase, and summarize client concerns.</li> <li>4. Identify and demonstrate the use of closed-ended, open-ended, probing, and leading questions.</li> </ol>	<b>About 80 minutes</b>	<b>Handouts 13–16</b>
<b>6-4. Basic Counseling Procedures and Exercises</b>	<ol style="list-style-type: none"> <li>1. Describe basic procedures for counseling.</li> <li>2. Comfortably answer questions that adolescents frequently ask.</li> <li>3. Demonstrate counseling skills.</li> </ol>	<b>About 150 minutes</b>	<b>Handouts 17–18</b>
<b>Session Seven: Youth-Friendly Services Strategy</b>	<ol style="list-style-type: none"> <li>1. Analyze existing adolescent reproductive health services.</li> <li>2. Explain basic strategies for youth-friendly services.</li> <li>3. Understand adolescent clients’ rights.</li> <li>4. Understand service providers’ needs.</li> <li>5. Identify existing problems by referring to “Self-Assessment Guides for Youth-Friendly Service” and “Assessment Guides for Service Facilities.”</li> <li>6. Work out an action plan for addressing existing problems or improving youth-friendly services.</li> </ol>	<b>About 240 minutes</b>	<b>Handouts 19–23</b>
<b>Session Eight: Monitoring and Evaluation Tools for Youth-Friendly Services</b>	<ol style="list-style-type: none"> <li>1. Understand monitoring and evaluation indicators and tools for youth-friendly services.</li> <li>2. Use monitoring and evaluation forms developed by China Youth Reproductive Health Project.</li> <li>3. Describe the usefulness of monitoring and evaluation forms in routine work.</li> </ol>	<b>About 120 minutes</b>	<b>Handouts 24–37</b>
<b>Session Nine: Workshop Evaluation</b>	<ol style="list-style-type: none"> <li>1. Review and list key sessions covered by the workshop.</li> <li>2. Offer recommendations for improving the workshop.</li> <li>3. Fill out a post-training questionnaire and evaluation form.</li> </ol>	<b>About 60 minutes</b>	<b>Handout 38</b>

## Session One: Introduction to the Workshop

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**Purpose and Objectives:** By the end of this session, participants should be able to:

1. Understand the purpose and schedule of the workshop.
2. Get to know each other and create a favorite environment for communication and participation.
3. Understand basic principles of effective communication.

**Time Required:** Approximately one hour

**Materials Needed:** Flipchart paper or black/white board and markers

**Handouts:**

Handout 1: **Paired Introduction**

Handout 2: **Pre-Workshop Questionnaire**

**Advance Preparation:**

Write down the purpose/objectives of the workshop on flipchart paper or transparencies or black/white board.

Make enough copies of handouts.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

## Activity One: Getting To Know Each Other

(40 minutes)

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1. Ask each participant to pair up with another participant he/she doesn't know.
2. Distribute Handout 1: **Paired Introduction**.
3. Ask each pair to do self-introduction using the guidelines from the handout. This will take about one minute per person.
4. After all the pairs are done, ask each participant to introduce his/her partner to the class including name, work place, and expectations for the workshop.
5. While each participant is introducing their partner, the facilitator should write down each participant's expectations of the workshop.
6. When the introduction is finished, ask the group: How did you feel in the above activity? Why did you feel this way? What have you learned from the above activity?

### Workshop notes from China, 2004:

Workshop expectations: By the end of the workshop, participants hoped to be able to:

- Know how to provide quality services
- Know how to provide youth-friendly services
- Learn how to communicate with and provide services to adolescents
- Be able to handle an adolescent reproductive health project for the district
- Understand what youth-friendly services are
- Learn how to manage the project
- Learn how to train facilitators for the project
- Understand how to make friends with adolescents
- Get more information
- Learn counseling skills
- Learn how to address adolescents' sexual confusions
- Learn how to answer some hard questions in counseling service

Participant feelings about and knowledge gained from the above activity:

- Felt embarrassed to speak with somebody I didn't know well.
- We should ask more open-ended questions.
- Instructions for the activity not clear or even misleading.
- While communicating with adolescents we cannot assume that they understand everything we say. We should give very clear instructions.
- The time allowed for introduction and communication wasn't enough.
- Communicating with adolescents needs sufficient time.
- Adolescents would be under greater pressure when they go to service facilities.
- The other person did not concentrate or listen attentively in the communication.
- If we don't listen attentively as we communicate with adolescents, we won't be able to understand adolescents' needs.

It would be even more embarrassing for adolescents to ask questions about reproductive health.

## **Activity Two: Identify Purpose/Objectives of the Workshop**

*(5 minutes)*

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Show the participants the purpose/objectives of the workshop that have been written beforehand on flipchart paper or transparencies or black/white board and ask for participants' opinions, comments, or suggestions.

**Purpose/Objectives:** By the end of the workshop, participants should be able to:

- List characteristics of YFS facilities and providers.
- Demonstrate counseling skills to serve youth.
- Develop an action plan for YFS in their own sites.
- Gather appropriate data/information for monitoring purpose.

## **Activity Three: Agenda and Workshop Program**

*(5 minutes)*

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1. Brief the participants on the agenda of the workshop and ask for opinions. If possible, distribute the agenda to the participants.
2. Inform the participants of logistics and other issues of the workshop and answer any questions the participants may have.

## **Activity Four: Pre-Workshop Questionnaire**

*(10 minutes)*

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1. Distribute Handout 2: **Pre-Workshop Questionnaire** to participants and give them 10 minutes to fill it out independently.
2. Collect the questionnaire forms and evaluate them after class to better understand the participants and their needs and to decide whether to adjust the contents of the workshop based on the results of the questionnaire.

## **Handout 1: Paired Introduction**

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1. Your name:
2. Where are you from? (Where do you work?)
3. Why have you come to this workshop? / What do you expect from this workshop?

## Handout 2: Pre-Workshop Questionnaire

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1. In your opinion what should reproductive health services provided to adolescents and unmarried youth look like?
2. In your opinion what qualifications should service providers have to be able to provide services to adolescents?
3. Please give your opinions on the following statements:

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
<b>Condoms should be made available to youth of any age.</b>					
<b>Sex before marriage is acceptable.</b>					
<b>Sex education can lead to earlier sex or promiscuity.</b>					
<b>It is worse for an unmarried girl to have sex than an unmarried boy.</b>					
<b>Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections.</b>					
<b>Youth will not access adolescent reproductive health services, even if they are offered.</b>					
<b>Provision of youth sexual and reproductive health services may lead to earlier sex or promiscuity.</b>					
<b>Contraceptive services should not be available to unmarried youth.</b>					
<b>Young people who have pre-marital sexual activity are unhealthy.</b>					
<b>If a youth asks me something about STI or HIV/AIDS, I wouldn't tell him/her about condoms or other contraceptive methods.</b>					
<b>If a young female seeks abortion services, I wouldn't tell her about condoms or other contraceptive methods.</b>					

**Note. STI, sexually transmitted infection.**

## **Session Two: Characteristics of Youth-Friendly Services**

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**Purpose and Objectives:** By the end of the session, participants should be able to:

1. Describe the services currently provided to adolescents in his/her workplace.
2. List problems often encountered in the provision of reproductive health services to adolescents.
3. Identify programmatic characteristics, provider characteristics, and health facility characteristics of youth-friendly services.

**Time Required:** Approximately 75 minutes

**Materials Needed:** Flipchart paper, markers, and tape

**Handouts:**

Handout 3: **Some Characteristics of Youth-Friendly Services**

**Advance Preparation:**

Write the following questions on a flipchart:

**Youth-Friendly Program Characteristics:**

What types of services should be offered?

How should the services be designed?

**Youth-Friendly Provider Characteristics:**

What should staff be like?

How should they treat adolescent clients?

**Youth-Friendly Health Facility Characteristics:**

What should the site look like?

Where should it be located?

Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

## **Activity One:**

### **Talk About Existing Services In Participants' Workplaces** *(10 minutes)*

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Ask: "Have you provided services to adolescents and unmarried youth? Has your clinic provided services to adolescents and unmarried youth?" What kind of services (if any)?"

#### **Workshop notes, from China, 2004:**

##### **Beijing:**

YFS project has been incorporated into curriculum of secondary schools called "psychological health counseling" (Xuanwu District)

Reproductive health service center

Clinic for boys and girls

Telephone hotline

School counseling service

Distribution of information kits on regular basis

##### **Shanghai:**

Service station for adolescents in Zhabei District including reading room, private audio-visual room, and regular audio-visual room

##### **Chongqing:**

School service center focusing on counseling

Involving adolescents and migrant youth in the community in youth reproductive health project and providing them with relevant training

Information kits distributed to 60,000 families with adolescents

##### **Hangzhou:**

Establishment of coordinating network including legal services, workers' unions, youth leagues, women's associations, etc.

Establishment of specialists counseling center with 24-hour hotline and volunteers who answer late-night calls

##### **Frequently asked questions:**

Questions concerning academic performance, friends, sexual physiology, and psychology account for 90 percent or more

Masturbation: what is considered excessive?

Dating, breaking up with boyfriend/girlfriend, how to get along with parents and teachers

Boys of senior high schools seeking other boys or adults for a date

Sexual physiology, sexual psychology, impotence, sexual orientation

## **Activity Two: Talk About Lack of Services for Adolescents** (20 minutes)

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Ask: “Why have you not provided services to adolescents and unmarried youth?”

### **Workshop notes, from China, 2004:**

Lack of commitment from the government—although plans do exist to set up youth health centers that will provide information, counseling, and services as well as medical care and legal assistance.

Counselor is available in schools of project area. Service to adolescents is going to be provided in community medical centers. The biggest concern with telephone hotline is whether all the questions raised by adolescents can be addressed.

There is no reproductive health center. The counselor in schools is the physiology teacher and cannot solve students’ problems.

There is no such awareness, support, and resources.

## **Activity Three: Group Discussion on Characteristics of Youth-Friendly Services** (45 minutes)

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Introduce the topic: “Youth-friendly services as we are describing here refer to quality reproductive health services provided with a friendly and caring manner. Let’s do an exercise together and in the process bear in mind the following questions: what are the programmatic, provider, and health facility characteristics of youth-friendly services?”

1. Divide participants into groups of 6–7 persons and ask each group to select a facilitator and a note taker. Each group’s facilitator should keep the discussion on track and the note taker should record the results of group discussions on flipchart paper. If there are 6 groups, have groups 1 and 2 report on Programmatic Characteristics, groups 3 and 4 report on Provider Characteristics, and groups 5 and 6 report on Health Facility Characteristics. Allow 15 minutes.
2. Next, a representative of each group reports the outcomes of their discussions within 2 minutes. After each group reports, other groups may add their comments.
3. When the reporting is complete, invite discussions on the following questions:
  - What common characteristics do you see among the lists?
  - What are the most important characteristics? Why?
  - What characteristics can be modified with minimal effort or cost?
  - What characteristics can you personally change or modify?
  - What characteristics can be modified or added as soon as you return to your workplace?
4. Conclude the group discussion. The following notes are for the facilitator’s reference:

We could see from the above discussions that some of the characteristics of youth-friendly services can be modified or added with minimal effort while others will require administrative support and approval. We need to use different approaches to overcome obstacles that stand in the way of providing youth-friendly services

including seeking higher level support, getting support from your workplace, and through your own efforts.

Handout 3 lists some of the programmatic, provider, and health facility characteristics of youth-friendly services. Some of characteristics have come up during our discussions and some have not been touched upon. The facilitator distributes and reads the handouts and elaborates if necessary.

### **Workshop notes, from China, 2004:**

### **Outcomes of Group Discussions in Activity Three**

#### **Group 1**

##### **Programmatic Characteristics:**

Places that adolescents like to go don't cause them to feel pressure or fear, just like going to a restaurant. We can call them "youth-friendly bar," "youth-friendly club," or "youth salon."

Places where adolescents can talk freely and have a good time, preferably with sports and entertaining activities.

Not for profit (fee charged is affordable for adolescents) combining leisure, entertaining, and counseling activities.

##### **Provider Characteristics:**

Knows how to communicate with adolescents and enjoys doing so; understands and respects adolescents.

Knowledgeable on physiology, psychology, and relevant laws.

Has communication skills in listening, sharing feelings, and face-to-face dialogue.

#### **Group 2**

##### **Programmatic Characteristics:**

Preferably in schools, communities, and children's clubs with appearances and facilities different from clinics.

With different administrative levels targeting different population so as to make it sustainable (budget problem).

Private and away from teaching area including classrooms and principal's office.

There shouldn't be a single model to follow; they can be part of existing facilities such as children's club or library to share resources.

Can charge a low service fee.

With government support and input to make it sustainable.

To be scientifically sound.

##### **Provider Characteristics:**

Relevant knowledge and skills.

Team work through mobilizing staff from relevant departments.

With specialty in management, medical science, education, psychology, and social studies.

With an attitude of equal communication.

**Forms of Services:**

Telephone hotlines.  
Letter box.  
Private chat room.  
Information kit.  
Answers to common questions.

**Group 3****Programmatic and Health Facility Characteristics:**

Close to young people.  
To be set up within community medical centers.  
“Private chat room” and not exposed to the public.  
Equipped with advocacy materials, touch screen computers (with display of knowledge on physiology and psychology of sexuality), educational games, posters, and display of samples.

**Provider Characteristics:**

Caring, honest, generous, and friendly; understanding adolescents including the way they speak.  
Relevant knowledge and skills.  
Showing respect and good listening skills.  
Non-judgmental, supportive, and helpful.

**Forms of Services:**

Counseling: physiology of sexuality, psychology of sexuality, sexual orientation, dating, sexual harassment, post-abortion support, decision on pre-marital sexual activity, support for rape victims.  
Advocacy: campaigns within communities to reduce or prevent negative behaviors; conducting exhibitions in schools.

**Group 4****Programmatic Characteristics:**

Making use of existing institutions: train facilitators; make necessary adjustments; use family planning networks, women’s associations, youth leagues, education and health departments.  
Establishing a brand new institution.  
Preferably using existing institutions because a brand new institution may not be sustainable due to limited budget.

**Provider Characteristics:**

Knowledge of medical science and psychology.

**Forms of Services:**

Focusing on the need of adolescents.  
Physiology of sexuality.  
Psychology of sexuality.  
Sexual ethics.

Interpersonal relations (same sex and opposite sex).  
Academic.  
Activities attractive to adolescents.

### **Group 5**

#### **Programmatic Characteristics:**

Establishing service or counseling centers in communities, neighborhoods, and schools.

Setting up special clinics within hospitals or family planning service stations.

Should be a special clinic separate from family planning or medical institutions to avoid concerns and anxiety on the part of adolescents.

Cozy and private.

#### **Provider Characteristics:**

Relevant knowledge and skills.

Helpful, enthusiastic, and with relevant training.

Having responsibility and being liked by adolescents.

Showing respect, care, equality, confidentiality, and good listening skills.

Being able to give practical solutions to problems adolescents may have.

#### **Forms of Services:**

Advocacy: books, cards, CDs, internet, lectures, touch screen computers, radios, televisions, journals, booklets, textbooks, etc.

Counseling: psychology, physiology, legal support, hotline, volunteers, private chat rooms.

Technical service: contraceptive knowledge and contraceptive service, treatment of vaginal infections, diagnosis and treatment of common reproductive tract diseases.

### **Group 6**

#### **Programmatic Characteristics:**

Establishing a brand new institution with combined functions of advocacy, education, counseling, and services.

Networking with communities and schools.

Scale of such institution should not be too large.

#### **Provider Characteristics:**

Rich knowledge and strong sense of responsibility; problem-solving and communication skills; of young age, generous, kind, and sincere.

#### **Service Characteristics:**

Friendly, cozy, high-quality, secure, confidential, equal; convenient locations, information kits, sufficient time, different types of service plans; face-to-face counseling, hotline, letters.

## **Handout 3: Some Characteristics of Youth-Friendly Services**

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### **Programmatic Characteristics:**

- Unmarried clients are welcomed and served.
- Affordable fees.
- Wide range of services offered or necessary referrals available.
- Short waiting times.
- Educational material available onsite.
- Services well-promoted in areas where youth gather.
- Linkages with schools, youth clubs, and other institutions.
- Alternative ways to access information, counseling, and services.
- Youth involvement in program design.
- Both boys and girls are welcomed and served.
- Group discussions available.
- Parental involvement encouraged but not required.
- Adequate supply of commodities.
- Drop-in clients welcomed and appointments arranged rapidly.

### **Provider Characteristics:**

- Staff has special training to meet needs of adolescents.
- Respect for young people.
- Privacy and confidentiality maintained.
- Adequate time given for client and provider interaction.
- Understand growth and development issues.
- Believe that sexuality as a positive experience is normal.
- Recognize that youth is a heterogeneous group (single, married, not yet sexually active, sexually active by choice, and sexually active not by choice).
- Peer counselors available.

### **Health Facility Characteristics:**

- Convenient hours.
- Convenient location.
- Adequate space.
- Sufficient privacy.
- Comfortable surroundings.

### **Youth Perceptions of Program:**

- Perception of privacy at facility.
- Perception that confidentiality is honored.
- Perception that youth are welcome regardless of marital status.
- Perception that boys and young men are welcome.
- Perception that providers are attentive to youth needs.

Source: Focus on Young Adults Program. *Assessing and Planning for Youth-Friendly Reproductive Health Services. Focus Tools Series.* Washington, DC: Pathfinder International; 2000.

## Session Three: Adolescent Development

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**Purpose and Objectives:** By the end of the session, participants should be able to:

1. Describe the biological, psychological, and social changes experienced during the three phases of adolescence.
2. Understand adolescent reproductive health needs.

**Time Required:** Approximately 60 minutes

**Materials Needed:** Flipchart paper, markers, index cards, and tape

**Handouts:**

Handout 4: **Adolescent Biological Changes/Development**

Handout 5: **Adolescent Psychosocial Development**

**Advance Preparation:**

Write on some index cards the contents of the table in Handout 5: **Adolescent Psychosocial Development**. On each card, write the contents contained in one cell of the table. Each set contains 15 cards. The total number of sets depends on the number of groups.

Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

**Note to the facilitator:** The Workshop Notes included below are from the "Training of Trainers for Youth-Friendly Services" held in China in 2004. They are included as a facilitator reference only, and **not as "correct" answers**.

## **Activity One:** **Brief Review and Summary of Previous Two Sessions** (5 minutes)

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Ask one volunteer to review with participants what has been covered in the previous two sessions. Allow 5 minutes to do this.

### **Workshop notes, from China, 2004:**

Volunteer: Please use one sentence to describe what you have learned in the previous two sessions.

Learned something about youth-friendly services including characteristics of institutions, service providers, and services.

Got to know many new friends.

Learned about youth-friendly services training objectives, service facilities, and qualifications of service providers.

Learned what “youth-friendly services” means.

What impressed me most is that the kind of services provided to adolescents is determined by adolescent needs.

I have many questions which I didn't have before I came to the workshop such as: What youth-friendly services means; what kind of service it entails; who our future trainees should be; and as future trainers ourselves, what training methods we should use?

Before we came to the workshop, we always lectured on the platform. Now we know about participatory training methods. We should use these methods in future trainings.

We know about the concept of youth-friendly services; what institution is required; the location, personnel, and how it should function including the use of volunteers, etc.

Summarize:

Through the previous two sessions, we learned the meaning of the concept of youth-friendly services, the characteristics of youth-friendly service institutions, service providers, and service facilities.

What are youth-friendly services? The kind of services that meet adolescent needs.

The following activities will help us understand adolescents' needs by understanding the many changes that take place during adolescence.

## Activity Two: Adolescent Biological Changes *(15 minutes)*

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1. Introduce the topic: “Adolescence is a vital part of human development. To better understand adolescents, we need first to understand the many biological, psychological and social changes that take place during adolescence. Now, let’s first take a look at the biological changes that take place.”
2. Write on the white board “early adolescence,” “middle adolescence,” and “late adolescence.”
3. Facilitate discussion on the biological changes and list the changes participants come up with.

Early Adolescence	Middle Adolescence	Late Adolescence

4. Summarize participant discussion. Handout 4: **Adolescent Biological Changes/Development** may be referred to. However, the facilitator needs to emphasize that not all adolescents experience the above changes at the same time.
5. Distribute Handout 4: **Adolescent Biological Changes/Development**.

## Activity Three: Adolescent Psychological Development *(40 minutes)*

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1. Introduce the topic: “After learning about the many biological changes that take place during adolescence, let’s now take a look at the social and psychological changes that take place. For the convenience of discussion, we will look at the social and psychological changes from the following aspects: independence, cognitive development, peer group, body image, and sexuality.”
2. Divide the participants into groups of 5–6 people. Ask each group to copy the table below (posted on flipchart) onto their flipchart paper.

	Early Adolescence	Middle Adolescence	Late Adolescence
Independence			
Cognitive Development			
Peer Group			
Body Image			
Sexuality			

3. Give each group a set of index cards and some tape (prepared beforehand) with contents of Handout 5: **Adolescent Psychosocial Development**.
4. Each group will have 15 minutes to discuss and decide where each card belongs.
5. Bring the groups back together and ask a group (or several groups if time allows) to report to the class the outcome of their discussions.
6. Ask other groups for comments.
7. Lead a discussion on the following questions:
  - Was it difficult to complete the table?
  - Did you find it harder with a certain stage than with other stages?
  - What have you learned from the activity?
8. Ask each participant to consider the following question: How should a counselor provide effective service to adolescents in their different developmental stages by taking into account the different social and psychological changes that occur to them? Ask each participant to come up with at least one thing the counselor needs to pay attention to when providing service to adolescents in each developmental stage.

<b>Things to be Considered</b>	<b>Early Adolescence</b>	<b>Middle Adolescence</b>	<b>Late Adolescence</b>
<b>1.</b>			
<b>2.</b>			

9. Distribute Handout 5: **Adolescent Psychosocial Development**. Emphasize that it contains a theoretical model created by various western psychologists and that some of the issues may not apply to all cultural contexts. Remind them that developmental charts provide only general guidelines—not all adolescents fit into these categories neatly. Different factors may affect individual adolescents as they experience the different stages. The handout, therefore, is for reference only. The important message we need to understand is that adolescents in different development stages have different needs and we as counselors or service providers need to know and address their needs.
10. Summarize the session by referring to the above discussions as well as the handouts.
  - What have you learned from this session?
  - What inspirations did you get from this session?

## Handout 4: Adolescent Biological Changes/Development

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<b>Early Adolescence 10-13</b>	<b>Middle Adolescence 14-16</b>	<b>Late Adolescence 17-19</b>
<p><b>Puberty begins and body changes; growth spurts occur</b> <b>Growth of pubic hair</b> <b>Ovaries mature in girls in preparation for menstruation</b> <b>Menstruation begins in most girls</b> <b>Breast growth</b> <b>Hips widen in girls</b> <b>Girls are able to get pregnant</b> <b>Boys can produce sperm</b> <b>Genitals enlarge</b> <b>Boys experience nocturnal emissions (“wet dreams”)</b> <b>Muscles enlarge in boys</b> <b>Acne develops</b></p>	<p><b>Continues physical growth, development, and sexual maturation</b></p>	<p><b>Has reached sexual and physical maturity</b></p>

## **Handout 5: Adolescent Psychosocial Development**

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Some general principles govern the process of psychosocial development and help define the range of normal behavior in adolescence:

1. The transition from adolescence to adulthood is generally smooth. This period is generally not a time of storm and stress.
2. Disruptive family conflict is not the norm. Mundane, everyday issues are the usual sources of conflict.
3. Thinking abilities move from concrete to abstract thought. This allows the adolescent to translate experiences into abstract ideas and think about the consequences of actions.

Please note that it is a theoretical model developed by various western psychologists and that some of the issues may not apply to all cultural contexts. Developmental charts provide only general guidelines. Not all adolescents fit into these categories neatly. Different factors may affect individual adolescents as they experience the different stages.

## Characteristic Behaviors of Adolescence

	<b>Early Adolescence</b> 10–13 <i>Transition to adolescence — characterized by puberty</i>	<b>Middle Adolescence</b> 14–16 <i>Essence of adolescence — strong peer group influence</i>	<b>Late Adolescence</b> 17–19 <i>Transition into adulthood — take on adult roles</i>
<b>Independence</b>	<b>Challenges authority, parents, and family</b> <b>Rejects things of childhood</b> <b>Desires more privacy</b>	<b>Moves away from parents and towards peers</b> <b>Begins to develop own value system</b>	<b>Emancipation— enters work or higher education</b> <b>Enters adult lifestyle</b> <b>Reintegrates into family as emerging adult</b>
<b>Cognitive Development</b>	<b>Seeks to make more decisions</b> <b>Wide mood swings</b> <b>Abstract thought is difficult</b>	<b>Abstract thought begins to emerge</b> <b>Begins to respond based on analysis of potential consequences</b> <b>Feelings contribute to behavior but do not control it</b>	<b>Abstract thought well-established</b> <b>Demonstrates improved problem solving</b> <b>Is better able to resolve conflicts</b>
<b>Peer Group</b>	<b>Intense friendship with same sex</b> <b>Possible contact with opposite sex in groups</b>	<b>Strong peer allegiances</b> <b>Begin to explore ability to attract a partner</b>	<b>Decisions/values less influenced by peers</b> <b>Relates to individuals more than to peer group</b>
<b>Body Image</b>	<b>Preoccupation with physical changes and critical of appearance</b> <b>Anxieties about menstruation, wet dreams, masturbation, breast or penis size</b>	<b>Less concern about bodily image, but increased interest in making it attractive</b>	<b>Usually comfortable with body image</b> <b>Acceptance of personal appearance</b>
<b>Sexuality</b>	<b>Begins to have feelings of attraction to others</b> <b>May begin to masturbate</b> <b>May experiment with sex play</b> <b>Compares own physical development with that of peers</b>	<b>Increase in sexual interest</b> <b>May struggle with sexual identity</b> <b>May initiate sex inside or outside of marriage</b>	<b>Begins to develop serious intimate relationships that replace group relationships as primary</b>

Source: Focus on Young Adults Program. *Developmentally Based Interventions and Strategies. Focus Tools Series*. Washington, DC: Pathfinder International; 2001.

## Session Four: Human Sexual Development Through the Life Span

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**Purpose and Objectives:** By the end of this unit, participants should be able to:

1. Review and understand the milestones of human sexual development from birth to death.

**Time Required:** Approximately 60 minutes

**Materials Needed:** Flipchart paper, markers, index cards, and tape

**Handouts:**

Handout 6: **Milestones in Sexual and Social Development**

**Advance Preparation:**

Write on some index cards the contents of Handout 6: **Milestones in Sexual and Social Development**. On each card list one item of the handout. The number of cards should equal the number of participants so that each participant will get one card. Items written on cards may include:

- Begins to have sexual responses
- Explores one's own genitals for the first time
- Shows an understanding of gender identity
- Shows an understanding of gender roles
- Asks questions about where babies come from
- Begins to show romantic interest
- Shows the first physical signs of puberty
- Begins to produce sperm (boys)
- Begins to menstruate (girls)
- Begins to engage in romantic activity
- Has sex for the first time
- Gets married
- Begins to bear children
- Experiences menopause
- Experiences male climacteric (decreased male hormone levels)
- Experiences sexuality in later life

Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

## Activity One: Human Sexual Development Through the Life Span

(60 minutes)

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Introduce the topic: “As we all know, sexuality is a life-long event. A person will experience many vital events along with sexual development. The following activity can help us understand these events.”

1. Ask each participant to pick one of the cards the facilitator prepared beforehand.
2. Allow 1–2 minutes for the participants to determine when certain aspects of sexual development on their cards occur in a person’s life.
3. In the meantime, the facilitator draws the following table on the board.

Before birth	At birth	10 yrs. old	20 yrs. old	30 yrs. old	40 yrs. old	50 yrs. old	60 yrs. old	70 yrs. old	Over 80

4. Ask the participants to tape their cards under the appropriate columns based on their understanding.
5. Ask all participants to look at the results and ask them why they have put their cards under certain columns. If controversies arise, organize discussions on those controversies.
6. Distribute Handout 6: **Milestones in Sexual and Social Development** and organize reading and discussion of the handout.
7. Organize discussions on the following questions:
  - Where on the timeline does most sexual development occur?
  - At what age do most youth receive sexuality education in China (or where you come from)? Is that an appropriate time to start sexuality education? Why?
  - Were you surprised about where any of the cards were placed? Which ones?
  - How is this information helpful when working with adolescents?
8. Summarize the session based on participants’ discussions. The following are for reference only.

In this activity we are able to visually see the sexual and social development that people go through in their lifetime. Realizing that many of the milestones occur during adolescence helps us to understand the challenges that young people face during their physical, emotional, and social development.

It is important to note that due to many factors, individuals may reach particular milestones at different ages than listed on the handout. Therefore, in providing services to adolescents we need to take into account the circumstances of individual adolescents.

## Handout 6: Milestones in Sexual and Social Development

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Some of these items should be checked for accuracy and relevancy to the particular country where training occurs.

**Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in uterus; some males are even born with erections. Sexual responses in females also occur before birth.

**Explores one's own genitals for the first time.** Occurs between ages 6 months and 1 year. As soon as babies can touch their genitals, they begin to explore their bodies.

**Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.

**Shows an understanding of gender roles.** Occurs between ages 3 and 5. Children begin to conform to society's messages about how males and females should act.

**Asks questions about where babies come from.** Occurs between ages 3 and 5.

**Begins to show romantic interest.** Occurs by ages 5 to 12, though may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).

**Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs by ages 8 to 13. This usually occurs slightly earlier for girls than boys.

**Begins to produce sperm (boys).** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.

**Begins to menstruate (girls).** Occurs between ages 9 and 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.

**Begins to engage in romantic activity.** Occurs by ages 10 to 15. This milestone depends heavily on cultural factors.

**Has sex for the first time.** This varies greatly by individual and culture, but mid- to late adolescence is fairly common.

**Gets married.** Varies based on individual and cultural factors.

**Begins to bear children.** Varies based on individual and cultural factors.

**Experiences menopause/male climacteric (decreased male hormone levels).** Menopause usually occurs in women at about age 50 (it can start in the late 30s or early 40's as well), when women go through a process of physiological changes characterized by the end of ovulation, menstruation, and the capacity to reproduce. Male climacteric occurs between ages 45 and 65 and is characterized by a decrease in testosterone production.

**Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their life. Although some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

## **Session Five: A Framework for Working with Youth**

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**Purpose and Objectives:** By the end of the session, participants should be able to:

1. Identify the range of strategies used to serve youth.
2. Articulate the purposes of four approaches to work with youth.
3. Explain how to apply what has been learned in this session to actual work.

**Time Required:** Approximately 60 minutes

**Materials Needed:** Flipchart paper, markers, index cards, and tape

**Handouts:**

Handout 7: **A Framework for Working with Youth**

**Advance Preparation:**

Write on index cards various activities as described in Facilitator Note 1. On each card, mark down only one activity.

Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

**Note to the facilitator:** The Workshop Notes included below are from the Training of Trainers for Youth-Friendly Services held in China in 2004. They are included as a facilitator reference only, and **not as “correct” answers.**

## **Activity One: Strategies for Adolescent Reproductive Health Education and Service** (20 minutes)

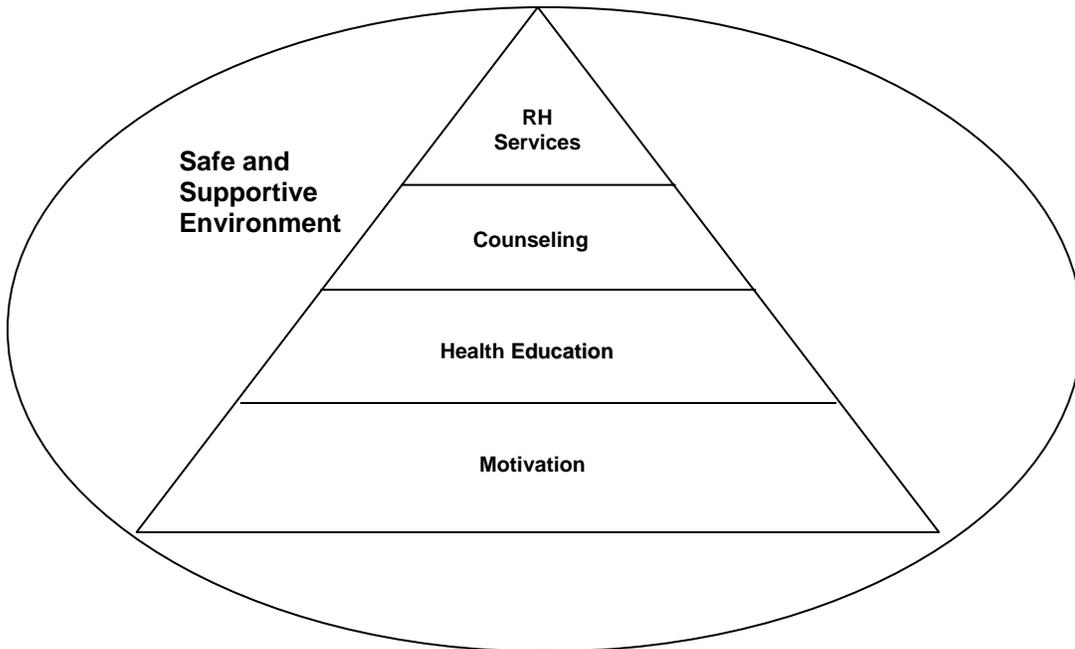
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There are many approaches that reproductive health programs use to directly reach youth. Ask the participants to come up with some of the approaches by referring to their own working experience and give examples as well. Write down these examples on flipchart paper or black/white board.

Summarize and categorize the examples given by the participants. Most of these approaches can be classified under one of four categories:

1. Motivation
2. Health Education (Information-giving)
3. Counseling
4. Reproductive Health Services

In addition, there are other strategies that do not directly work with youth, but rather seek to create a safe and supportive environment for young people. This supportive environment can be created through policies and work with institutions, communities, and parents, among other approaches. The following diagram provides a visual representation of the relationship between these approaches.



A pyramid is used to represent the number of clients that actually benefit from a particular approach. Because motivation can reach more clients than actual clinical services, it has a larger section of the pyramid. The pyramid also represents the logical progression of a client seeking services. Motivation may create interest, so the client then may seek information (health education). Once the client has information, he/she may seek counseling. If the client has counseling, he/she may decide that a clinical service is necessary.

**Definitions:**

**Motivation** – Stimulating behavior change in an individual by marketing a product, service, or action.

**Health Education** – Transmitting information in order to help clients understand the importance of reproductive health issues.

**Counseling** – Exchanging information in order to create awareness and help clients make voluntary and informed decisions about their reproductive health.

**Reproductive Health (RH) Services** – Services provided within or outside of a clinical setting that include STI screening and treatment, family planning, pregnancy care, fertility evaluation, cancer evaluation, sexual dysfunction, and other disorders of the reproductive system.

The facilitator then explains the relationship between motivation, health education, counseling, and reproductive health service by referring to Handout 7: **A Framework for Working with Youth.**

**Activity Two: Exercise and Discussion** (40 minutes)

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Next, we are going to do an exercise to further understand the relationship between the four approaches.

1. Ask each participant to pick a card the facilitator prepared beforehand (see Facilitator Note 1).
2. Allow 1–2 minutes for the participants to decide into which categories the activities on their cards belong.
3. In the meantime, the facilitator writes on the black/white board the four categories of motivation, health education, counseling, and reproductive health services (or the facilitator can put up signs marked with the four categories on the walls):

Motivation	Health Education	Counseling	Reproductive Health Services

4. Ask the participants to put their cards under the appropriate categories.
5. Discuss whether the cards are put under appropriate categories and if necessary adjust the positions of certain cards.

**Workshop notes, from China, 2004:**

What have you learned from the above activity?

All the categories are services. They only differ in forms and contents.

Different forms of services have different purposes.

Grassroots level trainees may have different roles to play: some focusing on motivation and others on counseling, etc.

A counselor should focus on counseling instead of mixing up counseling with motivation, health education, and reproductive health services.

Though each one has its own focus, the four categories overlap and should not be treated separately in the process of service provision.

The four categories are different means of service. Motivation can utilize mass media. Health education can be provided on the basis of motivation. Counseling and clinical services should target those who have needs.

Motivation and health education target those with common needs. Counseling and RH services target those with individual needs.

Motivation and health education can cover a larger population than counseling and RH services.

In terms of service, counseling is essential although counseling, RH services, and health education overlap with each other.

**Following the above activity, the facilitator summarizes what has been learned in this session with the participants:**

What did you learn from this activity?

What can this activity teach us about how to provide services to adolescents?

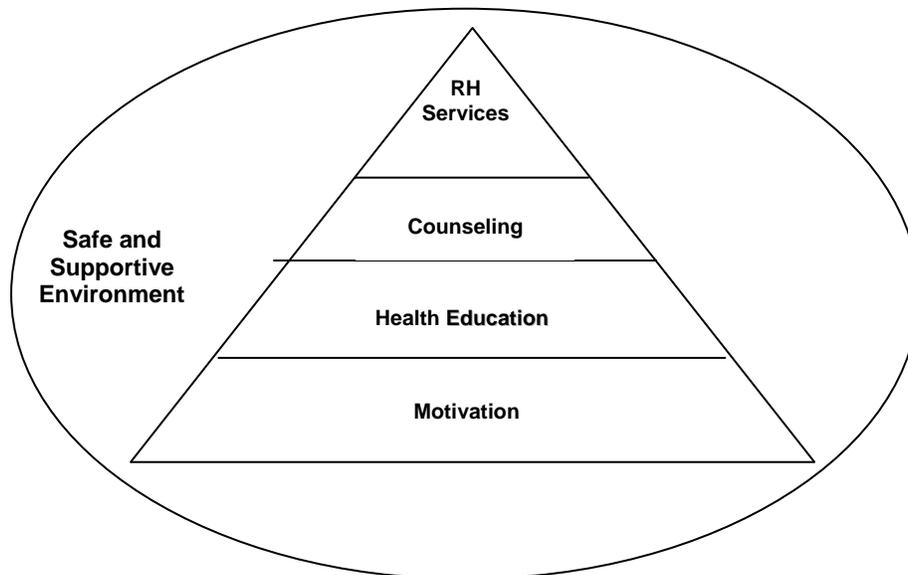
The facilitator should emphasize that when we speak of “youth-friendly services” we usually are referring to the two approaches of counseling and RH services, with counseling taking a larger percentage accompanied by referral service.

The facilitator distributes Handout 7: **A Framework for Working with Youth**. Allow 5–10 minutes for the participants to read the handout and ask if they have any questions.

## Handout 7: A Framework for Working with Youth

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There are many approaches that reproductive health programs use to directly reach youth. Most of these approaches can be classified under one of four categories: 1) Motivation; 2) Health Education or Information-giving; 3) Counseling; or 4) Reproductive Health Services. Meanwhile, a safe and supportive environment is also needed to improve adolescent health outcomes. This supportive environment can be created through policies and work with institutions, communities, and parents, to name a few. The following diagram provides a visual representation of the relationship between these approaches.



A pyramid is used to represent the number of clients that actually benefit from a particular approach. Because motivation can reach more clients than actual clinical services, it has a larger section of the pyramid. The pyramid also represents the logical progression of a client seeking services. Motivation may create interest, so the client then may seek information (health education). Once the client has information, he/she may seek counseling. If the client has counseling, he/she may decide that a clinical service is necessary.

### Definitions:

**Motivation** – Stimulating behavior change in an individual by marketing a product, service, or action.

**Health Education** – Transmitting information in order to help clients understand the importance of reproductive health issues.

**Counseling** – Exchanging information in order to create awareness and help clients make voluntary and informed decisions about their reproductive health.

**Reproductive Health Services** – Services provided within or outside of a clinical setting that include STI screening and treatment, family planning, pregnancy care, fertility evaluation, cancer evaluation, sexual dysfunction, and other disorders of the reproductive system.

Source: *Youth-Friendly Services: A Manual for Providers*. New York, NY: EngenderHealth; 2002 and *Interpersonal Communication and Counseling for Family Planning Workers Training Curriculum*. Seattle, WA: PATH and State Family Planning Commission of China; 1992.

The differences between motivation, health education, counseling, and reproductive health services can be illustrated by the table below:

<b>Activity</b>	<b>Goal</b>	<b>Content</b>	<b>Direction</b>	<b>Bias</b>	<b>Location</b>
<b>Motivation</b>	<b>Influencing behavior in a particular direction</b>	<b>Persuasion – focus on benefits</b>	<b>One-way</b>	<b>Biased</b>	<b>Anywhere</b>
<b>Health Education (Information-giving)</b>	<b>Providing facts and raising awareness</b>	<b>Facts</b>	<b>One-way or two-way</b>	<b>Biased or objective</b>	<b>Anywhere</b>
<b>Counseling</b>	<b>The client’s free and informed choice; a satisfied client</b>	<b>Facts; client’s feelings, needs, concerns</b>	<b>Two-way</b>	<b>Objective</b>	<b>Private atmosphere</b>
<b>Reproductive Health Services</b>	<b>Providing a service to the client that will lead to better health outcomes</b>	<b>Medical treatment, provision of medicine or commodities</b>	<b>One-way</b>	<b>Objective</b>	<b>Private atmosphere</b>

## Facilitator Note 1: Activity Examples for Motivation, Health Education, Counseling, and Reproductive Health Services

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Write the following examples of activities on index cards. On each index card write only one activity. Please note that the following examples are for the facilitator's reference only. The facilitator can also use other examples to reflect local situations.

**Note:** The answers for each activity are for facilitator's reference only. Please do not copy them on the activity cards.

### Activities:

1. A health worker responds to a youth's concern about the pill by explaining that she will be able to have children when she decides to stop taking it. (Counseling)
2. Peer educators tell other youth to access the services offered at the local clinic. (Motivation)
3. A sign is posted that encourages youth to delay first sexual activity. (Motivation)
4. An adolescent male is screened for STIs and given medicine for symptoms of gonorrhea. (RH Services)
5. A radio spot encourages people to use condoms. (Motivation)
6. A clinic remains open until late one evening each week in an attempt to reach youth after school. (Counseling/ RH Services)
7. A program in which peer educators give talks in school about preventing HIV. (Health Education)
8. A young woman is provided emergency contraceptive pills after a condom she used broke. (RH Services)
9. A radio call-in show answers youths' questions about reproductive health. (Health Education/Counseling)
10. A peer educator helps a friend assess his risk for HIV. (Counseling)
11. A youth discusses STI prevention with his peers at school. (Health Education/Counseling)
12. A peer educator distributes condoms to his friends at school. (RH Services)
13. A meal is organized to provide information to youth about AIDS. (Health Education)
14. A billboard shows a photograph of a young person entering a family planning clinic. (Motivation)
15. A brochure discusses how family planning can improve people's lives. (Motivation)
16. A pharmacist helps a young person understand his need to use condoms consistently. (Counseling)
17. A 15-year old girl comes to a clinic for a pregnancy test. (RH Services)
18. A doctor conducts a testicular exam on a 16-year old boy. (RH Services)
19. A couple talks with a nurse about what family planning method would be best for them. (Counseling)
20. A newsletter explaining the signs and symptoms of STIs. (Health Education)
21. A young woman arrives at a clinic complaining of pain and tenderness in her lower abdomen. (RH Services)
22. A theater group acts out situations in which girls are sexually harassed and discusses them. (Health Education)

## **Session Six: Interpersonal Communication and Counseling**

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In order for a provider to offer youth-friendly services to adolescents, he/she needs to have the necessary communication skills to do so in addition to having the required reproductive health knowledge. This session aims to help service providers improve their interpersonal communication and counseling skills. Contents of the session include: values clarification, verbal and nonverbal communication, interview and listening skills, basic steps of counseling, and counseling skills exercises.

### **6-1. Values Clarification**

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**Purpose and Objectives:** By the end of this unit, participants should be able to:

1. Explain why there are no correct or incorrect ways of perceiving reality; there are only different ways of understanding it.
2. Identify their personal attitudes, feelings, and values about adolescents and sexuality, and assess the significance and impact of these on the counseling process.
3. Identify the client's values and the importance of respect in the counseling process.
4. List the attributes of a sexually healthy youth.

**Time Required:** 2 hours and 15 minutes

**Materials Needed:** Flipchart paper, markers, and tape

**Handouts:**

Handout 8: **Find Someone Who...**

Handout 9: **Values Clarification Exercise**

Handout 10: **Case Study**

Handout 11: **Life Behaviors of a Sexually Healthy Individual**

**Advance Preparation:**

Prepare sufficient copies of handouts for participants.

The facilitator can make "Facilitator Note 2" into transparencies if an overhead projector is available for use in the workshop.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

**Note to the facilitator:** The Workshop Notes included below are from the "Training of Trainers for Youth-Friendly Services" held in China in 2004. They are included as a facilitator reference only, and **not as "correct" answers.**

## **Activity One: Find Someone Who...** (20 minutes)

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Introduce the activity: “The following exercise helps you to get in touch and communicate with each other. Each of you will have three minutes to identify other participants to sign for each category on your list. When you are done, return to your seats.”

1. Distribute Handout 8: **Find Someone Who...**
2. The participants start the exercise.
3. At the end of the exercise, ask the participants to discuss the following questions:
  - Why did you act—or not act—immediately when the exercise began?
  - When you approached the first person, how did he/she react? How did you feel?
  - Did you get answers for every question? Why?
  - Which question is hardest? Why? How did you feel when you asked the question?
  - In your opinion, which of the feelings that we had in the exercise will adolescent clients possibly have in our service stations? Why?
  - What can happen when adolescent clients are afraid to ask questions?
  - What can we do to make adolescent clients feel more at ease when accessing our services?

We learned from the above exercise that in the process of interpersonal communication, an individual’s attitudes, feelings, and values can directly impact communication. In the following exercise, we will further study what kind of attitudes and communication skills a service provider needs to have to communicate well with adolescents and unmarried youth.

## **Activity Two: Values Clarification Exercise** (35 minutes)

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Now let’s do a few exercises.

### **Exercise One**

1. Show the participants the first picture in Facilitator Note 2 (preferably in transparencies).
2. Ask the participants to describe aloud what they see and why.
3. Ask the participants to describe further the person’s clothes, age, etc.
4. Now show the second picture (or third picture depending on what your participants are describing).
5. Ask the participants to explain how the picture can be both the old and the young woman.
6. Ask the participants to discuss what they have learned from the exercise, and then briefly summarize the discussion.

People see and hear things in different ways. Perceptions are determined to a great extent by an individual's attitudes, knowledge, and past experiences.

Perception is the foundation of communication and interpersonal relationships.

Understanding this is very important for reproductive health service providers in avoiding personal bias when advising and counseling clients, especially adolescent clients.

## **Exercise Two**

1. Distribute Handout 9: **Values Clarification Exercise**.
2. Allow 1–2 minutes for the participants to list their top five priorities (ask the participant to do this independently without any discussion).
3. When the participants are finished, ask the participants to discuss the following questions:  
Who chose the first item as their number one priority? Why? (If no one chose the first item, also ask why. Then repeat the question with the second item, and so on. If a large number of participants have similar first priorities, discuss possible reasons.)  
Think about this: What would those people who chose “good physical health” as first priority do in daily life? What would those who chose “making more money” as the first priority do in daily life? What about those who select “successful career” as the first priority? And so on.
4. Briefly summarize participant discussion:  
People have different opinions on the most important things in life. Some consider health as the most important thing; some consider family harmony as the most important thing; others consider love as the most important thing; and still others consider money as the important thing. Values are those things we consider important. This exercise tells us that everyone has different values. A person's values are influenced by his/her background, age, and other factors.  
An individual's values can influence his/her behaviors. For example, if health is a person's most important value, he/she will pay attention to his/her food, exercise, and do everything that is good for his/her health.  
When counseling, it is important to distinguish between one's own values as a service provider and the client's values on certain issues and to respect the client's values. Understanding the client's values can help one understand the client's behaviors so as to help him/her adopt healthy behaviors. For example, adolescents may have unprotected sexual activity without considering the consequences just because they are young and are not aware of the importance of health.  
As a service provider, if you can acknowledge the values of your clients and present information in a way that does not contradict these values, your clients will be encouraged to respect and trust your opinions and counseling.

### **Exercise Three**

1. Ask participants to discuss the following questions and record their answers on flipchart paper.

How can a service provider understand his/her client's values?

How can a service provider respect his/her client's values?

2. Ask participants to brainstorm answers to the following two questions and write down the answers on flipchart paper.

What would happen if an unmarried college student comes to you for counseling and wants to get some condoms, and you keep on telling him that premarital sexual activity is not ethical?

A nervous young man is trying to ask you questions about sexually transmitted infections. You personally believe that anyone with an STI deserves it because of their undisciplined life style. How would you behave under this circumstance and what might be the consequences of your behavior?

### **Activity Three:**

#### **Identifying Values When Providing Services to Adolescents** *(25 minutes)*

This exercise is designed to help participants understand how their attitudes, opinions, and perceptions influence the quality of services they offer to adolescent clients.

1. Create the following signs: "Strongly agree," "Agree," "Disagree," and "Strongly disagree."
2. Hang the signs in different locations of the classroom.
3. Explain to participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about working with adolescents and adolescent reproductive health issues. Everyone has a right to his or her own opinion, and no response is right or wrong. In doing the exercise, all participants should listen to each other. This activity is not about debate, but about dialogue.
4. Read the following statements. At the end of each statement, pause and ask participants to stand near the sign that most closely represents their opinion. Ask one or two volunteers from each group to explain why they feel that way.

**Statements:**

1. Condoms should be made available to youth of any age.
2. Sex before marriage is acceptable.
3. Sex education can lead to earlier sex or promiscuity.
4. It is worse for an unmarried girl to have sex than an unmarried boy.
5. Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections.
6. Youth will not access adolescent reproductive health services, even if they are offered.
7. Provision of youth sexual and reproductive health services may lead to earlier sex or promiscuity.
8. Contraceptive service should not be made available to unmarried youth.
9. Young people who have pre-marital sexual activity are unhealthy.
10. If a youth asks me about STI or HIV/AIDS, I wouldn't tell him/her about condoms or other contraceptive methods.
11. If a young female seeks abortion services, I wouldn't tell her about condoms or other contraceptive methods.

5. At the end of the exercise, ask:

Which statements did you find challenging to form an opinion about? Why?

How did it feel to express an opinion that was different from that of some other participants?

How do you think people's attitudes about some of the statements might affect their interactions with young clients or their ability to provide reproductive health services to adolescents?

6. Briefly summarize participant answers and explain that:

Learning to be aware of our own values will help us be more open to listening to different points of view.

When youth notice that providers are more accepting of differences, they will more openly and honestly assess and express their own values.

Understanding adolescents' values can help providers understand the reasons for certain risky behaviors and therefore give adolescent clients tailored service based on their particular circumstances.

## Activity Four: Sexually Healthy Adolescents (60 minutes)

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Introduce the topic: “We usually judge a person’s physical health through certain qualities and characteristics. What are the qualities and characteristics we use to decide if a person is sexually healthy? What kind of qualities and characteristics should adolescents have in order to be considered sexually healthy?”

Sexually healthy adolescents are those who can make decisions that protect them against pregnancy and STIs, while also staying mentally healthy.

1. Divide participants into groups of 5–6 people. Give each group a case study and allow ten minutes to discuss the case and answer questions for each case. (Refer to Handout 10 for the case studies.)
2. After ten minutes bring the groups back together and give each group three minutes to report on their discussion.
3. When all groups are finished reporting, ask participants to come up with a list of the qualities and characteristics of “Sexually Healthy Behaviors.” Make necessary additions based on Handout 11: **Life Behaviors of a Sexually Healthy Individual**. The following should be included:
  - Appreciates own body.
  - Takes care of their reproductive health through check ups, breast exams, testicular exams.
  - Avoids manipulative relationships.
  - Identifies one’s own values and acts in accord with them.
  - Takes responsibility for one’s own actions.
  - Communicates effectively with family and friends.
  - Negotiates sexual limits.
  - Accepts refusals for sex.
  - If engaging in sexual intercourse, protects oneself from sexually transmitted infections and unwanted pregnancy
  - Seeks information and resources about sexuality as needed.
4. Emphasize that it is important that the participant’s values about adolescent sexuality do not interfere with their assessment of sexual health. Some participants may feel that any unmarried adolescent who is sexually active should automatically be deemed sexually unhealthy. Try to encourage participants to make their assessment of sexual health on factors that transcend age and marital status. In many respects, the criteria for a sexually healthy adolescent should be no different from that of an adult.
5. Distribute Handout 11: **Life Behaviors of a Sexually Healthy Individual** and study the handout together with the participants.

6. Ask participants to discuss the following questions and at the end summarize key points.
- Was it difficult to assess and identify healthy/unhealthy characteristics? Why?
  - Where do you think the adolescents learned their behaviors?
  - Do you think that the adolescents knew they were being healthy/unhealthy?
  - Was there disagreement in the group about whether the adolescent was healthy/unhealthy?
  - Are there any qualities that apply to adults but not to adolescents?
  - What was the most important thing you learned from this activity?

### **Workshop Notes on Case Studies, from China, 2004:**

#### **Case Study #1 – Meimei**

Meimei and Xiao Qiang have been together for several months. They are both 17 years old. Meimei always hears her mom tell her older sister that she must abstain from having sex until she gets married. She disagreed with them, but wanted to wait until she found the right person. Two months ago Meimei decided that Xiao Qiang was the right person. Before becoming sexually active, Meimei and Xiao Qiang visited a clinic together. They were both screened for STIs and Meimei decided to begin taking birth control pills. Meimei feels loved and respected when she has sex with Xiao Qiang. However, sometimes Meimei does not want to have sex when Xiao Qiang does. Xiao Qiang often expresses his frustration when Meimei stops them, but Meimei never allows Xiao Qiang to change her mind.

Questions for group discussion:

- Would you consider Meimei a sexually healthy young person? Why or why not?
- Does Meimei demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Meimei demonstrate behaviors that are sexually unhealthy? If so, what are they?

Group One: Meimei is a sexually healthy youth.

She can understand sexuality and has sexual knowledge.

It's quite impressive to note that she knows sex is based on love not on money.

She is aware of sexual health and uses contraceptives when having sex.

Her sexual experience is based on mutual respect, enjoyment, and ability to refuse.

Seventeen years of age is considered too young to have sex in China. I would be so mad if she was my daughter. Eighteen years of age would be another story when she will be considered an adult legally.

She has some reproductive knowledge but not comprehensive knowledge.

Group Two:

Being sexually healthy means being physically and mentally mature and able to accept responsibilities.

(Rest of the points are the same as group one)

#### **Case Study #2 – Xiao Jian**

Nana and Xiao Jian are both 17 years old. They have been having protected sex for the last nine months. Neither one wants to get an STI or have a baby. They love each other and are looking

forward to graduating from school next year. Nana can't wait to get out of the house. She usually complains about being abused at home, but has never given Xiao Jian any details. Xiao Jian can't wait to meet more mature and experienced girls when he moves to the city next year. Xiao Jian tells Nana that she is lucky to have him for a boyfriend. She would have trouble finding another boyfriend like him. Nana agrees even though sometimes she is scared of him and doesn't know why. Sometimes he yells at her because she does things he does not like.

Questions for group discussion:

Would you consider Xiao Jian a sexually healthy young person? Why or why not?

Does Xiao Jian demonstrate behaviors that are sexually healthy? If so, what are they?

Does Xiao Jian demonstrate behaviors that are sexually unhealthy? If so, what are they?

Group Three:

Xiao Jian is sexually unhealthy: he is not responsible for his sexual behavior (too young to have sex and hopes to meet more mature girls); he doesn't treat Nana equally.

Xiao Jian's sexually healthy behaviors include: protected sexual activity; having no other sexual partners.

Xiao Jian's sexually unhealthy behaviors include: 17 years of age is not a grown-up; not being able to take full responsibilities.

Group Four: additional points

Being sexually healthy includes both attitudes and behavior: Xian Jian is not responsible in terms of his attitudes towards Nana although he practices safe sexual behavior.

Some members of the group believe that having premarital sex by itself is a sexually unhealthy behavior. Other members don't agree. They think that being sexually healthy/unhealthy is determined by whether the sexual activity is safe and equal, not by marital status.

### **Case Study #3 – Pingping**

Xiao Li and Pingping have been together for three months. Xiao Li is 27 and Pingping is 16 years old. Pingping likes Xiao Li because he is older and has a good job. Xiao Li gives her money when she needs it and buys her gifts that she cannot afford. Pingping is worried about getting pregnant, but she never uses birth control. She is planning to go to the clinic so that she can get on the pill. She is feeling a little jealous because Xiao Li spends so much time at the bar drinking with his friends. She wants to talk to Xiao Li about it each time they see each other, but she never brings it up because she is afraid of how he will react.

Questions for group discussion:

Would you consider Pingping a sexually healthy young person? Why or why not?

What behaviors does Pingping do that are sexually healthy?

What behaviors does Pingping do that are sexually unhealthy?

Group Five:

Pingping is not a sexually healthy young person. She has sex with her boyfriend because she can get money from him and she doesn't think about the future of their relationship.

Sexually healthy behaviors include: planning to go to the clinic so that she can get on the pill.

Sexually unhealthy behaviors include: money is involved in the relationship; being only 16 years old; running the risk of getting pregnant; not being able to speak out and stick to her opinions.

#### **Case Study #4 – Xiao Jun**

Xiao Jun is 17 years old. Over the past few years he has realized that he has a strong attraction to other men. He thinks that he is gay but he has never told anyone else this for fear of being mistreated. Xiao Jun has never had sexual intercourse. Part of the reason for this is that he is very scared of AIDS. He also thinks he isn't emotionally ready for the responsibilities that come with sexual activity. He usually satisfies his sexual desires through masturbation. He does this almost every day and is a little concerned that this may be abnormal.

Questions for group discussion:

Would you consider Xiao Jun a sexually healthy young person? Why or why not?

What behaviors does Xiao Jun do that are sexually healthy?

What behaviors does Xiao Jun do that are sexually unhealthy?

Group Six:

Xiao Jun is a sexually healthy young person. He is physically healthy and has never had sexual intercourse because he thinks he isn't emotionally ready for the responsibilities that come with sexual activity.

Sexually healthy behaviors include: has never had sexual intercourse; being aware of the risks of sexual activity; and satisfies his sexual desires through masturbation.

Some of the group members think that Xiao Jun has no sexually unhealthy behaviors while other members think that his sexually unhealthy behaviors include being nervous to tell anyone else that he might be gay (not knowing his sexual orientation) and being concerned that frequent masturbation may be harmful to his health.

#### **Case Study #5 – Juanjuan**

Juanjuan is 15 years old. She has been dating her boyfriend Xiao Hua for the past 6 months. Juanjuan enjoys kissing Xiao Hua but she is very uncomfortable when he touches her. His touch feels good but she is embarrassed of her body. She feels that she is too heavy and that her breasts are not big enough. She sometimes stops eating for days in order to lose weight but she never has any success. Xiao Hua is very frustrated that Juanjuan does not want to have sex with him. He has threatened to break up with her if they don't have sex. Juanjuan is thinking of having sex with Xiao Hua because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic and has obtained some condoms in case she decides to have sex. She is very nervous about her situation. She doesn't want to have sex but is afraid that she will.

Questions for group discussion:

Would you consider Juanjuan a sexually healthy young person? Why or why not?

What behaviors does Juanjuan do that are sexually healthy?

What behaviors does Juanjuan do that are sexually unhealthy?

### Group Seven:

Juanjuan is basically a sexually healthy young person. She has normal biological and psychological development and has desires for kissing, touching, and intimacy with her boyfriend. She also has the awareness of self protection. However, she is only 16 and has been dating for six months. At this age, she is not physically mature yet; in addition, she cannot appreciate her own body and doesn't know how to say no to sexual activity.

Sexually healthy behaviors include: self protection and seeking help.

Sexually unhealthy behaviors include: too young; doesn't feel comfortable with her body which is undergoing natural development; and trying to lose weight.

### **Additional Workshop Notes:**

Was it difficult to assess and identify healthy/unhealthy characteristics?

Being healthy physically, mentally, and behaviorally; sexually mature with sexual desire and normal sexual functions; disease-free.

Following sexual ethics (taking responsibility), being legal with consensus and without coercion.

Was there disagreement in the group about whether the adolescent was healthy/unhealthy?

Different criteria.

Not sure if daily masturbation is healthy; participants have different opinions as to "whether masturbation is a healthy behavior" and "to what extent (for example how frequent) is it healthy."

Some participants can accept certain behaviors as sexually healthy only in theory—but not emotionally (for example "I would be so mad if she was my daughter").

### **Key points for summary (based on participants' discussion):**

We talked about the importance of helping youth be sexually healthy in our discussion. However, in reality, many young people may not even know what it means to be sexually healthy. It's important that we help adolescents understand the concept and how they can be sexually healthy.

Opportunities to support a young person's sexual health can occur during counseling sessions. Other opportunities may occur in group discussions during sexuality education. Whatever the opportunities are, it's important we provide them with correct and unbiased information.

Determining a person's sexual health may be more difficult than it first seems. We need to think about what we should do when we are exposed to behaviors that we can accept theoretically as sexually healthy but reject emotionally.

A person can be sexually active and still considered sexually healthy if they demonstrate certain behaviors and knowledge. Meanwhile a person can be sexually unhealthy and still not engage in sexual intercourse.

We should base our assessment of sexual health on factors that transcend age and marital status. In many respects, the criteria for a sexually healthy adolescent should be no different from that of an adult.

## Handout 8: Find Someone Who...

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1. Has a teenage daughter.
2. Considers masturbation as normal behavior.
3. Has talked to a parent about sexuality during adolescence.
4. Has talked to his/her spouse about sexuality.
5. Has ever masturbated.
6. Has talked to a teenager about sexuality.
7. Has talked to his/her child about sexual health.
8. Knows how HIV is transmitted.
9. Expects to have fun in this workshop.
10. Has a friend or co-worker who is HIV positive.

## Handout 9: Values Clarification Exercise

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**Directions:** Read each statement. When you are finished, select the value that is most important to you and put a “1” next to it. Put a “2” next to the value that is second in importance to you. Continue in this manner until you have ranked the 5 items that are most important to you out of the 16 items.

1. Good physical health
2. Economic security
3. Intelligence
4. Education
5. Working environment
6. Marriage
7. Children
8. Successful career
9. Family harmony
10. Position and social status
11. Friendship
12. Love
13. Citizenship
14. Power
15. Making more money
16. Big house

## Handout 10: Case Study

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### Case Study #1 – Meimei

Meimei and Xiao Qiang have been together for several months. They are both 17 years old. Meimei always hears her mom tell her older sister that she must abstain from having sex until she gets married. She disagreed with them, but wanted to wait until she found the right person. Two months ago Meimei decided that Xiao Qiang was the right person. Before becoming sexually active, Meimei and Xiao Qiang visited a clinic together. They were both screened for STIs and Meimei decided to begin taking birth control pills. Meimei feels loved and respected when she has sex with Xiao Qiang. However, sometimes Meimei does not want to have sex when Xiao Qiang does. Xiao Qiang often expresses his frustration when Meimei stops them, but Meimei never allows Xiao Qiang to change her mind.

Questions for group discussion:

- Would you consider Meimei a sexually healthy young person? Why or why not?
- Does Meimei demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Meimei demonstrate behaviors that are sexually unhealthy? If so, what are they?

### Case Study #2 – Xiao Jian

Nana and Xiao Jian are both 17 years old. They have been having protected sex for the last nine months. Neither one wants to get an STI or have a baby. They love each other and are looking forward to graduating from school next year. Nana can't wait to get out of the house. She usually complains about being abused at home, but has never given Xiao Jian any details. Xiao Jian can't wait to meet more mature and experienced girls when he moves to the city next year. Xiao Jian tells Nana that she is lucky to have him for a boyfriend. She would have trouble finding another boyfriend like him. Nana agrees even though sometimes she is scared of him and doesn't know why. Sometimes he yells at her because she does things he does not like.

Questions for group discussion:

- Would you consider Xiao Jian a sexually healthy young person? Why or why not?
- Does Xiao Jian demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Xiao Jian demonstrate behaviors that are sexually unhealthy? If so, what are they?

### Case Study #3 – Pingping

Xiao Li and Pingping have been together for three months. Xiao Li is 27 and Pingping is 16 years old. Pingping likes Xiao Li because he is older and has a good job. Xiao Li gives her money when she needs it and buys her gifts that she cannot afford. Pingping is worried about getting pregnant, but she never uses birth control. She is planning to go to the clinic so that she can get on the pill. She is feeling a little jealous because Xiao Li spends so much time at the bar drinking with his friends. She wants to talk to Xiao Li about it each time they see each other, but she never brings it up because she is afraid of how he will react.

Questions for group discussion:

- Would you consider Pingping a sexually healthy young person? Why or why not?
- What behaviors does Pingping do that are sexually healthy?
- What behaviors does Pingping do that are sexually unhealthy?

#### **Case Study #4 – Xiao Jun**

Xiao Jun is 17 years old. Over the past few years he has realized that he has a strong attraction to other men. He thinks that he is gay but he has never told anyone else this for fear of being mistreated. Xiao Jun has never had sexual intercourse. Part of the reason for this is that he is very scared of AIDS. He also thinks he isn't emotionally ready for the responsibilities that come with sexual activity. He usually satisfies his sexual desires through masturbation. He does this almost every day and is a little concerned that this may be abnormal.

Questions for group discussion:

Would you consider Xiao Jun a sexually healthy young person? Why or why not?

What behaviors does Xiao Jun do that are sexually healthy?

What behaviors does Xiao Jun do that are sexually unhealthy?

#### **Case Study #5 – Juanjuan**

Juanjuan is 15 years old. She has been dating her boyfriend Xiao Hua for the past 6 months. Juanjuan enjoys kissing Xiao Hua but she is very uncomfortable when he touches her. His touch feels good but she is embarrassed of her body. She feels that she is too heavy and that her breasts are not big enough. She sometimes stops eating for days in order to lose weight but she never has any success. Xiao Hua is very frustrated that Juanjuan does not want to have sex with him. He has threatened to break up with her if they don't have sex. Juanjuan is thinking of having sex with Xiao Hua because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic, and has obtained some condoms in case she decides to have sex. She is very nervous about her situation. She doesn't want to have sex but is afraid that she will.

Questions for group discussion:

Would you consider Juanjuan a sexually healthy young person? Why or why not?

What behaviors does Juanjuan do that are sexually healthy?

What behaviors does Juanjuan do that are sexually unhealthy?

## **Handout 11: Life Behaviors of a Sexually Healthy Individual**

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### **Human Development**

- Appreciates one's own body
- Seeks further information about reproduction as needed
- Affirms that human development includes sexual development
- Interacts with both genders in respectful, appropriate ways
- Affirms one's own sexual orientation and respects the sexual orientation of others

### **Relationships**

- Views family as a valuable source of support
- Expresses love and intimacy in appropriate ways
- Develops and maintains meaningful relationships
- Avoids exploitative or manipulative relationships
- Makes informed choices about family options and relationships
- Exhibits skills that enhance personal relationships
- Understands how cultural heritage affects ideas about family, interpersonal relationships, and ethics

### **Personal Skills**

- Identifies and lives according to one's values
- Takes responsibility for one's own behavior
- Practices effective decision-making
- Communicates effectively with family, peers, and partners

### **Sexual Behavior**

- Enjoys and expresses one's sexuality throughout life
- Expresses one's sexuality in ways congruent with one's values
- Enjoys sexual feelings without necessarily acting on them
- Discriminates between life-enhancing sexual behaviors and those that are harmful to self and/or others
- Expresses one's sexuality while respecting the rights of others
- Seeks new information to enhance one's sexuality
- Engages in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected against disease and unintended pregnancy

### **Sexual Health**

- Uses contraception effectively to avoid unintended pregnancy
- Prevents sexual abuse
- Behaves consistently with one's own values in dealing with unintended pregnancy
- Seeks early prenatal care
- Avoids contracting or transmitting a sexually transmitted infection, including HIV.
- Practices health-promoting behaviors such as regular check-ups, breast and testicular self-exam, and early identification of potential problems

**Society and Culture**

- Demonstrates respect for people with different sexual values
- Exercises democratic responsibility to influence legislation dealing with sexual issues
- Assesses the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality
- Promotes the rights of all people to accurate sexuality information
- Avoids behaviors that exhibit prejudice and bigotry
- Rejects stereotypes about the sexuality of diverse populations
- Educates others about sexuality

**Facilitator Note 2: Seeing the woman**

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**Picture one:**



**Picture two:**



*Note:* The “young woman” is seen more clearly in this picture. This illustrates how people “fill in” information in a picture in order to understand it. The drawing shows how people ignore parts of a picture that do not make sense to them. We also do this when we try to understand something in daily life.

**Picture three:**



*Note:* The “old woman” is seen more clearly in this picture. This illustrates how people “fill in” information in a picture in order to understand it. The drawing shows how people ignore parts of a picture that do not make sense to them. We also do this when we try to understand something in daily life.

## **6-2. Verbal and Nonverbal Communication**

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**Purpose and Objectives:** By the end of this unit, participants should be able to:

1. Identify common forms of verbal and nonverbal behavior used during communication and counseling.
2. Demonstrate the use of praise and encouragement and the use of simple language when counseling clients.
3. Explain the importance of feedback in the communication process.

**Time Required:** 2 hours

**Materials Needed:** Flipchart paper, markers, and tape

**Handouts:**

Handout 12: **Praise and Encouragement**

**Advance Preparation:**

Prepare sufficient copies of handouts for participants.

Write on index cards the sentences and words described in Activities One, Two, Three, and Five.

The facilitator can make “Facilitator Note 3” into transparencies if an overhead projector is available for use in the workshop.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator’s notes.

**Note to the facilitator:** The Workshop Notes included below are from the “Training of Trainers for Youth-Friendly Services” held in China in 2004. They are included as a facilitator reference only, and **not as “correct” answers.**

Introduce the topic: “People communicate messages to each other both verbally and nonverbally. It is important for reproductive health service providers to have skills in verbal and nonverbal communication and in using simple language when counseling the youth. Correctly interpreting the verbal and nonverbal messages of the clients can also help service providers to know whether the clients understand them or if their clients still have questions.”

## Activity One: Voice Characteristics Exercise (15 minutes)

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We all know that the characteristics of a person's voice can provide information about the speaker and the message he/she is sending. The following exercise can illustrate the importance of voice characteristics in counseling.

1. Select four volunteers from the participants, and give each of them a slip of paper marked with a sentence and different emotions. Ask the volunteers to read aloud the sentence on the paper using the appropriate voice characteristics to communicate the kind of emotion marked on the paper.

The sentence is: "My period for this month is already two weeks past due." On each slip of paper mark one of the four emotions: scared, angry, happy, and indifferent.

2. Whenever a volunteer finishes reading the sentence, ask the participants to tell what kind of emotion the volunteer is trying to communicate and how the emotion is communicated using voice characteristics.
3. When the four volunteers are done, invite other participants to repeat the exercise using different sentences. Remind the participants that they can only use voice characteristics to communicate the four emotions.

The sentence is: "You ran out of the condoms I gave to you last time and you want more." The four kinds of emotions are: happy, disgusted, impatient, and disapproving.

4. Ask other participants to tell what kind of emotions the volunteers are trying to communicate and how the emotions are communicated using voice characteristics.
5. Summary: Voice characteristics include:
  - Pitch—highness or lowness of vocal tones.
  - Volume—loudness or softness of the voice.
  - Rate—speed of the speech.
  - Quality—sound of the voice.

Using voice characteristics is a form of nonverbal communication. Voice characteristics send out cues relating to feelings, not what is said. As providers we should be sensitive to the signals that clients give through their voices. In the meantime, we should also pay attention to our own voices to avoid unnecessary emotional content.

## Activity Two: Body Language Exercise (20 minutes)

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Ask the participants: apart from verbal communication what are some other ways people use to communicate? (Possible responses: facial expression, body movement, eye contact, voice, etc.)

Explain that interpersonal communication includes other ways to share meanings or feelings besides the messages sent verbally, for example, facial expression and body movement. This is what we call “body language.” Body language is also a form of nonverbal communication. Tell participants the group will do an exercise together on body language.

1. Invite a number of volunteers from the participants and give each of them a slip of paper marked with different emotions.

On each slip of paper is written one of the following emotions: anger, pride, fear, nervousness, happiness, confusion, impatience, approval, disapproval, etc.
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2. Ask the volunteers to act out the emotions marked on their slips of paper using expressions and body language, but no words or vocal expressions.
3. Ask other participants to guess the emotions or feelings the volunteers are trying to convey and ask them how they interpret those emotions.
4. When the acting is over, ask the volunteers: Was it difficult trying to convey a feeling without words?
5. Summarize: In interpersonal communication and counseling, our clients may use body language to convey feelings they don't feel comfortable expressing verbally (for example: fear, nervousness, confusion, etc.). As providers, we cannot neglect clients' body language. In the meantime, our clients also read our emotions from our behavior (for example: friendliness, respect, disgust, disapproval, etc.). It's important, therefore, to pay attention to our body language.
6. Ask participants to discuss the following questions and record participant responses on a flipchart.

Have you ever conveyed any negative emotions through your body language when counseling your clients? How were those emotions conveyed?

How do you imagine your clients felt when they perceived your emotions?

What happens if the client does not feel comfortable talking to the counselor?

What kind of body language can make the client feel welcome and respected?

Using nonverbal expressions to convey certain attitudes and feelings is essential in interpersonal communication and counseling. Therefore it is important for us as service providers to recognize nonverbal clues to clients' feelings and at the same time be aware of the feelings or emotions we may be nonverbally communicating to our clients. Please consider what we can do to make sure that our clients feel free and at ease to talk to us.

7. Record participants' responses. Possible responses may be: relaxed, open and approachable, smiling, leaning towards client, steady eye contact, appropriate voice characteristics, etc.

## **Activity Three: Using Simple Language** (30 minutes)

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In counseling or service provision, it is common for providers to use medical terminology. Technical language, however, is foreign to untrained people. It is therefore very important for counselors and service providers to “translate” technical terms into simple language to communicate with clients. Simple language can help clients feel comfortable and as a result establish the rapport needed for effective counseling. Using simple language to explain technical information can also enable clients to gain a full and correct understanding of the information so that they can make healthy decisions.

### **1. Role-Play Exercise**

Select two volunteers to role-play the following scene. (The dialogue has been written on slips of paper beforehand and the volunteers are given 1–2 minutes to prepare.)

A: (nervously) Doctor, I had sex with my boyfriend and my pregnancy test showed that I’m pregnant. But we couldn’t possibly have this baby!  
B: Oh, you are pregnant. Have a drug abortion, then.  
A: (confused) What’s a drug abortion?  
B: To terminate your pregnancy using mifepristol.  
A: (more confused) Oh, let me go and discuss it with my boyfriend first. I’m coming back tomorrow.

Ask the following questions:

- Why did the young woman come to the clinic (or what help does she need?)
- Did the service provider answer her questions? Why?
- Did she get the help she needed? Why?
- How do you think she felt?
- What might be the result of the counseling?
- What lesson can we learn from the above exercise?

### **Workshop notes, from China, 2004:**

The young woman’s questions are pretty straightforward and the doctor did answer her questions. However, the young woman did not understand the doctor’s answers.

The doctor didn’t use language that the client can understand.

The doctor didn’t explain what a drug abortion is and whether it has any negative effects on health.

The young woman may feel that she couldn’t understand the doctor and would never come back.

The language that service providers often use may be incomprehensible to clients, especially young people. Therefore it’s important that we use simple language that the clients can understand.

Wrap up by referring to participant answers:

Language is used to communicate information. It should clearly express the speaker's meaning.

Technical language should not be used to communicate with adolescents (or to counsel adolescents on reproductive health) because it can lead to misunderstanding.

The counselor must communicate with the client on his/her level and use language that the clients can understand.

The language used in counseling should be brief and simple.

Ask the following question and discuss with participants: What should we do to make sure the information we communicate to our clients is clear and easy to understand? (Possible responses: use short words and short sentences; use words clients understand; use pictures and samples, if available; stop from time to time and ask clients if they understand; observe client's body language for cues of confusion; repeat instructions and ask clients to repeat instructions if necessary.)

## **2. Exercise: Using Simple Language**

Divide participants into groups of 4–6 persons and give each group 3–5 minutes to come up with an example from their experience in which a service provider used technical terms in counseling. Each group then discusses how to turn technical terms into simple language the clients may understand. Each group shares their example with other groups. The facilitator records each group's example and distributes it to the participants after class.

## **Activity Four: Importance of Feedback** *(25 minutes)*

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Previously we discussed how to gauge whether our clients understand us through observation of body language or through questioning. In other words, we try to find out if our clients understand the information we are communicating through feedback. Why is feedback so important in the communication process? The following exercise illustrates the answer.

1. Solicit two pairs of volunteers. Bring the two pairs out of the classroom, away from the participants. Both pairs are told that they will go into the classroom one by one and draw a picture by observing different rules. One person of each pair will describe a drawing and the other person will illustrate it.
2. In the meantime, show a transparency of this drawing to all the participants in the classroom (see "Facilitator Note 3: Importance of Feedback: Geometric Drawing"), explain the rules to be observed by the two pairs, and ask participants to observe the exercise without giving any hints to the volunteers.
3. Bring pair A into the classroom. Give the "Describer" the geometric drawing without letting the "Illustrator" see it.
4. After pair A is done with the drawing, cover their drawing completely with paper.

5. Bring pair B into the classroom and let them do the drawing by observing different rules.

Rules to be observed by pair A	Rules to be observed by pair B
<p><b>“Illustrator” is not allowed to ask questions or give nonverbal messages.</b></p> <p><b>“Describer” is not allowed to repeat instructions or use nonverbal communication.</b></p>	<p><b>“Illustrator” is allowed to ask questions and give nonverbal messages.</b></p> <p><b>“Describer” is allowed to repeat instructions and use nonverbal communication.</b></p>

6. Compare the two drawings. Ask participants which drawing is closer to the original. Why?

Possible reasons: Because the describer in pair B could repeat the instructions; because the describer could also use hand gestures and other nonverbal forms of communication; because the illustrator could ask questions when he/she didn’t understand.

Ask the participants what they have learned from the exercise.

**Workshop notes, from China, 2004:**

- Communication is important.
- We should invite questions from the clients.
- It’s important that service providers give clear instructions.
- It’s important that service providers listen to the clients and answer their questions.
- Service providers should use short and simple sentences.

**Summary Explanation:**

Where there is constant feedback (verbal and nonverbal) and repetition there is more effective communication. If service providers can repeat instructions and use nonverbal methods (e.g., use a model to demonstrate condom use), and if the clients can ask questions to clarify, the clients will be more likely to understand the instructions and information that the counselor hopes to convey.

Next we will discuss the important role played by receiver (the client) and feedback in the process of communication. Show the participants the first model of communication elements.



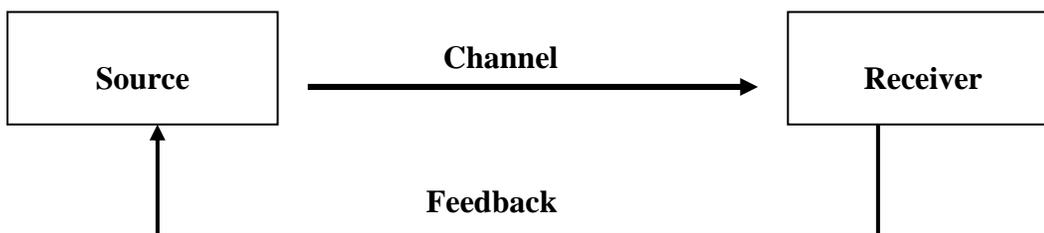
This is one model of looking at the elements of communication: the source (sender of message, or service provider in our counseling) uses certain a channel to send the message to the receiver. Use the following examples to explain the model.

	<b>Example 1</b>	<b>Example 2</b>	<b>Example 3</b>
<b>Source</b>	<b>Government</b>	<b>A private company</b>	<b>Family planning department</b>
<b>Message</b>	<b>Announcement of a new policy</b>	<b>“Buy our product because...”</b>	<b>Family planning knowledge</b>
<b>Channel</b>	<b>TV (radio)</b>	<b>Newspaper advertisement</b>	<b>Family planning billboard</b>
<b>Receiver</b>	<b>TV viewers or radio listeners</b>	<b>Readers</b>	<b>Billboard viewers</b>

What we use for publicity or mass media in everyday life is the same as in the above model. For example, reproductive service centers use media such as TV or radio to send relevant messages to viewers or listeners.

Now think about the question: is there anything missing in this model? (Possible response: It does not include what the receiver will do with the message or what effect it might have on the receiver.)

Next, let’s look at another model of communication:



The second model clearly shows that we could tell what the receiver will do with the message or what effect it might have on the receiver through feedback. This is generally considered a more acceptable model because it recognizes the fact that the receiver is very important—the receiver must “act” on the message if the communication process is to be effective.

This should be the model we use in our communication with adolescents. Service providers (source) communicate reproductive health knowledge (message) to adolescents (receiver) through the channel of interpersonal communication. Service providers try to find out the effect of the communication by observing the adolescent’s response or answering their questions (feedback).

The above analysis shows that:

Feedback is very important in the process of communication because it is one way of measuring the effect of communication.

The receiver of the message is also important in the process of communication because their response to the message is a key indicator of the effectiveness of the communication.

## Activity Five: Praise and Encouragement (20 minutes)

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### Definitions of “encouragement” and “praise”:

Encouragement means giving courage and confidence. To give encouragement means to let the client know that you believe she can overcome her problems. For example: Point out hopeful possibilities.

Praise means giving approval. To give praise means to build on good behavior, to find the good things a client has done. For example: show that you admire his/her concern for safe sexual activity.

### Why do we need to give praise and encouragement to the clients in the process of counseling or service?

Let's first role-play the following two scenarios.

1. Invite two volunteers to role-play the first scenario.

**Young woman:** (nervously lowering her head) Doctor, I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what shall I do if I'm really pregnant?

**Service provider:** Ha, now you are scared! Why didn't you think about this consequence when you had sex? What can I say about you young people...?

2. After the first role-play, ask participants: “How do you think the client felt after the provider response?” Record participant responses on flipchart or board. Ask the volunteer who played the young woman how she felt and if she has anything to add.
3. Next, invite another two volunteers to role-play the second scenario.

**Young woman:** (nervously lowering her head) Doctor, I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what shall I do if I'm really pregnant?

**Service provider:** Don't worry. It's good that you can come to a licensed facility like us for help.

**Young woman:** (raising her head a little and looking at the provider with a more relaxed expression) Mmm.

4. After the second role-play, ask participants: “How do you think the client feels now?” and record participant responses on flipchart or board. Ask the volunteer who played the young woman how she felt and if she has anything to add.
5. After discussions on the two role-plays, ask participants: “What can we learn from the exercise?” and record participant responses.

### **How do we give praise and encouragement?**

Ask participants to discuss the following questions and write down their answers.

How do you encourage a troubled client when you are counseling him/her?

What role does praise play in counseling the adolescents? How should we give praise?

Summarize participant responses and refer to Handout 12: **Praise and Encouragement**. Ask participants to practice the handout if you have time.

### **Key points to emphasize:**

We want to give praise and encouragement to the client even if we want to discourage a negative behavior. Treating clients badly or criticizing them too strongly will not make them receptive to our messages and may discourage them from seeking help in the future. Praise and encouragement are more effective in helping clients acknowledge and solve their problems than are scolding or condemning.

To praise does not mean to patronize. It is easy to sound condescending, not only in the words chosen but in the tone of voice used.

Remember that clients need praise and encouragement, but above all, respect.

Empower our adolescent clients by treating them like responsible adults, remembering that even responsible adults need praise and encouragement.

### **Summary:**

Review what has been covered in “Verbal and Nonverbal Communication.”

What have we learned?

Which parts are helpful in the provision of service to adolescents?

## **Handout 12: Praise and Encouragement**

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### **1. Why give praise and encouragement in interpersonal communication and counseling?**

Giving praise and encouragement is part of a process of counseling clients in the acceptance of health knowledge, forming and maintaining of healthy behavior, or changing behavior. Only when the clients feel they are doing the right thing are they able to accept and maintain new behavior. To behave in a healthier manner, a client needs to believe they have the skills and ability to change. Emphasizing strengths and giving positive feedback in the form of honest praise helps to build a person's self-esteem and confidence, empowering them to meet their goals.

### **2. How to give praise and encouragement**

To give encouragement or praise, first identify strengths of each individual and their situation. It is possible to find positive qualities in everyone and to find some strength even in a very problematic situation. Observe the client closely and you will find his/her strengths. One strength you can point out to clients is the fact that they are brave enough to come to your office and talk with you. Praise clients for this. Other sources of strength may be found in a client's self-care skills, educational and personal resources, family members, and friends, to name a few.

In addition, let the client know that his/her behavior is appreciated. You can show this both verbally and nonverbally. The nonverbal way includes: smiling, nodding, shaking hands, patting on the shoulder, etc. Examples of giving praise and encouragement verbally include:

“I'm pleased that you made the decision to come to the clinic. It takes a lot of strength and courage to ask for help.”

“I can understand that you are very upset. But it's more helpful if you can let me know more and I'm sure we will find a way out.”

“Lots of people are just as scared as you are when they find out they have a sexually transmitted disease. You are dealing with it very well. I will work with you to discuss your feelings and design a treatment plan.”

### **3. Effects and side effects of giving praise and encouragement**

Giving praise and encouragement can make a client willing to be with you and act on your suggestions. However, if used in the wrong way, or in the wrong situation, praise and encouragement can cause problems, too. For example:

When praise makes clients feel awkward

Insincere praise

Unsuitable praise, undermining the respect of others

Praise that is only pleasant words, or that encourages others to do things they don't want to do

Producing self-satisfaction that discourages people from improving their situation further

Therefore, when giving praise and encouragement, it's important to:

**Be sincere.** Without sincerity it's impossible to form good relationships with others.

**Be specific.** Giving specific praise and encouragement is most effective.

**Offer your opinion.** Giving praise is not simply describing a person; rather it's describing the effect of a particular action on you. Praise behavior and describe your feeling about that behavior.

In order to give effective praise and encouragement, you need to:

Let the person know which particular behavior is being praised.

Let the person know what is good about the particular behavior and why it deserves praise.

Let the person know that the praise and encouragement is sincere.

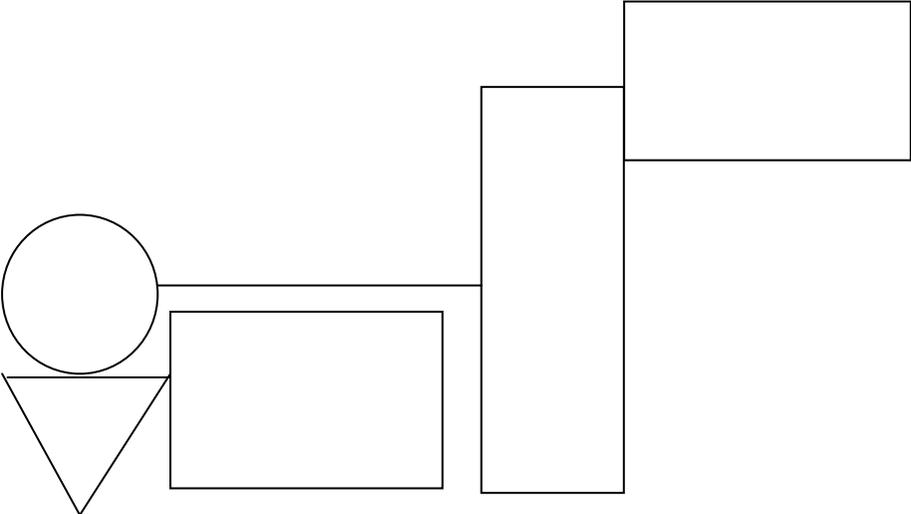
Let the person feel that he/she has done a great job.

Let the person feel encouraged and want to repeat the praised behavior.

Source: *Interpersonal Communication and Counseling for Family Planning Workers Training Curriculum*. Seattle, WA: PATH and State Family Planning Commission of China; 1992.

**Facilitator Note 3: Importance of Feedback: Geometric Drawing**

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### **6-3. Interviewing and Listening Skills**

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**Purpose and Objectives:** By the end of this unit, participants should be able to:

1. Identify and explain the “appropriate response” model.
2. Explain the importance of listening and demonstrate listening skills.
3. Reflect, paraphrase, and summarize client concerns.
4. Identify and demonstrate the use of close-ended, open-ended, probing, and leading questions.

**Time Required:** 80 minutes

**Materials Needed:** Flipchart paper, markers, and tape

**Handouts:**

Handout 13: **Which Are Facts?**

Handout 14: **Listening Skills Self-Assessment**

Handout 15: **Careful Listening and Learning**

Handout 16: **Questioning Skills**

**Advance Preparation:** Prepare sufficient copies of handouts for participants. Write scenes for Activity Three on slips of paper.

Introduce the topic: “Listening is the most basic and common skill in interpersonal communication and counseling. Listening to the clients is key to effective counseling. When you want to understand others’ verbal messages, you need to listen. Listening skills are even more important when you try to understand others’ questions.”

## Activity One: How Much Did You Hear? (20 minutes)

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1. Read the following paragraph aloud and asks participants to listen actively:

Li and Zhang are close friends. They both enjoy shopping in big department stores. During a recent holiday, they made an appointment to go to Parkson Department Store to buy some designer brand clothes that were on sale. They made an appointment to meet at the entrance of an escalator at noon. When the day came, Li went there before the time of the appointment and waited at the entrance to the escalator. Because Li was afraid that if he left the spot Zhang could not see him, Li waited there for several hours. However, Zhang did not show up. Li called Zhang but did not get through. Li was worried by Zhang's frequent failure to keep his promises. Li decided to go look for things he wanted to buy. Then Li went back home worried.

2. After reading the paragraph, distribute Handout 13: **Which Are Facts?** and give the participants 2–3 minutes to do the exercise independently.
3. Go through the exercise with the participants. (Facilitator note: The correct answer is that none of them are facts.)
4. Ask participants what they learned from the exercise and record their responses.
5. Summarize based on the participants' responses with a focus on participant work experience.

What can we learn from the exercise?

When too much information is given all at once, the listener cannot get it all.

When the speaker is talking too much, the listener tends to “zone out.”

We make judgments when we listen.

Even if we listen actively, we may still misunderstand and therefore we need to ask for clarification or repetition.

Sometimes the information itself is confusing and needs clarification.

When we listen we often ignore the details and get only a general idea based on our own experiences.

6. Ask the participants: Under what circumstances will adolescents ask for help? (Possible responses: when they have problems they cannot solve; when they want to chat with you...)  
The clients usually come to service providers or counselors with certain purposes. Whatever their purposes are, we need to listen to them actively when they start to talk. When the clients ask for help, the providers must first make sure what their needs are. When a client comes to you only for a chat, you should also give him/her a chance to speak freely. In the meantime, you need to use good listening skills to let the client feel understood and respected.
7. Ask “How can one be a good listener?” and wrap up based on participants' responses.

## **Workshop notes, from China, 2004:**

How do you demonstrate that you are listening actively?

Clarify.

Repeat and rephrase.

Reassure that you understand. Ask, “Do I understand you correctly?”

Make appropriate responses such as nodding or verbal responses.

Do not respond with your own values and avoid making your own judgments.

The above discussions show that at the beginning of a counseling session, a good counselor should be:

Patient instead of rude

Listening instead of interrupting

Following instead of leading

Understanding instead of judging

## **Activity Two: Listening Skills Self-Assessment** *(10 minutes)*

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Distribute Handout 14: **Listening Skills Self-Assessment** and ask the participants to do the exercise. Emphasize that the scoring is not the focus of this exercise. The focus is to make us aware of the 10 inappropriate listening habits and how to improve our listening skills by avoiding these habits.

## **Activity Three: Appropriate Responses** *(30 minutes)*

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In interpersonal communication and counseling, appropriate responses can demonstrate that you hear and understand the client’s feelings, needs and concerns. Correctly identifying and summarizing the client’s problems and feelings is essential. Only when a client feels the counselor hears and understands his/her problems and feelings can he/she develop trust in the counselor. Then the client can truly listen to what the counselor tries to convey and as a result, can try a new behavior or abandon a negative behavior.

Understanding our clients means understanding their concerns and feelings, not judging what the clients say or do based on our own values. This is very important if we want to provide nonjudgmental and unbiased service to adolescents. Use of appropriate verbal and nonverbal communication skills is essential in making appropriate responses.

Empathizing: When clients come to you with problems, can you put yourself in their shoes and view problems from their perspectives? This is an important skill and the basis of communication. Empathizing is focused on the other person instead of oneself. When you empathize, another person’s problems become your own, at least temporarily. When you empathize, your feelings and attitudes towards problems may be different and your way of solving them may be different too.

1. Ask participants to discuss the question “How are we able to empathize?” and write down their responses. The following possible responses are for facilitator reference.  
Listen to what the client is saying. Concentrate on both words and nonverbal behavior.  
Try to recall or imagine what you would feel under similar circumstances. The client’s feelings may be different from what you would feel in similar circumstances.  
Say something to indicate your sensitivity to the client’s feelings.
2. Tell participants that you will now consider an example. (Ask a volunteer to role-play Xiao Li.)

Xiao Li comes to the service station looking worried and says to the provider: “I had sex with my boyfriend two months ago and that’s the only time we ever had sex. However, my period is three weeks past due already. I’m so scared. I’m wondering if I’m pregnant and what shall I do if I’m really pregnant?”

3. Ask the following questions and write down participant responses on a flipchart.  
How would you respond to Xiao Li?  
What responses might help Xiao Li feel that you hear and understand her concerns and feelings?  
Which responses would be positive to Xiao Li and which negative?
4. Appropriate responses can make the client feel you hear and understand his/her concerns and feelings and can help you as the provider to clarify your understanding.

The following expressions can help in this process: “Are you saying...,” “Do you mean...,” “You believe...,” “Because you...,” “You want to ...,” etc.

### **Role-Play Exercise:**

1. Ask two volunteers to role-play the following scene:

**Young woman:** I’m so worried! I haven’t gotten my period for months and I didn’t use any contraception. I’m wondering if I’m pregnant.

**Service provider:** You are saying you didn’t use any contraceptive method and you haven’t had your period for months.

**Young woman:** Correct.

2. Divide the participants into groups of three. Instruct them to pick any subject to discuss while practicing listening skills through paraphrasing, summarizing, and repeating what the client has said to make sure you hear and understand the client. The three persons will rotate their roles as service provider, client, and observer.

3. Ask the following questions when the exercise is done:

What problems did you have when doing the exercise? (possible responses: it's hard to think and listen at the same time; it is difficult to summarize; can't help making judgments)

What are some skills counselors need to exercise in order to be good "active" listeners? (Possible responses: be attentive; concentrate on the client; don't interrupt; summarize and reflect; give nonverbal feedback—e.g., nod, smile, say "Mmmm," etc.)

4. Wrap up the exercise by summarizing the following:

Briefly repeating what the client said helps to:

Demonstrate that you heard what the client said.

Demonstrate that you understand correctly what the client said and avoid any unnecessary repetition on the part of the client.

When people talk to us, we usually respond in certain ways. If somebody talks with you about his/her problems and troubles, what responses would you make (including both positive and negative responses)? Possible responses include:

Question, console, sympathize

Preach, persuade, implore

Analyze, judge, criticize

Give advice, order, direct, command

Warn, scold, threaten

Butter up, pamper

Insult

Distract

Overreact

Only when providers understand their clients' concerns and feelings can they provide counseling and services that address clients' real needs. Therefore, our responses should be based on our understanding of our clients' concerns and feelings.

Sometimes the client can hardly express his/her concerns or feelings clearly. When this happens, we providers need to help our clients clarify their concerns and feelings. In the process, we should listen to the clients attentively and encourage them to further explain their feelings. In the meantime, we can better understand the clients' concerns and feelings through paraphrasing and summarizing what they have said.

One way to initiate a conversation with the client is to find out the client's concerns and feelings first and then help him/her with a solution or decision. How can we find out about their feelings, then?

Clarify feelings: "You feel that...", "You think that...", or "What you mean is..."

Understand feelings: "Because you..."

List possible solutions: "You want to..."

Let's now discuss how we can reflect and summarize our clients' concerns and feelings and demonstrate to the clients that we understand their concerns and feelings. (Ask participants to think about some real examples from their work.)

### **Some common responses:**

In real life situations, no one can always say the right thing. Sometimes, we respond in ways that create problems. Have four pairs of volunteers act out the following. Give each volunteer a slip of paper with a scene described on it.

1. Ask the first pair to act out the following: Irrelevant response

**Young woman:** I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what I'll do if I'm really pregnant.

**Service provider:** Are you married? Have you got money with you?

Ask:

What kind of response did the service provider give? (possible answers: irrelevant response; ignores what the client was talking about)

How might the young woman feel about this answer?

As service providers, how might we respond in such a situation?

### **Workshop notes, from China, 2004:**

How might the service provider better respond?

Nodding and consoling.

Questioning further: if you don't mind, can you tell me what really happened?

Clarifying some information: "When did you have sex with your boyfriend? When was your last period?"

Asking further what she is worried about.

Calming her down first.

"Take it easy. Sit down and tell me what happened," is a good response. But in the meantime, the provider should also work with her on solving her problem.

2. Ask the second pair to act out the following: Changing the subject.

**Young woman:** I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what I'll do if I'm really pregnant.

**Service provider:** So you are scared. Do you know how to use a condom?

Ask:

What kind of response did the service provider give? (possible answers: changing the subject; suggests acknowledgement of what the client was saying but changes the subject)  
How might the young woman feel about this answer?  
As service providers, how might we respond in such a situation?

**Workshop notes, from China, 2004:**

The service provider's question has nothing to do with what the woman was talking about.  
The provider didn't listen to the client attentively.

3. Ask the third pair to act out the following: Incongruous response

**Young woman:** I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what I'll do if I'm really pregnant.

**Service provider:** (with sarcastic look) Right, only once?

Ask:

What kind of response did the service provider give? (possible answers: incongruous response; nonverbal messages appear to conflict with verbal messages)  
How might the young woman feel about this answer?  
As service providers, how might we respond in such a situation?

**Workshop notes, from China, 2004:**

Mocking and disbelieving the client  
Even with the same statement, different tones make different effects.  
Even with the same tone, different persons may make the same statement sound differently.  
The same statement may be expressed in many different ways. What matters is showing sincere concern and care.

4. Ask the fourth pair to act out the following: Interrupting the speaker

**Young woman:** I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I ...

**Service provider:** I know. Have an abortion, then.

Ask:

What kind of response did the service provider give? (possible answers: interrupting the speaker; the provider breaks in before the client has finished a statement)  
How might the young woman feel about this answer?  
As service providers, how might we respond in such a situation?

**Workshop notes, from China, 2004:**

Very rude.

The provider didn't allow the client to finish. Instead he/she made a judgment based on her own experience.

When can this happen? (when the provider is busy, in a bad mood or when he/she is ready to go home)

The provider has the belief: I know better than you do.

When do people usually interrupt others?

When they believe that what they have to say is superior to what the other person is saying.

When they believe they know what the other person is going to say and they want the other person to realize they already know.

When they are not paying careful attention.

When they are excited by what the speaker is saying and want to hurry the conversation along.

How might the clients feel when the provider gives inappropriate responses?

Unsure they were heard.

Dubious about the worth of what they have said.

Disrespected.

Unwilling to continue the conversation.

We should try to avoid giving inappropriate responses by paying careful attention to what the client is saying and then identifying and reflecting the client's concerns and feelings.

**Workshop notes, from China, 2004:**

What is the purpose of this exercise? What did you learn from the exercise?

Avoid prejudice

Treat clients with respect, patience, and care

One participant gave a real example from work: One day when it's almost time to close, a young man came. I said very politely to him: "I'm so sorry but I really have to go now. Can you come tomorrow?" Even though I was being very polite, he never came back. Sometime later he left a message: "You only care about your own schedule and never care if others can wait."

Put yourself in the other's shoes. Very often, clients choose to come to the clinic when it's almost time to close and when there are not many people around (perhaps afraid of being seen by others). While a service provider may see many clients a day, a particular client may come to the clinic only once in his/her lifetime. The client will feel hurt if he/she is not treated well.

Sum up by referring to the participants' discussions and Handout 15: **Service Providers**. How can providers encourage clients to give more information and establish rapport with clients?

Summarize.

Clarify feelings.

Try to get more information by saying “Tell me more...” or “Take it easy and see if you have anything else to tell me.”

Say “That sounds interesting,” or “What you have said is very important and helpful in solving your problems.”

Smile, nod, and lean toward client.

Keep silent and allow the client time to think.

### **Activity Four: Questioning Skills** (20 minutes)

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Explain that after the providers have identified their clients’ concerns and feelings, they can try to get more information by further communication or questioning so that solutions can be worked out for the clients’ concerns.

Distribute Handout 16: **Questioning Skills** and explain some key points.

Ask the participants to discuss the question: “What types of questions do you often use in the process of counseling?” Ask the participants to give examples (gather 3–5 examples for each type of question).

<b>Close-ended</b>	<b>Open-ended</b>	<b>Probing</b>	<b>Leading</b>

Summarize: In the process of counseling...

We can use close-ended, open-ended, and probing questions.

The tone of voice is important in asking probing questions in a non-threatening and non-judgmental way.

Leading questions are never appropriate because they act as a “door closer” and discourage the clients from saying what they really feel.

Avoid the following when questioning: asking several questions at a time; asking very long questions; asking scolding or criticizing questions; asking interrogating questions.

Summary: The facilitator reviews with the participants what has been covered in Section 6-3, “Interviewing and Listening Skills.”

## Handout 13: Which Are Facts?

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Statements	Facts	Not Facts
1. Li and Zhang are young people who both like shopping in big department stores.		
2. During a recent holiday, the two boys made an appointment to meet in Parkson Department Store.		
3. Li waited for a long time but Zhang didn't show up.		
4. Li called Zhang's home but didn't get through.		
5. Zhang never keeps promises.		
6. Li bought the things he intended to buy and then went home worried.		

## Handout 14: Listening Skills Self-Assessment

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Check the appropriate columns. Then tabulate your score using the following key.

Listening Habits	Always	Usually	Sometimes	Seldom	Never	Score
1. Interrupting the speaker						
2. Getting easily distracted by speaker's delivery errors and mannerisms instead of concentrating on what he/she is saying						
3. Paying attention only when you find the topic interesting						
4. Allowing outside distractions to interfere with your conversation (e.g., phone calls, requests from colleagues)						
5. Doing something else while listening (e.g., doing paperwork, organizing desk, etc.)						
6. Pretending you are paying attention to the speaker when you're actually thinking of other things						
7. Expressing your own ideas and not caring about what the other person has to say						
8. Daydreaming when the speaker talks too slowly						
9. Listening mainly for information you can use against the speaker						
10. Thinking about what you are going to do or say rather than focusing on what the speaker is saying						
<b>Total Score</b>						

### Key for score tabulation:

- For every "Always" checked, give yourself a score of 2.
- For every "Usually" checked, give yourself a score of 4.
- For every "Sometimes" checked, give yourself a score of 6.
- For every "Seldom" checked, give yourself a score of 8.
- For every "Never" checked, give yourself a score of 10.

**Score interpretation:**

If you scored 50 or below, you need to work hard on limiting negative listening behaviors and practicing skills to improve your listening.

If you scored 50 to 85, you have average listening behavior and can improve your listening effectiveness with practice. You listen well under certain circumstances but need to analyze when you really listen and when you are not listening.

If you scored 85 to 100, your listening behaviors are excellent and should yield results. You listen very well.

## Handout 15: Careful Listening and Learning

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When first meeting with a client, an effective counselor listens as much as possible. If a counselor or provider knows what a client's concerns are, it is easier to address them. If the service provider understands the client's home and work situations well, it is easier to help him/her to make a decision.

### **Guidelines on careful listening and learning:**

Try to find out the client's concerns and feelings.

Ask questions that encourage clients to tell you about their needs and wants.

Ask questions that encourage clients to say what they need in their own words ("open-ended questions"). Try not to ask questions that can be answered with "yes" or "no."

Questions that start with "why" or "how" are often good open-ended questions.

Don't always accept the first answers that clients give you. If clients seem confused or vague, ask the same question in a different way.

Be polite and friendly so that the clients feel relaxed and trusting.

If a client seems to feel shy and uneasy about a certain subject, talk about something else for a while, and then gently return to the subject.

## Handout 16: Questioning Skills

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Questioning is the most common skill that providers use in counseling. Appropriate questioning enables providers to learn more about clients and thus better address their needs. In addition, the questions asked can make a big difference in whether the clients will tell the providers their real concerns and feelings. In general, there are four types of questions:

### 1. Close-ended questions

**Requires:** Brief and exact reply; often elicits yes or no response.

**When to use:** When a specific response is required, for example, when taking a contraceptive history.

**Examples:** Do you (or does your boyfriend) use condoms? Which contraceptive pills are you using?

Avoid using close-ended questions before you get sufficient information about your clients.

### 2. Open-ended questions

**Requires:** Longer reply; demands thought; allows for explanation of feelings and concerns.

**When to use:** When detailed information, such as a respondent's opinion, is needed.

**Examples:** What do you think about using condoms? What are your symptoms?

Service providers should use this type of question at the beginning of communication when they need to learn more about the clients. When using open-ended questions, service providers are able to gauge whether clients are willing to talk about their real concerns and feelings.

### 3. Probing questions

**Requires:** Explanation of an earlier statement.

**When to use:** In response to a reply, as a request for further information.

**Examples:** If a client states that "The pill is no good," ask "Why don't you like the pill?"

Probing questions can help providers clarify client concerns. Sometimes, clients do not know how to express their real concerns or phrase their questions. Therefore, providers should not rush the conversation. Sometimes, the first question an adolescent client asks is designed to test the provider's attitude so as to know whether the real cause for the visit can be discussed.

### 4. Leading questions

**Requires:** Lead respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.

**When to use:** When the respondent is expected to answer a question in a particular way.

**Examples:** Don't you think a condom is best for you?

Generally speaking, service providers should try to avoid using this type of question.

Source: *Interpersonal Communication and Counseling for Family Planning Workers Training Curriculum*. Seattle, WA: PATH and State Family Planning Commission of China; 1992.

## Types of Questions

Close-ended questions	Open-ended questions	Probing questions	Leading questions
<b>When to use:</b>			
<b>Mostly used to ask initial questions</b>	<b>To be used following a close-ended question</b>	<b>Use in response to a reply, as a request for further information.</b>  <b>NOTE: Out of context, probing questions may sound leading.</b>	<b>Avoid using leading questions in general.</b>
<b>Requires:</b>			
<b>Brief and exact reply; often elicits yes or no response.</b>	<b>Longer reply; demands thought, allows for explanation of feelings and concerns</b>	<b>Explanation of an earlier statement.</b>	<b>Leads respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.</b>
<b>Examples:</b>			

Source: *Interpersonal Communication and Counseling for Family Planning Workers Training Curriculum*. Seattle, WA: PATH and State Family Planning Commission of China; 1992.

#### **6-4. Basic Counseling Procedures and Exercises**

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**Purpose and Objectives:** By the end of this unit, participants should be able to:

1. Describe basic procedures for counseling.
2. Comfortably answer questions frequently asked by adolescents.
3. Demonstrate counseling skills.

**Time Required:** Approximately 150 minutes

**Materials Needed:** Flipchart paper, markers, and tape

**Handouts:**

Handout 17: **Checklist for Counseling Services**

Handout 18: **Topics for Role-Play**

**Advance preparation:** Prepare sufficient copies of handouts for participants.

## **Activity One: Basic Procedures Of Counseling** *(10 minutes)*

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Ask participants to list a few basic counseling procedures based on their work experience.  
Discuss participant responses.

### **Workshop notes, from China, 2004:**

Counseling usually consists of the following procedures:

Greet and welcome the client; settle the client down on a comfortable seat that faces the door so that the client can feel secure (Note: different clients may have different seating preferences).

Ask questions to gather necessary information about client concerns.

Provide client with sufficient, objective, and accurate information.

Help client make a decision.

Be sure client understands the information given and the decision made.

If the client concerns cannot be addressed within one visit, make another appointment or refer client to a relevant facility that can provide reliable service. (A referral network can be set up with clinics, hospitals, public security bureaus, and legal support facilities.)

## **Activity Two: Role-Play—Counseling Skills Exercise** *(Approximately 2 hours)*

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1. Divide participants into groups of three; two people will play the service provider and the adolescent client, and the third person will be the observer.
2. Each group is to pick a topic from Handout 18 and practice role-playing it. Each group will have about 5 minutes to prepare.
3. Each group will role-play their topic in front of the other participants while the observer critiques their performance according to indicators in Handout 17.
4. At the end of each group's role-play, all participants give comments, which should include the following parts. This will take about 3–5 minutes.
  - Comments from the group observer
  - Participants' evaluations
  - Role-players' feelings
  - Lessons learned from the exercise

### **Role-Play Scenario One: A girl's concern**

A: Hello! Come in! What can I do for you?

B: Something is bothering me. My boyfriend doesn't like to use condoms. Although I told him about the advantages of condoms, he still doesn't like it. I'm so worried about getting pregnant. What shall I do?

A: You are saying you don't want to get pregnant. But your boyfriend doesn't want to use condoms.

B: That's right.

A: Do you know why he doesn't like condoms?

B: He feels uncomfortable when using a condom.

A: Have you been together for very long?

B: About six months.

A: Now, there are many ways to prevent a pregnancy... It depends on which method is best for you. Let me ask you a few questions. Are you having regular periods?

B: Yes.

A: How old are you?

B: I'm 22 years old.

A: Are you planning to get married soon?

B: No, not for now.

A: How is your health in general?

B: Pretty healthy.

A: In your situation, an IUD doesn't seem to be appropriate for you. However, you could use contraceptive pills, spermicides, or other methods. Let me first tell you something about contraceptives.

### **Comments/Evaluations from China, 2004:**

The girl's major concern is pregnancy. The questioning skill is good. However, the contraceptive methods recommended are not very appropriate. Spermicides are not the best method for unmarried youth. The best solution is to persuade her boyfriend to use condoms. The problem is her boyfriend doesn't want to use condoms.

If her boyfriend is so against using it, then other methods could be recommended.

The counselor should provide sufficient information on various contraceptive methods for the girl to choose after getting her boyfriend's opinion instead of making the judgment that an IUD is not appropriate for her.

The counselor should have mentioned the consequences of not using condoms.

When the girl said she had told her boyfriend about the advantages of condoms, the counselor should have asked her about what she said to her boyfriend.

The counselor didn't appear confident enough. If I were the girl, I would never come back.

The counselor could give the client some information, education, and communication (IEC) materials on contraceptive methods.

The counselor could show some contraceptive samples.

The counselor should try to find out the reasons why her boyfriend didn't feel comfortable and also tell the girl that there are many kinds of condoms.

The counselor should ask the girl if she wants to use female condoms.

The counselor should focus on the most important information.

The counselor should introduce various contraceptive methods that are appropriate for adolescents as well as various types of condoms.

The counselor should find out more about the reason why her boyfriend doesn't like condoms and find out what "uncomfortable" really means.

The counselor should give out IEC materials.

The counselor should help the girl improve her skills for communicating with her boyfriend.

Whatever the chosen method is should be explained in detail.

The counselor should tell the girl to communicate with her boyfriend; in particular the girl should let her boyfriend know that he should care more about her feelings—not just his own comfort.

Should technical terms be used?

### **Role-Play Scenario Two: Girlfriend is HIV positive**

A: Can I ask what your problem is?

B: Something is bothering me. I have been dating my girlfriend for two years. However, she recently became HIV-positive. Can you tell me what I should do?

A: How did you find out she was infected?

B: She was diagnosed in a licensed hospital. Can we still get married?

A: Your intention to marry her shows that the love between you two is true love. First of all, you two can get married and that's for sure. However, there are some issues you will need to consider. You two should be prepared for the fact that HIV can be transmitted through sexual activity. It can also be spread from mother to infant.

B: Could you tell me if we can have sex at all?

A: Sure you can. Although HIV can be transmitted through having sex, you can avoid getting infected so long as you use a condom properly every time you have sex. Do you know how to use a condom?

B: Sort of.

A: Okay...

### **Comments/Evaluations, from China, 2004:**

They started well. When the client came in, the counselor greeted him warmly. However, they were separated too far by the table. I noticed the client reset the table as he sat down. Another opinion: It's okay to keep a distance. Besides, the counselor needs to have authority to get the client's trust.

The counselor can give the client some condoms.

The counselor should first ask the client how much he knows about HIV and then provide him with accurate and necessary information.

The counselor should inform the client of the risk of unprotected sex. It's a matter of life and death—not a matter of emotion.

A counselor should remain objective and neutral instead of forcing his/her opinion upon the client. The information a counselor gives should be objective.

During the counseling, the counselor talked much more than he questioned. For example, since his girlfriend is already HIV-positive, the client may already know something about HIV/AIDS. The counselor should try to find out how much the client already knows and whether his information is accurate and, if not, try to clarify.

For example, the client said he knew something about the use of condoms. The counselor should find out how much he knows, whether he knows how to use one properly, and demonstrate the use if necessary.

Counseling should focus on the client's major concerns instead of trying to address every facet.

A counselor can show his/her authority through being nice, professional, confident, and capable.

### **Role-Play Scenario Three: Whether condom use can avoid STIs and HIV/AIDS**

A: (Greeting) You seem to be interested in condoms. We have many varieties here.

B: I have seen many types of condoms too. I'm only wondering how condoms can prevent sexually transmitted diseases.

A: I have no idea. I'm not a doctor. We have different varieties of condoms here. Some are even for free. We have imported condoms too if you want.

B: I don't want free condoms. I'm only wondering why condoms can prevent STIs.

A: I also have some IEC materials here. You can take a look if you want...

### **Comments/Evaluations, from China, 2004**

The counselor does not have relevant knowledge.

One person cannot possibly answer all the questions. At least the counselor is willing to help. Service providers shouldn't pretend that they know everything. They can refer their clients to other facilities or give relevant information.

I feel that the girl is like a prostitute...

Should a counselor treat a prostitute and a girl with only one sexual partner differently? No, except some of the questions asked may be different.

When the client asked if condoms can prevent STIs and HIV/AIDS, the counselor should ask "Do you know anything about STIs and HIV/AIDS?"

The counselor is so eager to provide information that he ignores the client's needs.

It feels more like promotion of condoms than counseling.

The counselor should answer the client's question of "Can condoms really prevent STIs" by first asking the client "What specifically do you want to know" to identify her real concern.

What we consider trivial may be very important to clients. For example, a boy may call in and say "I have a couple of tiny bumps on my leg." It may be no big deal to us, but it probably is a big deal for the boy—otherwise he wouldn't have called. It takes courage to take action.

### **Role-Play Scenario Four: Drug abortion**

A: Anything wrong, miss?

B: My period is more than 10 days late already.

A: How old are you?

B: I'm 19.

A: Are you a middle school student?

B: No, I'm a college student.

A: Don't worry. I can help you.

B: I heard that there is drug abortion. I'm wondering...

A: Where did you hear of drug abortion?

B: My classmates.

A: Drug abortion is... You need to go through some routine check-ups first. Let me give you a check-up first... Have you heard of contraceptives?

B: No.

A: I'm so sorry to hear this. We should have made you informed earlier. Let me give you some information on...

#### **Comments/Evaluations, from China, 2004:**

The service provider spent too much time on giving information than asking questions.

The counselor is very nice. However, the information given is too much for a non-professional person to remember.

#### **More comments from China workshop, 2004:**

Additional role-play scenes were not recorded. Therefore only participants' comments and evaluations are noted below.

### **Role-Play Scenario Five: Masturbation**

#### **Comments/Evaluations, from China, 2004:**

The service provider should have given more accurate information.

The harmful effect of masturbation on fertility and development of sex organs is people's misunderstanding; the pressure comes from ethical values; females should pay more attention to personal hygiene...

When the client is your opposite sex, the important thing is to establish a good interpersonal relations first by saying "Thank you for trusting me..." Second, reassure the client that there's sufficient evidence to show that masturbation is not harmful. Third, let the client know that many other people do this too. Finally, ask the client "Have I answered your questions?"

About the belief that "excessive masturbation" is harmful, it's hard to define how much is excessive.

## **Role-Play Scenario Six: Homosexuality**

### **Comments/Evaluations, from China, 2004:**

The counselor is not well educated on the topic.

Since the child is preparing for the high school test, the priority is to alleviate his pressure and talk about it after the test.

We are not even sure what homosexuality is; how many people are homosexual; what the relationship is between homosexuality and educational level; what the government's attitude is towards homosexuality.

## **Role-Play Scenario Seven: Sexual Activity—Sexual intercourse**

### **Comments/Evaluations, from China, 2004:**

The counselor should explain both sexual intercourse and the consequences.

When privacy can be ensured, the client should be given accurate information as well as advice.

The child asked this mainly out of curiosity; he doesn't necessarily want to know the details of sexual intercourse; the counselor could ask him where he heard of this and how much he knew so that the counseling can address the client's real concern.

Counseling can include the biological and social aspect of sexuality.

In terms of knowledge, the topic should not be avoided; however, sexual ethics should also be stressed.

Curiosity can become out of control and lead to practice; a child of two to three years old...

What's the limit: Children of two to three years old already can ask the question "Where did I come from?" Japanese parents use puppets to demonstrate and their children can understand what sexual activity is.

The counselor's focus should not be behavior and phenomenon but what is behind the behavior and phenomenon.

For questions such as "What is sexual intercourse?" "How do you use condoms?" and "Where did I come from?"—which sound simple but are hard to answer—the explanation should include physical, mental, and social aspects.

What's the limit? Does it mean that if we answer each and every question the adolescents ask we are over the limit by telling them too much? Not asking such questions doesn't mean that adolescents don't have such needs. I don't think there is a limit to how much they should know.

If the client doesn't ask, the counselor doesn't have to give more relevant information.

### **Role-Play Scenario Eight: Can someone with only one sexual partner become infected with HIV?**

#### **Comments/Evaluations, from China, 2004:**

If both partners have each other as the only sexual partner, the chance of getting infected can be reduced.

The counselor didn't clarify if the client has other sexual partners. Instead he asked some irrelevant questions such as the client's profession.

Factors such as profession and age don't determine the chances of getting HIV infection; we can't mislead adolescents.

The counselor should ask questions such as: Why did you ask the question? Do you have only one sexual partner? Do you have anything else to tell me? By asking such questions, the counselor could get to know the client better and give more accurate information.

Since the client is asking the question for his friend, the counselor should suggest that the client bring his friend as well.

To avoid getting HIV infection, one can only rely on oneself not others.

Encourage communication between partners to get to know each other better.

### **Role-Play Scenario Nine: Where did I come from?**

#### **Comments/Evaluations, from China, 2004:**

The counselor seemed to be a little nervous.

How should we answer an 11- to 12-year-old girl asking about sexual intercourse?

Don't have to use very technical terms; for example a simple answer "You came from your mom's tummy" will be okay.

Should distinguish between publicity and counseling.

By telling the client, "My daughter attends the same school and is in the same grade as you," the counselor could make the client worry about her privacy and the confidentiality of the counseling.

Can refer to printed materials by the Family Planning Association of Hong Kong.

### **Role-Play Scenario Ten: Rape**

#### **Comments/Evaluations, from China, 2004:**

Should provide legal support, for example, reporting to the police.

Should let client decide whether she wants to notify the police or not because reporting to the police won't address her concerns of pregnancy and sexually transmitted infections.

Should first clarify if she has been raped. An adolescent's understanding of rape may not be the same as adults. Besides, she mentioned she had no sexual experience. The counselor should probe by asking "What exactly happened?" to determine if sexual intercourse took place and there was ejaculation.

Should help the adolescent plan how to prevent this from happening again.

## **Role-Play Scenario Eleven: Condoms**

### **Comments/Evaluations, from China, 2004:**

The counselor shouldn't have said to the client, "You are still young."

The counselor should remain consistent; the statements "Such knowledge is for high school students" and "You are still young, right?" contradict each other.

Counseling should be made available to all clients.

When the client's question is straightforward, e.g., how to use a condom, the counselor should demonstrate condom use.

## **Role-Play Scenario Twelve: Homosexuality**

### **Comments/Evaluations, from China, 2004:**

Encourage friendship.

The counselor should greet the client.

Should tell the child that people have different friends at different ages, some of the same sex and others of the opposite sex.

## **Activity Three: Summary** *(10 minutes)*

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Ask a volunteer to review with the participants what has been covered in this session (interpersonal communication and counseling skills). The following should be included:

What has been covered in this session (interpersonal communication and counseling skills)?

What skills have been practiced?

What lessons have you learned from this session?

What did you find useful to your work?

After the summary, ask participants if they have any more questions or suggestions.

## **Workshop notes, from China, 2004: Summary of Counseling Skills**

### **Components of counseling:**

Listening skills.

Understanding client's needs.

Questioning skills.

Providing accurate information.

Empathizing.

Introduction skills.

Answering questions well.

Skills of nonverbal communication.

Establishing rapport with the client.

Non-judgmental.

Being neutral.

Clarification.

Greetings: warm, helping the client relax.

Listening attentively is the key to understanding adolescent client concerns and feelings. It's important to remain objective while listening and not to make comments and judgments.

Questions: paying attention to hidden information and reasons. Sometimes the clients are simply beating about the bush and we need to try and get to the heart of the problem.

Explanations of information should be accurate and appropriate. We can't keep talking without making sure adolescent clients understand us. We should also clarify misunderstandings adolescent clients may have and give them factual information.

Recommendations: give the clients sufficient choices.

Atmosphere is important. While explaining sexual intercourse it's important to include physiological, mental, and ethical perspectives; counseling methods should be different with different ages of clients.

As counselors and providers we need to have sufficient theoretical knowledge. However, while dealing with people, we'd better forget about theory.

## Handout 17: Checklist for Counseling

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*Notes:*

1. This form provides guidance for evaluating youth-friendly service provision.
2. A counselor may use this checklist for self-evaluation or peer evaluation. Peer evaluation should be done quarterly. Some Chinese provincial and municipal Family Planning Associations use this list to evaluate all counselors annually and randomly selected counselors twice yearly.
3. For peer evaluation, the observer scores each item and sub-item in the form. Each item is scored on a scale of 0–2: a score of 0 indicates that no attention is given to this item; a score of 1 indicates moderate attention; and a score of 2 indicates good attention to this item. The overall summary score is the sum of the scores for each item.

Organization name: \_\_\_\_\_ Person completing the form: \_\_\_\_\_  
 Date: \_\_\_\_\_

Item	Score (0–2)	Sum	
<b>Counselor covered essential points in youth reproductive health service protocol:</b>			
Youth's needs are determined			
Information on preventing STIs is provided			
Information on contraception is provided			
<b>Counselor developed rapport with youth (illustrative):</b>			
Uses youth's name during session			
Treats youth with respect			
Encourages youth to ask questions			
Uses a kind and inviting tone of voice			
Listens to youth			
Responds to youth's questions			
<b>Counselor demonstrated appropriate counseling techniques:</b>			
Eye contact			
Uses simple language			
Uses visual aids/informational materials during counseling session			
Makes sure understood what youth said/asked			
Non-judgmental			
Provides accurate/correct/objective information			
Clarifies misconceptions			
Counselor explained relevant medical procedures (medical exams) to youth and answered youth's questions in advance of a medical provider performing procedures.			
Informational materials are available in the counseling facility.			
Counselor gave informational materials to youth.			
Counselor provided referral information for obtaining services.			
Overall summary			

## Handout 18: Topics for Role-Play

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**Note:** The following examples are suggestions only. Each group may choose one topic from the list or use a real case example from their work.

1. A junior high school girl: "I'd like to know where I came from."
2. A 16-year-old adolescent: "The grown-ups always tell us not to have sexual activity. I'd like to know what sexual activity is."
3. A 15 year-old boy: "I hear that condoms can prevent HIV infection. I'd like to know how to use a condom."
4. A young girl: "My boyfriend doesn't like to use condoms and I'm so worried about getting pregnant. What shall I do?"
5. A junior high school boy: "I would like to know what masturbation is."
6. An adolescent girl: "Is masturbation harmful?"
7. An out-of-school youth: "Can a person get HIV infection by having sex with only one partner and without using condoms?"
8. A 16-year-old adolescent boy: "Is homosexuality harmful to health?"
9. An out-of-school youth: "My partner was diagnosed with HIV infection. Can we still have sex and can we still get married?"
10. A 20-year-old young woman: "I know masturbation is a normal behavior. However, I still feel guilty. What shall I do?"
11. An unmarried young woman: "I hear that a drug abortion is not painful and I'd like to have it."
12. A young woman working in a karaoke club asks whether condoms can prevent STIs, and she would like to have some condoms.
13. A junior high school student: "Recently I often feel attracted to somebody of my own sex. Am I homosexual? Is homosexuality normal?"
14. A young woman: "I was raped last week and I'm so scared of getting pregnant or getting STIs or HIV infection."

## Session Seven: Youth-Friendly Services Strategy

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**Purpose and Objectives:** By the end of the session, participants should be able to:

1. Analyze existing adolescent reproductive health service.
2. Explain basic strategies for youth-friendly services.
3. Understand adolescent clients' rights.
4. Understand service providers' needs.
5. Identify existing problems by referring to "Self-Assessment Guides for Youth-Friendly Service" and "Assessment Guides for Service Facilities."
6. Work out an action plan for addressing existing problems or improving youth-friendly services.

**Time Required:** Approximately 4 hours

**Materials Needed:** Flipchart paper, markers, and black/white board

**Handouts:**

Handout 19: **Adolescent Program Inventory**

Handout 20: **Youth-Friendly Service Strategies**

Handout 21: **Self-Assessment Guide for Youth-Friendly Services**

Handout 22: **Assessment Guide for Service Facilities**

Handout 23: **Action Plan for Improving Youth-Friendly Services**

**Advance Preparation:** Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

## Activity One: Analyzing Existing Youth-Friendly Services and Formulating Intervention Strategies (60 minutes)

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1. Divide the participants into groups representing project areas. Give each group 15–20 minutes to discuss the following questions:
  - Which institutions in your area provide reproductive health services? (Refer to Handout 19: **Adolescent Program Inventory**.)
  - Of these institutions, which provide adolescent reproductive health services?
  - Of the institutions that provide adolescent reproductive health services, which are related, directly or indirectly, to China Youth Reproductive Health Project? Why were these institutions chosen as youth-friendly service institutions?
  - What intervention activities have been conducted with these youth-friendly service institutions by the project, including activities in institutions, facilities, and personnel?
2. After group discussions, ask one group to report the results of their discussions on the first question and ask the other groups to give additional remarks. When this is done, ask another group to report their discussions on the second question and other groups to add remarks. Repeat this until all four questions are reported.
3. Wrap up participant discussion. The following points are for the facilitator’s reference only.
  - The above exercise shows that you all have more or less understanding of local institutions that provide reproductive health services and adolescent reproductive health services. Understanding of existing institutions can help us decide whether we need to establish new institutions for adolescent reproductive health services or we only need to make improvements to existing institutions to enable them to provide youth-friendly services. We can also decide which institutions are good candidates to become youth-friendly service facilities and which can provide referral services. If any of you feel that you don’t have a good understanding of the local institutions, you can get a good understanding by using Handout 19 when you go back to work. We recommend doing it once a year so that you will have a current understanding of your local reproductive health service situation.
  - The youth-friendly service institutions we are talking about include not only traditional service institutions such as hospitals, family planning stations, or clinics, but also institutions that do not directly provide medical or clinical service such as drug stores, work places, schools, community clinics, health counseling centers, youth clubs, etc. The latter may be most important when we think about where adolescents may feel most comfortable.
  - The exercise also shows that certain criteria were used to select institutions to provide youth-friendly services in each project area. Some of the criteria apply across the board, such as whether adolescents like to visit these institutions and whether these institutions are capable of providing such services. Others reflect unique local circumstances.
  - After the selection of institutions, changes need to be implemented at the selected institutions. For example, enable those institutions without previous adolescent reproductive health services to begin to provide such services, improve existing facilities, train personnel, and so on. Many efforts have been made to this end in different project areas.

You should by now be familiar with the steps to establish youth-friendly services or implement youth-friendly strategies. Besides, you all have some experience in this area. We can now wrap up the youth-friendly services strategy by referring to the diagram in Handout 20.

## **Activity Two: Improving Youth-Friendly Services** (40 minutes)

---

The purpose of youth-friendly services is to provide quality care to adolescents. What kind of services are quality services, then? How do we go about offering quality services?

Ask participants to brainstorm answers to these questions: “How do I define quality services?” or “What do I expect when seeking reproductive health services?” Record participant responses on flipchart paper. Summarize.

Keep these key points in mind during the discussion and summary:

Let’s put ourselves in our clients’ shoes. If we are clients, what kind of service are we looking for? Can services that we are not satisfied with be called quality services? From this point of view, we can define quality service as service that we as providers would like to receive too.

Quality service can meet client needs and improve service provider efficiency.

Improving quality of service requires consistent effort. It cannot be done through a single training workshop or meeting. Rather, it should become part of our daily work.

When we discussed characteristics of youth-friendly services in Session Two, we mentioned that the key to youth-friendly services is meeting adolescents’ needs. That is to say, in order to improve adolescent reproductive health service, we need to understand adolescent needs and adolescent reproductive health rights.

### **Adolescent Client Rights**

Ask participants to discuss the following question: “What do you think are adolescent client rights to reproductive health services?” Record participant responses. If participants have difficulties doing this, remind them of adolescent client rights for family planning services.

On the basis of participant discussions, summarize the following points and ask participants to provide examples of how a facility might ensure that each right is honored. The facilitator needs to be familiar with Handout 21 beforehand.

<b>Adolescent Client Rights</b>	<b>Examples from Work</b>
<b>1. Right to information</b> Adolescents have a right to accurate, appropriate, and understandable information delivered through counseling, educational activities, and materials made available throughout the health care facility.	
<b>2. Right to access services</b> Adolescents have a right to access services unimpeded by cost, hours of service, location, and physical or social barriers (regardless of age, sex, marital status, fertility, social status, beliefs, or sexual orientation).	
<b>3. Right to informed choice</b> Adolescents have a right to information and support they need in order to make informed decisions about their health care and to be treated with respect regardless of their decisions.	

<b>4. Right to safe services</b> Adolescents have a right to safe services delivered in accordance with guidelines by trained service providers who are skilled in routine care, management of complications and emergencies, and infection prevention.	
<b>5. Right to privacy and confidentiality</b> Adolescents have a right to privacy and confidentiality during counseling, physical examinations, and clinical procedures, and in the handling of their personal information and medical records.	
<b>6. Right to dignity, comfort, and expression of opinion</b> Adolescents have a right to consideration for their feelings, modesty, and comfort, and to respect for their opinions and decisions.	
<b>7. Right to continuity of care</b> Adolescents have a right to the services, supplies, referrals, and follow-up necessary to maintain their health.	

### Service Provider Needs

Lead a discussion on the following questions. In order to respect adolescent client rights and provide quality services to adolescent clients, service providers need a proper work environment, in addition to required attitude, knowledge, and skills. Let’s now brainstorm what this environment might consist of. Ask participants to give examples from their work. Familiarize yourself with Handout 21 beforehand.

Service Provider Needs	Examples from Work
<b>1. Service providers need facilitative supervision and management</b> Staff needs supervision and management that values and encourages quality improvement and gives staff the support they need to provide high-quality services to their clients.	
<b>2. Service providers need information, training, and development</b> Staff needs knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of the services they deliver.	
<b>3. Service providers need supplies, equipment, and infrastructure</b> Staff needs reliable inventories of supplies, instruments, and working equipment and the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.	

## **Activity Three: Youth-Friendly Services Self-Assessment** *(90 minutes)*

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Divide participants into groups for an analysis of which services need improvement.

1. Divide the participants into six groups, each containing 6–8 people.
2. Distribute Handout 21: **Self-Assessment Guide for Youth-Friendly Services** and Handout 22: **Assessment Guide for Service Facilities**.
3. Assign each of the groups certain criteria and ask them to refer to relevant criteria and identify problems with existing youth-friendly services they are familiar with. Each group then picks five major problems from their list.
4. Give each group their topic for discussion:
  - For groups one and two: Identify problems with existing youth-friendly services by referring to the first three rights contained in **Self-Assessment Guide for Youth-Friendly Services** as criteria (i.e., right to information, access to services, and informed choice). List all existing problems and pick the five that members consider most important.
  - For groups three and four: Identify problems with existing youth-friendly services by referring to the last four rights contained in **Self-Assessment Guide for Youth-Friendly Services** as criteria (i.e., right to safe services; privacy and confidentiality; dignity, comfort, and expression of opinion; and continuity of care). List all existing problems and pick five that members consider most important.
  - For groups five and six: Identify problems with existing youth-friendly services by referring to service providers' needs contained in **Self-Assessment Guide for Youth-Friendly Services** as well as **Assessment Guide for Service Facilities** as criteria. List all existing problems and pick the five that members consider most important.

Each group has 30 minutes for discussion. After 30 minutes, groups will report back. Before the group discussion starts, emphasize that:

  - (1) **Self-Assessment Guide for Youth-Friendly Services** and **Assessment Guide for Service Facilities** are not tests.
  - (2) To better solve the problems, participants should be as specific and concrete as possible in identifying problems.
5. Group reports:
  - Each group has 2–3 minutes to report the problems they have found, with emphasis on the five major problems they have identified.
  - When each group is describing their five major problems, ask other groups to discuss the findings and be sure these are actual problems—because our purpose is to find real problems. As problems are identified, list them on flipchart paper.
  - After group one and group two report back, ask other groups if they have anything to add. Repeat the same procedure with all groups.

6. Ask participants' opinions on **Self-Assessment Guide for Youth-Friendly Services** and **Assessment Guide for Service Facilities**. Ask them how such tools can help with our routine work.
7. Conclude by reminding participants that, even though their facility may be providing quality services, there is always room for improvement. Explain that they have identified some problems that deal specifically with providing quality services to adolescents. Tell the participants that problems may be due to staff, facility issues, policies, or other less obvious issues. Explain that after we have identified problems, we need to further consider the following questions so as to solve them:
  - What is the recommendation to address the problem?
  - Who is responsible for implementing the recommendation?
  - What is the timeline for implementation?
  - What is the date to assess the status of the implementation?

### **Activity Four: Action Planning for Youth-Friendly Services** *(40 minutes)*

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Continue group activities to work out an action plan for service improvement.

1. Divide participants into groups according to project sites. Those coming from the same project site will form one group.
2. Each group chooses 3–5 problems from the list that they think are the most important to address at their site.
3. Distribute Handout 23: **Action Plan for Improving Youth-Friendly Services**.
4. After the problems are selected, each group discusses the problems at their site and create an action plan. The action plan should include: problems, recommendation to address the problems, who is responsible for implementing the recommendation, and the timeline for implementation. (Refer to Handout 23.)
5. Before each group gets started, remind the participants once again that the problems should be as specific and concrete as possible to be helpful.
6. Give each group 30 minutes to work on the action plan.
7. Have each group use 2–3 minutes to report their work plan (based on the format of Handout 23).
8. After each report, ask the other groups whether they have selected the same problems. If so, ask if they have different opinions on the problems and recommendations to address the problems. Doing so could gather more recommendations to address the same problems and in the same time avoid repeating the same points by different groups.
9. Ask subsequent groups to report only those problems and recommendations that are new.

## Session Seven Summary (10 minutes)

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Ask participants:

What have you learned from this session?

How can the topics covered in this session help with your work?

What's your plan when you go back to your work?

Refer to the following when concluding the session:

“Youth-friendly service strategies” can help us provide youth-friendly services. Before identifying youth-friendly institutions, we need to have a good understanding of existing institutions and local adolescent needs. On basis of this understanding and by referring to certain criteria, we can identify potential youth-friendly institutions. In this process, involving adolescents and listening to their opinions are crucial. When potential youth-friendly institutions are identified, we need to conduct interventions on these institutions. Common interventions include:

1. Assisting service institutions to identify problems through self-assessment and developing an action plan to address these problems (just like the exercise we did in this session).
2. Training providers and staff on the right attitudes, knowledge, and skills for the provision of youth-friendly services.
3. Conducting monitoring and evaluation on an ongoing basis as an important means to improve quality of service.

Identifying youth-friendly services institutions is not our ultimate goal. Our goal is to institutionalize youth-friendly services and make it part of our daily routine to provide quality reproductive health services to adolescents.

We learned some basic characteristics of youth-friendly services in Session Two. Through this session, we get a better understanding of the characteristics of youth-friendly services by learning adolescent clients' rights. We also learned about service providers' needs. Youth-friendly services call for efforts from the entire institution and from every staff member. They are not the responsibility of one or two providers or counselors.

**Self-Assessment Guide for Youth-Friendly Services, Assessment Guide for Service Facilities, and Action Plan for Improving Youth-Friendly Services** are effective means to help us evaluate our services, illuminate existing problems, and develop recommendations to address these problems so as to improve our services on a continuous basis. Each of you is expected to make full use of these tools after you go back to your work and to improve the quality of services at your site.

## Handout 19: Adolescent Program Inventory

**Note:** This form is part of the Monitoring and Evaluation Tools Form 3 for China Youth Reproductive Health Project. Form 3 is designed to help project areas get a general picture of their local adolescent reproductive health environment beyond the China Youth Reproductive Health Project activities. What you see here is only the part that is related to reproductive health service. If you would like to see the rest of Form 3, please refer to the *Monitoring and Evaluation Handbook for China Youth Reproductive Health Project*.

Service facilities								
	No. of facilities		No. of facilities with following services					
	Above district/county level	Below district/county level	Counseling	Hotline (call in)	Contraceptive	STI treatment	Abortion	HIV test
Local medical institution								
Family planning clinics								
Maternal and child health centers								
Epidemic prevention stations								
Pharmacies								
Private clinics								
Others (please specify)								

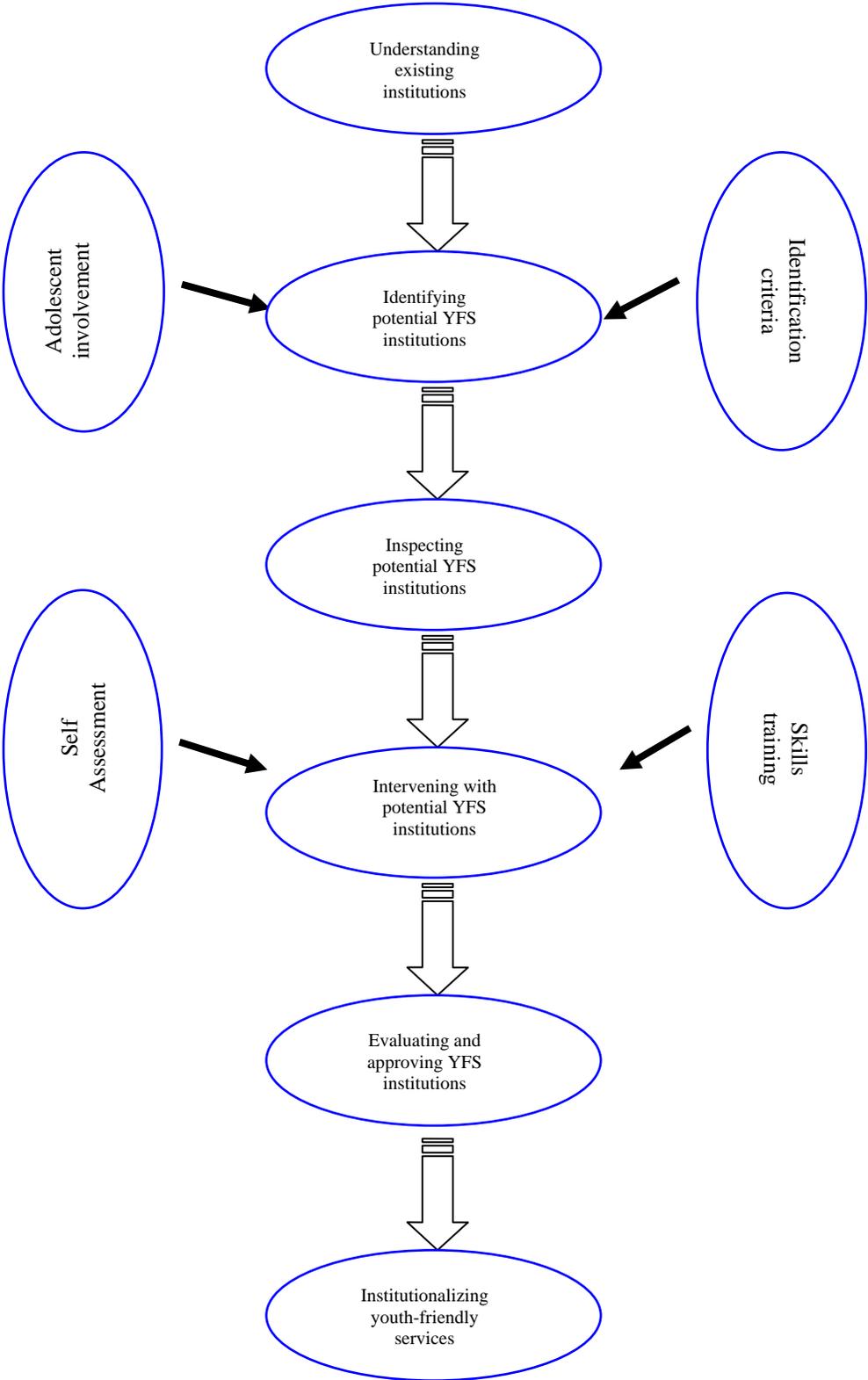
Note. STI, sexually transmitted infection.

School-based							
Total number of schools in local area	Primary school	High School	College	Special secondary school	Vocational school		
Breakdown							
	No. of Schools with Programs					Support from Youth Health Project	
	Primary School	High school	College	Special secondary school	Vocational school	Budget	Technical
Puberty and sexual education in school curriculum							
Puberty and sexual education outside school curriculum							
Life-planning skills training							
Peer education							
Counseling (physical, psychological)							
School-based clinics (providing reproductive health counseling and service)							
Parental guidance							
Other (please specify)							

Comments:

**Handout 20: Youth-Friendly Service (YFS) Strategies**

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## Handout 21: Self-Assessment Guide for Youth-Friendly Services

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### Adolescent Client Rights

#### Right to information

Adolescents have a right to accurate, appropriate, and understandable information delivered through counseling and through educational activities and materials that are available throughout the health care facility.

1. Do you discuss the following sexual and reproductive health issues that are concerns for adolescents?

- Nocturnal emissions

- Premature ejaculation

- Menstruation

- Genital hygiene

- Anatomical and physiological changes due to puberty

- Sexual pleasure

- Body image

- Family planning

- Sexually transmitted infections (STIs)

- HIV/AIDS

- Pregnancy

- Relationships

- Gender issues

- Violence (physical, emotional, and sexual)

- Drug and alcohol abuse

- Self-esteem

- Sexual decision making

2. Do you counsel adolescents one-on-one? If so, do you do the following?

- Feel comfortable discussing reproductive health and sexuality issues with married adolescents.

- Feel comfortable discussing reproductive health and sexuality issues with unmarried adolescents.

- Tailor information to adolescents' needs.

- Use appropriate, non-technical language that adolescents can understand.

- Tell adolescents which services are available by referral to another facility when you can't provide the particular services.

- Tell adolescents which contraceptive methods are available.

3. Do you provide the following information to both married and unmarried youth?

	Married		Unmarried	
	Male	Female	Male	Female
<b>Pregnancy prevention</b>				
<b>Family planning</b>				
<b>Symptoms and prevention of STIs including HIV/AIDS</b>				

4. Do you give information to pregnant adolescents on the following topics?

Antenatal nutrition, exercise, and rest

Where, when, and why to return for follow-up care, including warning signs of complications

Importance of seeking medical attention if problems arise

Safe labor and delivery

Infant care, including immunization schedules and child nutrition

Breastfeeding and breast care

Family planning for the postpartum period and beyond

Sex during pregnancy

**Right to access services**

Adolescents have a right to access services that is unimpeded by cost, hours of service, location, or physical or social barriers (regardless of age, sex, marital status, fertility, social status, beliefs, or sexual orientation).

1. Do you refer adolescent clients to other facilities when you can't offer the required services?

2. Can adolescents get services without parental consent?

3. Where can adolescents get information about the availability of your services?

Communities, schools, offices, or entertaining facilities

Places adolescents often visit such as clubs or discos

Word of mouth

4. Do you make available reproductive health information, counseling, and services to all male and female, married and unmarried adolescent clients?

5. Do you make available free or affordable condoms to all male and female, married and unmarried adolescent clients?

6. Do you ask adolescent clients if they need any contraceptives when they come to you for other services?

7. Is the location of your facility and are your hours convenient for adolescent clients?

**Right to informed choice**

Adolescents have a right to the information and support they need in order to make informed decisions about their health care and to be treated with respect regardless of their decisions.

1. Do you...
  - Actively encourage adolescents to talk and ask questions?
  - Listen attentively to adolescents and respond to their questions?
  - Discuss adolescent reproductive goals, needs, and service options?
2. Do you avoid influencing adolescent contraceptive-method decisions by telling them which methods are “best” for them?
3. If an adolescent wants to discontinue using a contraceptive method, do you do the following?
  - Discuss the reasons for wanting to discontinue
  - Offer appropriate alternatives
  - Help the adolescent explore the health and social implications of adolescent pregnancy
  - Respect and honor the adolescent’s wishes

**Right to safe services**

Adolescents have a right to safe services that are delivered in accordance with guidelines by trained service providers who are skilled in routine care, management of complications and emergencies, and infection prevention.

1. Do you give adolescent clients written and oral instructions about the following?
  - Benefits and risks associated with the treatment, procedure, and contraceptive method they are receiving
  - Warning signs of complications
  - Where to go for emergency and follow-up care
  - Management of complications
2. Can all adolescents get treatment for reproductive tract infections including HIV infection and other STIs either at your facility or by referral to other facilities?
3. Do you screen adolescent clients according to eligibility criteria before they receive their chosen methods?
4. Do you monitor young women for early signs of the most serious pregnancy-related complications?
  - Toxemia
  - Premature labor
  - Obstructed labor
  - Other common local complications
5. Do you use disposable needles and syringes whenever possible and discard them after single use?

6. Do you properly process reusable needles and syringes for reuse?
7. Do you dispose of needles and other sharp objects in puncture-resistant containers immediately after use?

**Right to privacy and confidentiality**

Adolescents have a right to privacy and confidentiality during counseling, physical examinations, and clinical procedures, and in the handling of their personal information and medical records.

1. Do you tell adolescent clients that the services are confidential?
2. Do you ensure that adolescent clients do not have to verbally announce which services they have come for in public areas to be heard by others?
3. Do you conduct counseling in a private space so that it is not observed or overheard by others?
4. Do you respect adolescent clients' wishes to keep their visits confidential from their parents or other family members?
5. Do you respect adolescent clients' wishes to keep the services they receive confidential from their spouses or partners?
6. Can adolescent clients, married or not, have free access to condoms from your facility without having to ask for permission?

**Right to dignity, comfort, and expression of opinion**

Adolescents have a right to consideration for their feelings, modesty, and comfort, and to respect for their opinions and decisions.

1. Do you treat all adolescent clients with the kind of respect you would like to be treated with yourself?
2. Do you respect adolescent clients' (married or unmarried) opinions, even if they are not the same as yours?
3. Do you encourage adolescent clients to express their concerns?
4. Do you respect adolescent clients' ability to make decisions?

**Right to continuity of care**

Adolescents have a right to the services, supplies, referrals, and follow-up necessary to maintain their health.

1. For all services provided, do you tell adolescent clients the following?  
Whether or when they need to return for routine follow-up care.  
They can return any time if they have questions or concerns.
2. Do you give adolescent clients information on the warning signs of complications for all services they receive and tell them where to go for immediate medical attention if they experience any of the signs?
3. Do you take measures to ensure that adolescent clients you have referred to another facility for services get the care for which they are referred (for example, tell them where to go and if possible accompany them there or arrange transportation).
4. Do you try to refer adolescent clients to a service in the community for help when they disclose a problem (e.g., aggression, sexual violence, drug and/or alcohol abuse, and health problems)?
5. Do you have a list of referral resources for the following issues that adolescent clients may need assistance with?
  - Primary health care
  - Drug and alcohol abuse
  - Mental health
  - Rape or sexual assault
  - Physical and/or sexual abuse
  - Employment
  - Tutoring
  - Family counseling
  - Eating disorders and nutrition
  - Sports and other recreational activities

## **Service Provider Needs**

### **Service provider need for facilitative supervision and management**

Staff needs supervision and management that values and encourages quality improvement and gives staff the support they need to provide high-quality services to their clients.

1. Does management in your facility emphasize quality services for adolescents, and is it committed to providing them?
2. Are there regulations in your facility on providing reproductive health services to adolescents?
3. Are there well-trained providers in your facility who are capable of providing quality reproductive health services to adolescents?
4. Apart from medical professionals (doctors, nurses, counselors, etc.), do other staff members in your facility such as paramedical personnel treat adolescent clients with due respect and kindness?

### **Service provider need for information, training, and development**

Staff needs knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of the services they deliver.

1. Do you feel you have the knowledge and skills you need to provide the following services for adolescents?

Sexuality, with special emphasis on adolescent sexual health

Reproductive anatomy and physiology

Contraceptive methods including emergency contraception

Prevention of STIs including HIV/AIDS

Other preventive health topics such as nutrition, smoking, drug and alcohol abuse, violence

Mental health

Prenatal care

2. Do you have access to current reference books, charts, posters, and other materials related to adolescent health care?

3. Do you understand the different needs of different groups of adolescents?

Groups of adolescents	Degree of understanding				Not at all
	Good	Fair	Average	Poor	
<b>Unmarried</b>					
<b>Married</b>					
<b>Male</b>					
<b>Female</b>					
<b>Victims of sexual or domestic violence</b>					
<b>Different social groups (school and out-of-school adolescents)</b>					
<b>Different ethnic groups</b>					
<b>Adolescents with mental health problems</b>					
<b>Adolescent commercial sex workers</b>					

4. Do you feel prepared to address the adverse health consequences of harmful practices that your adolescent clients may face (e.g., sex for money due to poverty or other reasons)?

**Service provider need for supplies, equipment, and infrastructure**

Staff needs reliable inventories of supplies, instruments, and working equipment and the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

1. Over the past six months at your facility, have reproductive health services been interrupted by problems with infrastructure, supplies, drugs, or equipment?
2. Does the facility have only drugs and contraceptives in stock that are within the expiration date?
3. Does your facility have informational and educational materials on adolescent reproductive health? Are these materials being used by adolescents?

Source: EngenderHealth. *Youth-Friendly Services: A Manual for Providers*. New York, NY: EngenderHealth; 2002.

## Handout 22: Assessment Guide for Service Facilities

**Note:** You can use this form to assess service facilities in your workplace. You can do this from the point of view of an adolescent by assuming yourself to be an adolescent coming to the facility for the first time to get some information or seek service. You can also use the form to ask adolescents to evaluate your facilities to see whether your services are youth-friendly.

	Yes	No
<b>Appearances:</b>		
1. Does the name of the facility indicate that adolescents/young people are welcome?		
2. When you approach the facility, do you feel that this is the right place to seek adolescent services?		
<b>Availability of services:</b>		
3. Are there any signs or posters showing that adolescent services are provided here?		
4. Are there any signs or posters showing the facility's hours, types of services, and free or affordable service items?		
5. Are there any pamphlets or flyers about services for adolescents that can be taken away?		
<b>Reception and waiting area:</b>		
6. Do the color and arrangement in the reception and waiting area make adolescents comfortable, i.e., it doesn't seem to be providing services to women and children only?		
7. Are there magazines, newspapers, or other reading materials in the reception and waiting area that are of interest to adolescents?		
8. Are there any pamphlets, posters, or other educational materials in the reception and waiting area that are related to adolescent sexuality and reproductive health?		
9. Does the reception and waiting area look clean and tidy?		
10. Do you see any other adolescent clients in the reception and waiting area?		
11. Do you see any adolescents working here?		
12. Can you see at a glance where to register?		
13. Do staff here look polite and respectful of adolescents?		
14. Can you see where condoms are accessible if you come here only for condoms and not for any other check-ups?		
15. Are there printed and graphic materials about the use of condoms?		
<b>Service area and examination room:</b>		
16. Do the color and arrangement in the service area make adolescents comfortable, i.e., it doesn't seem to be providing services to women and children only?		
17. Are there any informational and educational materials on adolescent health?		
18. Do you feel that your conversation with the service providers (counselors) in the service area will not be overheard or seen by others?		
19. Other observations, comments, and recommendations:		

Source: EngenderHealth. *Youth-Friendly Services: A Manual for Providers*. New York, NY: EngenderHealth; 2002.

## Handout 23: Action Plan for Improving Youth-Friendly Services

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**Notes:**

1. This activity seeks to identify existing problems through self-assessment.
2. Description of identified problems should be as specific and concrete as possible to be helpful with finding the causes and solutions.
3. Please use the following format to draft an action plan. The action plan should include: problems and causes, recommendation to address the problems, who is responsible for implementing the recommendation, and timeline for implementation.
4. Please keep the action plan handy for monitoring the implementation of recommendations and for evaluating the outcomes of solutions. Use the action plan on a regular basis and to monitor progress.

Date: \_\_\_\_\_

<b>Problem/Root causes</b>	<b>Recommendation</b>	<b>By whom/By when</b>	<b>Outcome/Note</b>

Source: EngenderHealth. *Youth-Friendly Services: A Manual for Providers*. New York, NY: EngenderHealth; 2002.

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## Session Eight: Monitoring and Evaluation Tools for Youth-Friendly Services

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**Purpose and Objectives:** By the end of this session, participants should be able to:

1. Understand monitoring and evaluation indicators and tools for youth-friendly services.
2. Use monitoring and evaluation forms developed by China Youth Reproductive Health Project.
3. Describe the value of monitoring and evaluation forms in routine work.

**Time Required:** Approximately 2 hours

**Materials Needed:** Flipchart paper, markers, or black/white board

### **Handouts:**

Handout 24: **Monitoring and Evaluation Overview**

Handout 25: **Summary of Monitoring and Evaluation Forms for China Youth Reproductive Health Project**

Handout 26: **Adolescent Program Inventory**

Handout 27: **Participant List for LPS Training**

Handout 28: **LPS Training Report Sheet**

Handout 29: **LPS Training Pre-/Post-Test**

Handout 30: **Training Evaluation**

Handout 31: **Report on Training of Facilitators and Youth-Friendly Service Providers**

Handout 32: **Checklist for Youth-Friendly Service Characteristics**

Handout 33: **Checklist for Counseling Service**

Handout 34: **Adolescents' Assessment of Youth-Friendly Services**

Handout 35: **Youth-Friendly Service Statistics Tracking Sheets**

Handout 36: **Youth-Friendly Service Tally Sheet**

Handout 37: **Tally Sheet for Youth-Friendly Service Institutions and Personnel**

**Advance Preparation:** Prepare sufficient copies of handouts for participants.

**Suggestions for the Facilitator:** The facilitator should be familiar with the contents of the session including the activities, time required, handouts, procedures, and facilitator's notes.

## **Activity One: Understanding Monitoring and Evaluation Indicators and Tools for Youth-Friendly Services** *(40 minutes)*

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Introduce basic monitoring and evaluation indicators and tools for youth-friendly services by referring to relevant monitoring and evaluation forms developed by China Youth Reproductive Health Project.

For example, say “As we know, the goal of China Youth Reproductive Health Project is to contribute to the improvement of sexual and reproductive health status of youth ages 10 to 24 in China. In order to achieve this goal, four objectives have been developed. One of the objectives is to increase adolescents’ access to and use of quality sexual and reproductive health services and counseling. The questions are: how can we tell whether our efforts are moving towards the objectives; which parts of our work have achieved this objective; and which parts have not and need improvement? The monitoring and evaluation tools developed by China Youth Reproductive Health Project can help us answer these questions.”

1. Distribute Handout 24 and review the monitoring and evaluation indicators and tools from China Youth Reproductive Health Project which are relevant to youth-friendly services. Answer questions participants may have.
2. Distribute and explain Handout 25 Explain that in addition to these forms, service providers also need to fill out forms relevant to youth-friendly service training activities when training activities are conducted. Therefore, the forms introduced here include both service and training forms.
3. Present monitoring and evaluation forms one by one (Handouts 26–37). Participants may already be familiar with some of the forms.

## **Activity Two: Learn to Use Monitoring and Evaluation Forms** *(80 minutes)*

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1. Divide participants into groups of 5–6 persons and ask them to discuss the following questions by referring to their work experience.
  - How does one properly fill out the monitoring and evaluation forms (Handouts 26–37)?
  - How can these forms help in daily work?
  - What problems might one come across while filling out the forms?

Each group will have 40 minutes to practice.

2. Ask each group to report back on the questions. Depending on the number of groups, ask each group to report on one or two forms and ask other groups for additional comments.
3. Summarize and conclude.

## Handout 24: Monitoring and Evaluation Overview (from CYRHP M&E Handbook)

**Objective 3: Increase adolescent access to and use of quality sexual and reproductive health services and counseling**

**Note: Form numbers refer to Monitoring and Evaluation Handbook form numbers. Please see Handbook.**

<b>Key Objectives/Activities</b>	<b>Indicators of Achievement (process or output)</b>	<b>Data Source</b>	<b>Collection Frequency</b>	<b>Data Collectors</b>
<b>Objective 3.1 Develop skills and supporting mechanisms required to independently conduct quality ASRH services</b>				
Conduct mapping of formal and informal health resources in target areas; conduct training needs assessment of service providers including private providers and government providers	Number of service points identified Training needs clearly defined	Form 3 Project activities report Annual report	Annually With each activity	Family Planning Association (FPA) Local partners
Conduct training workshops for service providers to improve quality of service (youth-friendly service) and interpersonal communication skills	Number and percent of qualified providers Number and characteristics of providers trained Content and duration of training courses Number of providers who master training content	Forms 9, 10, 12, and 15 Pre-/post-test instrument Observation/performance follow-up Annual report	After each training session Quarterly As needed Annually	FPA Local partners
Conduct technical training workshops for pharmacy personnel and private practitioners	Number and percent of providers who attend and complete training Content and time of training Degree to which training content is mastered	Reporting forms 9, 10, 12, and 15 Pre-/post-test instrument Observation/performance follow-up Annual report	After each training session Quarterly As needed Annually	FPA Local partners

<b>Key Objectives/Activities</b>	<b>Indicators of Achievement (process or output)</b>	<b>Data Source</b>	<b>Collection Frequency</b>	<b>Data Collectors</b>
<b>Establish mechanism to monitor and evaluate services provided</b>	<p>Number or percent of trained providers with improved attitudes and skills</p> <p>Number or percent of trained providers with improved skills on contraceptive service</p> <p>Number or percent of trained providers with increased knowledge on sexually transmitted infection (STI)/HIV case management</p>	<p>Forms 16– 20</p> <p>Mystery clients</p> <p>Exit interviews</p> <p>Annual report</p>	<p>After each session</p> <p>Quarterly</p> <p>As needed</p> <p>Annually</p>	<p>FPA</p> <p>Local partners</p>
<b>Objective 3.2 Improve access by youth to quality services</b>				
<b>Provide service-related information to youth</b>	<p>Number of activities conducted to provide service-related information to youth</p> <p>Materials developed to provide service-related information to youth</p>	<p>Project records</p> <p>Annual report</p>	<p>Semi-annually</p> <p>Annually</p>	<p>FPA</p>
<b>Provide referral services in conjunction with publicity and counseling activities</b>	<p>Number of youth referred to service facilities by peer leaders</p> <p>Number of youth referred to service facilities through life-planning skills training</p>	<p>Forms 19, 20, and 22</p> <p>Annual report</p>	<p>After each activity or monthly</p> <p>Quarterly</p> <p>Annually</p>	<p>FPA</p>
<b>Objective 3.3 Develop and strengthen referral system</b>				
<b>Develop strategies for developing and sustaining referral system</b>	<p>Referral mechanisms in place</p>	<p>Project records</p> <p>Provider records</p> <p>Annual report</p>	<p>As needed</p> <p>Annually</p>	<p>FPA</p> <p>Local services</p>

<b>Key Objectives/Activities</b>	<b>Indicators of Achievement (process or output)</b>	<b>Data Source</b>	<b>Collection Frequency</b>	<b>Data Collectors</b>
<b>Share project documentation with relevant organizations</b>	<b>Number of project documentation disseminated Channels of dissemination Recipients</b>	<b>Form 5 Annual report</b>	<b>Annually</b>	<b>FPA</b>

## **Handout 25: Summary of Monitoring and Evaluation Forms for China Youth Reproductive Health Project**

### *Notes:*

1. The purpose of this handout is to offer the participants a complete picture of the monitoring and evaluation system of China Youth Reproductive Health Project and therefore a better understanding of the monitoring and evaluation tools relevant to youth-friendly services.
2. In addition to forms relevant to youth-friendly services (see the item “youth-friendly services” under Activities), service providers also need to fill out forms relevant to youth-friendly service training activities when training activities are conducted (see the item “LPS training” under Activities).

<b>Activities</b>	<b>Monitoring forms</b>	<b>Frequency of collection</b>	<b>Note</b>
<b>Informational, advocacy, and community mobilization (including meetings, special events, media coverage, development of information, education, and communication (IEC) material, agency coordination, community mobilization, etc.)</b>	<b>Form 1: Report on informational, advocacy, and community mobilization activities</b>	<b>Following each activity</b>	<b>To be kept at site project offices</b>
	<b>Form 2: Tally sheet of informational, advocacy, and community mobilization activities</b>	<b>Semi-annually</b>	<b>To be submitted to China Family Planning Association (CFPA)</b>
	<b>Form 3: Adolescent program inventory</b>	<b>Annually</b>	<b>To be submitted to CFPA</b>
	<b>Form 4: Assessing coalition/community involvement effectiveness</b>	<b>To be organized regularly by CFPA</b>	<b>To be submitted to CFPA</b>
	<b>Form 5: Tally sheet for informational materials development</b>	<b>Annually</b>	<b>To be submitted to CFPA</b>
	<b>Form 6: Tally sheet for media coverage Samples: informational materials developed and duplicates of media coverage</b>	<b>Semi-annually; samples to be collected on an ongoing basis</b>	<b>To be submitted to CFPA; samples to be submitted as attachment to semi-annual/ annual reports</b>

<b>Activities</b>	<b>Monitoring forms</b>	<b>Frequency of collection</b>	<b>Note</b>
<b>Formation/reform of policies and regulations</b>	<b>Form 7: Tally sheet for policy formation/ reform and resource mobilization</b> Samples: relevant policies, documents, regulations, etc.	<b>To be collected on an ongoing basis; samples to be collected annually</b>	<b>To be kept at site project offices; samples to be submitted to CFPA</b>
	<b>Form 8: Adolescent sexual and reproductive health (ASRH) policy environment score worksheet</b>	<b>To be organized regularly by CFPA</b>	<b>To be submitted to CFPA</b>
<b>Life-planning skills (LPS) training (including training of adolescents, trainers/facilitators, peer educators, and other relevant personnel)</b>	<b>Form 9: Participants list for LPS training</b>	<b>With each activity</b>	<b>To be kept at site project offices</b>
	<b>Form 10: Training report sheet</b>	<b>Following each activity</b>	<b>To be kept at site project offices</b>
	<b>Form 11: LPS training pre/post test</b>	<b>During each training</b>	<b>To be kept at site project offices</b>
	<b>Form 12: Training evaluation</b>	<b>During each training</b>	<b>To be kept at site project offices</b>
	<b>Form 13: Facilitating skills checklist</b>	<b>During dry-run session or real training</b>	<b>To be kept at site project offices</b>
	<b>Form 14: Tally sheet for LPS training</b>	<b>Quarterly; semi-annually</b>	<b>To be kept at site project offices; to be submitted to CFPA</b>
	<b>Form 15: Report on training of facilitators and youth-friendly service providers</b>	<b>Annually</b>	<b>To be submitted to CFPA</b>
<b>Youth-friendly services (including counseling, service provided in pharmacies and clinics, etc.)</b>	<b>Form 16: Checklist for youth-friendly service characteristics</b>	<b>Quarterly; semi-annually</b>	<b>To be kept at site project offices; to be kept with provincial/municipal FPAs</b>

<b>Activities</b>	<b>Monitoring forms</b>	<b>Frequency of collection</b>	<b>Note</b>
	<b>Form 17: Checklist for counseling service</b>	<b>Quarterly; semi-annually; annually</b>	<b>To be kept at site project offices; randomly conducted by provincial/municipal FPAs; generally conducted by provincial/municipal FPAs</b>
	<b>Form 18: Adolescents' assessment of youth-friendly services</b>	<b>After each service; quarterly</b>	<b>To be kept at site project offices</b>
	<b>Form 19: Youth-friendly service statistics tracking sheet</b>	<b>After each service</b>	<b>To be kept at site project offices</b>
	<b>Form 20: Youth-friendly service tally sheet</b>	<b>Quarterly; annually</b>	<b>To be kept with site project offices;</b>
	<b>Form 21: Tally sheet for youth-friendly service institutions and personnel</b>	<b>Semi-annually; annually</b>	<b>To be kept at site project offices; to be submitted to CFPA</b>
<b>Peer education</b>	<b>Form 22: Report on peer education activity</b>	<b>After each activity; monthly; semi-annually</b>	<b>To be kept at site project offices; to be submitted to CFPA</b>
	<b>Form 23: Tally sheet for peer educators</b>	<b>Quarterly; semi-annually</b>	<b>To be kept at site project offices; to be submitted to CFPA</b>

## Handout 26: Adolescent Program Inventory (M&E Handbook Form 3)

(from \_\_\_\_\_ to \_\_\_\_\_, 200\_\_)

**Notes:**

1. This form is designed to help project areas get a general picture of their local adolescent reproductive health status, in addition to the China Youth Reproductive Health Project.
2. Please complete this form annually based on local situation. District level Family Planning Associations (FPAs) are to synthesize data from lower level project agencies and report to provincial/municipal FPAs, who in turn are to synthesize the data and report to China FPA.

**Organization name:** \_\_\_\_\_ **Person completing the form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

School-based							
Total number of schools in local area	Primary school		High school	College		Special secondary school	Vocational school
Breakdown							
	No. of schools with programs					Support from youth health project	
	Primary school	High school	College	Special secondary school	Vocational school	Budget	Technical
Puberty and sexual education in school curriculum							
Puberty and sexual education not in school curriculum							
Life-planning skills (LPS) training							
Peer education							

School-based continued							
Counseling (physical, psychological)							
School-based clinics (providing reproductive health counseling and service)							
Parental guidance							
Other (please specify)							

Non-school-based							
Number of units	Large businesses		Medium/small businesses	Entertainment venues	Villages	Urban communities	
Breakdown							
	No. of units with programs					Support from youth health project	
	Large businesses	Medium/small businesses	Entertainment venues	Villages	Urban communities	Budget	Technical
Peer education							
LPS training							
Counseling (physical, psychological)							
Parental guidance							
Other (please specify)							

<b>Media</b>									
	<b>Total no. of units</b>			<b>No. of regular columns/programs on adolescent sexual and reproductive health (ASRH)</b>			<b>Support from China Youth Reproductive Health project</b>		
	<b>Provincial</b>	<b>Municipal</b>	<b>District</b>	<b>Provincial</b>	<b>Municipal</b>	<b>District</b>	<b>Provincial</b>	<b>Municipal</b>	<b>District</b>
<b>Newspaper</b>									
<b>Journal</b>									
<b>Radio</b>									
<b>TV</b>									
<b>Computer/web</b>									
<b>Other (please specify)</b>									

<b>Service facilities</b>								
	<b>No. of facilities</b>		<b>No. of facilities with the following services</b>					
	<b>Above district/ county level</b>	<b>Below district/ county level</b>	<b>Counseling</b>	<b>Hotline (call in)</b>	<b>Contraceptive</b>	<b>STI treatment</b>	<b>Abortion</b>	<b>HIV test</b>
<b>Local medical institutions</b>								
<b>Family planning (FP) clinics</b>								
<b>Maternal and child health centers</b>								
<b>Epidemic prevention stations</b>								
<b>Pharmacies</b>								
<b>Private clinics</b>								
<b>Other (please specify)</b>								

**Comments:**





## Handout 28: LPS Training Report Sheet (M&E Handbook Form 10)

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**Notes:**

1. This handout is taken from Form 10 of the *Monitoring and Evaluation Handbook for China Youth Reproductive Health Project* with some modification for use in youth-friendly service training.
2. A facilitator fills out this form after every training. Please keep this form together with the participant list and participants' evaluations at a site project office.

**Organization name:** \_\_\_\_\_ **Person completing the form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Facilitators' names and organizations</b>	
<b>Date and time of training</b>	
<b>Place of training</b>	
<b>Number of participants (by gender and total). Please attach participant list.</b>	
<b>Characteristics of participants (e.g, counselor, service provider, project manager,</b>	
<b>Who else attended the training? What role did they play?</b>	
<b>Main training contents</b>	
<b>Overall evaluation, comments, and suggestions</b>	

**Facilitator's notes (please write on a separate sheet if needed):**

## **Handout 29: Life-Planning Skills Training Pre-/Post-Test (M&E Handbook Form 11)**

### *Notes:*

1. Form 11 of the *Monitoring and Evaluation Handbook for China Youth Reproductive Health Project* is a sample test designed for life-planning skills (LPS) training that can be used as both a pre- and post-test. The test itself is not included here because it is not designed for youth-friendly service training. When you conduct youth-friendly service training, you may design your own test according to the training objectives, contents, and participants to help you understand how much the participants have learned from the workshop as well as their opinions, comments, and suggestions about the workshop.
2. If the LPS curriculum is used in a training workshop, the facilitator can refer to the pre- and post-test contained in this curriculum.
3. Please give the test to participants before the training and again after you have completed the training.

## Handout 30: Training Evaluation (M&E Handbook Form 12)

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*Note:* This questionnaire is designed to help facilitators collect feedback from participants in order to improve training content and skills. Facilitators can ask participants to fill out this evaluation sheet after each training. This questionnaire is only a sample. Facilitators may design their own questionnaires.

1. Please list the three most important things you learned from today's training, and explain why you think they are important.
  
2. Please list the topics/contents you like most. Why do you like them?
  
3. Please list the topics/contents you like least. Why don't you like them?
  
4. Which of the following training methods did the facilitators use during the training?  
Group discussion \_\_\_\_\_  
Brainstorming \_\_\_\_\_  
Role play \_\_\_\_\_  
Case study \_\_\_\_\_  
Others (please specify) \_\_\_\_\_
  
5. To what extent did you learn from this training?  
Learned a lot \_\_\_\_\_  
Learned a little \_\_\_\_\_  
Learned nothing \_\_\_\_\_  
Other (please specify) \_\_\_\_\_
  
6. Please rate the facilitators' performance for this training.  
1. Very poor    2. Poor    3. Fair    4. Good    5. Very good
  
7. Any comments and suggestions for improving future training?

Thank you very much!

## Handout 31: Report on Training of Facilitators and Youth-Friendly Service Providers (M&E Handbook Form 15)

(from \_\_\_\_\_ to \_\_\_\_\_)

### Notes:

1. This handout is taken from Form 15 in the *Monitoring and Evaluation Handbook for China Youth Reproductive Health Project*.
2. Please record training activities for facilitators and youth-friendly service providers on a timely basis and report to higher level Family Planning Associations (FPAs) annually.

Organization name: \_\_\_\_\_

Person completing form: \_\_\_\_\_

### Training of youth-friendly service providers

Title of training	Contents of training*	No. of participants with following characteristics					No. of people trained			Date/Length of training
		Medical workers	School clinic staff	Pharmacy workers	FP workers	Others (specify )	Male	Female	Total	
	1.									
	2.									
	...									
	1.									
	2.									
	...									
...										

(\*Contents of training: characteristics of youth-friendly services, adolescent development, sexual development through the life span, a framework for working with youth, interpersonal communication and counseling skills, etc.)

## Handout 32: Checklist for Youth-Friendly Service Characteristics (M&E Handbook Form 16)

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*Note:* This form is designed to evaluate services provided by youth-friendly service centers/clinics with the aim of improving their services. Service centers/clinics fill out this form quarterly as self-evaluation, and Family Planning Associations (FPAs) at provincial and municipal levels evaluate service centers semi-annually using this tool.

Organization name: \_\_\_\_\_ Person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_

Characteristics	Yes	No	Comments
<b>Providers and staff</b>			
Staff is friendly to youth			
Staff is respectful of youth			
<b>Counseling</b>			
Counselors spend adequate time with youth clients			
Counselors use language that is understandable to youth			
Counselors are friendly to youth and are approachable			
Counselors are non-judgmental			
Counselors are understanding and knowledgeable about youth concerns and needs			
Counselors answer youth's questions			
Counselors ask youth if he/she has other questions/needs			
Counselors offer choices, including abstinence, contraception, and condoms			
Counselors provide clear and helpful information			
Counselors provide accurate and objective information			
<b>If examination/clinic service needed,</b>			
Medical providers spend adequate time with youth clients			
Medical providers use language that is understandable to youth			
Medical providers are non-judgmental and approachable			
Medical providers explain procedures and possible side effects			

<b>Information on need for and timing of follow-up visit(s) is provided clearly</b>			
---	--	--	--

<b>Characteristics</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Policies and systems</b>			
Youth drop-ins are welcome and accommodated (for drop-ins only)			
Services are offered for both males and females			
Facility provides printed and/or audio-visual materials on reproductive health (RH) services and concerns to youth			
Facility provides contraceptive methods that are most popular among youth			
Facility provides wide range of services			
Services are linked to other youth service and program networks			
Cost of RH services is affordable			
<b>Service environment</b>			
Adolescent sexual and RH services are provided at convenient (and separate)			
Decoration and surroundings are inviting to youth clients (non-medical, etc.)			
Counseling and examination rooms ensure privacy for youth clients			
Separate space is used for youth clients			
Facilities are conveniently located to youth			
Education materials are displayed (audio-visual, printing, etc.)			
Education materials are available for youth			
Youth report overall satisfaction with youth RH services			

### Handout 33: Checklist for Counseling Service (M&E Handbook Form 17)

**Notes:**

1. This form is designed to evaluate services provided by youth-friendly service providers.
2. A counselor may use this checklist to do self-evaluation or peer evaluation. Peer evaluation should be done quarterly. In China, provincial and municipal Family Planning Associations (FPAs) use this list to evaluate all the counselors annually and evaluate randomly selected counselors twice a year.
3. For peer evaluation, the observer scores each item and sub-item in the form. Each item is scored on a scale of 0–2: a score of 0 indicates that no attention is given to this item; a score of 1 indicates moderate attention; and a score of 2 indicates good attention. The overall summary score is the sum of the scores for each item.

Organization name: \_\_\_\_\_ Person completing the form: \_\_\_\_\_  
 Date: \_\_\_\_\_

Item	Score (0–2)	Sum
<b>Counselor covered essential points in youth reproductive health service protocol:</b>		
<b>Youth’s needs are determined</b>		
<b>Information on preventing sexually transmitted infections (STIs) is provided</b>		
<b>Information on contraception is provided</b>		
<b>Counselor developed rapport with youth (illustrative):</b>		
<b>Used youth’s name during session</b>		
<b>Treated youth with respect</b>		
<b>Encouraged youth to ask questions</b>		
<b>Used a kind and inviting tone of voice</b>		
<b>Listened to youth</b>		
<b>Responded to youth’s questions</b>		
<b>Counselor demonstrated appropriate counseling techniques:</b>		
<b>Eye contact</b>		
<b>Using simple language</b>		
<b>Using visual aids/informational materials during counseling session</b>		
<b>Making sure understood what youth said/asked</b>		
<b>Non-judgmental</b>		
<b>Providing accurate/correct/objective information</b>		
<b>Clarifying misconceptions</b>		
<b>Counselor explained relevant medical procedures (medical exams) to youth and answered youth’s questions in advance of a medical provider performing procedures.</b>		
<b>Informational materials are available in the counseling facility.</b>		
<b>Counselor gave informational materials to youth.</b>		
<b>Counselor provided referral information for obtaining services.</b>		
<b>Overall summary</b>		



## Handout 34: Adolescents' Assessment of Youth-Friendly Services (M&E Handbook Form 18)

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*Notes:*

1. This form is designed to collect adolescent views and comments on the service they received, with an aim of helping service facilities and service providers improve their services.
2. Service providers should give this form to their adolescent clients after each service. The form is then filled out independently by adolescent clients and put into a designated box in each facility. A designated person is responsible for collecting these forms each quarter as tools for the improvement of services.
3. Exit interviews should be conducted on three to five adolescent clients each quarter by project personnel using contents contained in this form.

**Please check the appropriate items:**

	Good	Fair	Poor
<b>Provider identified your needs with you</b>			
<b>Provider discussed issues of concern to you</b>			
<b>Provider gave information and service based on your needs</b>			
<b>You felt respected in the course of service</b>			
<b>You felt free to ask questions at any time during the service</b>			
<b>Provider answered your questions immediately</b>			
<b>Provider used easy-to-understand words</b>			
<b>Provider used friendly tones</b>			
<b>Provider listened to you patiently</b>			
<b>Provider understood what you were talking about</b>			
<b>Provider paid attention to you</b>			
<b>Provider used visual aids to help you understand contents</b>			
<b>Provider heard and understood all your questions</b>			
<b>Provider was not judgmental or critical</b>			
<b>Informational materials were displayed in the service facility</b>			
<b>You were allowed to take home some informational materials</b>			
<b>You received the service you need and your problems were addressed</b>			
<b>Provider referred you to other facilities</b>			
	<b>Yes</b>	<b>No</b>	
<b>Will you come back when you need to, or refer friends to this facility?</b>			
<b>Please list the main services you received from provider:</b>			

## Handout 35: Youth-Friendly Service Statistics Tracking Sheets (M&E Handbook Form 19)

**Notes:**

1. This form helps service providers record services provided to adolescents.
2. Service providers fill out this form during or after each service and keep them in the service settings (e.g., service center, counseling center, clinic, drug store, etc.)

**Organization:** \_\_\_\_\_

**Service provider:** \_\_\_\_\_

Time service provided (date)	Client characteristics				Purpose of visit (check all relevant)	Where youth learned of the service (check all relevant)	Service provided	Form of service			
	Sex	Characteristics	Age	New or return client				Face to face	Tel. hotline	Email	Letter
	M F	Junior high student Senior high student College student Employed youth Unemployed youth Other (specify)		New Return	Personal feelings RH counseling FP counseling STI/HIV counseling Pregnancy related issues Abortion Sexual harassment/violence Referral service Other (please specify)	Ad From friends Peer education program LPS training Others (please specify)	Please list service provided:  If contraceptives provided: Condom ___# Pills ___# EC Other (please specify)				
	M F	Junior high student Senior high student College student Employed youth Unemployed youth Other (specify)		New Return	Personal feelings RH counseling FP counseling STI/HIV counseling Pregnancy related issues Abortion Sexual harassment/violence Referral service Other (please specify)	Ad From friends Peer education program LPS training Other (please specify)	Please list service provided:  If contraceptives provided: Condom ___# Pills ___# EC Other (please specify)				

Note. EC, emergency contraception; FP, family planning; LPS, life-planning skills; RH, reproductive health; STI, sexually transmitted infection

## Handout 36: Youth-Friendly Service Tally Sheet (M&E Handbook Form 20)

(from \_\_\_\_ to \_\_\_\_)

### Notes:

1. This handout is taken from Form 20 of the *Monitoring and Evaluation Handbook for the China Youth Reproductive Health Project*. Only a portion of Form 20 is reproduced here. Please refer to the *Monitoring and Evaluation Handbook* to access the form in its entirety.
2. Each service center fills out this form quarterly based on data collected from Form 19 and reports annually to provincial and municipal Family Planning Associations (FPAs). Provincial and municipal FPAs then summarize all the data from different service centers and report to China FPA annually.

Organization name: \_\_\_\_\_ Person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_

	April to June		July to Sept.		Oct. to Dec.		Jan. to March of following year		Total	
<b>Visitors</b>	Male:		Male:		Male:		Male:		Male:	
	Female:		Female:		Female:		Female:		Female:	
	Total:		Total:		Total:		Total:		Total:	
<b>Visitor Characteristics</b>	Jr. high students:		Jr. high students:		Jr. high students:		Jr. high students:		Jr. high students:	
	Sr. high students:		Sr. high students:		Sr. high students:		Sr. high students:		Sr. high students:	
	Univ. students:		Univ. students:		Univ. students:		Univ. students:		Univ. students:	
	Employed youth:		Employed youth:		Employed youth:		Employed youth:		Employed youth:	
	Unemployed youth:		Unemployed youth:		Unemployed youth:		Unemployed youth:		Unemployed youth:	
	Other (specify):		Other (specify):		Other (specify):		Other (specify):		Other (specify):	
	Total:		Total:		Total:		Total:		Total:	
<b>Method of Counseling</b>	New:		New:		New:		New:		New:	
	Returning:		Returning:		Returning:		Returning:		Returning:	
	Face to face:		Face to face:		Face to face:		Face to face:		Face to face:	
	Telephone:		Telephone:		Telephone:		Telephone:		Telephone:	
	Email:		Email:		Email:		Email:		Email:	
	Letter:		Letter:		Letter:		Letter:		Letter:	
	Total:		Total:		Total:		Total:		Total:	



## Handout 37: Tally Sheet for Youth-Friendly Service Institutions and Personnel (M&E Handbook Form 21)

(from \_\_\_\_ to \_\_\_\_)

### Notes:

1. This form is designed to help project implementing agencies (provincial and municipal Family Planning Associations) gather information on local institutions and personnel that provide youth-friendly service.
2. Provincial and municipal FPAs collect the following information semi-annually, and report to China FPA annually.

Organization name: \_\_\_\_\_ Person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> half of the year

2<sup>nd</sup> half of the year

Types of institutions	Number of institutions	Types of institutions	Number of institutions
School clinic		School clinic	
School counseling center		School counseling center	
Factory (workplace) clinic		Factory (workplace) clinic	
Community clinic		Community clinic	
Private clinic		Private clinic	
Family planning (FP) service center		FP service center	
Reproductive health (RH) counseling center		RH counseling center	
Drug store		Drug store	
Other (specify)		Other (specify)	
<b>Total</b>		<b>Total</b>	
Types of providers who received youth-friendly service training	Number of providers who received youth- friendly service training	Types of providers who received youth-friendly service training	Number of providers who received youth- friendly service training
School clinic service providers		School clinic service providers	
School counselors		School counselors	
Workplace clinic service		Workplace clinic service	
Community clinic service		Community clinic service	

<b>Private clinic service providers</b>		<b>Private clinic service providers</b>	
<b>Types of providers who received youth-friendly service training</b>	<b>Number of providers who received youth- friendly service training</b>	<b>Types of providers who received youth-friendly service training</b>	<b>Number of providers who received youth- friendly service training</b>
FP service providers		FP service providers	
RH counseling center		RH counseling center	
Drug store staff		Drug store staff	
Others (specify)		Others (specify)	
<b>Total</b>		<b>Total</b>	
<b>Types of providers who provided service to youth</b>	<b>Number of providers who provided service to youth</b>	<b>Types of providers who provided service to youth</b>	<b>Number of providers who provided service to youth</b>
School clinic service providers		School clinic service providers	
School counselors		School counselors	
Workplace clinic service providers		Workplace clinic service providers	
Community clinic service providers		Community clinic service providers	
Private clinic service providers		Private clinic service providers	
FP service providers		FP service providers	
RH counseling center counselors		RH counseling center counselors	
Drug store staff		Drug store staff	
Others (specify)		Others (specify)	
<b>Total</b>		<b>Total</b>	

## **Session Nine: Workshop Evaluation**

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**Purpose and Objectives:** By the end of this session, participants should be able to:

1. Review and list key topics covered by the workshop.
2. Offer recommendations for improving the workshop.
3. Fill out a post-training questionnaire and evaluation form.

**Time Required:** Approximately 60 minutes

**Materials Needed:** Flipchart paper, markers, and black/white board

**Handouts:**

Handout 38: **Post-Training Questionnaire and Evaluation Form**

**Advance Preparation:**

Prepare sufficient copies of handouts for participants.

Review all the sessions covered by the workshop beforehand.

**Activity One:**  
**Review and Summarize Key Topics of the Workshop** (60 minutes)

---

Review key topics that have been covered in the workshop and record participant responses to the following questions:

Try to recall what we have discussed over the last couple of days.

Which of the sessions were helpful to you and in what way?

What is the most important thing you have learned from the workshop?

What's your plan when you go back to your work?

What did you find not satisfactory with the workshop? What are your recommendations for improvement?

Thank the participants and ask them to fill out the post-training questionnaire and evaluation form (Handout 38).

**Activity Two: Closing Ceremony**

---

Arrange a closing ceremony or certificate presentation as desired.

## Handout 38: Post-Training Questionnaire and Evaluation Form

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A. Please give your evaluation of the following items:

Topics covered	Very useful	Useful	Less useful	Not useful at all
Introduction to workshop				
Participants from different project sites exchange experiences				
Characteristics of youth-friendly services				
Adolescent development (biological and psychological)				
Sexual development through the life span				
A framework for working with youth				
Values clarification				
Verbal and nonverbal communication				
Interviewing and listening skills				
Basic steps of counseling				
Counseling skills exercise				
Youth-friendly services strategy				
Action planning for youth-friendly services				
Monitoring and evaluation tools				

B. Please give your evaluation of the following items:

Extent to which workshop objectives were achieved	Very good	Good	Fair	Poor	Very poor
Training methodology					
Training materials					
Facilitating skills of the facilitator					
Participation by trainees					
Management of the workshop					
Logistics					
General comments					

C. Please mark your response to the following statements.

Statements	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Condoms should be made available to youth of any age.					
Sex before marriage is acceptable.					
Sex education can lead to earlier sex or promiscuity					
It is worse for an unmarried girl to have sex than an unmarried boy.					
Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections.					
Youth will not access adolescent reproductive health services, even if they are offered.					
Provision of youth sexual and reproductive health services may lead to earlier sex or promiscuity.					
Contraceptive services should not be made available to unmarried youth.					
Young people who have pre-marital sexual activity are unhealthy.					
If a youth asks me something about STI or HIV/AIDS, I wouldn't tell him/her about condoms or other contraceptive methods.					
If a young female seeks abortion services, I wouldn't tell her about condoms or other contraceptive methods.					

Note. STI, sexually transmitted disease.

D. Other comments:

Thank you for your cooperation.